VOLUNTARY NATIONAL SURVEY ON THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA) IN ASIA AND THE PACIFIC

MALAYSIA PROGRESS 2018 - 2021

PREPARED BY:
MINISTRY OF WOMEN, FAMILY AND COMMUNITY DEVELOPMENT
FEBRUARY 2022
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<th>Description</th>
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<tr>
<td>B40</td>
<td>Poor and economically vulnerable</td>
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<tr>
<td>BERNAMA</td>
<td>Malaysian National News Agency</td>
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<td>DET</td>
<td>Disability Equality Training</td>
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<td>DOSM</td>
<td>Department of Statistics Malaysia</td>
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<td>DRST</td>
<td>Disability Related Service Training</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<td>DWD</td>
<td>Department of Women Development</td>
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<td>EPF</td>
<td>Employees' Provident Fund</td>
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<td>FSCC</td>
<td>National Food Security Policy</td>
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<td>HIES</td>
<td>Household Income Expenditure Survey</td>
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<td>HIS/BA</td>
<td>Household Income and Basic Amenities</td>
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<td>ICT</td>
<td>Information and Communications Technology</td>
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<td>ICU</td>
<td>Implementation and Coordination Unit</td>
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<td>ILMIA</td>
<td>Labour Market Information and Analysis</td>
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<td>ISM</td>
<td>Social Institute of Malaysia</td>
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<td>JAKIM</td>
<td>Department of Islamic Development Malaysia</td>
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<td>JPA</td>
<td>Public Service Department</td>
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<td>KTMB</td>
<td>Malayan Railways Limited</td>
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<td>LFS</td>
<td>Labour Force Survey</td>
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<td>LTC</td>
<td>Long Term Care</td>
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<td>MCMC</td>
<td>Malaysian Communications and Multimedia Commission</td>
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<td>MDEC</td>
<td>Malaysia Digital Economy Corporation</td>
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<td>MHLG</td>
<td>Ministry of Housing and Local Government</td>
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<td>MHPSS</td>
<td>Mental Health and Psychosocial Support Services</td>
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<td>MinDef</td>
<td>Ministry of Defence</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHR</td>
<td>Ministry of Human Resource</td>
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<td>MOT</td>
<td>Ministry of Transport</td>
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<td>MPKSM</td>
<td>Central Welfare Council of Malaysia</td>
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<td>MWFCD</td>
<td>Ministry of Women, Family and Community Development</td>
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<td>MyAgeing</td>
<td>Malaysian Research Institute on Ageing</td>
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<td>MySPC</td>
<td>Malaysia Social Protection Council</td>
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<td>NACCOP</td>
<td>National Advisory and Consultative Council for Older Persons</td>
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<td>NACSCOM</td>
<td>National Council for Senior Citizens of Malaysia</td>
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<td>NCCFN</td>
<td>National Coordinating Committee for Food and Nutrition</td>
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<td>NCD</td>
<td>Non-Communicable Disease</td>
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<td>NGO</td>
<td>Non-Governmental Organizations</td>
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<td>NHIS</td>
<td>National Household Indicators Survey</td>
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<td>NHMS</td>
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<td>NNPM</td>
<td>National Nutrition Policy of Malaysia</td>
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<td>NOSS</td>
<td>National Occupational Skills Standard</td>
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<td>NPANM</td>
<td>National Plan of Action for Nutrition of Malaysia</td>
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<td>NPFDB</td>
<td>National Population and Family Development Board</td>
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<td>PAHFAS</td>
<td>Private Aged Healthcare Facilities and Services Act</td>
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<td>PAWE</td>
<td>Activity Centres for Older Persons (Pusat Aktiviti Warga Emas)</td>
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<td>PEDi</td>
<td>Keluarga Malaysia Digital Economy Centres</td>
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<td>PENJANA</td>
<td>Short-Term Economic Recovery Plan</td>
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<td>PKMD</td>
<td>State Department of Social Welfare</td>
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<td>Acronym</td>
<td>Full Form</td>
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<td>POA</td>
<td>Plan of Action</td>
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<td>PPKM</td>
<td>Malaysian Pensioners Association (Persatuan Pesara Kerajaan Malaysia)</td>
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<td>Prasarana</td>
<td>Malaysian Infrastructure Limited</td>
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<td>PWD</td>
<td>Persons with Disabilities</td>
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<td>RMP</td>
<td>Royal Malaysian Police</td>
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<td>RSK</td>
<td>Care homes (Rumah Seri Kenangan)</td>
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<td>RTM</td>
<td>Department of Broadcasting Malaysia</td>
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<td>SKM</td>
<td>Malaysian Skills Certificate</td>
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<td>SOCSO</td>
<td>Social Security Organisation</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>SPV</td>
<td>Shared Prosperity Vision</td>
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<td>TVET</td>
<td>Technical and Vocational Education and Training</td>
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<td>U3A</td>
<td>University of the Third Age</td>
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<td>UKM</td>
<td>National University of Malaysia (Universiti Kebangsaan Malaysia)</td>
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<td>UNSC</td>
<td>United Nations Statistical Commission</td>
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<td>UPM</td>
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<td>UPWE</td>
<td>Senior Citizens Caring Programme Unit</td>
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<td>USIAMAS</td>
<td>Golden Age Welfare Association of Malaysia</td>
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<td>VWO</td>
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<td>Welfare Transformation and Information Centre</td>
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Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific

(to inform the Asia-Pacific Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing)

Background
This voluntary national survey will inform the Asia-Pacific Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA) to be organized by ESCAP in 2022.

MIPAA is the global guiding document on population ageing adopted at the Second World Assembly on Ageing, in 2002. It calls for regular and systematic reviews of MIPAA implementation by Member States. After three successful reviews at national, regional and global levels, the General Assembly, through resolution 75/152, took note of ECOSOC resolution 2020/8 and decided to hold the fourth review and appraisal of MIPAA at the global level at the sixty-first session of the Commission for Social Development, in 2023.

Pursuant to ECOSOC resolution 2020/8, regional commissions were asked to facilitate the fourth review and appraisal at the regional levels by: (a) providing assistance to Member States in organizing national review and appraisal exercises; (b) organizing regional review meetings using an inclusive and coordinated approach in relation to the participation of civil society in the process; (c) assisting Member States in following up on analysis resulting from the regional reviews; (d) promoting networking and the sharing of information; (e) providing an analysis of the main findings and identifying priority areas and policy responses by 2022; and (f) assisting and providing advice to Governments in the gathering, synthesis and analysis of information, as well as in the presentation of the findings of national reviews.

The 2022 regional reviews and appraisals will feed into the 2023 global review and appraisal, including the 2023 reporting for the United Nations Decade of Healthy Ageing (2021-2030). The Asia-Pacific voluntary national survey on the implementation of MIPAA is an integral part of the preparations for the Asia-Pacific Regional Review and Appraisal in 2022. The process consists of: (a) voluntary national surveys; (b) stakeholder consultations; (c) documentation; and (d) the intergovernmental meeting. For more information on the Asia-Pacific Regional Review and Appraisal, see: https://www.population-trends-asiapacific.org/mipaa (to be updated regularly).

Suggestions for completing the Asia-Pacific voluntary national survey on MIPAA implementation
The survey should be completed by ESCAP member States, through their national ageing focal points. It is structured according to the MIPAA priority directions, issues and objectives. Some objectives have been merged to facilitate reporting. As MIPAA is a multi-dimensional framework, it is recommended that the national focal points complete the survey in consultation

2 In December 2020, ESCAP requested member States to nominate ageing focal points.
3 For a list of priority directions, issues and objectives of MIPAA, see the Annex.
with ministries and departments involved with implementing the various MIPAA priority directions and objectives. The following guidelines are intended to assist member States in reporting on the national follow-up to MIPAA:

1. A bottom-up participatory approach should be followed by inviting, inter alia, civil society, including organizations of older persons, to contribute to survey responses (ECOSOC 2020/8, OP5).

2. Gender perspectives should be mainstreamed when answering the questions.

3. Member States are encouraged to reflect on any national data collection initiatives for implementing the 2030 Agenda and related SDGs and report on the respective SDG indicator (relevant SDG indicators are listed along with the questions, when applicable).

4. Answers should focus and report on progress made during the period 2018–2022, (ECOSOC resolution 2020/8, OP3).

5. Answers may combine quantitative and participatory qualitative data and analysis, disaggregated by age, and by other relevant factors, including sex and disability, and, where appropriate, include sharing of good practices in such data collection (ECOSOC 2020/8, OP6).

6. Answers should include information on lessons learned and good practices to ensure this review and appraisal exercise contributes to South-South, North-South and triangular regional and international cooperation (GA resolution 75/152, OP39).

7. Ideally, countries should respond to all questions, but it is fully understood that, given the national context, they might not be able to do so.

8. Supporting documentation should be included, if possible.

The companion document attached to this survey provides explanations of some key terms.

The survey should be completed (and submitted/returned), together with relevant attachments by 31 October 2021, by email, to: escap-sdd@un.org or online at: https://icts-surveys.unog.ch/index.php/974559?newtest=Y&lang=en

Please indicate whether the completed survey may be posted on the public website of the Asia-Pacific Regional Review and Appraisal of MIPAA

Yes: ☒ No: ☐

Please do not hesitate to contact escap-sdd@un.org should you have any questions.
### A. Contact information

Please identify the office responsible for coordinating the responses to this survey and completing it and include its contact information.

<table>
<thead>
<tr>
<th>Country:</th>
<th>Malaysia</th>
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<tbody>
<tr>
<td>Ministry/Office/Agency:</td>
<td>Ministry of Women, Family and Community Development</td>
</tr>
<tr>
<td>Name contact persons (First and Last):</td>
<td></td>
</tr>
<tr>
<td>Title/Position</td>
<td></td>
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<tr>
<td>Name of ageing focal point (First and Last):</td>
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<tr>
<td>Email:</td>
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<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Mailing address</td>
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</table>
B. Methodology

What methodology was used to complete this survey? Was a bottom-up approach used involving a variety of stakeholders? Was a whole-of-government approach used? (see also companion document) please elaborate:

I. National policy and MIPAA implementation

Coordinating body

<table>
<thead>
<tr>
<th></th>
<th>Does your country have a national coordinating body/committee/agency or national multi-stakeholder forum on population ageing and/or older persons? If “yes”, please provide information on the following:</th>
<th>Yes ☑</th>
<th>No ☐</th>
</tr>
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<tbody>
<tr>
<td>1.1</td>
<td>Name of the coordinating body/committee/agency/national multi-stakeholder forum: please elaborate:</td>
<td>National Advisory and Consultative Council for Older Persons (NACCOP)</td>
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</table>

The National Advisory and Consultative Council for Older Persons (NACCOP) is the main body that overlooks the implementation and policy status of Malaysia’s National Policy for Older Persons and its Plan of Action. The Plan of Action is renewed every 10 years.

Under the chairmanship of the Minister of Women, Family and Community Development, NACCOP monitors and evaluates the effectiveness of programmes carried out for older persons. The Council consists of members from the various Ministries and agencies, non-governmental organisations (NGOs), private sectors, communities as well as individuals who have interests in ageing.

The Department of Social Welfare (DSW) under the Ministry of Women, Family and Community Development (MWFC) is the secretariat for the Council and serves as the focal point for all issues related to older persons.

Seven (7) subcommittees have been set up under this Council which are led by the following Ministries:

(i) Health – Ministry of Health;
(ii) Social and Recreation - Department of Social Welfare;
(iii) Housing and Environment - Ministry of Housing and Local Government;
(iv) Employment - Ministry of Human Resource;
(v) Economy - Ministry of Economic Affairs;
(vi) Research and Development – Ministry of Science, Technology and Innovation; and
(vii) Education and Spirituality - Ministry of Education.

NACCOP has been established as a means of sharing findings and receiving updates from the ground. NACCOP meets at least twice a year. Members appointed to NACCOP are representative of policymakers, experts on ageing, NGOs and the private sector.

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The Technical Committee led by MWFCD is responsible for reporting on updates and achievements from the subcommittees. Information from the national council will then feed back into the national policy agenda.

The Technical Committee oversees implementation of the policy through a process of project implementation and also the monitoring of progress of activities planned for older persons at the state and national level. The seven subcommittees mentioned above, report to the Technical Committee, with the intent of developing a systematic reporting and implementation mechanism as part of the plan of action.

The Government through MWFCD and the Ministry of Health (MOH) are major providers of public-funded services and regulate major functions such as social welfare and public health care facilities and services. The MWFCD is a federal ministry that plans and implements social policies and oversees direction of the government ministries and agencies in achieving the goals of gender equality, family development, and a caring society. The MWFCD, through DSW, provides institutional (residential care) and non-institutional services (financial assistance and activity centers) for older persons. As for MOH, apart from providing primary, secondary, and tertiary health care, is also actively involved in monitoring the National Health Policy for Older Persons (2008) and more recently, in the development of the new Private Aged Healthcare Facilities and Services Act (PAHFAS).

The Ministry of Housing, and Local Government (MHLG) also plays the important role of providing affordable housing schemes, regulates various areas pertaining to physical planning and housing, and guides local government agencies in delivering municipal services and maintaining recreational and socioeconomic facilities. All of which takes into account the needs of older persons in these areas.

Please refer to Annex 1 for the establishment and implementation of National Policy and Plan of Action for Older Persons at state and regional level.

1.2 Year of establishment:  
*please elaborate:*  
NACCOP was established in May 1996.

1.3 Level (ministerial or other):  
*please elaborate:*  
The main set-up of NACCOP is at national level, chaired by the Minister of Women, Family and Community Development. A similar arrangement of committees is also set up at state and district level.

The State Committees for Development of Older Persons are chaired by the Deputy State Secretaries, while the State Departments of Social Welfare act as secretariat. Membership consists of at least 10 members representing ministries/agencies that cover portfolios similar to subcommittees under NACCOP.
The District Committees for Development of Older Persons are chaired by Chief Assistant District Officers. The Committees engage with grassroots leaders, mainly active NGOs for senior citizens.

1.4 Functions: *please elaborate:*

NACCOP acts as the main body that oversees the implementation of the National Policy for Older Persons. The roles and functions of NACCOP are:

(i) to oversee the implementation of the National Policy and Plan of Action for Older Persons;

(ii) to develop programmes and strategies to educate the community in order to increase awareness in relation to older persons;

(iii) to make recommendations to the Government on the care, protection, development and wellbeing of older persons;

(iv) to make recommendations to the Government on amendments to existing laws as well as recommending new laws to ensure the wellbeing of older persons; and

(v) to advise the Government on issues concerning older persons, including on international development, information and data collection, and promotion of research related to older persons.

1.5 Contact information, including mailing address, telephone/fax, email and website link: *please elaborate:*

Department of Social Welfare
Level 11, No 55, Persiaran Perdana, Presint 4, 62100 Putrajaya, F.T. of Putrajaya, Malaysia
Tel.: +603 - 8000 8000
Fax.: +603 - 8323 2056
DSW website[^5]

**Definition of older persons**

2 Please define “older persons” as used in official Government documents (e.g., legislation, census forms, etc.). *please elaborate:*

The National Policy for Older Persons defines older persons as those who are aged 60 years and above. This definition is in line with the definition given by the World Assembly on Ageing 1982 in Vienna and has been used among ASEAN Member States.

Other relevant legislations that define ‘older persons’:

[^5]: [https://www.jkm.gov.my/jkm/index.php?r=portal/left&id=WVF6emI5anVSVUNaSVprR0ttZ1JiQT09](https://www.jkm.gov.my/jkm/index.php?r=portal/left&id=WVF6emI5anVSVUNaSVprR0ttZ1JiQT09)
For statistical purposes, the Department of Statistics Malaysia (DOSM) uses the definition endorsed by the United Nations Statistical Commission (UNSC) which defines older persons as those aged 65 years and over.

There are three categories of ageing. First, an ageing society is defined as a society with 7% of the population age 65 and over. Second, an aged society refers to the share of the population age 65 and over is at 14 per cent or more. The third category, super-aged society refers to the percentage of the population aged 65 years and over in a country that has reached 20 per cent of the total population. Following the category of ageing addressed by the United Nations, Malaysia has become an ageing society in 2020, expected to be an aged society in 2039 and super-aged in 2050.

However, according to the definition of older persons used in the national policy, Malaysia is expected to reach an ‘old nation’ or aged nation by 2030, which is the percentage of the population aged 60 years old and over, reach 15.3 per cent of the total population.

Table 1a and Table 1b shows the statistics of population aged 60 years and over, and 65 years and over for the period 2018-2022 while population aged 60 years and over (Table 1c) and 65 years and over (Table 1d) for 2022-2050.

### National legislation, policies and action plans on older persons

<table>
<thead>
<tr>
<th>3</th>
<th>Does your country have a dedicated legislation, policy and/or action plan to promote and improve the well-being of older persons and protect their rights, such as a “decree or law on older persons”?</th>
<th>Yes ☑</th>
<th>No ☐</th>
</tr>
</thead>
</table>

3.1 If “yes”, for each of the following questions, please provide information on: (a) name of legislation, policy and/or action plan and year of enactment; (b) description of legislation, policy and/or action plan; (c) main achievements; and (d) financial and human resources allocated to implement. *but if “no”, please elaborate also:*

**Legislation**

Currently, there is no specific law governing the rights of older persons. However, Article 8 (1) Federal Constitution of Malaysia guarantees equality for all before the law and equal protection of the law for all, including older persons.

The Government is currently conducting a study on the content, approach and scope in drafting a Bill specifically for older persons. This study is being carried out by University of Malaya as consultant. The outcome of the study will be translated into a Bill which is expected to be tabled at Parliament in 2023.

Even though Malaysia has yet to have a specific law to protect older persons including against discrimination, most written laws on matters such as employment, retirement and health care in Malaysia concerning human rights protection are age neutral. Therefore, there is nothing to restrict older persons from accessing justice and seeking redress through and within the parameters of these laws. Among statutes applicable to the elderly include:
A. Employment Act 1955

This Act provides minimum standards on working hours and overtime, weekly holidays, sick and annual leaves, maternity leave benefits, termination and benefits and so forth. Older persons who are still working could benefit from this Act as it guarantees their rights and interests.

B. Wills Act 1959 (Revised 1988)

Provides guidance in preparing wills thus benefitting older persons who wish to prepare this for family members or any persons concerned.

C. Employees’ Social Security Act 1969

An Act to provide social security in certain contingencies and to make provision for certain other matters in relation to it. Social security is essential especially upon entering retirement age.

D. Pensions Adjustment Act 1980

An Act to provide for the adjustment of pensions and other benefits of officers in the public service, and in statutory and local authorities, as well as the dependents of such officers. Pensions are social security upon entering retirement age.

E. Employees Provident Fund Act 1991

An Act to provide for the law relating to a scheme of savings for employees’ retirement and the management of the savings for the retirement purposes and matters incidental thereto. Older persons are subjected to the provisions on withdrawal of contributions which may be used after retirement.

F. Destitute Persons Act 1977

An Act to provide for the care and rehabilitation of destitute persons and for the control of vagrancy. Old destitute persons and vagrants are also subjected to this Act, for care and rehabilitation.

G. Care Centre Act 1993

This Act provides a guideline that sets out the requirements for the registration, control and inspection of care centres. Care services provided at these centres include protection, supervision, rehabilitation and training. Care Centres Regulations 1994 complements the Care Centre Act 1993 (Act 506) and outlines administrative, operational, health and safety requirements.

H. Private Aged Healthcare Facilities and Services Act 2018 (PAHFAS)

One of the initiatives taken by the Government of Malaysia in preparation for Malaysia to become an aged nation by 2030, is to have a law that will safeguard the wellbeing of the elderly receiving care in private aged care centres. PAHFAS which was gazetted on 26
March 2018 adopts a more holistic approach, specifically for the elderly. It will ensure that the minimum standards for services, facilities and personnel providing care are adhered to by the operators of private aged care centres. This Act is yet to be enforced and MOH is working closely with various agencies including MWFCD to finalise the regulations under this Act. Previously, all private care facilities for senior citizens were subjected to the Care Centres Act 1993 enforced by DSW.

I. Persons with Disabilities Act 2008

An Act to provide for the registration, protection, rehabilitation, development and well-being of persons with disabilities (PWDs), the establishment of the National Council for PWDs, and matters connected therewith. Older persons who are also PWDs can benefit from this Act as it guarantees their rights and interests.

J. Domestic Violence Act (Amendment) 2017

The Domestic Violence Act enacted in 1994 provides for protection of victims of domestic violence. Under this Act, family members especially spouses/former spouse/children/an incapacitated adult or any other members in the family are protected from all forms of violence stated in Section 2 of the Domestic Violence Act 1994 [Act 521].

K. Employment (Part-time Employees) Regulations Act 2010

This Act was enforced by the Government effective 1 October 2010. The main objective of the regulation is to encourage flexibility in the workplace and allow more people, especially latent workforces such as housewives, the elderly, PWDs and students to enter the labour market.

L. Minimum Retirement Age Act 2012

The mandatory retirement age for the public sector has been raised from 58 years to 60 years, effective from January 2012. As for the private sector, the Minimum Retirement Age Act 2012 was enforced effective July 2013. The Act will ensure that 60 years is the earliest retirement age for employees in the private sector.

M. Mental Health Act 2001

An Act to consolidate laws related to mental disorders and to provide for the admission, detention, lodging, care, treatment, rehabilitation, control and protection of those who are mentally ill. Older persons can benefit from this Act as it ensures their well-being especially those having such illness as they age. This Act and Legislation provides a framework for the delivery of comprehensive care, treatment, control, protection and rehabilitation of mental health services across all level.

N. Penal Code

The Penal Code was amended in 2013 to provide deterrence to domestic and sexual-related offences. Severe punishments are imposed on those found guilty of sexual offences, spousal abuse, organised crime and acts of vandalism under amendments to the Penal Code.
Similarly, abuse and domestic violence against older persons can also amount to criminal offences under the Penal Code.

Policy Framework

A. The National Policy and Plan of Action for Older Persons

With the rapidly changing socio-economic environment, there was a need to shift the emphasis of policies and programme from a welfare approach to a development approach to help older persons become less poverty-stricken, live healthier and lead more socially supported lives. Thus, the National Policy for Older Persons was formulated in October 1995. Later in January 2011, the Policy and Plan of Action was reviewed. The new policy acknowledges older persons as citizens with varied background and experiences, have the rights to enjoy a comfortable and respected life and contribute to the development of the nation. This policy is the Government’s commitment to create a conducive environment for older persons who are independent, with dignity, high sense of self-worth and respected by optimizing their self-potential through a healthy, positive, active, productive and supportive ageing for their increased well-being.

The objective of the policy is to empower individuals, families and the community to provide friendly services to older persons effectively and efficiently as well as to ensure enabling and supportive environment for the well-being of older persons through 6 strategies outlined in the areas below:

(i) Promotion and Advocacy;
(ii) Life-long Learning;
(iii) Safety and Security;
(iv) Governance and Shared Responsibility;
(v) Intergenerational Solidarity; and
(vi) Research and Development.

MWFCD will assess the effectiveness of the National Plan of Action for Older Persons 2011-2020 in preparation to draft a new plan of action. The newly-revised plan of action will be implemented from 2022 to 2030 and will take into consideration the key findings of study on facilities and services to meet the future needs of the elderly in 2030 in Malaysia, the 12th Malaysia Plan (12MP) (2021-2025), the Shared Prosperity Vision 2030 (SPV 2030), the draft of Older Persons Act as well as the Regional Plan of Action.

B. The National Health Policy for Older Persons 2008

Formulated by MOH, this Policy is guided by 6 important principles namely:

(i) Maintaining Autonomy and Self Reliance;
(ii) Recognising the Distinctive Needs of Older Person;
(iii) Supporting Care Givers;
(iv) Promoting Healthy Ageing;
(v) Providing Continuity of Care; and
(vi) Maintaining the Rights of Older Person to Quality of Life and Death.
Seven strategies were identified, namely:

(i) Health Promotion;
(ii) Provision of a Continuum of Comprehensive Health Care Services;
(iii) Human Resources Planning and Development;
(iv) Information System;
(v) Research and Development;
(vi) Interagency and Inter-sectoral Collaboration; and
(vii) Legislation.

The policy is translated into action via the Plan of Action (POA) on Healthcare Services for Older Persons 2008-2020. This plan uses multi-sectoral and multi-stakeholder approaches to ensure better coverage of strategies and activities to promote optimal health for older persons through integrated and comprehensive health and health related services. The Plan had identified indicators and set targets to be achieved under specific areas ensuring healthy, active and productive ageing by empowering older persons, family and community with knowledge, skills, an enabling environment; and provision of optimal health care services at all levels and by all sectors.

