

AP



General data

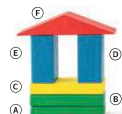
POPULATION, 2023
35,126,298
SURFACE, KM², 2022
330,411
PHYSICIANS / 1,000 INH, 2022
2,316

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
62
GDP PER CAPITA (US\$), 2023
11379,09
HEALTH EXPENDITURE (% GDP), 2021
4,38
UNIVERSAL HEALTH COVERAGE, 2021
76



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC

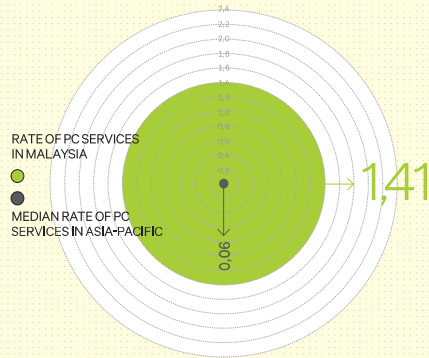


Malaysia

F Provision of PC (Specialized Services)

Total number of Specialized PC services
483*
* Note: More than
Rate of PC services per 100,000 inhabitants
1,41

Malaysia in the context of Asia-Pacific regions



Level of development of different types of PC services



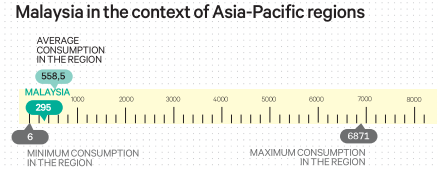
Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION
2
TOTAL NUMBER
6

AP

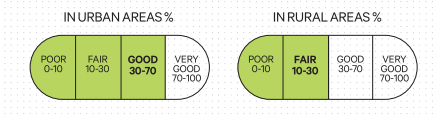
Malaysia

D Use of essential medicines

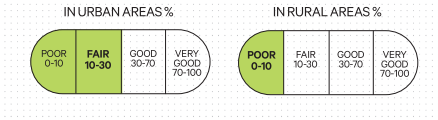
Opioids consumption (excluding methadone)
295
S-DDD/MILLIN HABITANTS/DAY



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles
2
Existence of PC congresses or scientific meetings
4



National Association: Hospice Malaysia; Malaysian Hospice Council.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Consultants: Ng Woon Fang; Cheong Wing Loong; Fafazlina Ahmad; Muhamad Hafiz.
Report sponsored by National Association: Yes
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching
5/32

Nursing schools with mandatory PC teaching
0/33

Recognition of PC specialty
4

B Policies

National PC plan or strategy
3

Responsible authority for PC in the Ministry of Health
4



Inclusion of PC in the basic health package at the primary care level
3

A Empowerment of people and communities

Groups promoting the rights of PC patients
4
Advanced care planning-related policies
4

AP Malaysia

People & Communities





| | | |
|---|--|---|
| <p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p> | <p> 4</p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).</p> | <p>In Malaysia, two prominent organizations, the Malaysian Hospice & Palliative Care Council (MHPCC) and Hospis Malaysia, champion the needs and rights of palliative care patients and caregivers. Established in 1998, the MHPCC now includes 27 organizational and 49 individual members, advocating nationally for palliative care through educational initiatives, community awareness, and collaboration with societal stakeholders. Additional groups advancing palliative care rights include the Motor Neuron Disease Society Malaysia, focusing on advocacy, education, and support for caregivers; Cancer Survivor Malaysia, dedicated to holistic care for cancer patients; the National Cancer Society of Malaysia; and MAKNA (National Cancer Council Malaysia), which is dedicated to alleviating pain, suffering, and morbidity in cancer patients.</p> |
| <p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p> | <p> 4</p> <p>There is a national policy on advance care planning.</p> | <p>Over the past 28 years, Malaysia has laid a strong foundation for palliative care, moving toward its integration within the health-care system. This effort aligns with the WHA 67.19 resolution, the Declaration of Astana, and the United Nations Sustainable Development Goals as Malaysia strives for universal health coverage. Recently, the National Advance Care Planning program has been launched, along with clinical practice guidelines for advance care planning.</p> |

Policies

| | | |
|---|--|---|
| <p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> | <p> 3</p> <p>Actualized in last 5 years, but not actively evaluated or audited.</p> | <p>Malaysia's National Palliative Care Policy and Strategic Plan 2019–2030, launched on November 6, 2019, integrates palliative care into the national healthcare system. It emphasizes services in government hospitals, primary care, and community-based initiatives. While no specific palliative care legislation exists, the policy is a significant step forward. Progress has been made since its launch, with growing involvement from the private sector, though palliative care services remain relatively new and developing in practice. The plan includes outcome indicators to track and evaluate its progress. Additionally, the Ministry of Health is advancing a National Palliative Care Standard Framework through a dedicated subgroup to guide the policy's implementation and ensure quality care.</p> |
| <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p> | <p> 4</p> <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p> | |