The strategies focus on health promotion activities and life course disease prevention, continuum of comprehensive health care services which include preventive, promotive, curative, palliative and rehabilitative through a seamless services delivery system, human resources planning and development, information system, research development, interagency and inter-collaboration, and legislation.

To date, the health care services for the elderly are provided throughout the tiers of services within MOH which includes primary, secondary and tertiary health care facilities. The range of services encompasses health promotion and education, screening and early detection of disease, prompt treatment and prevention of complication and rehabilitation.

Among some of the indicators being monitored in the POA are as follow:

(i) Number of health clinics providing dedicated programmes for health of older persons. As of June 2021, there are 1,051 (100%) health clinics providing health care services for older persons.

(ii) Number of older persons registered in primary health care facilities. As of December 2019, a total of 2,966,660 (83.1%) older persons have registered in primary health care facilities. The target is to reach 85% by the end of 2025.

(iii) Number of geriatric wards at hospitals. Until June 2021, there are 14 geriatric wards in government hospitals.

(iv) Number of community-based health services provided for older persons throughout the country.

(v) Health screening and treatment at old folks’ home and bed-ridden older persons. As of December 2019, a total of 8,992 (95%) of older persons in institution and 1,094 (54.2%) of bed-ridden older persons at home have undergone health screening and appropriate treatment have been rendered to them.
Other achievements under the POA includes:

(i) Elderly Health Club (*Kelab Warga Emas*)

These clubs have been established as an effort to encourage community participation, strengthening NGO engagement and as a platform for older persons to carry out social, religious and spiritual activities with other elderly within the community towards encouraging healthy and active ageing. As of June 2021, there are 284 *Kelab Warga Emas* established throughout Malaysia which operates under their respective health clinics.

(ii) Domiciliary Health Care services (DHC)

DHC is an outreach service dedicated to stable bed-ridden patients who have been discharged from hospital and requires continuous care. The service is rendered at the setting of patient’s home and delivered by a team of trained multi-disciplinary health personnel from a nearby health clinic. Among the care provided are rehabilitation to improve the quality of life of the patients, nursing care, as well as support to the caregivers/family members in terms of education on basic care of the patient. It is estimated that 2,000 to 3,000 patients have benefitted from these services yearly, in which 70% of the total patients enrolled into these services comprised of older persons.

(iii) Elderly health care services in Rural/Community Clinic

In rural areas with older persons dominating by numbers, Community Nurses who were previously assigned with the task of delivering maternal and child health care services are now being trained to deliver elderly health services at homes and in community clinics. Starting January 2020 until to date, there are 230 community clinics (40%) providing these services:

- **Screening for risk of fall**
  
  In 2019, among the elderly screened for risk of fall, 89.0% of them had an improvement after the 3 months intervention period.

- **Assessment of Functional limitation [Activities of Daily Living (ADL) and Instrumented Activity of Daily Living]**
  
  In 2019, 85.1% of elderly clients referred for occupational therapy intervention had an increase of the Modified Barthel’s Index (MBI) scoring within 3 months of intervention.

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C. National Nutrition Policy of Malaysia 2.0 (NNPM 2.0) and National Plan of Action for Nutrition of Malaysia III (NPANM) (2016-2025)

The NNPM 2.0 aims to elevate the nutritional status of the population, reduce diet-related non-communicable disease (NCDs) and strengthen food and nutrition security. It includes nutritional guidance for older persons, and various laws and regulations covering aged care and health care for older persons. This policy is translated into action via NPANM III, 2016-2025. This plan uses multi-sectoral and multi-stakeholder approaches to ensure better coverage of strategies and activities to promote optimal nutritional well-being of Malaysians. The Plan has identified 46 nutrition indicators and set targets to be achieved by 2025 under specific areas including Promoting Healthy Eating and Active Living strategy. This strategy focuses on promotion towards increasing awareness and practice of healthy eating which spans from toddlers to elderly.

D. National Housing Policy (2011)

This Policy states the need for the Government and private sector to continue to provide affordable housing for specific target groups including older persons.

Strategic Plan

Initiatives to enhance health care awareness for the ageing population has been included under MOH’s Strategic Plan 2021-2025 as follows:

(i) Strengthening Health Care Programme for Elderly through strategic collaborations and partnerships with community or volunteers on aging awareness particularly on healthy eating, self-care, and psychological care;

(ii) Enhancing dental health screening for the elderly population;

(iii) Regulations under PAHFAS will be enacted to regulate private aged health care facilities;

(iv) Developing rehabilitation services for geriatrics under the Cluster Hospital;

(v) Expanding Domicile Care Services in Primary Health Care; and

(vi) Implementation of Home Medical Team Services.

Active Ageing Agenda in the Malaysia Plan

Malaysia has begun emphasising on issues related to older persons since 1960. This can be seen through the Malaysia five-year plan, which has been conducted since the First Malaysia Plan. The Fourth Malaysia Plan (1981-1985) marked the first history in population by witnessing dramatic changes in demographic profile of older persons. During that time, the life expectancy of the population was expected to rise from the age of 68 to the age of 70 in 1985. Following this, concerted efforts have been taken by the Government to manage fertility and mortality rate.
In the 11th Malaysia Plan (11MP) (2016-2020), the ageing agenda continued to be one of the focus particularly in addressing the needs of older persons. The Government aspires to achieve their fundamental roles within their families, society and nation by enhancing inclusiveness in all aspects such as health, safety, self-respect, security and welfare.

**Promotion of Active Ageing in Malaysia’s Shared Prosperity Vision 2030**

In line with the concept of equality underpinning this effort, nine groups have been identified and given priority to improve their socio-economic status and to ensure that they are not left behind in the Government’s efforts to achieve the goals of SPV 2030. The nine target groups identified are as follows:

(i) B40 group (Poor and economically vulnerable);
(ii) Community in Economic Transition;
(iii) Indigenous Community;
(iv) Bumiputera in Sabah and Sarawak;
(v) Persons with Disabilities;
(vi) Youth;
(vii) Women;
(viii) Children; and
(ix) Older Persons.

**Lifelong Learning Work Plan for Older Persons**

DSW is in the process of coming up with a Lifelong Learning Work Plan for Older Persons by 2022.

The Ministry of Education developed the Malaysia Education Blueprint 2015–2025 (Higher Education) which includes LifeLong Learning (LLL) initiatives and future challenges. The Ministry aims to enculturate lifelong learning into Malaysian society to make learning and relearning an integral part of Malaysian culture and a way of life. This will be achieved and catalysed through a high quality, well-coordinated, harmonised and respected lifelong learning system with learning communities in every organisation.

The strategies and initiatives in this shift are underpinned by the following principles:

(i) LLL is based on formal, non-formal, and informal learning approaches. While the Ministry focuses on the provision of formal LLL programmes, the Ministry recognises the need to work collaboratively with providers of non-formal and informal programmes;

(ii) LLL is about empowering the learner to seek ongoing opportunities for self-development and growth. It will thus be important to increase his/her motivation levels by emphasising learner-centred approaches and increasing self-directed learning opportunities; and

(iii) LLL focuses on an integrated and coordinated ecosystem to ensure learning opportunities meet the learners, community and industry expectations.

Further discussions and engagements with higher learning institutes and community colleges will be conducted in order to improvise the existing informal work plan. Once finalized, the work plan will be distributed to the local NGOs and PAWE for implementation.
**Guideline**

The Physical Planning Guidelines for Senior Citizens 2018 aims to provide user-friendly and accessible living facilities for the elderly. It serves as a guide and reference to the state authorities, local authorities, developers, private companies, and NGOs in planning, development and control of living spaces and facilities for older persons. This guideline shall be read in conjunction with Development Plans, in particular Local Plans and Special Area Plan. To date, three states (out of 11 states) in Peninsular Malaysia have adopted the planning guideline to be further translated into their local planning and development control. The states are Perlis, Perak and Selangor.

**Keluarga Malaysia (Malaysian Family) Concept**

Under the current Malaysian premiership, “Keluarga Malaysia” concept was launched on 8 October 2021 and centers on an inclusive concept that cuts across religious, ethnic and racial boundaries and invites Malaysians to come together as a unified family. To further support these aspirations, the Ministry of National Unity is developing the Keluarga Malaysia Unity Plan while upholding the supremacy of the Malaysian Constitution enshrined in the *Rukun Negara* (national principles).

**Financial and Human Resources Allocation**

Financial and human resources are allocated to implement existing government budget allocation for health care sector. Please refer to MOH Annual Report 2019.

<table>
<thead>
<tr>
<th>3.1.1</th>
<th>Have gender and disability concerns of older persons been explicitly addressed in the legislation, policy and/or action plan?</th>
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<td></td>
<td><em>Please elaborate:</em></td>
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<td></td>
<td>Both gender and disability concerns of older persons have been included in the Strategic Plan of MWFCD (2021-2025).</td>
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<tr>
<th>3.1.2</th>
<th>Is there a monitoring framework for the implementation of the legislation, policy and/or action plan?</th>
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<td><em>Please elaborate:</em></td>
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For the National Policy and Plan of Action for Older Persons, the monitoring, implementation and reporting structure between national, states and local governments is within NACCOP.

The National Health Policy for Older Persons (2008) is translated into action via the POA on Healthcare Services for Older Persons (2008-2020) and monitored by the Technical Health Committee for Older Persons. This committee has an overall purview to monitor and evaluate the implementation of the plan.

The National Nutrition Policy of Malaysia 2.0 (NNPM 2.0) is translated into action via the National Plan of Action for Nutrition of Malaysia (NPANM) III (2016-2025) and monitored by the National Coordinating Committee for Food and Nutrition (NCCFN). This committee has an overall purview to monitor and evaluate the implementation of the plan.

Activities identified under MOH Strategic Plan 2021-2025 will be monitored and evaluated annually by the Technical Committee starting from year 2021.

DOSM adopts an international framework endorsed by UNSC and ESCAP frameworks in compiling gender statistics in Malaysia. Core Set of Gender Indicators for Asia and the Pacific (United Nations ESCAP, 2015) and Minimum Set of Gender Indicators (United Nations Statistical Division, 2019) were used as references to identify gender-related indicators in Malaysia.

### 3.1.3 Are older persons and their organizations included in any monitoring activities of legislation, policy and/or action plan on older persons? *please elaborate:*

The members of NACCOP consist of older persons. Among these are:

(i) Prof Tengku Aizan, Leading Academician from My Ageing, UPM;
(ii) Major Jen. Dato’ Dzulkarnain Ahmad, President of MAF Veteran Affairs Department;
(iii) Datuk Dr Soon Ting Kueh of National Council for Senior Citizens of Malaysia (NACSCOM);
(iv) YAD Tan Sri Dato Paduka Raja Hj Wan Mahmood of Malaysian Pensioners Association (PPKM);
(v) Datuk Hajah Mastika Junaidah of the Central Welfare Council of Malaysia (MPKSM);
(vi) Dato Rohaini bt Mohd Yusof of Goldenage Welfare Association of Malaysia (USIAMAS); and
(vii) active Presidents of ageing related NGOs.

The implementation of the Plan of Action on Health Services for Elderly is inter-sectoral and multi-disciplinary, and involves coordination among the various divisions in MOH, as well as agencies, non-

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*Please fill in the appropriate response options: Yes ☑️ No ☐*
governmental organizations, older person organizations, private sector and the community, through the platform of the Technical Health Committee of Older Persons which is held twice a year. This committee is tasked with planning, monitoring and evaluating the effectiveness of programmes carried out for older persons. The strategies and activities to be carried out to meet the objectives require the effort of several agencies which is not limited to the government agencies such as health, education, transport, housing etc, but also NGOs and the private sector. With respect to NGOs, Malaysia has made great strides, and there are several credible NGOs that are related to elderly well-being. Among the NGOs that are actively involved with MOH are the Central Welfare Council of Malaysia (MPKSM), the Golden Age Welfare Association of Malaysia (USIAMAS), Gerontological Association of Malaysia, PPKM and National Council for Senior Citizens of Malaysia (NACSCOM).

### 3.1.4 Does the Government foster effective consultation with, and involvement of, older persons and/or their representatives at the national, regional and local levels in designing policies? *(SDG 16.7.2)*

**please elaborate:**

Yes, monitoring, implementation and reporting structure between national, states and local governments within the NACCOP.

NACCOP line up for 2019-2021 at national level consists of 6 older persons from a total of 24 members while for the term 2021-2023 consists of 4 older persons.

#### Regional

**A. ASEAN-Wide Research Networking on Ageing**

The establishment of the ASEAN-Wide Research Networking on Ageing has been discussed during the last NACCOP meeting in June 2021.

Since 2019, MWFCD through the National Population and Family Development Board (NPFDB) in collaboration with the Malaysian Research Institute on Ageing (MyAgeing) is implementing the Establishment of ASEAN-Wide Research Networking on Ageing Project. This is one of the projects led by Malaysia under the ASEAN Strategic Framework on Social Welfare and Development 2016-2020 and successfully secured funding from ASEAN-Japan Integration Fund (JAIF).

The ultimate objective of the project is to establish a common, cohesive and sustainable ASEAN research agenda on issues pertaining to ageing through exchanges of knowledge, experiences, best practices, the development of a standardised research protocol.
and the establishment of a network of ASEAN experts and researchers on ageing.

The project was finished by the second quarter of 2021. The outcome from this project will contribute to one of the activities under the Regional Action Plan to Implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN, which is Activity 6.2.2 Support and encourage the works of the ASEAN-Wide Research Network on Ageing in setting up of a network of ASEAN experts and researchers on ageing.

B. ASEAN Centre for Active Ageing and Innovation (ACAI)

Malaysia is a member of the ASEAN Centre for Active Ageing and Innovation (ACAI) Governing Board led by Thailand which is currently in the process of planning the action plan and programmes.

The platform will enable work on the four areas by:

(i) listening to diverse voices and enabling meaningful engagement of older persons, family members, caregivers, young people and communities;

(ii) nurturing leadership and building capacity to take appropriate action integrated across sectors;

(iii) connecting various stakeholders around the world to share and learn from the experience of others; and

(iv) strengthening data, research and innovation to accelerate implementation.

Other than that, ACAI will be a platform for ASEAN Members to generate knowledge and innovation to support active ageing policies and their implementation in ASEAN, strengthen capacity and facilitate collaboration among Member States, international entities and other partners in achieving active ageing in ASEAN.

SDG indicator

SDG 16.7.2:
The indicator is under development and covered in the National Household Indicators Survey (NHIS). The first NHIS has been conducted in 2021. For this indicator, two relevant questions have been included in the NHIS under module K on equal rights. These two questions are related to participation and decision-making in politics. Analysis will consider the sex, age, disability and population group. It will also look at whether or not older persons are given more opportunity and influence in comparison to others under the scope of this indicator.
3.1.5 Does the Government foster work and volunteering of younger and older persons in intergenerational settings?

**please elaborate:**

### A. National Policy for Older Persons

The objective of the new National Policy for Older Persons is to empower individuals, families and the community to provide friendly services to older persons effectively and efficiently as well as to ensure an enabling and supportive environment for the well-being of older persons through 6 strategies which includes intergenerational solidarity.

### B. Time Bank Volunteering Schemes for Senior Citizens in Malaysia

The Institute of Labour Market Information and Analysis (ILMIA), an institute under the Department of Statistics Malaysia has commissioned a research entitled “Catalysing Volunteerism in Malaysia – Feasibility Study: The Implementation of Time Bank Volunteering Schemes for Senior Citizens in Malaysia. Time banking is essentially a reciprocity system that works with the concept of providing services in exchange for time as the currency. Services provided include elderly care, childcare, assistance with household chores and companionship.

During the NACCOP meeting on 17 December 2020, ILMIA presented the findings of the study. The Government takes note of the findings and recommendation suggested by the study and is looking at the feasibility of implementing such policy in the Malaysian local context. NACCOP and MWFCD will hold a series of meetings with relevant stakeholders to discuss further on this matter.

### C. University of the Third Age

The University of the Third Age (U3A), Malaysia is a programme under the “Lifelong Learning for Older Malaysians” project initiated by Institute of Gerontology, Universiti Putra Malaysia (UPM). The project was supported by the Government of Malaysia and the United Nations Population Fund (UNFPA) [Country Programme Cycle 2008 – 2012]. The Government continues its support through sanctioning grants for its sustainability. In the year 2020, an amount of RM19,690.00 was granted to various informal educational training institutes for senior citizens. Annex 2 shows the programme structure of Lifelong Learning Work Plan by U3A.

U3A members were involved in several activities outside their normal life-long learning classes in 2019-2021. However, the
programmes conducted are merely on one-off basis conducted by UPM in collaboration with U3A. See Annex 3.

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<th>3.1.6</th>
<th>Does the Government offer opportunities for intergenerational contact and exchange? <strong>please elaborate:</strong></th>
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<tr>
<td></td>
<td><strong>A. Intergenerational Programme for Older Persons, Children and Youth</strong></td>
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<td>In line with Strategy 5: National Policy of Older Persons and the Regional Plan of Action on Implementing the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN to promote intergenerational exchange by raising public awareness and behavioural change on the rights, issues and challenges of old age and ageing, MWFCD through DSW has initiated intergenerational programmes for older persons, children and youth in 2018. While reducing intergenerational gaps, these programmes also provide awareness to older persons, children and youth in addressing the needs of doing community activities together. These programmes are a manifestation of the Government's aspiration to merge activities with all different generations; older persons, children and youth.</td>
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<td>In 2018, a total of 20 intergenerational programmes were carried out involving 1,667 older persons, 1,305 children and 1,008 youth. While in 2019, a total of 7 programmes have been conducted with the participation of 304 older persons, 117 children and 414 youth. However, in 2020, scheduled programmes could not be implemented due to the COVID-19 pandemic.</td>
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<td></td>
<td>This is an annual programme conducted by DSW since 2017 at state level. It is a community forum conducted in order to engage elder community members in conversation about the importance of social connectedness with the younger generation. It aims to reinforce the importance of social connectedness in creating and maintaining elder-friendly communities for older adults, as well as soon-to-be retired individuals, wishing to maintain life connectedness to their community.</td>
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<td>It is an empowerment programme for older persons with professional-based work experience. It is aimed for older persons who were professionals to share knowledge, ideas and expertise towards the development and well-being of older persons. The modalities of this programme are through forum or seminar. As of 2019, a total of 6 programmes have been conducted while for 2020, the programmes have been put on hold due to the COVID-19 outbreak.</td>
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| Yes ☒ | No ☐ |
### Home Help Services

Since 2012, MWFCSD had collaborated with MOH and Voluntary Welfare Organisations (VWO) to introduce Home Help Services programme that provides services to older persons who live alone or without any family members. It is a social outreach programme where volunteers visit the houses of older persons. The programme is based on charity as a collective responsibility which requires the involvement of everyone.

The objectives of this programme are:

(i) to provide assistance and support to older persons to enable them to live comfortably, feel respected and not neglected;

(ii) to provide assistance and support to families to continue their responsibilities of caring for and protecting older persons in their family;

(iii) to ensure the society joins in the effort to help older persons or families with older persons, in line with the concept of a caring society; and

(iv) to encourage older persons to continue living in their own homes and live in a family and community-based environment.

As of September 2021, a total of 3,078 registered volunteers had participated in this programme and had assisted 9,964 older persons nationwide.

Following the COVID-19 pandemic, the Government acknowledges that an integrated approach is required to ensure that older persons are not left behind in the response and recovery of this global crisis. The Short-Term Economic Recovery Plan (PENJANA) for the period of June to December 2020 includes one-off financial assistance for Home Help Service volunteers. This RM300 incentive has benefitted 2,075 volunteers of Home Help Services with a total of RM622,500 spent for those who have been assisting older persons living in shelter homes.

As announced in the 2021 Budget Speech, the Government has approved an increase in the maximum amount for volunteers’ allowance under Home Help Service from RM150 to RM400, while for clients it has been raised from RM30 to RM80. The increment is expected to benefit over 2,000 volunteers and 8,000 older persons and PWDs.

In 2019, the Ministry of Youth and Sports had conducted a total of 9 intergenerational programmes for older persons, children and youth. These programmes aim to encourage older persons to be active in
sports activities hence living a healthy lifestyle. It was a joint effort
between the State Sports Association, State Social Welfare
Department, State Health Department and Retiree Association.

Family Retreat Centre (Anjung Interaksi, Rekreasi, Intervensi dan
Sokongan Keluarga, AIRIS)

AIRIS is a place that houses various family programmes and
activities for the community, located at the states of Selangor, Johor,
Penang and Negeri Sembilan.

AIRIS is a conducive centre for agencies and NGOs to conduct
programmes and provide support services through counselling,
therapy, mediation and psychosocial support activities for
individuals, couples, families and local community.

Monitoring of programmes and activities are made through NPFDB
state office. During the year 2016 until 2020, AIRIS Penang and
Negeri Sembilan had managed to conduct a total of 25 programmes
with 290 participants. These programmes focused on family
development, marital well-being, parenting, individual and group
counselling. Financial, entrepreneurship and skill enhancement
workshops for the community were also held.

B. The Wellness Hub

The Wellness Hub is an initiative by the Health Education Division
of MOH. These hubs are set up within communities for the general
population, regardless of age, and aims to empower the population
through information and knowledge to enable them to be better
equipped for lifestyle modifications and to care for themselves or
their loved ones. The focus is on physical activities and fitness,
healthy eating and nutrition, quit smoking programmes, weight
management assistance (I Fit and Eat Right, IFitER Programme), and
mental wellness.

3.1.7 Does the Government encourage the private sector and non-profit
organizations to involve older persons in planning and design of goods
and services?  
please elaborate:

A. Health Service

The Technical Health Committee of Older Persons lead by MOH is
tasked with planning, monitoring and evaluating the effectiveness of
programmes carried out for older persons. The strategies and
activities to be carried out require the effort of several agencies which
are not limited to the government agencies but also involves NGOs
and the private sector. With respect to NGOs, Malaysia has made
great strides, and there are several credible NGOs that are focused on
elderly well-being. Among the NGOs that are actively involved with MOH are MPKSM, USIAMAS, Gerontological Association of Malaysia, PPKM and NACSCOM.

B. Transportation Service

The Ministry of Transport (MOT) puts emphasis on efforts to improve mobility of PWDs and older persons. Thus, MOT encourages private sector and non-profit organizations to involve this vulnerable group in planning and designing of facilities and services related to transportation.

The Committee on Transport under the National Council for Persons with Disabilities ensure that connectivity and inclusivity is highly regarded in any transportation matters encompassing air, land and maritime transportation. In addition, MOT also carries out initiative to enhance awareness and conducts courses on how to properly deal with PWDs including the elderly. These courses are Disability Equality Training (DET) and Disability Related Service Training (DRST). Participants are invited from all departments and agencies under MOT, as well as operators.

Prasarana

Malaysian Infrastructure Limited (Prasarana), a government owned public transport company conducts yearly Customer Experience Satisfaction Survey (CESS). In 2020 it was participated by 5,266 respondents out of which the 56-year-old and above age group accounted for 3.5% of respondents using rail services and 3% using bus services. The inputs from the 56-year-old group are captured in CESS. Where upon the rating given to components to rail and bus services are analysed in order to improve services as a whole. Please refer to Figure 1a and Figure 1b for demographic numbers from CESS 2020 for Rapid Rail Services and Bus Services.

Prasarana also regularly engages with Public Transport enthusiasts such as Transit.My to gather views and inputs on ways to improve services, including for older persons and PWDs. Prasarana has made concession passes available for older persons and PWDs whereby a 50% discount is given to concession card holders. Please refer to Table 2a and Table 2b on issuance of concession cards. In terms of readiness to render assistance, all Prasarana’s frontliners such as rail customer support officers and Bus Captains go through a mandatory customer service programme.

A total of 60 Prasarana staffs from Station Managers to Customer Support Officers and Auxiliary Police have undergone DET and DRST conducted by MWFCD.
Prasarana business units such as Rapid Bus is a member of the International Bus Benchmarking Group (IBBG) and Rapid Rail is a member of the Community of Metros Benchmarking Group (Comet-Nova). Their rail and bus services are consistently benchmarked with other international operators within these groups. Among the criteria in benchmarking includes elements on accessibility and security staff helpfulness.

**KTMB**

Malayan Railways Limited (KTMB) is the main railway operator in Peninsular Malaysia. KTMB has always taken into account the needs of PWDs, including older persons in the planning and design of KTMB’s services. Engagement and input from the disabled community indirectly cover the needs of the elderly in KTMB’s planning of services. Number of older persons and PWDs using services provided by KTMB for the years 2018 and 2019 are as per Table 3.

**RTM**

Department of Broadcasting Malaysia (RTM) is a government owned media agency that has always supported any form of national agenda including on the issue of the ageing population. Throughout the period of 2018 to 2021, RTM has become a platform for various parties including the private sector/NGOs to discuss issues and promote initiatives involving elderly population in the planning and design of their programmes, goods and services. RTM's commitment in supporting such programme covers all platforms including news coverage and talk shows on its five main TV channels and 34 radio stations. This is an ongoing commitment and is not subject to a specific number of broadcast slots.

**C. Facilities and Living Environment**

The Government always promotes inclusive engagement of granting equal opportunities to all age group (including older persons), both genders, and all ethnics in plan-making process towards sustainable development. The department also promotes the provision of comprehensive, integrated and age-friendly facilities and living environment through its National Physical Plan, National Urbanization Policy, Planning Guidelines and development plans.

| 3.2 If “no”, are there any efforts towards the development and adoption of such a legislation, policy and/or action plan? Please elaborate: | Yes ☐ | No ☐ |
### Challenges to legislation/policies

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<td>4.1 Lack of human resources dedicated to population ageing issues</td>
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If answer 2 or 3, have you addressed the challenge? Please elaborate:

**Shortage of welfare officers in district offices**

In 2021, DSW has approximately 7,077 staff across all services schemes, with 3,443 of these staff are in the social scheme including those who are dedicated to population ageing issues. These staffs are located at the national headquarter and states including 66 institutions and 105 welfare offices at district level throughout the country.

In terms of social welfare services in relation to ageing issues, DSW oversees every dimension of social welfare service and assists clients with high diversity and complex backgrounds. This diversity of service response includes the in-home support services and out-of-home services and varies from exclusive financial assistance for the poor, as well as care, protection, rehabilitation and counselling support of older persons, and others. In responding to the contemporary ageing issues, it requires qualified trained social workers to provide accountable professional practice in the country.

However, lack of professionally trained...
workers is frequently reported as one of the challenges in the country.

A study by the Malaysian Administrative Modernisation and Management Planning Unit (MAMPU) in 2019 reported that according to the National Association of Social Workers (NASW, USA), the recommended appropriate ratio for case workers is 1: 69–75 cases. However, the case burden of officers in DSW is far beyond that ratio. For example, in PKMD Hulu Langat, the ratio has been recorded as 1: 570 cases while in PKMD Seberang Perai Utara, 1: 350 cases.

DSW has submitted its proposal to reorganise its current organisational structure with an additional 2,525 positions of multiple service schemes to the Public Service Department (JPA) on 31 December 2020.

**Training Needs for Health care Providers**

One of the strategies in the National Health Policy for Older Persons (2008) is “Human Resource Planning and Development” i.e. the development of human resource must be in tandem with the rapid increase in the aged population. There is a great need in training of health care providers (formal and informal) at all levels.

The number of health care providers (formal and
informal) at all levels is reflected in Table 4.

| 4.2 Lack of financial resources dedicated to population ageing issues | ✗ | ☐ | ☐ | DSW spent more than RM575 million a year for Financial Assistance benefitting 138,631 older persons in 2020. As of January 2021, there are 140,970 recipients of social assistance amongst older persons. Thus far, DSW has not faced any shortage of allocations. Other allocation includes for care and protection programmes for older persons, and initiatives under NACCOP. |
|---|---|---|---|
| 4.3 Lack of data on older persons and/or population ageing at the national and/or subnational levels | ☐ | ✗ | ☐ | Currently, data is available from DSW, DOSM, national studies, etc. However, there is a lack of data sharing, including data not made publicly available. Challenge is also faced in the preparation of population data (current and projection) at province (mukim), local authorities, and State Legislative Assembly & Parliamentary area levels. Population data at these levels is only available for census data which is conducted every 10 years. To resolve this, a registry system is being developed. The e-WEN Project is a National Registry System aimed to capture data on older members of the society in Malaysia. The registry will contain information on the sociodemographic, health, social aspect, safety |
assessment and concerns characteristics. The registry will also cover topics such as employment and job matching to ensure active and productive ageing envisaged in the National Policy for Older Persons 2011.

Data derived from this registry can be the basis for creating an evidence-based finding to support projection of resources for the Malaysian ageing community through policies and sustainable programmes.

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<td><strong>4.4 Lack of overall political support</strong></td>
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<td><strong>4.5 Lack of cross-ministerial coordination on population ageing issues</strong></td>
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NACCOP is represented by representatives of the relevant ministries involved in matters related to population ageing issues.

However, concerning statistics (administrative data) used by the ministry/agency in the formulation, implementation and monitoring of policy for the target group (ageing population), there are still issues in harmonizing these with the data provided by DOSM. It has been proposed by DOSM for data received from the ministry/agency to have an identification document such as a unique ID to be matched with other administrative data. The compilation of administrative records in relevant agencies also needs to be improved.

This will be improved over time with the setting up of e-WEN.
### 4.6 Lack of international support and cooperation on population ageing issues

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Malaysia has always welcomed support from international organisations on matters concerning population ageing issues.

### 4.7 Lack of public awareness and understanding of population ageing issues

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Under the Strategic Thrust 2 of MWFCD’s Strategic Plan 2021-2025\(^8\), advocacy programmes related to population ageing issues have been planned such as intergenerational programmes and PAWE Roundtable Conference – Road to Ageing Nation. These advocacy-related programmes also will be translated into media plan.

From January 2018 till July 2021, private broadcasting stations (TV & Radio) have played Public Service Announcements (PSAs) regarding the elderly and ageing population in total 9,735 times throughout the duration. These PSAs contain positive messages such as: helping the elderly, treating them with respect and encouraging family members to spend more time with the elderly etc.

The Malaysian Communications and Multimedia Commission (MCMC) Broadcast Compliance Reporting System is as per Table 5.

All relevant Ministries with promotional materials (e.g. crawlers, jingle, Public Service Announcement

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videos, social media materials) regarding initiatives on older persons are welcome to submit to MCMC for dissemination to the public.

The Malaysian National News Agency (BERNAMA) as the sole news agency has been playing its role in disseminating policies, news and information on the fundamental elements that are needed for senior citizens and their well-being, in order to help them live in a harmonious environment with adequate health facilities. Publication of articles on awareness and understanding of issues related to the ageing population are done regularly from time to time.

Since its inception, RTM has consistently played its role in informing, educating and fostering awareness on issues of national importance including the issue of ageing population and the elderly in Malaysia. Since this issue became a national agenda, RTM, through various programmes on its TV channels and Radio station from time to time has become a platform for health experts and academicians to share current issues related to ageing population and challenges that arise in facing the scenario. The year 2021 in particular has seen RTM's programmes focus more on older persons following the COVID-19 pandemic. The particular focus is on health
Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific - 2021

care and the importance of vaccines to older persons who are at risk of being infected with COVID-19. Coverage of related topics are included in all talk shows, news coverage, capsules as well as PSAs.

To get a clear picture of the needs of the older persons, especially unpaid carers, the questions related to the ageing population are included in Population and Housing Census of Malaysia 2020 under the Section I Senior Citizens module (answered by household members aged 60 years and above).

Refer to Annex 5 for Questionnaire of Population and Housing Census of Malaysia 2020.

| 4.8 A bottom-up approach to population ageing not followed (e.g., involvement of older persons) | ☒ | ☐ | ☐ |
| 4.9 Misconceptions and stereotypes about population ageing and older persons | ☐ | ☒ | ☐ |
| Currently there are no available data on this. More needs to be done in terms of survey and research to gauge public perception. |

4.10 Any other challenges (please name them)

*please elaborate:*

The need to strengthen intersectoral integration and collaboration.

**Priorities of MIPAA “issues”**

| 5 | Which of the “issues” listed under the three priority directions of MIPAA has your Government prioritized (for a list of “issues”, see the Annex)?
| please elaborate: |
A. Ensuring enabling and supportive environments

Neglect, abuse and violence

In 2022, the focus of MWFCD on the older person issues is to draft a Bill for Older Persons to protect the rights of older persons in Malaysia. Besides that, MWFCD is in the midst of drafting the new POA for Older Persons for the term of 2023-2030.

Care and support for caregivers

Besides that, MWFCD has also completed a project on Diagnostic Study to Develop A Sustainable Model for Integrated Long-Term Aged Care in Malaysia whereby the focus of this study is to develop a Long-Term Care of the Elderly Model in Malaysia with the concept of ageing in place and using an integrated community-based model.

Housing and the living environment

The Age-Friendly City Project for Taiping, Perak serves as a pilot model for the Government to address two global demographic trends - the rapid ageing of populations and increasing urbanization. The objective is to promote public participation in local planning to develop a framework and action plan with the aim of creating an environment that is child, elderly and disabled-friendly.

B. Advancing Health and Well-Being into Old Age

Health promotion and well-being throughout life

MOH has introduced health care services for older persons since 1996 as one of the programmes in the Expanded Scope of Family Health services. The objective of the services is to ensure older persons achieve the optimal level of health through its holistic and comprehensive health care services.

The implementation of elderly health care services programme is based on the National Healthcare Policy for the Elderly, which emphasizes the efforts towards healthy ageing by empowering the elderly, family and community with knowledge; together with a supportive environment to encourage independent life (Ageing in Place). These services encourage active elderly participation in health promotional activities and life course disease prevention. Other than improving the health status of the elderly, these services provide friendly, equitable, culturally accepted, non-gender discriminating, seamless and comprehensive health care.

Various elderly health care services are provided in government health clinics which includes promotional activities on health, health screening and assessment, medical examination, consultation, rehabilitation services, as well as recreational, social, and welfare activities through Elderly Club in health clinics.

Universal and equal access to health-care services

The Government upholds the World Health Organization’s (WHO) active and healthy ageing policy for the elderly at all levels comprising the primary, secondary, tertiary health
care services and community-based care. The Healthy Ageing concept outlines the framework and public health approach in the elderly health care targeting the three groups of elderly, namely:

(i) elderly that are physically and mentally active and independent to achieve an optimal level of functional ability for continued healthy living;

(ii) elderly with functional problems to maintain optimal health;

(iii) elderly who are bed-ridden and fully dependent on others to maintain their dignity.

Training of care providers and health professionals

Domiciliary Care Services was introduced in 2014. Its establishment is in line with the Healthy Ageing framework that is “to reverse or slow decline in capacity”. As an example, an elderly who has been discharged from hospital due to stroke can have continuous care at home and be provided better functional ability. Through domiciliary care, a team of health personnel will provide care for stable post stroke or post spinal injury bedridden patients in their own home. The team will also provide training to the care giver or family member on the correct technique of managing bedridden patients and to educate the patient on improving their self-care.

Older persons with disabilities

Malaysia has achieved better health conditions through effective implementation of Primary Health Care (PHC) services. But PHC services alone aren’t enough to fulfil the health needs of the ageing population that comes with double burden of diseases and disabilities. The way forward for the provision of health care of older persons is through the adoption of the Community Health Care Approach where new scope and value is added to existing PHC approaches in providing integrated health care, patient-centred care and social services through optimising resources available within the community (informal caregivers, NGOs, private partnerships). In 2019, the scope of function of our community nurses was expanded in rural areas (elderly dominating by numbers) from delivering maternal and child health care services to being trained in delivering elderly health services in the Community/Rural clinics and at home.

Care of older persons in institutions (care centres)

Care of older persons in institutions (care centres) is one of the emerging issues that needs to be addressed. Currently, Malaysia relies on two Acts namely the Care Centres Act 1993 (Act 506), under MWFC and PAHFAS, under the MOH. Most current day care centres are obliged to provide health care services especially to older persons, although there is no specific provision in terms of providing health care services\(^9\). This affects the quality of health care services delivery to the residents. In addition to this, many facilities and care homes are unlicensed, resulting in absence of uniformed processes for admission.

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\(^9\) Publications related to health care services for older persons:


management and discharge of patients, lack of training for caregivers, occurrences of abuses at institutions, and also absence of clear demarcation of special needs of residents. Thus in 2018, PAHFAS was enacted to ensure minimum quality of care for older persons in an accessible, affordable and sustainable manner, to ensure their wellbeing. This Act also serves to encourage unregistered nursing homes and care centres to be regulated.

Mental health needs of older persons

WHO estimates the prevalence of dementia to be between 5% to 8% among the elderly population. In Malaysia, the National Health Morbidity Survey (NHMS) 2018: Elderly Health Survey showed the overall prevalence of probable dementia was 8.5% among elderly aged 60 years and above. Therefore, there is an urgent need to develop a dementia action plan to address this issue.

C. Older persons and development

Access to knowledge, education and training

Refer to answers in Q3.1 on Lifelong Learning Work Plan for Older Persons.

II. Older persons and development

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) date of implementation and time frame; (c) its main elements; and (d) its main achievements. Please elaborate and please attach copies of relevant documents or provide their link.

Active participation

6. Has the Government undertaken any measures to promote the active participation of older persons in society and in decision-making processes at all levels? (SDG 5.b.1; SDG 11.3.2; SDG 17.8.1) please elaborate with data, as appropriate:

Older persons’ active participation in society and decision-making processes at various levels are highly valued especially in the academia and in the public sector where their experience in the service is needed even after reaching mandatory pension age. Many continue to work on contract basis and hold decision-making positions. The following are among examples of older persons’ participation.

A. Participation through NACCOP

NACCOP is the main body that overlooks the implementation and policy status of Malaysia’s National Policy for Older Persons and its Plan of Action. Through NACCOP, representatives of older persons in various fields are able to raise issues and provide recommendations that serve to benefit older persons. Refer to Q1 for elaboration on NACCOP and Annex 1 for details on all relevant committees under NACCOP.
B. Activity Centres for Older Persons

Activity Centres for Older Persons (PAWE) offer a place for older persons to participate in and perform daily activities in the communities. It is an outreach and developmental programme for older persons with strategic cooperation between MWFCD, other government agencies and NGOs.

PAWE implement activities like physical exercises, recreation and health screenings. The effectiveness of the activity centres for older persons have been assessed through feedbacks received from older persons via survey. Details of the assessment findings will be further explained in Q7.

C. Participation in the development of town planning related legislations

In the process of drafting Planning Guidelines, the Ministry of Housing and Local Government (MHLG) has involved the relevant ministries and agencies, private sector and non-profit organizations to include specific interest of the elderly.

For the benefit of their city and district, regardless of their age, religion, race, and education background, anyone can voice out to their Local Authority in the decision-making process of their respective city and district. For example, during the Yearly Budget Planning for the Local Governments, the public can convey their expectation of better services or better infrastructures or make suggestions.

SDG indicators

SDG 5.b.1:
Statistics are generated from Information and Communication Technologies (ICT) Use and Access by Individual and Household Survey conducted by DOSM. Table 5.9 shows the percentage of individuals owning mobile phone by sex, Malaysia, 2017 – 2020 (see: Annex 6 on ICT Use and Access by Individuals and Households Survey Report).

SDG 11.3.2:
This indicator is partially available and under development with MHLG.

SDG 17.8.1:
This indicator is available.

| 7 | Has the Government taken measures to facilitate older persons’ participation in physical activity? (see also companion document) please elaborate with data, as appropriate: | Yes ☒ | No ☐ |
A. Activity Centres for Older Persons

Activity Centres for Older Persons (PAWE) is an outreach and developmental programme for older persons with strategic cooperation between MWFC, other government agencies and NGOs. As of August 2021, there are a total of 143 activity centres around Malaysia. Various activities and programmes are provided at the centre including religious and recreational activities, therapy and rehabilitation, medical screening, health talks and relevant training programmes. These centres cater for healthy older persons to maintain their interaction among themselves and the community. As drop-in centres for older persons in the neighbourhoods, the centres provide an opportunity for older persons to interact with their peers and provide mutual support to each other.

In evaluating the effectiveness of the activity centres for older persons (2011 to 2015), DSW has conducted a study from March to August 2016 with a sample of 416 respondents consisting of older persons, PAWE committees, local communities and other relevant stakeholders from 45 activity centres. The Outcome Monitoring Report found that:

(i) 97.4 per cent of older persons who had joined the programme are satisfied whereby various activities were being made available in accordance to their needs in contributing to their quality of life ranging from recreational, health screening, rehabilitation therapy, religious, training, sports and exercises;

(ii) 97.4 per cent of older persons who had joined the activities are less likely to be depressed;

(iii) 96.5 per cent of older persons who had joined the activities feel more blissful and happier; and

(iv) 95.9 per cent of older persons feel that these activities brought out their potential and talents.

In the 2021 Budget, the Government has provided an increased funding for PAWE from RM33,333 a year to RM50,000.

In 2018, a project entitled “Valorizing Evidence on Inclusive Development to Achieve Sustainable Development Goals in Malaysia” was undertaken by UNESCO and carried out by the Institute of Malaysian and International Studies (IKMAS), National University of Malaysia (Universiti Kebangsaan Malaysia, UKM) together with the Social Institute of Malaysia (ISM) with funding from Malaysia Funds-in Trust (M-FIT) grant. Two programmes under MWFC were chosen for the study which are PAWE and the Family and Community Empowerment (FACE) programmes. The
The aim of the study is to bring together practitioners, academia, activists and policy makers in an environment where interactions would allow for better understanding of relating SDGs to the process of valorisation (the availability, the accessibility and the usability) of PAWE and FACE.

In partnership with 2 local universities and the PAWE under their purview, a new programme has been introduced as pilot project. This programme aims to empower the function of PAWE in the community as referral points to the government or other services for seniors; and enhance PAWE’s cooperation with various government agencies, private sector, local government, universities and NGOs. The following universities are involved in this programme:

(i) UKM focusing on Healthy Ageing; and

(ii) International Islamic University Malaysia focusing on Lifelong Learning: Islamic Religious Studies.

Physical activities such as tai-chi and aerobics are carried out at all PAWEs at least twice a week. This is in line with the National Ageing Policy which emphasizes the dimension of Healthy and Active Ageing. A minimum of 96 activities have been carried out in a year totaling 13,728 physical activities recorded each year from all 143 PAWEs.

### B. Census Data

Information related to physical activity participation among older persons is collected in the Population and Housing Census of Malaysia 2020\(^\text{10}\). Under Section F: Health and Fitness, Question F6 covers question on 'What type of exercises or sports activity do you/this person often do?'; and Under Section I: Senior Citizen, Question I1 covers question on 'In the previous month, what activities did you / this person often did?'

| 8 | Do older persons’ organizations exist in your country? How many are active and what types of organizations are these? *please elaborate with data, as appropriate:* | Yes ☑ | No ☐ |

### A. Main Active NGOs

The following are the main active NGOs that are strategic partners of MWFCD:

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(i) National Council of Senior Citizens Organisations Malaysia (NACSCOM)

NACSCOM is a not-for-profit federation of senior citizens organisations in Malaysia, registered with the Registrar of Societies on 14th July 1990. NACSCOM has 40 affiliates throughout Malaysia with a total membership of close to 20,000. Since its inception, NACSCOM has been actively involved in promoting the welfare and social wellbeing of senior citizens in Malaysia.

(ii) Malaysian Golden Age Welfare Association (USIAMAS)

USIAMAS is a non-profit organization with the objective of contributing to the society regardless of age. Members are aged 50 years and above and carry out activities in the spirit of active ageing. Among these activities are training for the elderly on how to live optimally after retirement, promotion of noble vales (Pronova) and Home Help Services.

(iii) Central Welfare Council of Malaysia (Majlis Pusat Kebajikan Semalaysia, MPKSM)

MPKSM has presence/offices at all states and offers support to the needy including older persons and persons with disabilities.

B. Older Persons with Specific Functions

Besides this, there are other organisations for older persons with specific functions as follows:

(i) Older Person Care Centres

As of September 2021, there are currently 394 registered older person care centres that is registered under Care Centre Act 1993. From this total, 68 are run by NGOs while 316 are run by private sector.

(ii) Elderly Club in Health Clinic

The Elderly Club in Health Clinics are not all registered under the Registrar of Societies (ROS) or Registrar of Companies (ROC), (registration is not mandatory). This club is an initiative under MOH to encourage NGO and community participation in elderly health care. It also serves as a platform for older persons to carry out social, religious and spiritual activities with other older persons within the community towards encouraging healthy and active ageing. This club is formed by and consists of older persons within an operational
area of a health clinic who are involved in the planning of activities for this club.

As of June 2021, there are 284 Elderly Clubs established throughout Malaysia, which operate under their respective health clinics.

9 Does the Government provide any financial, technical or policy support to these organizations? 
*please elaborate with data, as appropriate:*

**Annual Grants for Voluntary Welfare Organisations (VWO) and NGOs**

Annual Grants are provided to VWOs that provide services to older persons. These are in the form of financial and infrastructural assistance. Registered voluntary groups can apply for these grants through the DSW. In 2021, a total of 22 VWO for older persons had received these grants and had benefited 480 residents amounting to RM1,680,338 including Ration Grants and Administrative Grants. Statistics on the annual grants given to VWO from 2018 to 2021 is reflected in Table 6.

A special treasury aid is also given to NGOs for the purpose of implementing programmes related to the development of women, family and community. These forms of assistance aim to encourage NGOs’ participation in assisting the Government to help those in need and enable the rapid mobilization of resources to NGOs and social enterprises to provide assistance.

From 2018 to July 2021, a total of 97 NGOs has received these special treasury aid to conduct programmes on older persons. Among programmes implemented are empowerment programmes in the form of capacity building and skills development, education, psychological support as well as health and nutritional diet intervention.

In promoting and supporting preventive health care for PWDs including older persons during this pandemic outbreak, greater emphasis has been placed on prevention and health promotion programmes. Throughout 2020, a total of 69 programmes have been conducted by NGOs.

**Work**

10 Has the Government engaged in actions to support older persons’ participation in income-generating work, as long as older persons want and are able to do so? *(SDG 8.5.1; SDG 8.5.2)* 
*please elaborate with data, as appropriate:*

Yes ☒ No ☐
The Ministry of Human Resources (MOHR) has no specific data on the occupations of older persons. However, the Employment Insurance System (EIS) data by the Social Security Organisation (SOCSO) shows that as of 24 December 2021, a total of 4,092 senior citizens aged 60 and above have obtained employment. Successful placements fall into one of 3 categories such as EIS Insured Persons, people with disabilities or general job seekers (via MyFutureJobs portal).

The Labor Force Survey (LFS) Report 2020 shows that a total of 448,600 persons in the 60-64 age group have been employed. Among initiatives taken to support older persons’ participation in income-generating work are as follows:

A. Virtual "Hiring Seniors" Workshop

To support older persons’ participation, MOHR through TalentCorp has held a virtual "Hiring Seniors" Workshop in September 2021. The main focus of the workshop was to leverage on the growing talent of seniors to support the Malaysian workforce as we move towards becoming an aged nation by 2030. The input from the workshop is useful towards the development of a framework by taking a holistic approach to implement senior recruitment initiatives at the national level.

B. Job Matching Centre

The Government is in the midst of expanding the functions of several PAWE to include job matching services and business empowerment activities for older persons. The centre will become a network of collaboration with various agencies to provide employment opportunities and economic empowerment for senior citizens. Expansion of this function is expected to commence in 2022.

C. Media Platform

Throughout the period of 2018 to 2021, RTM has become a platform for various parties to discuss issues and promote initiatives involving elderly population. RTM’s commitment in supporting such programmes covers all platforms including news coverage and talk shows on its five TV channels and 34 radio stations. The main talk show on RTM, Selamat Pagi Malaysia for example provides at least two interview slots each year to DSW and MWFCD to discuss various topics related to the elderly including related income-generating programmes for them and other related programmes affecting their economic wellbeing. Interview slots are also available on 34 RTM radio stations for similar objective (see Table 7 for the list of interview slots offered by RTM Radio stations).
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<th>D. Malaysian Creative Capacity Development Enhancement Programme</th>
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<td>In developing the human capital of Malaysia’s film industry, FINAS have implemented the Malaysian Creative Capacity Development Enhancement Programme (MyCAP) through collaboration with selected and registered local film industry association; including Malaysia Veteran Artist Foundation, for their members to be commissioned and given recognition as professional by the Government and their peers in the film industry.</td>
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Older persons’ participation in income-generating work has been documented in the following reports:


**Data on Employment of Older Persons**

**SDG indicators**

**Unemployment Rate**

SDG 8.5.1 & 8.5.2:

These indicators are available through proxy as below:

8.5.1 Mean monthly salaries & wages of employees by age group and sex are available at total level, for year 2020 (Table 8). Data for older persons is available for age group of 60-64 year. Refer Table 1 of the Annex.