AP Malaysia

Policies

| | | |
|--|--|---|
| <p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p> | <p> 4</p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p> | |
| <p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p> | <p> 3</p> <p>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p> | <p>Palliative care services are included in Malaysia's national health system and are formally recognized as part of public healthcare. However, their integration into primary care remains limited and varies by region, depending on local resources and capacity. Current efforts focus on expanding domiciliary palliative care under the 2021–2025 Strategic Plan, with 308 teams providing services nationwide. These services are primarily aimed at patients with specific needs, such as those who are bed-bound, and are still categorized under services for disabled persons rather than dedicated palliative care. Additionally, the Ministry of Health collaborates with initiatives like the Community Palliative Care ECHO program (2022–2025) to train primary care providers, health staff at hospices, and general practitioners. Future plans include launching an online learning platform in 2025 and developing a Primary Palliative Care Competency Framework and training module tailored to local primary care systems.</p> |
| <p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p> | <p> 4</p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific & technical).</p> <p> 4</p> <p>There are concrete functions, staff and budget.</p> | <p>Malaysia's palliative care is overseen by the National Palliative Care Services Development Committee within the Ministry of Health, led by the National Palliative Care Head of Service. Supported by subcommittees, the committee focuses on hospital and community services, pediatric care, palliative care medicines, education, research, and standards, ensuring coordinated efforts under the Medical Division. While hospital-based palliative care units are present in most tertiary hospitals, primary care and public health palliative services are managed separately. The authority has established activities and monitoring mechanisms but is still in the process of full development. Funding for palliative care services includes financial aid for hospices and NGOs but covers only 10% of operational costs, indicating limited financial resources for broader implementation and support.</p> |

AP Malaysia

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

At least one national conference specifically dedicated to palliative care is held every two years. The Malaysian Hospice & Palliative Care Council, together with its collaborating hospice organisation members, organises the Malaysian Hospice Council Congress biennially. The most recent congress was held on 25th - 27th July 2024.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



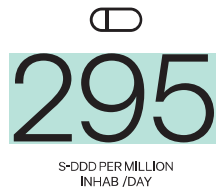
Reflects a limited number of articles published.

Medicines

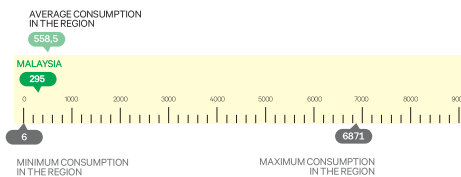
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 295 S-DDD



COUNTRY VS REGION



AP Malaysia

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Good: Between 30% to 70%.

In Malaysia, primary care facilities have good access to non-opioid medications and Tramadol, but morphine access is limited due to low confidence in prescribing among primary care providers. While morphine is included in the WHO Model List of Essential Medicines and classified as Category B (prescribable by Medical Officers), it is mainly prescribed by hospitals. Primary care providers rarely stock or purchase morphine due to low demand and prescribing confidence. Rural clinics widely offer non-opioid medications like NSAIDs, paracetamol, and laxatives, but opioid access, including morphine, is more restricted. Availability in rural areas depends on clinic classification and staffing, with better-stocked clinics typically having doctors on-site. Overall, opioid access remains limited across primary care, especially in rural settings.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Fair: Between 10% to 30%.

Overall, opioid access remains limited across primary care, especially in rural settings.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

AP Malaysia

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

5/32



Malaysia has 32 medical schools, with Hospice Malaysia delivering compulsory palliative care (PC) education at five institutions, including Universiti Malaya and Universiti Teknologi Malaysia, while collaborating with international partners to evaluate undergraduate programs. PC is an elective in at least 15 medical schools and is included in some Family Medicine curricula, though its inclusion depends on trainer availability. In nursing education, PC is offered as an elective in at least six government colleges, with advanced training provided through post-basic Diplomas in Oncology and the ELNEC* curriculum. Despite the availability of postgraduate programs and advanced nursing diplomas, a unified national credentialing system and sufficient multidisciplinary training for allied health professionals remain a challenge. Efforts are ongoing to strengthen primary palliative care education and create structured programs for nurses and allied health professionals to address these gaps.

* End-of-Life Nursing Education Consortium

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

15/32

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/33

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

6/33

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

The Malaysian Medical Council lists Palliative Care as a recognized subspeciality of Internal Medicine. This 3 years subspecialty training is offered by Ministry of Health.

AP Malaysia

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Generalized provision: Exists in many parts of the country but with some gaps.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



In a growing number of private hospitals.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Ad hoc/ in some parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

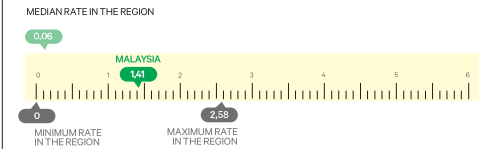


Found in many parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

In Malaysia, specialized palliative care services are primarily urban, with state hospitals mandated to have palliative care units. Tertiary hospitals in most states have at least one palliative care physician, except for Perlis. Efforts focus on expanding primary palliative care access, developing specialized teams in provincial hospitals, and training Family Medicine Specialists in Palliative Medicine. Approximately 197 out of 265 primary care clinics offer home care services, supported by trained personnel. Additionally, 30 NGO-run hospices, primarily providing community-based care, operate nationwide except in Perlis, with only one offering inpatient unit in Pulau Pinang. There are at least 483 palliative care teams, including 59 hospital-based teams, 30 NGO teams, and 197 home care teams. With a rate of 1.41 specialized palliative care services per 100,000 people, Malaysia continues efforts to enhance accessibility and integrate primary and specialized palliative care.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



483* ← SPECIALIZED PALLIATIVE CARE SERVICES
 * Note: More than.

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



6
PPC TEAMS

While most specialized providers offer care to children, there are only 6 specialized palliative care services or teams specifically dedicated to children.