8.5.2 Unemployment rate, by sex and age group are available at total level, for year 2020 (Table 9). Data for older persons is available for age group of 60-64 year. Refer Table 1 of the Annex.

| 10.1 Has the Government instituted a statutory retirement age? If “yes”, what is it (women/men)? please elaborate with data, as appropriate: |
|---|---|
| Yes ☒ | No ☐ |

**Minimum Retirement Age Act 2012**

The mandatory retirement age for the public sector has been raised from 58 years to 60 years regardless of gender, effective from January 2012. As for the private sector, the Minimum Retirement Age Act 2012 (MRAA 2012) was enforced effective July 2013. The Act will ensure
that 60 years is the earliest retirement age for employees in the private sector.

10.2 Does the Government provide incentives for longer working life opportunities and more flexible retirement choices?  
*please elaborate with data, as appropriate:*

MOHR has established the minimum retirement age in Malaysia governed by the MRAA 2012. Under Section 4 of the MRAA 2012, the minimum retirement age of an employee shall be upon the employee attaining the age of 60.

The government also allows employers to set the retirement age beyond the MRAA 2012. Thus, citizens can have longer working life opportunities and more flexible retirement choices. Therefore, they are encouraged to work beyond the minimum retirement age.

10.3 Does the Government provide work-related training and learning opportunities for older workers?  
*please elaborate with data, as appropriate:*

To improve training and learning opportunities for senior citizens, MOHR has conducted several programmes/workshops as follows:

**A. B40 Development Programme Under PENJANA HRDCorp**

B40 Development is intended to equip the vulnerable and employees from the B40 category with specific skills and knowledge through end-to-end training to up-skill and gain entrepreneurship skills and increase income in various industries. The target group are the B40 individuals and targeted community such as senior citizens, women, youth and the disabled.

**B. Seniors Back in Action (SEBA)**

MOHR through its agency, Human Resource Development Corporation (HRD Corp) is in the midst of developing a programme called Seniors Back in Action (SEBA), which is a programme that provide work-related training and learning opportunities for older workers especially retirees who are looking for temporary position on a project or contract basis with certain sector or industry. This programme will assist them through job opportunities as freelancers where they can work independently by engaging in the GIG economy which is becoming more widespread and popular in Malaysia. By continuing to contribute their expertise to the industry, they will be able to generate or supplement their current income in a flexible work arrangement with organizations that may be looking to out-source or are seeking to conclude assignments which are temporary in nature.
C. University of the Third Age (U3A)

Please refer to Annex 3 on U3A programmes.

<table>
<thead>
<tr>
<th>10.4</th>
<th>Does the Government recognize the benefits of increased work experience with age in the labour market? <em>please elaborate with data, as appropriate:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on the research conducted by ILMIA entitled the National Strategic Development Plan on Ageing Population: Inclusion and Employment of Malaysia's Ageing Population, Malaysia does not have any phased retirement schemes, as roles/job functions and retirement are typically dictated by the employer based on existing legislation. Older workers typically intend to gradually wind down workloads during the twilight years of their career, which does not currently happen due to the hard retirement age of 60 years old. Phased retirement offers a middle ground whereby employers can re-hire elderly workers under lesser roles with lesser pay, which also corresponds to less responsibility. The step down in work would ease the transition into retirement, offering elderly workers the flexibility to remain active despite passing retirement age and thus incentivising older workers to remain in the labour force for longer periods before retiring. The recommendation from this study is to incentivise employers to set up phased retirement. This incentive is to encourage employers to offer phased retirement schemes with options for less work and pay to older workers. Schemes must give employees who reach retirement age the right to request for phased retirement whilst at the same time employers must endeavour to provide the opportunity as best as possible. Salaries for older workers must commensurate with work, which is dependent on whether the role is outcome or hours based. Worker productivity needs to be monitored to prevent abuse of the system from either party, whilst youth unemployment also needs to be tracked to ensure retiring elderlies are not hindering the younger generation from entering the workforce.</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10.5</th>
<th>Has the Government implemented any measures to better utilize older persons’ work experience? <em>please elaborate with data, as appropriate:</em></th>
</tr>
</thead>
</table>
|      | **A. Job Fair and Employment Programme for Senior Citizens**  
An Employment Awareness and Economic Empowerment Programme specifically for older persons was held in Kuala Lumpur on 12 November 2019. This programme involved participation of government agencies such as the Federal Agricultural Marketing Authority (FAMA), Job Malaysia, Hire Senior Malaysia and People System Consultancy (PSC). |
|      | Yes ☑ | No ☐ |
Among the activities carried out were as follows:

(i) Briefing on market information and product to provide understanding on their potential market (domestic and international) – FAMA;
(ii) Open interview career sessions – Job Malaysia;
(iii) Job matching programme to provide a range of suitable roles that matches experience and leverage their qualifications – Hire Senior Malaysia; and
(iv) Financial management – People System Consultancy (PSC).

The programme has been attended by 191 participants from nearby PAWE and local communities.

B. Job Matching Centre

Refer to answer in Q10 on elaboration for job matching centre.

C. MamaCare

The National Population and Family Development Board (NPFDB) implements a Post Natal Care programme called MamaCare that aims to improve women’s reproductive health and family’s well-being. Women of all ages are invited to join this programme especially women from low-income households including older women and single mothers. As of August 2021, there are 841 active MamaCare practitioners and 10% (82 practitioner) are women aged 60 and above.

D. Intergenerational programmes

Refer to answer in Q3.1.6, item A on intergenerational programme for older persons, children and youth.

10.5.1 Has the Government implemented any measures to support employers to retain or rehire older persons? 
please elaborate with data, as appropriate:

A. Research by ILMIA

Research conducted by ILMIA entitled the National Strategic Development Plan on Ageing Population: Inclusion and Employment of Malaysia's Ageing Population found that from the supply-side, survey have indicated that many older persons would like to work within flexible conditions and without long term commitment. They are typically not financially-driven, working to maintain their health and as a way of keeping active and/or passing time. Freelance and flexible work is still scarce in Malaysia, especially roles which are doable by senior citizens; hence there is room to incorporate such programme to encourage active ageing.
Growth in the number of persons seeking salaried employment reflects a growing trend for the over 60 years old population with a desire to supplement their savings to keep up with living costs. While demand for aged workers is expected to also increase, it will be at half the rate of supply.

In 2019, MOHR launched the National Strategic Development Plan on Ageing Population: Inclusion and Employment of Malaysia’s Ageing Population by incorporating the findings from the above-mentioned study. Under this strategic development plan, a list of 9 Strategic Focus Area (SFA) was developed. It is aimed at fostering interest in both employment and volunteering, tackling issues that limit older persons’ willingness to seek work and improving the employability and access of older persons to fair job placement both in salaried work and volunteering opportunities. There are 19 initiatives to address specific gaps and opportunities for each SFA.

The report produced by ILMIA will be used as a basis for shaping policies to encourage active and productive ageing among Malaysians, aligned to RMK-11 with the possibility of national policies/plans for the ageing society being incorporated into RMK-12.

Regarding the current initiative by the Government, MOHR has been appointed to lead the Committee on the Employment of Elderly Persons under NACCOP. Matters that have been discussed in the committee meeting are as follows:

(i) planning, coordinating and monitoring senior citizens development activities/programmes between government/private agencies related to paid employment placements for senior citizens;
(ii) review legislation and regulations related to existing/new employment act that protects the rights and welfare of working senior citizens;
(iii) monitoring capacity building activities/programmes on upskilling and reskilling for senior citizens; and
(iv) monitoring promotional and advocacy activities/programmes that encourage the participation of senior citizens in paid employment activities among employers and senior citizens.

Sessions with stakeholders are held based on current needs and approved budget.

The Oil and Gas Services and Equipment (OGSE) National Industry Blueprint 2021-2030 is one example where initiatives for talent development have outlined “Expert mentorship from ex-OGSE talents” that can benefit senior citizens.
B. Tax Exemption for Employers

The reduction in employers’ share to a minimum 4% would also encourage employment opportunities for older workers thus ensuring them to remain productive and active in the economy.

In mid-2019, the Income Tax (Deduction for Employment of Older Persons, Ex-Convict, Parolee, Supervised Person and Ex-Drug Dependant) Rules was gazetted. Employers can get further deduction on remuneration (RM4,000 and below) paid to older Malaysian employees aged 60 years and above in 2019 and 2020. This marks an important milestone in incentivizing employers to hire older workers, apart from various provisions under the Employees' Provident Fund (EPF) in the past.

Following the 2021 Budget announcement, the Government continues efforts in promoting employment and productivity of older persons by introducing additional tax deductions for employers who hire senior citizens. This tax deduction will be extended until year of assessment 2025.

C. Civil Service Pension Scheme

The civil service pension scheme is administered by the Post Service Division, JPA and provides old-age, disability, and survivorship benefits for civil service employees.

10.5.2 Has the Government promoted age-friendly workplaces through policies and training on age inclusion or unconscious bias? Please elaborate with data, as appropriate:

MOHR in collaboration with TalentCorp has been promoting Flexible Work Arrangements (FWA) such as Work from Home. This initiative helps companies to get started on implementing FWA to employees. By adopting FWA, not only will it ensure that employees stay relevant in the technology-driven world but will also improve employees’ productivity, and general well-being. The FWAs also promote better work-life integration in balancing professional and personal commitments, motivate employees to work to their fullest capability through FWA, retain valuable employees, and reduce tardiness and absenteeism while keeping costs managed. The implementations of FWA will help targeted groups such as women and senior citizens.

10.6 Has the Government undertaken measures to close gender pay or pension gaps? Please elaborate with data, as appropriate:

Yes ☑️  No ☐
A. Salaries and Wages Survey Report \(^{11}\)(S&WS)

Based on the findings of S&WS, median monthly salaries and wages for male were consistently higher than female since 2010 in both public and private sector. In 2020, the mean monthly salaries & wages for male employees fell by RM341 (-10.3%) to RM2,963 while for female employees fell by RM219 (-7.0%) to RM2,889 as compared to the previous year. Thus, the different value of mean for 2020 only RM74, the smallest gap recorded since 2010.

B. Pension Gap

Specifically, for the armed forces, the Ministry of Defence (MinDef) has set up a research team to study the Veteran’s pension gap. The research team has held 3 meetings in 2020 to discuss issues involving policy, legislation and other related aspects. The research team has yet to finalize the best method to resolve the issue. The finalized findings will be presented to the Armed Forces Council and subsequently to the Central Agency for further consideration.

C. Civil Service Pension Scheme

Refer to answer in Q10.5.1, item C on civil service pension scheme.

| 10.7 | In addition to closing the gender pay or pension gap, has the Government accounted for the special situation of older women in work-related policies? please elaborate with data, as appropriate: | Yes ☐ | No ☒ |

Rural and urban areas

<table>
<thead>
<tr>
<th>11</th>
<th>Has the Government implemented any measures to address challenges, such as isolation and marginalization, of older persons in (a) rural or remote areas, and (b) urban areas, including slums? (SDG 9.1.1; SDG 11.1.1) please elaborate with data, as appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In response to population aging, the government has designed policies which aim to ensure the well-being of older persons and special considerations toward this portion of the population in the inclusive national development approach. The National Policy for Older Persons became effective in 2011 providing the agenda and action plans for relevant ministries and various tiers of the government. Along with it, the National Family Policy 2012 also highlighted intergenerational solidarity within the family.</td>
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</tbody>
</table>

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### A. Social welfare programmes

Social welfare programmes for older adults include institutional care, financial assistance, activity centers with capacity to transport older adults to certain places, and assistive devices or aids.

### B. Publicly funded shelter homes

*Rumah Seri Kenangan* (RSK) are publicly funded shelter homes for older persons who do not have any family and financial support. There are 10 RSKs which offer shelter and protection for 3,120 residents. These homes offer satisfactory care and support in the form of rehabilitative and counselling services for the residents.

RSKs are located throughout Malaysia. Few facilities are undergoing reconstructions and residents were temporarily relocated to other nearby welfare institutions while the project was being completed. The residents of these homes must fulfil the admission criteria including being Malaysian citizens aged 60 years and above who do not have the means to support themselves. They also must have good mental well-being (i.e., be free from any mental illnesses) and do not have any contagious diseases. The lack of family support is normally the main factor affecting the decision to stay or be admitted to the old persons’ homes.

For those who are poor but have family members to provide care for them, financial assistance of RM350 per month is given. This amount has been raised to RM500 after the 2020 budget announcement. DSW also runs two homes for the chronically ill (*Rumah Ehsan*) and two social rehabilitation centers for beggars and destitutes (*Desa Bina Diri*) which are not age specific facilities.

As of June 2021, there are a total of 17 Government Funded Shelter Homes under the auspices of DSW with 2,040 registered residents.

### C. Lack of training/skills for social workers in handling residents with mental health

In addressing the mental health issue among inmates residing in these institutions, a round table discussion was organized by DSW in 2019. Participants were among practitioners and government officials from the Health Department and Head of Institutions.

Areas pertaining to training/skills for social workers in handling residents with mental health issues were discussed. There is still a dire need to train social workers in handling residents with mental health issues.

Currently, it is not encouraged for older persons with mental health to be placed in these institutions.
In 2019, DSW organized a challenging behavior training programme for residents at institutions. The programme aims to:

(i) give exposure in determining early risk of challenging behavior of institution residents;
(ii) increase knowledge and skills in handling challenging behaviour; and
(iii) introducing breakaway technique in handling challenging behavior.

The training programme involved sharing sessions from fellow experts in older persons’ public health from MOH, psychiatrist and facilitators from Hospital Bahagia.

D. Provision of facilities to cater to the needs of older persons and PWDs in urban areas

The National Urbanization Policy promotes increased provision of facilities to cater to the needs of older persons and PWDs in urban areas. The policy also focuses on providing integrated facilities for this group in accordance to the Universal Planning Guidelines.

The Physical Planning Guidelines for Senior Citizens is a tool established to implement the National Urbanization Policy and provides guidance for the planning and control of three types of older person’s living spaces, namely care center, special housing (retirement village) and private housing.

Other initiatives include the Urban Community Economic Empowerment Programme (PEKB) and House Repair Programme. Through these initiatives, those eligible, including older persons are identified through the eKasih system and assistance will be given accordingly.

The National Affordable Housing Policy developed by MHLG aims to achieve adequate housing for vulnerable groups based on the following objectives:

- To formulate standard affordable housing development for developer;
- To provide direction in ensuring each household is able to own a house at affordable price;
- To formulate affordable housing policy;
- To set the specification and criteria of affordable housing development to uplift the quality of life at affordable price;
- To assist private and public sector in developing affordable houses with minimum cost and time; and
- To reduce development cost of affordable houses without forgoing house quality, common property and conducive environment.
The Public Low-Cost Housing (*Projek Perumahan Rakyat*, PPR) provides affordable housing to low income group via ownership or lease. The selling price of PPR per unit is as low as RM35,000 for Peninsular Malaysia, RM42,000 for Sabah and Sarawak, while rental is RM124 per month.

Since 2018 to 30 June 2021, a total of 83,587 units of affordable houses have been built. Currently, 130,024 units are under construction while 319,929 units are in the planning to be built.

Recently, *Rumah IKRAM Keluarga Malaysia* has been introduced as an initiative in providing shelter to those affected by COVID-19. It is a form of temporary measure for those who have lost their homes during the pandemic, whereby free home rental of 6 months period is given.

### SDG indicators

**SDG 9.1.1:**
This indicator is partially available and need further development. Source of data is from Population and Housing Census, Malaysia 2020 and National Household Indicators Survey (NHIS).

**SDG 11.1.1:**
This indicator is under development with MHLG.

### Education, training

| 12 | Has the Government supported older persons’ access to knowledge, education and training? (*SDG 4.3.1; SDG 4.4.1; SDG 4.6.1*)
please elaborate with data, as appropriate:

**A. PAWE**

PAWE is designed to help older persons by developing community-based activities that promote active ageing and improve their overall well-being.

**B. University of the Third Age (U3A)**

Refer to answers in Q3.1 on LifeLong Learning (LLL) and Q3.1.5 for answers on U3A.

**C. *Keluarga Malaysia* Digital Economy Centres (PEDi)**

PEDi, formerly known as Community Internet Centres (PIK), empowers digital economic initiatives through the development of ICT skills as well as catalysing the increase of e-commerce engagements among the public especially those under the B40 | Yes ☑️ | No ☐️ |
category. PEDi’s infrastructures and development programmes could be offered to 15.6 million people.

PEDi facilities also support and cater for senior citizens who live around PEDi, where they could access the various ICT facilities offered at PEDi. Out of the total 1,227,944 PEDi users (2017 – 2021), 5.14% are older persons which makes 0.18% of participants in PEDi ICT programme (2017 – 2021).

Additionally, 84% of PEDi (732 out of 873 PEDi) are senior citizen and disabled-friendly with accessible facilities like accessible door entrance, ramp for assisted movements, computers and application as well as toilet facilities. The breakdown of PEDi with accessible facilities is reflected in Table 10.

**SDG indicators**

Based on the SDG Indicators, Malaysia 2019 report, 75 percent (9 from 12 indicators) of the SDG 4 indicators are available at Malaysia level.

The data reported for SDG 4.3.1 is partially available which consists only formal education and training. The data source is from the Ministry of Education Malaysia. Participation rate of youth and adults in formal education and training in the previous 12 months is recorded at 9.9% in 2019 at national level.

Data for SDG 4.4.1; Proportion of youth and adults with ICT skills, by type of skill is from ICT Use and Access by Individuals and Households Survey conducted by DOSM. The skills are categorized by nine different types of ICT skills. In 2019, 80.4% of adults have skills to copy or move file or folder and 62.1% of adults have skills to send e-mail with attached files.

Moreover, on SDG 4.6.1, proxy data were used from LFS. The proportion of population achieving proficiency in literacy skills were collected. From the data, total population for 15 years old and over has achieved 95% proficiency in literacy skills in 2019 where 96.2% of the population are male and 93.6% are female.

The source of data for SDG 4.6.1 is from LFS, DOSM. SDG 4.6.1 is referred to the proportion of population in a given age group achieving at least a fixed level of proficiency in functional literacy and numeracy skills by sex. The data for this indicator is only available for proficiency in functional of literacy skill.

<table>
<thead>
<tr>
<th>12.1</th>
<th>Does the Government pursue a life-course approach to knowledge, education, training and work, such as lifelong learning opportunities? <em>please elaborate with data, as appropriate</em>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
</tbody>
</table>
A. Lifelong Learning Work Plan for Older Persons

Refer to answers in Q3.1 on Lifelong Learning Work Plan for Older Persons.

B. University of the Third Age (U3A)

In 2007, the Institute of Gerontology [now renamed as Malaysian Research Institute on Ageing (MyAgeing)] developed a pilot programme known as the Lifelong Learning Initiative for the Elderly (LLIFE). The enthusiastic response of senior citizens under the programme led to the establishment of the University of the Third Age Malaysia, a hybrid of the international British and French models. U3A Malaysia activities are primarily hosted at Universiti Putra Malaysia, but its administration is shared between the Institute of Gerontology and active U3A members who have been providing the input, planning and structure of the programme. In mid-2009, U3A participants appointed a members-only Protem committee to formally register the group with the Registrar of Societies, Malaysia. In October 2010, the Association for Lifelong Learning of Older Persons (U3A) Kuala Lumpur and Selangor was officially registered.

The University of the Third Age, Malaysia, like its counterparts all over the world, is driven on the philosophy of “learning for leisure”. No academic degrees are conferred in the lifelong learning programme, but it does not mean that the members are any less serious about the learning that takes place. A diverse number of courses on various subject matters such as adult development and ageing, healthy lifestyles, exercise, languages (English, Arabic and Mandarin), arts and craft, gardening, cooking, computing, photography, music, dance and singing are offered. At the end of the year, U3A members share the fruits of their labour during the Certificate Presentation Ceremony and Open Day. The Government has been supporting their effort by granting annual grants covering both administration and programmes related grants under DSW.

12.2 Has the Government undertaken measures to promote digital literacy among older persons? Are there any programmes which encourage and support intergenerational exchange on digital literacy? please elaborate with data, as appropriate:

A. Saya Digital Movement

MDEC launched the ‘#SayaDigital Movement’ which had been originally introduced to increase digital literacy among lower income groups, youths, senior citizens, and those socio-economically vulnerable across 12 locations in the country. It was first launched in 2020 as part of MDEC’s efforts to support Malaysians and local businesses to step up digitalization measures
Through the campaign, MDEC introduced several initiatives, such as SME Digital Summit, #YoungCreators Movement, #MYDigitalWorkforce Week, and Gig and Freelance Expo (GFX).

**B. PAWE Digital Literacy Programmes**

Every PAWE are equipped with computers and internet access. Government supports the purchase of the inventories through the establishment grant and monthly internet bills are paid by the operational annual grant. The facilities enable the patrons to join online trainings and workshops. Since the pandemic, most of the courses are conducted online.

**C. Social Protection Database**

Currently, a social protection database is being developed that includes data on older persons that can be used by the relevant agencies to plan digital literacy promotion programmes for older persons.

**D. Malaysia Digital Economy Blueprint**

Among the goal set out in the Digital Economy Blueprint is for all civil servants to possess digital literacy. A total of 12 initiatives have been laid down and under the Society Cluster headed by MWFCD, there is an initiative that focuses on improving digital literacy and skills among society members. This initiative is called “Introduce My Ikprar Programme” to encourage volunteerism in conducting digital training. This initiative hopes to ensure digital inclusion by improving digital literacy and empowering vulnerable groups to actively participate in the digital economy.

**Income security, social protection (intergenerational)**

| 13 | Has the Government implemented any of the following measures concerning income security, social protection and social security? (SDG 1.3.1; SDG 1.a.2; SDG 2.3.2; SDG 8.3.1; SDG 8.10.2; SDG 10.2.1) If yes, please answer 13.1 – 13.8 If no, please proceed to 14 please elaborate with data as appropriate: |
| Yes ☑ | No ☐ |
MWFCD. Among findings from the study: financial assistance provided was used to fulfill basic needs such as food, transportation, medicine and education, as well as business capital and for paying debts. However, older persons’ caregivers responded that the money received is mostly spent for medical expenses.

From the study conducted, the Ministry has revised some of the social assistance schemes and approved an increment for the following schemes:

(i) financial assistance for older persons from RM350 to RM500 per month;
(ii) incentive allowance for disabled workers: from RM400 to RM450;
(iii) financial assistance for carers of bedridden disabled and the chronically ill: from RM350 to RM500; and
(iv) financial assistance for person with disabilities who are incapable of work: from RM250 to RM300.

Table 11 shows the changes in benefit levels over the years (from 1994 to 2021) for financial assistance for older persons scheme.

B. Improving Social Protection for Older Persons

The government continues efforts to improve social protection for the aged and vulnerable group. This includes various systems or measures to protect the fundamental rights of all citizens such as social services, social and financial security, social assistance, health care, social safety net, formal and informal employment and social risk management arising from the COVID-19 for everyone, especially the aged, vulnerable people, persons with disability, migrants.

C. Malaysia Social Protection Council

The Malaysia Social Protection Council (MySPC) aims at coordinating the social wellbeing agenda to be more comprehensive and integrated, especially in fighting poverty.

MySPC’s membership comprises 17 permanent members which are 15 ministers, Chief Secretary of the Government and Governor of the Central Agency. The Council is supported by the Social Protection Technical Committee and 4 working committees namely Social Assistance Working Committee, Social Insurance Working Committee, Labour Market Intervention Working Committee and Data Management Working Committee.

In the last MySPC meeting in June 2021, among matters discussed were on expanding and strengthening the country’s social security network. This includes, among others, a proposal to expand the
SOCSO’s protection scheme to those that are not covered by any other social security networks. It was agreed that social assistance should not be limited to cash aids and food basket assistance, but should also cover social mobility and be value-added to help increase income.

**SDG indicators**

SDG 1.3.1: This indicator is available. Compiled from administrative data from various agencies including DSW, MWFCD.

SDG 1.a.2: This indicator is currently not available.

SDG 2.3.2: This indicator is currently not available.

SDG 8.3.1, 8.10.1 and 8.10.2: Indicator is available. Data for 2020 in progress. Refer to Table 12.

SDG 10.2.1: Statistics is not available by disabilities. Statistics on relative poverty is published in Malaysia Household Income and Basic Amenities Survey Report 2019 (HIS/BA) report (refer Annex 7 - Table 7.1, 7.2, 7.3 page 205).

<table>
<thead>
<tr>
<th>SDG 13.1 Social protection floor for the total population, including older persons (see also companion document) please elaborate with data, as appropriate:</th>
<th>Yes ☑️</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Implementation Coordination Unit under the Prime Minister’s Department (ICU, JPM) as the secretariat will coordinate such proposals for MySPC approval.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SDG 13.2 Old age contributory pensions schemes (universal coverage, or for specific professional groups) please elaborate with data, as appropriate:</th>
<th>Yes ☑️</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Provident Fund Scheme</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Employees Provident Fund (EPF) is tasked with the role of managing a defined contribution retirement scheme which is compulsory for private sector and non-pensionable public sector employees. It also covers the self-employed, informal sector and foreign workers, but on a voluntary basis.</td>
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</tr>
<tr>
<td>The rate of contribution for employees with wages more than RM5,000 is 12% for employers and 11% for employees, while the rates for employees earning RM5,000 or less are 13% and 11% for employers and employees respectively.</td>
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</tr>
</tbody>
</table>
Upon reaching the age of 55, members have flexible options to withdraw their savings, including lump-sum, monthly, annual dividend or on a need basis.

Effective March 2016 until December 2017, employees’ statutory monthly contribution rate was reduced from 11% to 8% for members below the age of 60 and 5.5% to 4% for those aged 60 and above. However, members could opt to maintain the previous contribution rate of 11% or contribute more than 11%.

As of January 2019, a new minimum statutory rate for employees above age 60 takes effect. The move to reduce the statutory contribution rates follows the Government’s proposal during the tabling of Budget 2019 on 2 November 2018, to help increase the take-home pay for employees who continue to work after reaching age 60.

B. Armed Forces Fund (LTAT)

Rank and file military personnel are compulsory members of the Armed Forces Retirement Fund (LTAT) scheme. Similar to the EPF, it is also a fully funded defined contribution retirement scheme with a contribution rate of 10% of the monthly salary with an additional 15% contribution from the government. To be eligible for the pension, an individual must have served at least 21 years in the army or other defence force.

The fund does not provide any annuity payment; instead, it allows members to withdraw a lump-sum amount upon retirement. It also provides death and disablement benefits. Members are allowed to partially withdraw their savings to buy a house before they reach retirement age.

13.3 Old-age non-contributory (or social) pension (universal coverage or targeted at some segment of older persons) please elaborate with data, as appropriate:

Refer to answer in Q10.5.1 on civil service pension scheme.

13.4 Specific pension schemes for the informal sector please elaborate with data, as appropriate:

i-Saraan is a retirement incentive for members who are self-employed or not earning a regular income. They will also receive additional 15% contribution from the government.

Under the Budget 2022, i-Saraan has been expanded to include informal sector workers aged 55-60 years old. To date, there are 356,791 members registered under i-Saraan.
| 13.5 | Other income-support schemes that specifically benefit older persons *please elaborate with data, as appropriate:* | Yes ☐ | No ☒ |
| 13.6 | Income-support schemes focused on older women *please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |

As of November 2021, the Department of Women Development (DWD) has organised 816 “PACBE @ Skill” programmes with a total of 286,313 participants and 3 “Ibu WAJA” programmes with a total of 171 participants, in order to empower women of all ages in Malaysia in skill development aspect and for them to earn an income from it. However, this is not focused solely on older-women.

| 13.7 | Financial inclusion or financial literacy of older persons *please elaborate with data, as appropriate:* | Yes ☒ | No ☐ |

**A. Financial Literacy for Matured Women**

Malaysia is undergoing rapid population ageing resulting from the successful implementation of her socioeconomic development strategies. The proportion of population aged 60 years and over is expected to grow. The longevity triumph has consequential implications on every aspect of life of Malaysians. Even though female Malaysians are enjoying longer life expectancies, only 54.3% are involved in the labour force and with the absence of a comprehensive social security system almost all lower income women are at risk of financial insecurity. Therefore, issues to finance old age is an emerging concern for the country, as Malaysia is not a welfare state and our social protection programme is limited to the public and formal sector employees.

In addition, feminization of old age and the disadvantaged situation of the current older Malaysian women in terms of education and employment make them a vulnerable group in old age.

The data from MyAgeing shows that older women are financially disadvantaged and do not have the knowledge to prepare for old age. Cognisant of this scenario among older women, the Institute embarked on a financial training programme to empower low-income mature women with information related to financial management to prepare for old age. Targeted participants were women aged between 40 to 60 years with monthly household income of less than RM3,000. The programme aims to increase awareness for the need to plan for financial security in old age; and to ensure women are financially independent and empowered in old age.

### B. Financial Literacy Programme under DSW

Older Person’s Division under DSW conducts two types of financial literacy programmes: Click Wisely (on internet usage) and discussion sessions on finance and digital literacy.

Among the types of financial literacy programmes conducted at PAWE from 2018 – 2020 are on financial management and audit, financial literacy and cyber security, financial awareness, financial freedom and pre-retirement preparation. These have been attended by a total of 240 participants.

### 13.8 Any other measures (please name them)?

*please elaborate with data, as appropriate:*

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### Poverty

### 14 Has the Government undertaken measures to eradicate poverty of older persons? (SDG 1.1.1; SDG 1.2.1; SDG 1.2.2; SDG 1.4.1; SDG 1.4.2; SDG 2.1.2)

*please elaborate with data, as appropriate:*

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### A. Productive Ageing

The National Policy for Older Persons has highlighted productive ageing as one of areas covered in the policy to promote the involvements of older persons in meaningful charitable and paid work activities that will contribute to their satisfaction.

### B. Financial Assistance for Older Persons

A total of 0.42% (138,599) older persons are recipients of financial assistance from the total population (32.66 million) in the second quarter of 2021 in Malaysia. To be eligible for this assistance, one needs to be a Malaysian Citizen; aged 60 and above; does not exceed the Current Average Poverty Line Income (PLI) for Household or Per Capita; and do not live in institutions operated by DSW or residential center that provides free facilities/services.

As of November 2021, a total of 0.42% (138,110) older persons have received financial assistance from the total population (32.66 million).

### C. Elderly Club in Health Clinic

Elderly Club in Health Clinics is a platform for the elderly to carry out social, religious and spiritual activities with other elderly within the community towards encouraging healthy and active ageing. Some of the Elderly Clubs have incorporated income generating activities such as gardening and cooking classes which have benefitted many members.
**D. eKasih System**

The eKasih System was established in October 2007 as a new initiative to improve the effectiveness of poverty eradication implementation programmes. Information captured contains programme/project information details and profile of Head of Household, Member of Household, including details of location, residence, education level, skills and job, property ownership, health condition, sources of household income and aid or assistance received.

This system provides valid database to relevant agencies in implementing poverty eradication programmes. Thus, all agencies will be accessing and referring to the same repository. This will ensure assistance is given to the right target groups, reduce dependency on the government and optimise utilisation of resources.

**E. e-Bantuan (e-Assistance)**

The Ministry through DSW maintains eBantuan, a database on social welfare aid to needy groups. The listed schemes of financial assistance provided under DSW are as follows:

(i) financial assistance for children;
(ii) financial assistance for older persons;
(iii) financial assistance for foster care children;
(iv) general financial assistance scheme;
(v) incentive allowance for disabled workers;
(vi) financial assistance for person with disabilities who are incapable of work;
(vii) financial assistance for carers of bed-ridden disabled and chronically ill;
(viii) apprenticeship training allowance;
(ix) financial assistance for artificial aids/assistive devices;
(x) immediate assistance fund (*tabung bantuan segera*); and
(xi) launching grants.

Eligibility criteria differs according to the financial assistance schemes.

**SDG indicators**

SDG 1 & 2:
Refer to the Annex 6 - 2019 HIS/BA Report (page 201)

Table 13a:
Incidence of poverty by ethnic group of head of household, Malaysia
Table 13b:
Incidence of poverty by age group of head of household, Malaysia

Table 13c:
Incidence of poverty by household size, Malaysia

**Resilience**

| 15 | Has the Government implemented policies to help older persons cope with emergency situations? *(SDG 11.5.1; 13.2.1)*  
*If yes, please answer 15.1 – 15.4*  
*If no, please proceed to 16*  
*please elaborate with data as appropriate:* | Yes ☒ | No □ |

**A. Population Policy**

Malaysia is in the midst of developing a new population policy. In order to ensure that older persons have sufficient information on emergency situations, the policy will take into consideration regarding these issues.

**B. Disaster Simulation**

Policies to help older persons to cope with emergency situations has not been mentioned in any written document. However, series of disaster simulations conducted involving all walks of life will provide opportunities for responders and targeted community to experience, observe and share during the slot for reflection.

DSW has Standard Operating Procedure (SOP) to fulfill the needs of each age groups should victims of disaster register at temporary shelters. Referring to the SOP on Disaster Management (Amendment 2018), the role and responsibilities of DSW as stipulated in the National Security Council Directive No. 20, is as follows:

- Prepare and maintain Disaster Victim Evacuation Centers;
- Provide and distribute food aid, clothing and other basic necessities;
- Conduct registration of disaster victims; and
- Provide guidance, advice/counselling to disaster victims.

Based on these roles and responsibilities, DSW has provided various facilities for disaster victims including for the wellbeing of older persons:

- Disaster Evacuation Center premises that are suitable, safe and have sufficient space for the comfort of the victims;
- Provision of space for isolation and health treatment rooms;
Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific - 2021

- Preparation of food with a suitable menu/diet for older persons with the approval of MOH;
- Provision of equipment and facilities for the elderly – crutches, wheelchairs, disposable diapers, easy chairs, sleeping mats and others;
- Provide health care facilities in collaboration with MOH;
- Plan activities that are appropriate for the age of disaster victims, including older persons; and
- Provide house cleaning services after a disaster by DSW Volunteers.

C. COVID-19 Special Assistance

During the COVID-19 pandemic, the Government through the National Disaster Management Agency (NADMA) has provided special assistance of RM100 per day given to Malaysian citizens who have lost their source of income or are not being paid by their employers throughout the period of receiving treatment at hospitals (warded) due to COVID-19.

SDG indicators

SDG 11.5.1:
The indicator is available for year 2017-2019. Refer Table 14.

SDG 13.2.1:
The Ministry of Environment and Water has submitted national communication and biennial update report to the United Nations Framework Convention on Climate Change. The reports are: Malaysia’s Third National Communication and Second Biennial Update Report to the UNFCC; and Malaysia’s Third Biennial Update Report to the UNFCC.

15.1 Have concrete measures been taken to protect and assist older persons affected by natural disasters, political conflict or other humanitarian emergencies? *please elaborate with data, as appropriate:*

All responding agencies assist everyone affected by natural disasters, political conflict or other humanitarian emergencies as the utmost priorities are to save lives. The search and rescue team cannot be choosy or selective during these situations. DSW assisted by other agencies will take care of everyone and customize their needs with relevant relief items at temporary shelters.

|   | Yes ☒ | No ☐ |
15.2 Are challenges faced by older persons in disaster situations addressed in national disaster response policies and strategies? *please elaborate with data, as appropriate:*

The current SOP considers the needs of older persons in disaster situations. However, for further insights on challenges faced, series of surveys would need to be conducted to assess this.

Yes ☒ No ☐

15.3 Does the Government recognize the agency of older persons in supporting response, recovery and reconstruction following natural disasters, political conflict or other humanitarian emergencies? *please elaborate with data, as appropriate:*

If agency includes NGO/VWO, can refer to answer for Q9. MWFCD through DSW has been involved in disaster management to help those affected. Any help and support from NGOs and corporations to help those in need, especially the elderly is highly encouraged.

In the recent flood, older persons NGO such as MPKSM have been involved in providing help and support.

Yes ☒ No ☐

15.4 Are older persons recognized as having a role in mitigating climate change? *please elaborate with data, as appropriate:*

Yes ☐ No ☒

### III. Advancing health and well-being into old age

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please supply details of and links to relevant documents or attach copies of them.

**Overall health and well-being**

Has the Government developed policies or programmes to promote health and well-being throughout life, including active and healthy ageing? *please elaborate with data, as appropriate:*

A. **National Health Policy for Older Persons and Plan of Action on Healthcare Services for Older Persons**

This policy emphasizes on ensuring a healthy, active and productive ageing community by empowering older persons, their family and community with knowledge, skills, an enabling environment, as well as the provision of optimal health care services at all levels and by all sectors. 6 strategies have been identified in order to achieve optimal health for the older person through integrated and comprehensive health and health related services:

- health promotion and advocacy;

Yes ☒ No ☐
Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific - 2021

- provision of a continuum of comprehensive health care services;
- human resources planning and development;
- information system;
- inter-agency and inter-sectoral collaboration; and
- legislation.

The health care services for older persons are provided throughout the tiers of services within MOH, which includes primary, secondary and tertiary health care facilities. The range of services encompasses the health promotion and education, screening and early detection of disease, prompt treatment and prevention of complication and rehabilitation.

### B. Other Related Legislations/Policies

- MOH Strategic Plan 2016-2020;
- National Nutrition Policy of Malaysia 2.0 (NNPM 2.0) and National Plan of Action for Nutrition of Malaysia III (2016-2025); and
- Mental Health Act 2001 (Act 615) and Mental Health Legislation 2010.

### C. Exercise Coaching Programme

DSW will be releasing a video in 2022 featuring Exercise Coaching Programme for Senior Citizens which will include cardio endurance, strength and power training, flexibility and balance. This project is to undertake and promote health and wellness of older persons as well as to alleviate the conditions of older persons who are encountering degenerative diseases.

**16.1** Has the Government strengthened the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol among older persons? (*SDG 3.5.1; SDG 3.5.2*)

*please elaborate with data, as appropriate:*

NHMS 2019 has reported that the prevalence of alcohol consumption among those aged 18 years and above in Malaysia was 11.8%. Among the current drinkers, a proportion of 8.4% were heavy episodic drinkers (HED). The prevalence of HED was 1.0% with an estimated 212,144 adults aged 18 years and above.

MOH has developed a POA in prevention of harmful use of alcohol which is in line with the strategy recommended by World Health Organization. The strategies include:

- Advocacy on promoting healthy lifestyle with the theme “Stay Healthy Without Alcohol”;

| Yes ☑ | No ☐ |
• Provision of Screening, Brief Intervention and Refer to Therapy (sBIRT) programme in primary care;

• Empowerment of the community in embracing the healthy lifestyle in combating NCDs besides enforcing the regulations and laws related to alcohol selling; and

• Reduce the accessibility of alcoholic beverages especially to vulnerable group and also to curb drink driving issues.

**Intervention Programmes for Drug Abuse**

The Department of Islamic Development Malaysia (JAKIM) has initiated and collaborated in three programmes in relation to intervention programmes on drug abuse as follows:

• Community Loyalty Programme People Under Drug Surveillance by National Anti-Drugs Agency (NADA) which was implemented since 2009 involving more than 7,000 clients nationwide;

• Collaboration programme with multiple NGOs to conduct seminars, workshops, outreaches on drug prevention education; and

• Scheduled Religious Studies Classes for People Under Drug Supervision by NADA starting in 2021.

**SDG Indicators**

SDG 3.5.1: The data is available for year 2018-2020. Refer Table 15.

SDG 3.5.2: The data is available for year 2018 and 2019 (see Table 16). The availability of data depends on NHMS Report.

<table>
<thead>
<tr>
<th>16.2</th>
<th>Has the Government implemented any measures to improve access to food and adequate nutrition for all older persons, if needed? (SDG 2.1.2; SDG 6.1.1) please elaborate with data, as appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

**A. Food Basket Programme**

A total of 5.9 million households have benefitted including older persons, the poor (people with limited or irregular income) especially those affected in the Enhanced Movement Control Order (EMCO) areas. To ensure food is accessible and available to the vulnerable groups during the pandemic, MWFCO started the ‘food basket’ initiative.
The ‘food basket’ contains essential food items such as rice, flour, eggs, cooking oil, condensed milk, salt, vermicelli, dried fish or dried anchovies, soy sauce, chili sauce, sardine, tea or coffee, biscuits, spices and dried chili.

**B. Access to Food and Nutrition at Shelter Homes**

RSK are public funded shelter homes for older persons and admission to these institutions is voluntary. The aims of these homes are to provide adequate care and support in the form of shelter, food, medical and rehabilitative services and counselling to older persons who lack family and financial support. Presently, the nutritional risk among elderly Malaysians residing in these shelter homes are guided by the experts from the Nutritional Division under the Department of Health.

A collaborative effort between the Department of Health and multidisciplinary experts has been carried out to plan and implement sustainable intervention programme to improve the health and well-being of elderly inmates in institution. Menu guide for institutions as contained in the Recommended Nutrient Intakes for Malaysia is as per Annex 9.

**C. National Nutrition Policy of Malaysia 2.0**

MOH has recently released the National Nutrition Policy of Malaysia 2.0 and has incorporated the strategy of enhancing nutrition interventions for vulnerable groups including older persons, as well as creating and strengthening national nutrition capacity towards healthy ageing. The findings from NHMS survey on elderly health 2018 on malnutrition and food security issues helped policy makers to prioritize and strengthen the intervention programme for older persons.

NPANM III has three objectives, which are to enhance nutritional status, reduce diet related NCDs, and strengthen food and nutrition security and cuts across all age groups.

Various initiatives and activities focused on older persons were also incorporated into the Strategic Plan of NPANM III MOH for the 12th Malaysia Plan (2021-2025) including the development of Malaysian Dietary Guidelines for Elderly, establishing Meals on Wheels Guidelines and empowering PAWE volunteers on healthy eating for older persons. These activities are suggested to be

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implemented with multi-sector collaboration involving MWFCD, DSW and NGOs dedicated to food distribution programmes or initiatives.

In addition to the above, due to concerns over the impact of the COVID-19 pandemic on national food security, a Cabinet Committee on the National Food Security Policy (FSCC\textsuperscript{15}) was established in 2020 and is chaired by the Prime Minister. The establishment of FSCC comprises of four main clusters based on the four pillars of food security to enhance the governance of national food security that cuts across various ministries and agencies with MOH taking the lead.

**D. Meals on Wheels Programme by NGOs**

NGOs have been conducting meals on wheels programme whereby meals are prepared and distributed to the needy. Dry groceries are also distributed to NGOs that operate Care Homes for the needy, including older persons.

**SDG indicator**

Currently, Malaysia is using proxy indicator for SDG 2.1.2 which is Prevalence of food insecurity at household, adult and child levels, Malaysia. The data is available for 2014 and the data source was from NHMS Report, 2014 conducted by MOH.

SDG 6.1.1:
Proportion of population using safely managed drinking water services
Data is available from 2017-2019.
2017: 95.5
2018: 95.6
2019: 95.7

17 Are issues related to older persons integrated into health policies and programmes, and, if so, how?
*please elaborate with data, as appropriate:*

For the National Policy and Plan of Action for Older Persons 2021-2025, the monitoring, implementation and reporting structure between national, states and local governments is within NACCOP.

The Technical Committee lead by MWFCD oversees implementation of the policy through a process of project implementation and also the monitoring of progress of activities planned for older persons at the state and national level.

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During the recent meeting of the Committee on 12 November 2021, MOH has presented their progress in the year of 2020 and 2021 on infection prevention and control guidance initiatives for older persons based on the strategies of the National Plan of Action for Older Persons such as COVID-19 Immunisation Programme (PICK) and its achievements.

The Technical Committee is also responsible for reporting on updates and achievements from the subcommittees. Information from the national council will then feed back into the national policy agenda. Other than that, issues related to older persons have been integrated into the National Health Policy for Older Persons and Plan of Action on Healthcare Services for Older Persons. The Policy itself is “to ensure healthy, active and productive ageing by empowering the older persons, family and community with knowledge and skills”.

Some of the strategies in the National Health Policy for Older Persons (2008) are:

- Health Promotion - strengthening healthy lifestyle strategies throughout the life course and integration of individual, family, community and societal actions to enable older persons to adopt healthy, active and productive lives.
- Interagency and Intersectoral Collaboration - strengthen existing interagency network and develop new ties between all relevant agencies; government, non-government and private sectors in the provision of health care for older persons.

Older persons themselves (from various NGOs and community) were involved in the formulation of the National Health Policy for Older Persons (2008) and Plan of Action on Healthcare Services for Older Persons (2008).

<table>
<thead>
<tr>
<th>Health-care and long-term care services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18</strong> Has the Government undertaken any of the following measures related to universal and equal access to health-care services for older persons? <em>(SDG 3.8.1; SDG 3.8.2; SDG 3.b.3)</em></td>
</tr>
<tr>
<td><strong>Yes ☑</strong></td>
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<tr>
<td>If yes, please answer 18.1 – 18.4</td>
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<td>If no, please proceed to 19</td>
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<tr>
<td>please elaborate with data as appropriate:</td>
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</tbody>
</table>

**A. Senior Citizens Caring Programme Unit**

The Senior Citizens Caring Programme Unit (UPWE) in DSW provides transportation services to older persons who live alone or with families who cannot afford to get medical examinations and treatment at Hospitals / Health Clinics whether provided by the government or the private sector.
The objectives of UPWE are:

- to provide transportation facilities for the elderly to obtain medical examinations and treatment at hospitals/health clinics as well as the social needs of the elderly that are deemed necessary/rational;

- to ease the burden of transportation costs for senior citizens who need the service. To mobilize the cooperation of VWO in an effort to help the elderly who are incapable and unable to manage their elderly lives;

- to increase the accessibility of senior citizens to public facilities provided, especially medical facilities such as clinics or government/private hospitals; and

- to provide facilities to the elderly who have physical and mental disabilities that limit their movement to obtain treatment and other services necessary for their well-being.

Currently there are 9 vehicles under this project and government allocates RM35,000 monetary assistance for each vehicle for maintenance and operation cost yearly. The total sum provided annually for this programme is RM315,000.

**B. Universal and Equal Access to Health-Care Services**

Measures related to universal and equal access to health-care services for older persons have been addressed in the National Health Policy for Older Persons and MOH National Strategic Policy 2016-2020.

Health care services for older persons are provided throughout the tiers of services within MOH which includes primary, secondary and tertiary health care facilities (all 144 government hospital including 15 government hospital with specialised geriatric services, 208 private hospital, 1,051 government health clinics, 252 community clinics, 7,988 private clinics and 2,282 dental health services).

For older persons residing in rural and remote areas particularly in Sabah and Sarawak, health care services are provided through 1,771 community clinics, 250 mobile teams and 11 flying doctor services throughout the states.

*Source: Health Informatic Centre. Health Facts (2019)*

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16 Health Facts:
### SDG indicators

<table>
<thead>
<tr>
<th>SDG Indicators</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>SDG 3.8.1: The indicator is under development by MOH.</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>SDG 3.8.2: The data is available for year 2016 and 2019. Refer Table 17.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SDG 3.b.3: The indicator is under development by MOH.</td>
<td>Yes</td>
<td>No</td>
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</table>

#### 18.1 Equal and affordable access to primary and secondary health-care services, including affordable access to essential medication, therapeutic measures and medical devices for older persons please elaborate with data, as appropriate:

**A. National Health Policy for Older Persons (2008) and Plan of Action (POA) Healthcare Services for Older Persons (revised 2008)**

MOH, through the public health sectors provides access to a comprehensive, equitable and affordable coverage of quality health services for its population from infant to older person with minimal out of pocket costs.

One of the objectives in the National Health Policy for Older Persons is “to provide age friendly, affordable, equitable, accessible, cultural acceptable, gender sensitive, seamless health care services in a holistic manner at all levels”.

Meanwhile, one of the strategies is “Provision of a Continuum of Comprehensive Health Care Services” i.e. the provision of comprehensive range of health care which include preventive, promotive, curative, palliative and rehabilitative through a seamless services delivery system.

Currently, Malaysia has achieved better health conditions of Malaysians through effective implementation of Primary Health Care services that focuses on health care provision and health service delivery. Primary Health Care services are extended to rural populations to increase access to health through mobile health services. These services targeted more to the rural/vulnerable/marginalised populations including older persons who live far from static health facilities. In 2021, a total of 250 Mobile Health Teams have been providing health services to the identified locations in 11 states in Malaysia. So far in 2020, a total of 418,278 people have benefitted from this service.

Among initiatives to address overcrowding of health facilities and to bring services closer to home include:
• The introduction of virtual clinic to improve accessibility to primary health care services without physical presence at health centres. It is an interactive virtual health session between the doctor and client for the purpose of clinical consultation, advice and treatment planning; and

• Introduction of online registration at health clinics aim to ease the registration process.

Oral health care services have recently been incorporated into Domiciliary Healthcare Services to prevent and treat oral cancer among older persons.

**B. Financial Assistance for Artificial Aid and Assistive Devices**

Other than Financial Assistance for Older Persons, DSW also provides assistive devices for those eligible. Under this scheme, in-kind or financial assistance to DSW’s target group for devices such as hearing aids, prosthetics, calipers, wheelchairs, canes, eyeglasses, customized shoes and other aid devices aim to assist those in need to improve their capabilities and to be self-reliant.

For beneficiary selection, DSW utilizes a combination of income and categorical targeting that are recommended by the doctor or specialist. From January to August 2021, 696 beneficiaries have received this assistance. However, there is no data by target groups. Yearly data from 2018 to 2021 is illustrated in Table 18.

<table>
<thead>
<tr>
<th>18.2</th>
<th>Health coverage (universal coverage or targeted at some segment of older persons): (a) population coverage; (b) benefit coverage; and (c) financial coverage</th>
<th>Yes ☒</th>
<th>No ☐</th>
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<tr>
<td></td>
<td>Please elaborate with data, as appropriate:</td>
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<td></td>
<td>Malaysia achieved Universal Health Coverage (UHC) in the 1980s through general tax funding. Having gained independence in 1957, Malaysia had strongly invested in progressively developing the health care system. This ensured availability of good quality health services, which are financed mainly through general taxation, not limiting to rural populations but inclusive of marginalised population too.</td>
<td></td>
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<td></td>
<td>All Malaysian citizens have access to, and the option to seek highly subsidized care in the public sector. All government hospitals and clinics provide free health care services for older persons.</td>
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*Sources:
### 18.3 Involvement of older persons in the development and strengthening of health-care services?

*please elaborate with data, as appropriate:*

Refer to answers in Q3.1.2 on monitoring framework for the implementation of National Plan of Action for Older Persons and National Plan of Action on Healthcare Services for Older Persons.

At community level, the Elderly Club are set up in health clinics and involves engaging older persons in the development and strengthening of the activities. The programmes aim at incorporating social, physical and mental wellness of older persons through the various community and clinic-based activities. As of June 2021, there are 284 Elderly Clubs established throughout Malaysia, which operates under their respective health clinics.

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<th>Yes ☑</th>
<th>No □</th>
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<td>18.3</td>
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### 18.4 Digital technology to promote inclusive health-care services

*please elaborate with data, as appropriate:*

**MOH Strategic Planning 2016-2020 and 2020-2025**

One of the outcomes for the MOH Strategic Planning 2020-2025 is for health care services to be digitalised to ensure seamless utilisation of information and to solve the issue of fragmented planning of health information systems.

Digital technology is becoming the main tool for delivering health care services especially in the wake of the pandemic recently. Patient management system (Electronic Medical Records, EMR) usage along with Internet of Things (IoT) and mobile platform, provide the full range of digital tools that deliver complete health care service solution to the public, especially for the specific target groups such as older persons.

In individual patient care, especially for vulnerable older persons at home, IoT with sensors technology provide a more holistic monitoring for the elderly population. The accessibility to digital health solution will improve elderly health management remarkably. At the moment, focus is on expanding the usage of Electronic Medical Records (EMR) known as the Teleprimary Care and Oral Health Clinical Information System (TPC-OHCIS) System in all Government Primary Health Care facilities, while steps are being taken to enhance the capability of the system.

Virtual clinic services will be expanded in the EMR Project over the next five years. The services will support the care takers of older persons in clinical consultation services, treatment plan, secondary care programme, ongoing home management, quality improvement, therapies and rehabilitation.

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<th>Yes ☑</th>
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<tr>
<td>18.4</td>
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</table>
| 19 | Has the Government put in place any of the following long-term care measures for older persons?  
*If yes, please answer 19.1 – 19.7  
If no, please proceed to 20  
please elaborate with data as appropriate and proceed: |
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<tr>
<td>Yes ☒</td>
<td>No ☐</td>
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</table>

Long-Term Care (LTC) initiatives in Malaysia is currently undertaken by MOH in terms of provision of medical care.

**Study of Long-Term Care Model for Older Persons**

MWFCD has commissioned a diagnostic study on LTC for older persons. The LTC model proposed will be piloted at several localities before being rolled out. This study will be looking at the gap analysis, demand and supply analysis of LTC towards aged nations by 2030 and also in developing a model to implement LTC in Malaysia. The wellbeing and capability of older persons will be enhanced to ensure they are able to age actively and be financially secured.

| 19.1 | Long-term care services for older persons  
*please elaborate with data, as appropriate:*
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<tbody>
<tr>
<td>Yes ☒</td>
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The Government acknowledges the urgency to address the need/measures for adequate long-term care and this includes services that help meet the medical and non-medical needs of individuals with chronic illnesses or disabilities that are not able to care for themselves over an extended period of time.

**A. Challenges in Long-Term Health Care of Older Persons**

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

**B. Long-Term Care Options Available (under MOH)**

- **Care in public health facilities (hospitals and health clinics)**

  Most major hospitals in big cities in the country have a geriatric unit with resident Geriatrician. The services focus on treating acute illnesses and upon discharge, follow up care in the health clinics. Health clinics being the primary health care provider of the population, have established comprehensive elderly health care services, encompassing health promotion, screening and early diagnosis, treatment of illnesses and rehabilitation.
• Care options in the community

Community-based primary health care (CBPHC) is intended to provide first-contact health services to ensure continuity of care, ease of movement across the system, and improved system integration. With increasing number of older persons having chronic diseases and disabilities staying at home, home health care services are gaining momentum in the country. However, the home health care industry is nascent in the country and its uptake is highly dependable on the affordability of the family.

The availability of these services is currently only in the urban areas. In rural areas, home health care services are still heavily dependent on government provided services such as home visit by health staffs or domiciliary care services provided by dedicated team from health clinics to selected cases that needs continuous care after discharge from hospital. The family care giver is the most important person in the long-term care of older persons in the community.

• Care options in elderly care centres (nursing homes/old folks’ home)

Nursing home facilities that provide nursing care for sick and disabled have been catering for the rising demand in the country. Currently, care centres are registered under the Care Centre Act 1993 and nursing homes under PAHFAS. In 2018, PAHFAS was gazetted with the intentions to regulate the care centres in the country, to maintain quality in the services and to protect the wellbeing of older persons staying in care centres.

C. Caregiver Training

ISM provides training in caregiving and management of older persons as well as PWDs through Caregiving Skills Workshop for volunteers who provide Home Help services. This workshop is held for 5 days and focuses on:

- Providing skills and knowledge on basic care for older persons, PWDs and those who are chronically ill;
- Providing understanding and knowledge on the needs of older persons, PWDs and the chronically ill in terms of health, nutrition and communication;
- Providing skills in managing and caring for older persons, PWDs and the chronically ill; and
- Building skills in carrying out activities for the recovery and progress of older persons, PWDs and the chronically ill.

Through this workshop, participants (volunteers) will be able to gain the right skills and knowledge on the care and management of older persons, PWDs and the chronically ill. From 2018 until 2021, a total of 399 participants have benefitted from this workshop.

## 19.2 Coordination of social and long-term care and health services, including in-home, residential and community services

Please elaborate with data, as appropriate:

### A. Respite Care

Respite care is an alternative service to assist older persons needing temporary placement of a few hours or weeks. It helps the guardian or children of the older persons who are unable to attend to their loved ones due to various temporary circumstances. Among services offered at the institution include providing caregiving and protection as well as basic necessities. Currently, DSW is promoting this service at RSK in Cheras as a pilot project.

However, there is low demand for respite care services as it is offered to independent older persons who can take care of themselves. In this case, most of them would prefer to stay with their children or close relatives.

### B. Palliative Care

Initially, palliative care was only available at few government hospitals. In an effort to expand primary health care services in health clinics, since 2019, palliative care services have also been included through the provision of the Domiciliary Healthcare Programme (home care services of palliative patients) piloted in Kedah, Penang, Perak and Selangor. The domiciliary services currently involve 26 health clinics in Selangor, 10 in Kedah, 1 in Penang and 2 in Perak.

## 19.3 Health insurance schemes that cover long-term care costs

Please elaborate with data, as appropriate:

There is currently no insurance scheme that covers long-term care costs under MOH.

### A. Peka B40 Health Insurance Scheme

*Peka B40 (Skim Peduli Kesihatan)* for the bottom 40% income group is a government initiative via MOH which aims to sustain the health care needs of low-income groups by focusing on NCD.
### B. MySalam Income Assistance Scheme

MySalam is a free takaful income assistance scheme by the government which provides takaful protection for eligible individuals however it does not cover long term care costs.

| 19.4 | Long-term care costs covered by a separate insurance scheme  
*please elaborate with data, as appropriate:* | Yes ☑ | No ☐ |

| 19.5 | Geriatric and gerontological planning and training for health and social care providers  
*please elaborate with data, as appropriate:* | Yes ☑ | No ☐ |

#### Malaysian Skills Certificate (Sijil Kemahiran Malaysia, SKM) for Elderly Care

National Occupational Skills Standard (NOSS) for elderly care is a document that outlines the minimum competencies of an employee working in that particular sector at a certain level of employment to achieve specific skills. DSW has been appointed by MOHR as Industry Lead Body (ILB) for Care and Community Services since August 2011. There are 11 areas for SKM in Care Industry including care service for elderly which consist of three level of SKM:

- SKM Level 3 – Elderly Care Centre Operation;
- SKM Level 4 – Elderly Care Centre Administration; and
- SKM Level 5 – Elderly Care Centre Management.

As of June 2021, a total of 252 caregivers of the elderly have qualified under SKM by Recognition of Prior Achievement nationwide.

As an ILB, DSW encourages industry players including care service provider for older persons to have their caregivers certified under SKM. DSW also promotes SKM to training providers to offer Technical Vocational Education Training (TVET) programme under Elderly Care Service for school leavers and those who want to be formal caregivers at elderly care centres. The Written Instructional Material (WIM) or the module for TVET training were developed from NOSS for elderly care services which had been developed since 2013.

| 19.6 | Involvement of older persons in the development and strengthening of long-term care services  
*please elaborate with data, as appropriate:* | Yes ☑ | No ☐ |

MWFDC has conducted LTC research and managed to hold engagement with a total of 3,000 respondents aged 50 and above throughout Malaysia.
### Integration of health and social care services

#### Has the Government undertaken measures to develop mechanisms for coordinating health and social care services for older persons?

**please elaborate with data, as appropriate:**

**Yes ☒** | **No ☐**

### A. Transportation Service

The Senior Citizens Caring Programme Unit (UPWE) under DSW through smart partnerships with MOH and NGOs (such as MPKSM) provides transportation services to older persons who live alone or with families that cannot afford to get medical examinations and treatment at Hospitals/Health Clinics whether provided by the government or the private sector.

In June 2013, an outcome assessment of UPWE had been conducted to assess effectiveness of UPWE’s implementation, customer satisfaction towards the services offered and evaluate the needs for UPWE’s continuation. The survey involved 238 elderly respondents in 11 UPWE placements. From the assessment, it was found that:

(i) 94% of older persons mentioned that UPWE programme is beneficial for them;
(ii) 98% stated that such programme should be continued in the future; and
(iii) 93% of the older persons are satisfied with the services provided under this programme.

Overall, UPWE has been beneficial and met the needs of the elderly in providing check-up and required treatments as well as social activities aligned with the National Plan of Action for Older Persons. This service covers rural and remote areas. List of UPWE is as per Annex 10. From 2018 to September 2021, 6,793 older persons have benefited from this service.

### B. Provision of Comprehensive Health Care Services

The National Health Policy for Older Persons (2008) outlines strategies for the provision of a Continuum of Comprehensive Health Care Services. This include preventive, promotive, curative, palliative and rehabilitative care through a seamless services delivery system.
Through the provision of a Continuum of Comprehensive Health Care Services, coverage of primary health care services have been expanded to include Domicile Care Services (PPD), introduced scope of palliative care in PPD and mobile clinics services.

C. Interagency and Intersectoral Collaboration

The Government also focuses on strengthening existing interagency network and developing new ties between all relevant agencies (government, non-government and private sectors) in the provision of health care for older persons.

<table>
<thead>
<tr>
<th>Monitoring of health care services</th>
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<tr>
<td>21</td>
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</tbody>
</table>

Has the Government undertaken measures to establish standards and monitoring mechanisms to ensure the quality of older persons’ care services?

*please elaborate with data, as appropriate:*

This role is also undertaken by NACCOP.

**A. Monitoring by the Technical Committee on the National Policy for Older Persons**

This committee supports the council in monitoring care services provided by the institutions for older persons under the Ministry. The statistics of welfare officers and non-welfare officers is illustrated in Table 19.

**B. Monitoring by the Technical Health Committee for Older Persons**

The National Health Policy for Older Persons (2008) is translated into action via POA on Healthcare Services for Older Persons (2008-2020) and monitored by the Technical Health Committee for Older Persons. This Committee has an overall purview to monitor and evaluate the implementation of the plan.

Activities identified under MOH Strategic Plan 2021-2025 will also be monitored and evaluated annually by the Technical Committee starting from year 2021.

**C. Monitoring by the National Coordinating Committee for Food and Nutrition**

The NNPM 2.0 is translated into action via NPANM III (2016-2025) and monitored by NCCFN. This Committee has an overall purview to monitor and evaluate the implementation of the plan.
D. Standards for Care of Older Persons

In 2019, DSW developed a WIM for NOSS Elderly Care Centre Operation Level 3. WIM is a set of training modules for caregivers of older persons.

Discrimination in access to health-care services

22 Has the Government undertaken actions to record and prevent discrimination on the basis of age in access to health services including access to providers, medicines and preventive measures? *please elaborate with data, as appropriate:*

MOH is committed in providing equitable health care services from womb to tomb, cutting across all ages without discrimination through the National Health Policy for Older Persons. There is also provision of special lanes and a queuing system for older persons in hospitals. During this pandemic time, the Government has prioritized for vaccination for those older persons and people with other underlying health conditions.

Mental health services

23 Has the Government implemented measures to enhance mental health services for older persons related to dementia or other psychosocial disabilities? *(SDG 3.4.2)*

*please elaborate with data, as appropriate:*

**A. National Mental Health Strategic Plan (2020-2025)**

Addressing recent trends of increasing reports of mental health disorders globally, MOH has developed the National Mental Health Strategic Plan (2020-2025) as an initiative to enhance the mental health services across all stakeholders. This National Strategic Plan enlists eight main strategies to achieve comprehensive mental health care. These include:

- enhancing governance and regulatory framework;
- strengthening mental health surveillance systems;
- ensuring the availability and accessibility of comprehensive and quality mental health services;
- strengthening mental health resources;
- enhancing and nurturing intra-sectoral and inter-sectoral collaboration;
promoting mental health and wellbeing in all settings and target groups;

- strengthening mental health preparedness and services during emergencies, crisis and disasters; and

- addressing suicide and suicidal behaviour.

B. Training on Mental Health

On-going training on mental health is conducted with the aim to increase knowledge and skills of health care workers. The training includes various aspects such as stress management and coping skills, identification and intervention of mental illness/disorders at primary health care, management of mental and behavioural problems and psychosocial response in disaster. The training is delivered to various health care providers including Psychiatrists, Family Medicine Specialists, nurses, medical assistants, occupational therapists and counsellors using modules related to mental health.

Training for all health care professionals and caregivers in managing health issues among older persons are conducted by state and district health offices. One of the components in the module is management of mental health illnesses and dementia among older persons.

C. Mental Health Screening

Among many of the strategies enlisted in the National Mental Health Strategic Plan (2020-2025), one of the initiatives for older persons is screening using the Elderly Cognitive Assessment Questionnaire (ECAQ) for early detection and intervention.

In government clinics, older persons are screened using this specific tool for early detection of health risks including cognitive impairment and dementia. This allows for commencement of early intervention to minimise the impact of cognitive impairment.

D. Dementia 2021-2030 Action Plan

The burden of dementia was first acknowledged in the 2018 NHMS. This study estimated the prevalence of probable dementia among Malaysians being 8.6%, which is higher than WHO’s estimates of 5% to 8%.

To address the increasing disease burden of dementia in Malaysia, the Government has drafted the Dementia 2021-2030 Action Plan in line with the WHO Global Action Plan on the Public Health Response to Dementia 2017-2025 and Sustainable Development
Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific - 2021

Goal. The Plan of Action outlines seven broad multi-sectoral whole-government strategies addressing risk reduction, early diagnosis and holistic management of dementia. Central to all, this new strategy recognizes the importance of engaging people with dementia and their care-takers in various levels of implementation.

E. Clinical Practice Guideline related to Dementia

To further assist the health care providers, MOH also provides Management of Dementia - quick reference for health care practitioners as a guide for clinical practice, based on the best available evidence at the time of development. The latest edition of the guidelines (3rd Edition) were issued in 2021 and will be reviewed in a minimum period of four (4) years (2025) or sooner if new evidence becomes available.

SDG indicator

SDG 3.4.2:
The indicator will be revised and harmonized with the Royal Malaysia Police (RMP) and the National Suicide and Fatal Injury Registry Malaysia (NSFIRM), MOH.

Support to older persons with disabilities

<table>
<thead>
<tr>
<th>24</th>
<th>Has the Government undertaken measures to support older persons with disabilities, such as the provision of rehabilitation services, appropriate care and the provision of assistive technologies and social transfers, like disability allowances? <strong>please elaborate with data, as appropriate:</strong></th>
</tr>
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<tbody>
<tr>
<td>Yes ☑</td>
<td>No ☐</td>
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</tbody>
</table>

A. Financial Assistance under DSW

In 2021, a total of 27.80% (174) senior citizens are recipients of Financial Assistance Prosthetic/Assistive Devices (from total 626 recipients of all ages). A total of 27.06% (7,036) senior citizens are recipients of Financial Assistance for Carers of Bed Ridden Disabled and Chronically ill (from total of 26,004 recipients of ages).

A total of 10.53% (8,810) senior citizens are recipients of Financial Assistance for PWD’s who are incapable of work (from total of 83,639 recipients of all ages).

B. Rehabilitation Services

Rehabilitation services (physiotherapy) are offered at DSW institutions. Data on the number of physiotherapists is as per Table 21.
### Decade of Healthy Ageing

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<tbody>
<tr>
<td>25</td>
<td>Is the Government implementing any follow-up actions related to the United Nations Decade of Healthy Ageing (2021–2030),(^{17}) such as a national action plan? (see also companion document) <em>please elaborate with data, as appropriate:</em></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td>MOH is in the midst of reviewing POA on Healthcare Services for Older Persons to be in-line with strategies outlined in the Decade of Healthy Ageing.</td>
<td></td>
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</table>

### IV. Ensuring enabling and supportive environments

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

#### Housing and living environment

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| 26 | Has the Government undertaken any of the following measures with regard to the housing and living environment of older persons and their families? (*SDG 11.2.1; SDG 11.7.1*)  
If yes, please answer 26.1 – 26.4  
If no, please proceed to 27  
*please elaborate with data as appropriate:* | Yes ☑ | No ☐ |

#### A. Physical Planning Guidelines

Physical Planning Guidelines for Senior Citizens serves as a physical planning and design guidance in catering to the needs and providing facilities for the elderly. These guidelines shall be read together with Development Plans, in particular Local Plans and Special Area Plan.

The Government has taken action of the following measures with regard to public buildings that are easily accessible as follows:

- Provide legal requirements through the amendment of the Uniform Building By-Laws (UBBL) 1984 through Sections 34A (1) and (2). Section 34A (1) requires all public buildings to provide access and facilities to the disabled persons and must comply with Malaysian Standards (MS) namely MS 1184: 2002 and MS 1183: 1990;

- Issuance of notification letter to all Local Authorities on the application of Malaysian Standard MS1184: 2014 (Universal Design & Accessibility in the Built Environment);

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\(^{17}\) General Assembly resolution 75/131 of 14 December 2020.
• Implementing Compliance Audits on the access of the disabled facilities in accordance with UBBL 34A and MS1184: 2016; and

• Local authorities can use the Global Design Planning Guidelines from PLANMalaysia which outlines the need to plan urban facilities and environments that apply universal design.

Where the older members of the society are concerned, the development of public parks or green spaces in the urban and neighbourhood area are listed as priorities. Adequate landscape spaces for recreation and social interaction among Malaysian especially for older persons will improve the productivity, health and quality of life. Among the major development programmes are:

• public parks, federal parks and botanical parks;

• urban fringe areas, river corridors and green networks; and

• living environment in neighbourhood area.

B. Living Environment

Age-Friendly City at Taiping serves as a pilot model for the Government to address two global demographic trends - the rapid ageing of populations and increasing urbanization. The objective is to promote public participation in local planning to develop a framework and action plan with the aim of creating an environment that is child, elderly and disabled-friendly.

C. Public Transportation Design/Facilities

MOT currently aims for better accessibility for older persons and PWDs, through providing awareness towards complying and conforming with the MS 1184: Malaysian Standard on Universal Design and Accessibility in the Built Environment. This aim is shared with all agencies and operators to ensure smooth and inclusive journey for everyone in the society.

For PWDs, all rail stations are equipped with tact tiles for visually impaired; designated washroom for PWDs, wheelchair ramps, elevators with braille and specially lowered ramps for buses. More details shared in Table 20 under Designs & Facilities.

At KTMB, the design of the facilities at the station takes into consideration better accessibility to the station area in order to attract more users from various groups to use rail transport.
In addition, collaboration with other modes of transport i.e. bus, taxi, e-hailing would also improve first and last mile connectivity to/from station primarily for disabled and older persons.

**SDG indicator**

SDG 11.2.1: The indicator is under development and has been covered in Malaysia Population and Housing Census 2020 questionnaire (see: Annex 5, C5: Does this area have access have access to the following public transportation? If Yes, please mark at the appropriate code for the nearest distance from this Living Quarters.)

<table>
<thead>
<tr>
<th>26.1</th>
<th>Promotion, safeguarding and ensuring the right to housing and shelter for older persons. Please elaborate with data, as appropriate:</th>
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<tbody>
<tr>
<td></td>
<td>One of the criteria in developing affordable housing is easy access to health and recreation facilities. In developing affordable housing, developer needs to ensure that the surrounding is older person friendly and the structure of high rise building equipped with lifts.</td>
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<td></td>
<td>Older persons are also provided shelter at RSK (refer to answer for Q11) and Home for the Bedidden Elderly (Rumah Ehsan)(^{18}).</td>
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</tbody>
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<table>
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<tr>
<th>26.2</th>
<th>Promotion of “ageing in place”, such as the promotion of affordable public housing with age-friendly and accessible housing design or multigenerational housing options (see also companion document) Please elaborate with data, as appropriate:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>The National Housing Policy (2011) states the need for the Government and private sector to continue to provide affordable housing for specific targets groups including older persons. The Physical Planning Guidelines for Senior Citizens provides guidance for the planning and control of three types of senior citizen’s living spaces, namely care center, special housing and private housing.</td>
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<td></td>
<td>The guidelines on private housing promotes ageing in place, where individuals living in their residence can choose to stay as long as they are able and as they age. This include guidelines for new housings which are elderly friendly and retrofitting existing housing (renovate external and internal of housing design to be elderly friendly). Affordable public housing design is generally age-friendly and accessible to all.</td>
</tr>
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</table>

\(^{18}\) Nursing homes for the chronically ill provide care, treatment and protection to the poor dependent older persons that allows them to continue to live in a comfortable and safe environment. The catalog of services includes care and protection, guidance and counseling, physiotherapy, recreation and job recovery, as well as medical treatment.
<table>
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<tr>
<th>26.3</th>
<th>Improved availability of accessible and affordable transportation to improve older persons’ mobility please elaborate with data, as appropriate:</th>
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<tbody>
<tr>
<td></td>
<td>Currently accessible and affordable transportation are widely available at urban areas especially.</td>
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<tr>
<td></td>
<td><strong>A. Accessibility Audits</strong></td>
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<tr>
<td></td>
<td>The Government conducts Accessibility Audits at terminal hubs and transportation services annually. This can further improve current facilities and services by the operators, as well as to set a benchmark for upcoming projects.</td>
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<td></td>
<td><strong>B. Services by Prasarana</strong></td>
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<td></td>
<td>Prasarana through Rapid Rail and Rapid Bus provide services which are affordable and friendly to ensure the mobility of older persons and PWDs. For Rapid Rail, it includes station, train design and facilities that are friendly to older persons and PWDs. For Rapid Bus, it includes ramps on buses for wheelchair access, hydraulic system to lower bus to curb height and Rapid Mobility services in Penang.</td>
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<tr>
<td></td>
<td>Rapid Rail is currently focusing on improving mobility via two initiatives to upgrade facilities and services for older persons and PWDs such as enhancing facilities with passenger and wheelchair lifts. The intention is to upgrade the Monorail station status to be disabled friendly.</td>
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<tr>
<td></td>
<td>Rapid Rail is also looking into expanding pedestrian facilities including connecting bridge between stations and malls. To date, an internal assessment has been carried out and conceptual proposals has been prepared.</td>
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</tbody>
</table>
As for KTMB stations, all are equipped with basic facilities for the disabled and older persons i.e. elevators, escalators, ramps, tact tiles and PWD-friendly toilet.

C. Public Transportation Subsidies

For public transportation, among subsidies provided for older persons are:

- concession card through Prasarana for Senior Citizens (fare discount of 50% on Cash Rate for every journey on Rapid KL Bus, Bus Rapid Transit (BRT), Light Rapid Transit (LRT), Monorail and Mass Rapid Transit (MRT) services);
- My30 unlimited travel passes under the PENJANA to help ease burden of the people. It is for use on all rail (MRT, LRT, Monorail), BRT, Rapid KL buses and MRT feeder buses; and
- concession card through KTMB for Senior Citizens (fare discount of 50% on Cash Rate).

Please refer to Table 2a and 2b for issuance of concession cards.

26.4 Universal design in public buildings, areas and transportation (see also companion document) please elaborate with data, as appropriate:

<table>
<thead>
<tr>
<th>Yes ☒</th>
<th>No ☐</th>
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A. Age-Friendly City

Following a study by the Malaysian Research Institute on Ageing in 2017, one of the suggestions proposed is for Malaysia to set up an age-friendly city in order to empower the role of local authorities in increasing the well-being of older persons. The main purpose of this project is to encourage public participation in local development while maintaining elderly-friendly environment. The Government through the MWFCD has collaborated with the Economic Planning Unit (EPU), the Perak state government, Taiping Municipal Council and United Nations Development Programmes (UNDP) on age-friendly city pilot project. The project is based on international guidelines on age-friendly city by WHO. The WHO Global Age-Friendly City Framework which assesses cities’ age-friendliness comprise of following features:

- outdoor spaces and buildings;
- access to transportation;
- affordable housing;
- social participation;
- respect and social inclusion;
- communication and information; and
The pilot project defines “age-friendly” in the local context through multi-stakeholder engagements and consultations. In fact, the perspectives of gender and persons with disabilities are considered as well. Outputs from this project consist of:

- a national framework outlining the Plan of Action for age-friendly cities which can be tailored to any localities in Malaysia; and
- a specific framework for Taiping for the realization of Taiping as an age-friendly city.

This project is expected to be completed by April 2022.

**B. Universal Design and Accessibility**

Universal design is defined as the design of environments and products usable by people of all age and disabilities, to the greatest extent possible without adaption or specialized design. In Malaysia, universal design has incorporated the needs of PWDs which would also include older persons. For PWDs specifically, in MS1184:2014, there are six groups of PWDs that should be considered in the design which are those with:

- hearing impairments;
- visual impairments;
- mobility impairment;
- diversities in age and structure (including frail person;
- cognitive learning impairments; and
- hidden impairments.

Thus, in this study conducted by Asiah Abdul Rahim, Ismawi Zen, Nur Amirah Abd. Samad & Che Raiskandar Che Rahim (2015), four groups of PWDs have been covered, namely, those with visual impairments, hearing impairment, mobility impairment and diversities in age and structure. According to Abdul Rahim et al (2012, page 6), there are seven principle of universal design:

- equitable use;
- flexibility in use;
- simple and intuitive use;
- perceptible information;
- tolerance for error;
- low physical effort; and

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• size and space for approach and use.

The standard on accessibility in the built environment has evolved since the gazettal of amendment to the Uniform Building By-Law 1984, wherein the new law makes it a legal requirement to provide access to disabled person in the built environment (Syazwani Abdul Kadir and Mariam Jamaludin, 2012; Hikmah Kamarudin, Nor Rima Muhammad Arif, Wan Zuriea Wan Ismail & Elma Dewiyana Ismail, 2013).

Since this study is focused on standards that are specific to housing accessibility, MS 1184:2014 Code of Practice – Universal Design and Accessibility in the Built Environment fits into the criteria for this study. An access audit is conducted on the case studies in order to examine the compliance of the design practice to the MS1184:2014 requirements. Apart from being a future references of upcoming public housing projects, this study also intends to give an idea and recommendations for homeowners to renovate their homes for future needs and also be a small step to enhance housing design and invokes a change and hopefully paved a way for changes in architectural policies beyond the minimum requirements enforced by the law.

C. Universal Designs for Transportation

Universal design concepts are encouraged to be incorporated into the planning and execution of terminals, rail stations and coaches to allow easy access for older persons and PWDs. Details on design and facilities can be found in Table 19.

D. Universal Design for Public Buildings

The following measures have been taken to ensure that public buildings are easily accessible:

• Provide legal requirements through the amendment of the Uniform Building By-Laws (UBBL) 1984 through Sections 34A (1) and (2). Section 34A (1) requires all public buildings to provide access and facilities to the disabled and must comply with Malaysian Standards (MS) namely MS 1184: 2002 and MS 1183: 1990;

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- Issuance of notification letter to all Local Authorities on the application of Malaysian Standard MS1184: 2014 (Universal Design & Accessibility in the Built Environment);

- Preparing the Accessibility Checklist Based on Universal Design MS1184: 2014;

- Accessibility Audit based on MS1184 (Universal Design) was conducted at five selected Local Authorities by a team of auditors and representatives of the disabled association on a yearly basis. The purpose of this audit is to check the level of accessibility of public buildings based on the universal design. From year 2016 to 2021, a total of 63 premises were audited from 30 selected local authorities. Based on the audit conducted, the average level of compliance with MS1184 obtained is 71%. Data on accessibility audit is as per Table 21.

### Caregiving

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<tr>
<th>Q. No.</th>
<th>Question</th>
<th>Yes ☒</th>
<th>No ☐</th>
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<tbody>
<tr>
<td>27</td>
<td>Has the Government undertaken measures to support formal and informal caregivers of older persons, including training programmes, accreditation and pay? (SDG 5.4.1) please elaborate with data, as appropriate: A. Care Centre Registration</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

Formal caregivers are paid caregivers with appropriate education, trainings as well as experiences in providing care to residents.

Informal caregivers are voluntary caregivers that provide help and assistance to family and friends and most of the time without pay. Hence, in a registered care centres, all caregivers must at least possess experiences in providing care to resident in the centres.

Under the Care Centre Act 1993, as of July 2021, DSW has registered 389 elderly care centres of which 11 are day cares and 378 are residential centres. Out of this 389 centres, 318 are private owned centres and 71 are run by NGOs. These registered care centres must abide to the minimum standards stated by the Care Centre Act 1993 and Care Centres Regulations 1994 at all time.

All operators of the registered care centres must ensure that the centres hire staff according to the ratio stated in the Regulations and must ensure that all of them have suitable and relevant qualifications, trainings and experiences as stated in Section 7 (c) of the Care Centre Act “to ensure that the care centre will be adequately staffed by a sufficient number of persons with suitable qualifications or experience.”
B. Training Programmes

Refer to answers in Q19.5 on NOSS for formal elderly care services and TVET in Elderly Care Services.

One of the methods to achieve SKM certification is through National Dual Training System (NDTS). WELTRAIN has been accredited by the Development Skills Department under MOHR as NDTs training center for elderly care center operation (Level 3) in December 2021 while three elderly care institutions (RSK Cheras, RSK Cheng and Rumah Esan Kuala Kubu Bharu) are in the process of accreditation for the practical centers. The accreditation process took longer time due to some technical issues like system migration and data normalization. Accreditation for the centers is expected to be achieved by the end of January 2022.

DSW will also be offering sponsorship programme to 50 formal caregivers of older persons to get their SKM Level 3 each year.

C. Formal and Informal Support to Caregivers of Older Persons

Measures have been continuously taken to support formal and informal caregivers of older persons through provision of training to health care providers (including operators in institutions) and caregivers at home and institutions. The objective of this training is to empower families and communities to help and care for the elderly and disabled through the annual training conducted at MOH, state health offices and district health offices. Guidelines have also been prepared by MOH for elderly care at home and at institutions.

Through Domiciliary Care Services, a team of health personnel will provide care for stable post stroke or post spinal injury bedridden patients in their own homes. The team will also provide training to the caregiver or family member on the correct technique of managing bedridden patients and to educate the patient on improving their self-care. It is estimated that 2,000 to 3,000 patients/carers benefit from this service yearly, in which 70% of the total patients enrolled into this service comprised of the elderly.

Findings from NHMS 2019 on health care demand study show that informal care provision is low in Malaysia. Overall, 5.3% of the population provided informal care to those with long-term illness, disability or the elderly. Prevalence of informal caregivers was highest among Malaysian women, pre-elderly aged 50-54 years old, those who were unpaid workers or homemakers.

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22 Guidelines is available in Malay language and accessible at the following link: https://fh.moh.gov.my/v3/index.php/pages/orang-awam/kesihatan-warga-emas-1
widow(ers) or divorcees and those who had no formal education. Most of the caregivers spent less than ten hours a week in provision of informal care while some spent more than 50 hours a week. Most of the caregivers were from lower socioeconomic backgrounds which suggests the probability of experiencing poverty due to informal care provision, especially among women.

This study shows most of the informal care provided in the last 12 months were given to household members which suggests a strong emphasis on filial obligation among the Asian population. Population aged 80 years and older were the group who needed informal care the most. Health related care was the main reason for provision of informal care which corresponds with the increase in chronic diseases as the ageing population in Malaysia increases.

D. Study on Support System of Caregivers of Persons with Disabilities

An initiative was taken by MWFCD through the ISM to conduct a study on the Support System of Caregivers of PWDs in Malaysia. The study was conducted in May 2019 involving a sample of 2,546 caregivers of PWDs from 13 states in Malaysia. PWDs in this research includes disabled older persons within the households.

The aim of this study is to identify the assistance and support provided by the government and examining the actual needs of caregivers of PWDs such as social, economic and health support including mental support etc. MWFCD is currently scrutinizing the findings of the research in order to coordinate and identify the best solutions for empowering caregivers.

ISM has also conducted trainings on care giving skills. This is specifically for volunteers of Home Help service.

Has the Government undertaken measures to support women and families who often take care of older persons? please elaborate with data, as appropriate:

A. Formal and Informal Support to Caregivers of Older Persons

The previously-mentioned study on informal care by MOH has addressed this matter.

B. Financial Assistance

A total of 27.06% (7,036) caregivers of older persons are also recipients of Financial Assistance for Caregivers of Bed Ridden Disabled and Chronically Ill (26,004).
Monthly amount given is RM500 per older person.

C. Psychological support for caregivers

Psychological support for caregivers is provided under the Psychology and Counseling Intervention Module for guidance and reference to Psychological Officers, namely the Smart Aging Module focuses on 7 sub modules:

(i) Behavioral;
(ii) Emotional;
(iii) Spiritual;
(iv) Cognitive;
(v) Readiness and Resilience to Step into Old Age;
(vi) Psychological for Caregivers; and
(vii) Empowerment of Sahabat PAWE (Seniors’ guidance partner volunteers).

Module Development Period: 2018-2021

The implementation of the programmes under the Smart Aging Module for the Year 2021 is still at pilot stage. Full implementation in 2022 is based on DSW’s strategic planning for 2021-2025. Among programmes to be carried out under the Smart Ageing Module are as below:

(i) Gero Smart Support Programme;
(ii) Readiness and Resilience Programme;
(iii) Psychological Caregivers Programme;
(iv) Smart Support Sahabat PAWE Programme; and
(v) Sahabat PAWE Empowerment Programme.

To date, a total of 703 older persons have been involved in this module (396 women and 307 men).

Integration of older migrants

29 Has the Government implemented measures facilitating the integration of older migrants within their new communities, including: (SDG 10.7.2; SDG 10.7.4) (see also companion document)
If yes, please answer 29.1 – 29.3
If no, please proceed to 30
please elaborate with data as appropriate:

<table>
<thead>
<tr>
<th>29</th>
<th>Yes ☐ No ☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.1 Older migrant workers returning to countries of origin after lifetimes of overseas employment please elaborate with data, as appropriate:</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>29.2 Older persons returning home to rural areas after having spent their working life in urban areas</td>
<td>Yes ☐ No ☒</td>
</tr>
</tbody>
</table>
### 29.3 Refugees, internally displaced people or stateless persons

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐</th>
<th>No ☐</th>
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</table>

### Neglect, abuse and violence

<table>
<thead>
<tr>
<th>30 Has the Government:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>30.1 Addressed neglect, abuse and violence against older persons? (SDG 5.2.1; SDG 5.2.2; SDG 11.7.2; SDG 16.1.3; SDG 16.1.4)</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

**please elaborate with data, as appropriate:**

Even though Malaysia has yet to have specific law to protect older persons, most written laws in Malaysia aimed at protecting human rights are age neutral. Therefore, there is nothing to restrict older persons from accessing justice and seeking redress through and within the parameters of these laws.

However, the Government is in the midst of preparing a bill for older persons. Further details can be referred to answer in Q3.1.1 on the research scope, content and approach for a specific law for older persons.

In addition to seeking redress or the courts and administrative tribunals, older persons may file complaints through DSW, the Public Complaints Bureau or the *Talian Kasih* 15999 Helpline.

### A. Provisions to Guarantee Legal Assistance for Older Persons

There is no existing law that specifically guarantees legal assistance for older persons. However, older persons may seek legal assistance through laws such as the Legal Aid Act 1971 by applying for legal aid through the DSW and the Legal Aid Department. The Legal Aid Department has branch offices in all states in Malaysia and provides mediation services. Alternatively, the Malaysian Bar also has a Legal Aid Centre with desk at the state bar committees and the Syariah judicial authorities in some states also offer legal aid services in relation to Syariah cases. These legal aid mechanisms do not specifically give privileges for older persons in terms of legal assistance, but they are age neutral.

The Government also initiated the *Talian Kasih* 15999 helpline which is operational 24 hours all year round. Older persons may call the hotline to make request for assistance in various matters including legal assistance.

DWD organises various programmes to raise public awareness and share knowledge regarding neglect, abuse and violence. Among these programmes are:
• **Legal Clinics**

This programme aims to raise awareness and share knowledge on civil and Syariah laws as well as human rights.

• **Women Against Crime Squad (WAJA)**

This programme aims to raise awareness and share knowledge regarding crimes which victimize women. As of 15 November 2021, a total of 100,002 members have been trained with 846 cases involving 6,857 individuals.

### B. Victims of Domestic Violence Among Older Persons

The National Committee on Domestic Violence, established in November 2019 is a multi-stakeholder’s platform to address issues with an effective approach related to domestic violence in Malaysia. The committee is led by MWFCD, comprising government agencies and NGOs such as the Attorney General’s Chambers, Ministry of Home Affairs, Ministry of Health, RMP, Federal Court of Malaysia, Department of Islamic Development, Syariah Judiciary Department, Immigration Department of Malaysia, Legal Aid Department, National Registration Department, DSW, DWD, NPFDB, Sabah Women’s Affairs Development, Kuala Lumpur Hospital, National Council of Women’s Organization Malaysia (NCWO), Women’s Centre for Change (WCC), Women’s Aid Organisation (WAO) and Women Action Society (AWAM).

In addition, 3 working committees have been established which are on Advocacy and Capacity Building, Protection and also Data Committees to further strengthen the coordination and ensure the services provided are more targeted and accessible to public.

A total of 98 victims aged 60 and above were reported under DSW from 2017 – 30 September 2021 as in Table 22a. RMP’s statistics from 2019 – 30 September 2021 shows that a total of 2,262 victims were aged 60 and above (Table 22b).

There are victims among older persons who are served under the Domestic Violence Act 1994. For the year 2020, there were 38 cases of older persons and for the period January to June 2021, there were 27 cases involving older persons.

Optimal health care services are also provided to victims of neglect, abuse or violence without any discrimination or judgement.

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24 WAJA is focusing on domestic violence, sexual harassment, rape, molestation, drug mule, cybercrime, human trafficking, and migrant smuggling aspects.
SDG indicators

SDG 11.7.2: This indicator is under development and covered in NHIS.

SDG 16.1.3 and 16.1.4: These indicators are under development and covered in NHIS.

30.2 Put in place any services for victims of elder abuse, neglect and violence, including training of care and social service professionals, family members and older persons? Please elaborate with data, if appropriate:

DWD provides care and protection service for human trafficking victims through five (5) shelter homes for women (Rumah Perlindungan Wanita, RPW), which are:

- RPW Kuala Lumpur;
- RPW Kota Kinabalu;
- RPW Johor;
- RPW Zon Tengah; and
- RPW Kelantan.

In 2021, there are no elderly women placed in RPW. The yearly statistics of elderly women residing in RPW is as per Table 23.

Safe place means any home or institution maintained or managed by government agencies responsible for welfare services or by any other agency or voluntary organization approved by the Minister under the Domestic Violence Act 1994. Until now, there are 38 safe places that have been approved by the Minister, 34 under government control and 4 under NGOs. The location of this safe place is not be disclosed to the public due to security factors of the victim who are given protection.

Currently, there is no specific RSK for abused older persons. All gazetted Safe Place accept all domestic violence cases.

Public recognition and ageing with dignity

31 Has the Government undertaken measures to enhance public recognition of older persons with regard to their authority, autonomy, self-determination, wisdom, productivity and contributions to society? (SDG 10.3.1; SDG 16.7.1; SDG 17.18.1)

Please elaborate with data, if appropriate:

The Senior of the Year Awards have been presented annually as part of the Senior Citizen Day Celebration until 2017. New award categories related to healthy and active ageing were introduced on 2018 onwards. These significant awards recognise the volunteer work and contributions to community life of older Malaysian.
Award categories

- Premier’s Award for Senior of the Year for significant and outstanding contribution by an individual to his/her community and nation in general;
- Healthy and Active Living Award to an individual for helping to create active and healthy lifestyle and as a role model; and
- Most Active Senior Citizen Activity Centre/Care Centre/Institution Award to an organization that has successfully organised programmes to combat ageism and engaged with their community/inmates to support ageing well initiatives.

At the Selangor state, there is also a special award for notable older persons to recognize their contributions.

**SDG Indicators**

SDG 10.3.1: This indicator currently not available and need further development.

SDG 16.7.1: The data is available for year 2017-2019. Refer Table 24.

SDG 17.8.1: This indicator is available and data for 2020 in progress.

<table>
<thead>
<tr>
<th>32</th>
<th>Has the Government undertaken measures to protect older persons’ dignity and enjoyment of all human rights, including to address and eliminate ‘ageism’ and age-based discrimination? (see also companion document) please elaborate with data, as appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
<td>No ☐</td>
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</table>

The Government is looking to add this element in the Bill being drafted. NACCOP is currently the platform used to discuss on this issue while the Public Complaint Bureau serves as a venue for older persons to submit complaints.

<table>
<thead>
<tr>
<th>33</th>
<th>Has the Government undertaken measures to recognize and support exercise of legal capacity of older persons, such as supported decision-making? please elaborate with data, as appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
<td>No ☐</td>
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</table>

In Malaysia, the protection conferred for the elderly is contained in the Penal Code. Older persons can always visit the district offices of DSW to submit complaints regarding infringement of their rights.
### Information, innovation and technology

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</table>
| 34 | Has the Government put in place mechanisms to improve the availability and accessibility of information specifically for older persons? *(SDG 9.c.1)*  
*please elaborate with data, as appropriate:*  
**A. PAWE**  
Dissemination of information by the Committee that overlooks PAWE.  
**B. e-WEN System**  
It is an integrated digital system for older persons, to be implemented in 2023. Older persons are able to get information on overall services or programmes available for them.  
**C. Keluarga Malaysia Digital Economy Centres (PEDi)**  
Refer to answers in Q12 on input related to PEDi.  
**D. Television Programmes**  
Throughout the period of 2018 to 2021, RTM has become a platform for various parties especially relevant government agencies and private sector to broadcast/discuss issues and promote initiatives involving the elderly population including sharing data on digital literacy and digital adoption among older population in Malaysia. RTM's commitment in supporting such programmes covers all platforms including news coverage and talk shows on its five main TV channels and 34 radio stations. This is an ongoing commitment and is not subject to a specific number of broadcast slots.  
**SDG indicator**  
SDG 9.c.1:  
This indicator is available. |
| 35 | Has the Government fostered development of any innovative methods and services in support of older persons, such as user- and age-friendly technology and products? *(SDG 9.c.1)*  
*please elaborate with data, as appropriate:*  
**A. Smart City Initiative**  
Due to a growing number of older persons, it is necessary to create cities that are aware of the unique needs of all their citizens including the needs of the aging population. In this aspect, a smart |

Yes ☑ No ☐
city recognises the role of technology and ICT in supporting older persons and accelerating the implementation of MIPAA. Technology also plays an essential role in effective national responses in providing support to older persons at times of crisis and emergency such as the current COVID-19 pandemic.

Under the Malaysia Smart City Framework, several strategies and initiatives are targeted to ensure the inclusion of vulnerable groups including older persons in smart city development. One of the proposed initiatives under the Smart People component is to establish digital technological learning programmes for older persons to ensure that they can navigate online safely and not be alienated from the convenience of digital services. With appropriate support, older persons could adapt to technological changes and benefit from the increasing availability of new technologies.

In addition, the framework proposed for establishing vulnerable groups workshops including older persons on the decision-making process to ensure their needs and requirements are met in city development and management.

B. Medicine Service by Post

Medicine Service by Post or Prescribed Medication Courier Service is a smart collaboration between MOH and the postal service to cater for patients living in remote areas, as well as those faced with difficulty of commuting to and from health facilities due to high travel cost, time constraints, inflexible working hours as well as older persons who are unable to travel long distances.

This innovative method allows patients including older persons to reduce the cost and travel time taken to and from the Government health care facilities for follow-up medication pick-ups. During the COVID-19 pandemic, this innovative service has helped the Government to curb the spread of disease and provided easy access to medical needs by delivering medicines right to doorstep.

V. Data

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link or attach copies of relevant documents.

**Lack of ageing-related data and research**

|   | Is the lack of ageing-related data and research a matter of concern for your Government? If so: (a) what data and research are needed; and (b) how are you addressing these concerns? (SDG 17.18.1; SDG 17.18.2; SDG 17.18.3; SDG 17.19.1; SDG 17.19.2) please elaborate with data, as appropriate: | Yes ☒ | No ☐ |
A. Older Person Registration and Mapping

In line with the National Policy and Plan of Action of Older Persons as well as reflecting on the Government’s effort to provide more effective and impactful services to older persons, the National Registry System (e-WEN) has been developed in 2019 as a pilot project (refer to answer in Q4.3).

B. Census Data

Data on older persons can be obtained from census data from 1970 which includes information on living quarters, household, demographics, migration, education and employment. Starting from the National Census 2020, the Department of Statistics Malaysia has started collecting data specifically on older persons. As for the Population and Housing Census of Malaysia 2020, a few special modules have been included in the questionnaire to assess the health status of the population according to certain age groups, including the elderly. Refer Questionnaire of Population and Housing Census of Malaysia 2020 (Section F, G, H and I) for special module in Annex 5.

C. Lack of Data

Although there is still a lack of sex-disaggregated data and data that involves gender analysis, this is slowly being addressed. Among challenges faced include getting older persons on board to register with the system, and having well-coordinated data that can be shared across Ministries and agencies to plan for initiatives that can benefit older persons.

**SDG indicators**

SDG 17.18.1, 17.18.2 & 17.18.3: These indicators are available.

SDG 17.19.1: This indicator is not available.

SDG 17.17.2: This indicator is available.

37 Has the Government undertaken any efforts in data collection activities, including at the national and subnational levels, to disaggregate data by age and sex, with age groups disaggregated beyond 50+ or 60+(e.g., Household Social and Economic Survey, National Transfer Accounts)? (see also companion document) please elaborate with data, as appropriate:  

| Yes ☒ | No ☐ |
Among data collected that are disaggregated by age and sex includes:

- **Census Data**
  
  Refer to answers in Q36 for answers on census data.

- **Data through the Household Income Expenditure Survey (HIES)**
  
  Respondents of HIES are selected randomly and usually would include older persons.

- **Employment Data**
  
  Labour force statistics covers demographic characteristics and data is available on beyond 60+ age group.

### National surveys

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Answer</th>
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<tbody>
<tr>
<td>38</td>
<td>Has there been: (a) a stand-alone national survey focusing on population ageing or older persons; or (b) inclusion of specific modules on older persons or population ageing into national surveys, such as a National Survey on Older Persons, or DHS, since 2017? If so, please provide: (a) the name of the survey; (b) its focus; (c) the name(s) of the responsible ministries, agencies and institutions; and (d) relevant links. <strong>please elaborate with data, as appropriate:</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>A.</td>
<td>National Health and Morbidity Survey</td>
<td>The Ministry of health conducts periodic national surveys, with various themes in accordance to needs and priorities. The NHMS 2018 survey focused on the elderly population’s health status.</td>
</tr>
<tr>
<td>B.</td>
<td>Census Data</td>
<td>Refer to answers in Q36 for answers on census data.</td>
</tr>
<tr>
<td>C.</td>
<td>Employment data</td>
<td>No standalone survey on older person employment conducted. However, labour force statistics which covers demographic characteristics are available for 60-64-year age group as working age population is 15-64 year.</td>
</tr>
</tbody>
</table>

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25 NHMS 2018:
## D. Malaysian Population and Family Survey

The Malaysian Population and Family Survey (MPFS) is a series of surveys conducted by the NPFDB every ten years since 1974. Recently, the fifth series of MPFS (MPFS-5) was held in 2014 and will embark another round of the survey in 2021. In conducting the survey, the NPFDB received tremendous cooperation and support from various agencies at federal and state levels as well as from non-governmental organisations. The purpose of this survey was to collect the latest information and time-series data for demography, family and reproductive health of the Malaysian population. The MPFS-5 also provides specific information on the population, household, family formation, fertility, family planning, family life, health practices, elderly as well as the social and sexual behaviours of the adolescents. The results of this study will be used to provide the latest information to policymakers, programme planners and managers in evaluating, formulating and strategizing the nation’s socio-economic development.

<p>| | |</p>
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</table>
| 39 | Is there any longitudinal data on older persons collected with a focus on their health, and social and economic situation? *please elaborate with data, as appropriate:*  
Data on older persons can be obtained from census data from 1970 which includes information on living quarters, household, demographics, migration, education and employment. Starting with the Population and Housing Census of Malaysia 2020, a few special modules have been included in the questionnaire to assess the health status of the population according to certain age groups, including the elderly.  
Refer Questionnaire of Population and Housing Census of Malaysia 2020 (Section F, G, H and I) for special module in Annex 5. |
| Yes ☑ | No ☐ |

### Titchfield Group

| 40 | Is the Government active in the Titchfield Group on Ageing-related Statistics and Age-disaggregated Data? If so, how does the Government contribute to the group? *(see also companion document)*  
*please elaborate with data, as appropriate:* |
| Yes ☐ | No ☑ |

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26 The creation of the Titchfield City Group on Ageing and Age-disaggregated statistics was mandated by United Nations Statistical Commission resolution 49/118 in 2018 to contribute to identifying gaps and establishing international standards and methods for the compilation of statistics and data on the major of dimensions related to ageing and age-disaggregated data across the life course. For further information, see [https://unstats.un.org/unsd/statcom/49th-session/documents/Report-on-the-49th-session-E.pdf](https://unstats.un.org/unsd/statcom/49th-session/documents/Report-on-the-49th-session-E.pdf)
### VII. COVID-19 and older persons

**Instruction:** For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

#### Effects of COVID-19 on older persons

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>41 Were hospitalizations and death rates among older persons in 2020 and 2021 higher than for the general population, or as compared with previous long-term observations? (please provide age and sex disaggregated statistics and their sources) please elaborate with data, as appropriate:</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>As of 22 September 2021, Malaysia recorded a total of 2,142,924 cases of COVID-19, of which 7.8% were among those aged 60 years and above. Malaysia recorded 20,938 deaths in total from COVID-19 since the beginning of the pandemic. Of this total, 63.3% were from those aged 60 years and above. The latest information on COVID-19 status is available at the following sites: 1. <a href="https://github.com/MoH-Malaysia/covid19-public">https://github.com/MoH-Malaysia/covid19-public</a> 2. <a href="https://covidnow.moh.gov.my/">https://covidnow.moh.gov.my/</a></td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>42 Have older persons been affected socially and economically? How? (please provide any statistical evidence disaggregated by age and sex) please elaborate with data, as appropriate:</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>The COVID-19 pandemic has deeply affected both physical and mental wellbeing of the population at every level. Older persons especially those in isolation/quarantine have been affected emotionally and psychologically as they feel stressed, worried and anxious due to various reasons such as fear of falling ill and risk of being infected, losing their loved ones, adapting to new norms and also movement restriction causing separation from family members, as well as feelings of helplessness, loneliness and being depressed due to isolation.</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
<tr>
<td>Financial Assistance under DSW There has been an increasing trend in the number of applications for financial assistance under DSW. The data is reflected in Table 25.</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
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</table>

#### Government response to COVID-19

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>43 Did the Government put policies or measures in place that addressed the impact of COVID-19 on older persons with regard to the following issues: (SDG 3.b.1) If yes, please answer 43.1 – 43.5 If no, please proceed to 44</td>
<td>Yes ☒</td>
<td>No ☐</td>
</tr>
</tbody>
</table>
**Please elaborate with data as appropriate:**

The Government formulated SOP governing the operation of care centres for older persons, PAWE and Government funded institutions during the COVID-19 pandemic.

| 43.1 | Access to health-care services (both usual services and COVID-19 tests)  
please indicate when the measure was put in place and elaborate with data, as appropriate: |
| --- | --- |
|  | As of August 2021, two doses of COVID-19 vaccines have been administered to:  
- 1,941 elderly inmates at 15 institutions;  
- 21,685 members of PAWE; and  
- 6,772 inmates and 2,321 carers at 310 elderly care centres. |

**SDG indicator**

**SDG 3.b.1:**  
The data is available for year 2018-2020. Refer Table 26.

| 43.2 | Protection of older persons’ higher vulnerabilities to COVID-19 (e.g., isolating nursing homes, home delivery of medicine or food, etc.)  
please indicate when the measure was put in place and elaborate with data, as appropriate: |
| --- | --- |
|  | A. Assistance under DSW  
As of year 2020, DSW has given out financial assistance under Bantuan Prihatin totalling RM9,897,400 to 1,207 registered care centres to assist them in coping with the COVID-19 pandemic.  
Grants/allocation have also been given to NGOs to encourage them to carry out activities especially preventive measures like maintaining cleanliness, sanitizing of area for older persons in these centres.  
DSW issued guidelines to NGOs that wish to help out and assist in delivering food assistance or food baskets to care centres for older persons or older persons who are disabled and bedridden at their homes.  
Through DSW’s coordination, NGOs, individuals, corporate and private sectors have contributed food and basic necessities to 786,307 recipients in communities which includes older persons (at care centres or those staying alone or with families). | Yes ☒ | No ☐ |
DSW through Financial Assistance to Older Persons NGOs have initiated the Home Help Programme for older persons and disabled persons in the community. The programme has involved a total of 2,035 Home Help volunteers and benefitted 8,140 disabled persons and 6,256 older persons in the community with an allocation of RM17,788,200. These financial assistances are channelled through Older Persons NGOs that conduct Home Help Programme.

B. Prevention of COVID-19 in Elderly Care Centers: Mass-Testing Strategy for All Registered and Unregistered Aged Care Homes

In Malaysia COVID-19 incidence rate per 100,000 population is 32.5 among those aged 60-64 years old; and 26.8 in the 65-69 age group with 62.6% of death being among those aged 60 and above (MOH press statement 16 April 2020).

WHO has set criteria to minimize the risk of spreading COVID-19 outbreaks in special places/facilities such as health facilities and care centres including elderly care centres/nursing homes.

The first old folks home cluster was detected by the national surveillance system on 17 May 2020. After a risk assessment by multilevel health authorities, it was decided that a nationwide targeted approach to the screening of COVID-19 in old folk’s homes be executed. All residents and workers in elderly care centres registered with DSW (under Care Centre Act 1993 [Act 506]) and nursing homes registered under PAHFAS [Act 586] were screened and tested for COVID-19.

Between 6 May 2020 to 11 June 2020, a total of 411 elderly care centres have been screened with 18,212 occupants and workers being tested for COVID-19 and 27 (0.2%) positive cases detected (<1% positivity rate).

To increase the awareness of prevention and control of COVID-19 in elderly care centres and community, the Government disseminated information through webinars, Facebook Live videos and uploaded infographics regarding the pandemic on social media platforms and website. With the cooperation and collaboration between MOH, MWFC, DSW, State Health Departments and District Health Offices, these initiatives have been conducted efficiently.

### C. Guidelines for Care of Older Persons in Nursing Homes During COVID-19

Care of Older Person in Residential Aged Care Facilities and in the Community during COVID-19 Pandemic April 2020 (reviewed June 2021).

### D. Utilising New Technologies: Self-Contained Robots

Recently, MyAgeing received a Special Award for COVID-19 Response under 2021 Healthy Aging Prize for Asian Innovation (HAPI) for their contribution in helping the elderly during the pandemic. The HAPI award is an initiative of the Japan Centre for International Exchange and Economic Research Institute for ASEAN and East Asia, established to support the social and economic implications of the rapidly ageing society in affected countries.

Under the project of 'Capacity Building for Caregivers and Older Persons in Elderly Living Institutions for Contactless Deliveries using Indoor Autonomous Platform', MyAgeing had innovated self-contained robots for contactless food deliveries and monitoring temperature-taking of elderly people at its facility at Universiti Putra Malaysia (UPM) and selected aged homes. This project was funded by the Malaysia One Health University Network (MyOHUN) through USAID allocation.

This project supported the response of the social care sector in preventing and mitigating the negative impact of COVID-19 on older persons in institutionalized living in Malaysia. Other than that, the project also developed an autonomous platform to provide a contactless alternative to regular deliveries in institutional living, a comprehensive guideline and instructional material, and conducted on-site training and workshops for contactless deliveries to strengthen the capacity of aged care operators and caregivers in the management of older persons.

### 43.3 Economic conditions (e.g., employment, income maintenance, immediate assistance)

*Please indicate when the measure was put in place and elaborate with data, as appropriate:*

#### A. Food Basket Programme

Food baskets have been distributed to needy households based on requests which are fulfilled within 24 hours. Distributions have

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28 Guidelines for Care of Older Persons in Nursing Homes:
been done in 5 phases, the last being in July 2021. Distribution still continues in districts due to demands.

B. COVID-19 Special Assistance for Older Persons in the B40 Group

On 28 June 2021, the Government announced the PEMULIH package as one of the initiatives to provide comprehensive assistance to the people in overcoming the effects of the COVID-19 pandemic.

The Special COVID-19 Aid (Bantuan Khas COVID-19, BKC) amounting to RM4.6 billion, targeted older persons, single people and 11 million households.

The breakdown of the BKC based on category classifications are as follows:

(i) for below poverty line category, single older persons are given RM500;
(ii) for category B40, single older persons are given RM200; and
(iii) for category M40, single older persons are given RM100.

C. Food Basket Programme for Army Veterans

Gerobok Rezeki Project under MinDef is a programme which provides necessary assistance and food aid to those affected during the COVID-19 pandemic for army veterans.

For Phase 1, a total of 10,600 Food Boxes contribution have been received from:

(i) Country Height Group & Golden Horse Investment Bank through Bantu-Bantu Malaysia Programme - 10,000 Food Boxes;
(ii) MyCare (Malaysia) - 100 Food Boxes; and
(iii) Perbadanan Perwira Negara (PERNAMA) - 500 Food Boxes.

Food Boxes have been distributed through Army Veteran Department in nine states beginning August 2021. Phase 2 has been implemented in the first week of October 2021 with an additional distribution of 15,000 Food Boxes from the Country Height Group and Golden Horse Investment Bank.

43.4 Social situation (e.g., loneliness, social isolation, stress)? Please indicate when the measure was put in place and elaborate with data, as appropriate: Yes ☒ No ☐
A. Smart Aging Module

Refer to answers in Q28 for input on Smart Aging Module.

B. Helplines for Mental Health and Psychosocial Support Services (MHPSS)

Acknowledging the impact of the pandemic towards emotional and psychological wellbeing of individuals, MOH through helpline services, have been providing Mental Health and Psychosocial Support Services (MHPSS) since 25 March 2020. The Helpline for MHPSS was set up by MOH at the Crisis Preparedness and Response Centre (CPRC) at both national and state level. This Helpline is operated by psychology counselling officers and medical experts trained in the mental health field.

As of 5 September 2021, a total of 2,417 calls have been received through this helpline were from callers aged 60 years and above. The main issues shared by callers in this age category were to get assistance in terms of emotional support during the crisis due to movement restrictions causing them to be unable to meet families, concerns on COVID-19 infections, getting information on SOP, assistance in obtaining food supplies and also issues on adapting to the new norms, mainly those related to the use of technology.

Besides MOH, there are other helplines under several government agencies such as the Talian Kasih helpline under MWFCD, KSK-Care under JAKIM, as well as NGO helplines such as the one under MERCY Malaysia.

| 43.5 | Prioritized access to COVID-19 vaccines please indicate when the measure was put in place and elaborate with data, as appropriate: |
| Yes ☑ | No ☐ |

A. National COVID-19 Immunisation Programme

The National COVID-19 Immunisation Programme (PIC) outlines a clear objective with 3 targeted vaccination strategies. The second strategy is to reduce the burden of disease for those in high risk groups including older persons, so that they are protected from COVID-19 infections. As of 18 August 2021, approximately 2.7 million older persons (77%) had completed the COVID-19 vaccination.

B. Vaccination Programme for Army Veterans

Priority vaccinations are available for registered Army Veterans who are registered through a dedicated website from 1 April until 30 September 2021. Vaccinations will be given after all the army staffs are fully vaccinated and priority is given to Veterans and their
families who are still waiting for vaccination appointments under PICK. This is done through cross-checking and matching of Veterans' Data with Disease Control Division, National CPRC under MOH through MySejahtera\textsuperscript{29} Vaccination System.

### Good practices/lessons learned in Government response to COVID-19

<table>
<thead>
<tr>
<th></th>
<th>Are there any good practices and lessons learned from the above-mentioned policies and/or measures, including expanding participation of older persons? Please give examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Acknowledging that older persons are one of the vulnerable groups, MHPSS also provide practical and emotional support through informal networks (family members) and also health professionals. General knowledge on mental health care and list of activities to support mental wellbeing has been part of the guidelines on Mental Health and Psychosocial Support in COVID-19.</td>
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<tr>
<td></td>
<td><strong>A. MySejahtera Application</strong></td>
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<td></td>
<td>The MySejahtera Application which is being used nationwide in Malaysia during the pandemic can be made a benchmark for communicable diseases surveillance in the future.</td>
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<td>In March 2021, the Government added the Registration of Dependents in the MySejahtera application as a new element to facilitate the vaccine registration process for older persons.</td>
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<td><strong>B. Cashless Assistance Payment (JKMPay)</strong></td>
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<td>In February 2021, DSW initiated a six-month Cashless Assistance Payment pilot project called JKMPay. The pilot project has been carried out at the District Social Welfare Offices of Kubang Pasu, Kota Setar and Melaka Tengah, and the Perlis Social Welfare Department.</td>
</tr>
<tr>
<td></td>
<td>Through this pilot project, 50% of the total financial assistance given to recipients will be credited into an ATM card while the balance will be placed into the Cashless JKMPay Card. Credits contained in the Cashless JKMPayCard can only be spent at assigned grocery shops.</td>
</tr>
</tbody>
</table>

\textsuperscript{29} MySejahtera is an application developed by the Government of Malaysia to assist in monitoring COVID-19 outbreak in the country by empowering users to assess their health risk against COVID-19. This application also provides the Ministry of Health (MOH) with the necessary information to plan for early and effective countermeasures (see: \url{https://mysejahtera.malaysia.gov.my/intro_en/})
Cashless Project Expansion Phase 2 will be conducted in:

(i) All PKMDs in Kedah and Melaka;
(ii) PKMD Kelantan;
(iii) PKMD Selangor;
(iv) PKMD Terengganu; and
(v) PKMD WP Labuan.

The financial assistance scheme that are included in the project are as follows:

(i) financial assistance for children;
(ii) financial assistance for older persons;
(iii) general financial assistance scheme;
(iv) incentive allowance for disabled workers; and
(v) financial assistance for person with disabilities who are incapable of work.

The pilot project ended in July 2021 and MWFCD has decided to expand the programme throughout the country.

As for the 6-month pilot project, 461 (18.56%) out of 2,646 participants involved are among older persons. It indicates that even the elderly can be educated to participate in the digital economy.

### Coordination of services for COVID-19 response

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the Government implemented measures to improve the coordination of primary health care, long-term care, social services and community-based services for older persons in order to ensure a continuum of care and support during the COVID-19 pandemic? <em>please elaborate with data, as appropriate:</em></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### A. Social Services

DSW carries out social services and is assisted by the Malaysian Association of Social Workers and the National Association for Social Welfare Malaysia in coordinating with NGOs.

#### B. Immunisation Programme

PICK for the disabled/elderly/homeless patients commenced in June 2021. The vaccination was given to targeted recipients on home-to-home basis, assisted by NGOs and private agencies. Guidelines have been prepared to guide health care personnel in implementing this programme.

ProtectHealth Corporation runs the PeKa B40 programme which covers basic health screening services at primary health care facilities. ProtectHealth also manages COVID-19 vaccination
mainly involving private sector such as mobile vaccination. Both programmes includes the older population.

<table>
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<tr>
<th>Long-term measures</th>
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| **46** | Once the pandemic has subsided, do you intend to maintain any measures that were implemented to mitigate the impact of COVID-19 on older persons?
| **please elaborate with data, as appropriate:** |
| Yes ☑ | No □ |

Yes, there are plans to maintain the Cashless Assistance Payment method used to distribute financial assistance to eligible recipients. Allocation for lifelong learning will also be maintained. Besides this, training of caregivers on managing residents affected by contagious diseases at elderly homes in collaboration with other ministries, agencies and NGOs in line with the Public-Private Partnership concept shall continue.

**VIII. Other issues**

**47.** How has the Government designed and/or implemented measures for the pre-ageing population (future older persons) in the following aspects: (a) work; (b) income security; (c) health; and (d) participation. *(open-ended question; please limit response to 750 words).*

**Health Facilities**

Access to health care services have improved through the development of new facilities under the Eleventh Malaysia Plan (11MP) 2016 – 2020. Health care services under MOH have continued to expand further. Number of hospital beds have increased by 3.3%, from 41,089 in 2015 to 42,424 in 2018. Currently, there are 1.9 beds to every 1,000 Malaysian populations. MOH contributes to 67% of total hospitals beds in the country.

There are currently 146 hospitals and one special institution namely, the National Blood Centre. The hospitals are categorised into state hospitals (14), major specialist hospitals (27), minor specialist hospitals (18), special medical institutions (11) and non-specialist hospitals (76).

There are currently 1,114 health clinics, 1,771 rural/community clinics, 250 mobile health clinics, 5 flying doctor services and 1,687 dental clinics providing comprehensive health care services to the public including older persons.

As an effort to provide seamless care for the aging population in the current health care settings, the following will be increased:

- number of health clinics providing health care services;
- number of rural/community clinics providing health care services to elderly;
- number of hospitals providing geriatric care services to elderly (currently 14 hospital provide geriatrics care service); and
- number of hospitals providing geriatric rehabilitation services in selected MOH hospital (to be increased in phases).

Nursing Homes

There are 21 nursing homes licensed under PAHFAS. To ensure these private nursing homes adhere and comply with the Act, regular monitoring and surveillance activities are being carried out in the form of visits, checks and audits.

Geriatric care services are available in most state hospitals if not all. A total of 14 public hospitals have dedicated geriatric ward with in-house geriatric specialists. While the remaining hospitals also provide care to the elderly in their current capacity.

48. Would you like to highlight any other issues related to the main challenges and opportunities of population ageing/older persons in your country since the adoption of MIPAA in 2002? Are there any lessons learned or good practices you would like to share? (open-ended question; please limit response to 750 words).

Ageing smallholders and labour shortages were among factors that contributed to the decline of rubber yield and cocoa production. The rubber yields declined by 4.4%, from 1,480 kg per ha in 2010 to 1,415 kg per ha in 2020, driven by the uneconomic size of land holdings and ageing trees, and compounded by ageing smallholders and labour shortages which resulted in reduced tapping activities. Low rubber prices also severely affected natural rubber production. Cocoa production saw an even greater drop from 1.27 tonnes/ha to 0.14 tonnes/ha during the same period due to various factors, including ageing farmers. As of June 2021, there are 196,298 rubber smallholders and 2,047 cocoa smallholders aged 60 and above.

49. Is the Government engaged in any regional cooperation on matters related to “population ageing”, including the sharing of experiences in the implementation of MIPAA among ESCAP member States and/or engagement with ASEAN (where applicable) on the implementation of the 2015 Kuala Lumpur Declaration on Ageing (open-ended question; please limit response to 750 words).

Regional Action Plan to Implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN – Regional Plan of Action: KL Declaration on Ageing

The Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN was adopted at the 27th ASEAN Summit in Malaysia on 21st November 2015. Malaysia proposed to lead the initiatives to develop and coordinate a Regional Plan of Action (RPA) to Implement the Kuala Lumpur Declaration on Ageing during the 13th Senior Officials Meeting on Social Welfare and Development (SOMSWD) held on 18 and 19 October 2017 in Yangon, Myanmar.

Malaysia through MWFCDS had conducted two workshops in 2018 to develop a zero-draft of the RPA. These workshops were a joint effort between the Ministry and MyAgeing, with the attendance of representatives from different ministries, agencies and NGOs. At regional level, ASEAN Secretariat engaged UN ESCAP and HelpAge International for their expertise in developing the RPA.
RPA KL Declaration on Ageing consists of 10 actions and 42 activities to support ASEAN Member States in promoting healthy, active and productive ageing in ASEAN. It focuses on health and social transformation to enable older persons to have access to services, obtain tailored community supports as well as contribute meaningfully in society throughout their lives.

The final draft RPA KL Declaration on Ageing has been reviewed and obtained ad-referendum endorsement by SOMSWD on 6 March 2020.

Following the confirmation of SOMSWD Malaysia on the approval from the Cabinet of Malaysia to the said document on 24 March 2021, a letter from SOMSWD Chair to ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD) Chair submitting the RPA to Implement Kuala Lumpur Declaration on Ageing for the consideration and endorsement of AMMSWD Ministers was issued accordingly on 12 July 2021.

This document is expected to be submitted to the 38th and 39th ASEAN Summit for notation by ASEAN Leaders.

Decade of Healthy Ageing

The United Nations Decade of Healthy Ageing (2021-2030) is a global collaboration which Malaysia is a part of, and is aligned with the last ten years of the Sustainable Development Goals that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older persons, their families, and the communities in which they live in.

ASEAN Plus Three (of which Malaysia is a member state) Joint Statement emphasizes the commitment of member states towards Elderly Care and Health via:

- Promoting an inclusive approach and a community-based model in elderly care with the involvement of all relevant stakeholders;
- Facilitating exchanges and sharing of lessons learned, experiences, and practices in social protection for older persons and the design and delivery of targeted assistance for the needy elderly;
- Promoting capacity building and expertise in elderly care for the family, community, and social as well as medical personnel in gerontological services and increase the availability of care takers through home visit services by health professional or community health workers;
- Promoting awareness on the role of family in caring for older persons and to enhance capacity building of care givers in providing quality care;
- Enhancing regional efforts to promote the life course approach and access to health care services aligned with the needs of older populations and address barriers to health care services;
- Promoting access to affordable and appropriate health services for older persons and develop a sustainable health financing system, protecting older persons against...
illness-induced poverty and undue out-of-pocket payment, which work to deliver universal and equitable health care; and

- Promoting collaboration in research and development on elderly health issues identified as priorities by ASEAN Plus Three countries.

THANK YOU!