

MINISTRY OF HEALTH MALAYSIA

# THE DEMENTIA ACTION PLAN

2023 - 2030

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MINISTRY OF HEALTH,  
MALAYSIA





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THE  
**DEMENTIA**  
ACTION PLAN  
**2023-2030**

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MINISTRY OF HEALTH,  
MALAYSIA

**FAMILY HEALTH DEVELOPMENT DIVISION**

<https://hq.moh.gov.my/bpkk>

First print.....2024

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Published by:

Family Health Development Division  
Ministry of Health Malaysia  
Level 7, Block E10, Parcel E  
Federal Government Administrative Centre  
62590 Putrajaya

e ISBN

**e ISBN 978-629-99332-1-2**



# FOREWORD

BY DIRECTOR  
GENERAL OF HEALTH MALAYSIA



## Assalamualaikum w.b.t and Salam Malaysia Madani

Dementia is a rapidly escalating global concern, affecting approximately 50 million individuals worldwide, and demands strategic attention. This number is continuously on the rise, with nearly 10 million new cases annually and a forecasted threefold increase by 2050. Dementia is one of the major causes of disability and dependence among the older population. In addition, dementia takes a heavy economic toll on societies at large. Globally, the annual costs of caring for individuals with dementia are projected to surge to a staggering US\$2 trillion by the year 2030.

Recognizing the magnitude of this global crisis, in May 2017, the World Health Assembly took a decisive step by endorsing a Global Action Plan on the Public Health Response to Dementia 2017–2025. This momentous call to action urged Member States to expedite the development of national policies, strategies, plans, or frameworks to confront this looming challenge.

Within Malaysia, dementia's impact is evident, ranking as the third leading cause of disability burden among males and the second among females aged 80 and above in 2014. More recent data from the National Health and Morbidity Survey (NHMS) in 2018 revealed an overall probable dementia prevalence rate of 8.5 percent. In response to this burgeoning public health concern, the Ministry of Health has formulated the Dementia Action Plan 2023–2030.

The unveiling of Malaysia's action plan aligns with global objectives set by the World Health Organization, aspiring to see at least 75% of countries develop or update national policies, strategies, plans, or frameworks for dementia by 2025. This concerted effort positions Malaysia at the forefront of addressing and mitigating the multifaceted challenges posed by dementia on a national scale.

Thank you

**DATUK DR MUHAMMAD RADZI BIN ABU HASSAN**  
Director-General of Health,  
Ministry of Health Malaysia

# FOREWORD

BY DEPUTY DIRECTOR GENERAL  
OF HEALTH (PUBLIC HEALTH)



## Assalamualaikum w.b.t and Salam Malaysia Madani

In the ever-evolving landscape of global health, The Dementia Action Plan 2023–2030 for Malaysia stands as a beacon of commitment, foresight, and dedication to addressing the complex challenges posed by dementia. This action plan marks a pivotal moment in prioritizing dementia as a critical public health concern.

At the heart of this visionary action plan lie four strategic priorities, each meticulously crafted to address the multifaceted dimensions of dementia and its far-reaching impact on individuals, families, and society. The first priority, "Empowering Healthy and Active Communities," underscores our commitment to nurturing environments that not only promote overall health but also cater specifically to the unique needs of those affected by dementia.

The second priority, "Strengthening a Sustainable Healthcare and Social Support System for Dementia," heralds a groundbreaking effort to establish a robust framework capable of adapting to the evolving health and social requirements of individuals grappling with dementia.

In a testament to our commitment to progress, the third priority focuses on "Research, Innovation, and Information Sharing on Dementia." This underscores our pledge to foster the development of new knowledge, innovative solutions, and the vital exchange of information.

Recognizing the importance of accountability and efficacy, the fourth priority, "Strengthening Monitoring and Evaluation of Health Programs for Persons with Dementia," ensures that our efforts are not only impactful but also subject to in-depth analysis by attentive approach to assessment and monitoring.

However, the success of The Dementia Action Plan 2023–2030 is contingent upon the collaborative spirit of a diverse array of stakeholders. This is not merely a government initiative; it is a whole-government and whole-society approach that demands synergistic collaboration among all. May this action plan be a driving force, inspiring us all to work tirelessly towards a future where the impact of dementia is minimized, and the lives of those affected are filled with dignity, understanding, and unwavering support.

Thank you

**DATUK DR NORHAYATI BINTI RUSLI**  
Deputy Director General of Health (Public Health),  
Ministry of Health Malaysia

## FOREWORD

BY DIRECTOR OF FAMILY HEALTH  
DEVELOPMENT DIVISION



### Assalamualaikum w.b.t and Salam Malaysia Madani

In the past decade, Ministry of health has witnessed unprecedented multi-sectoral commitment in setting and implementing imperative agendas for the health of older person in Malaysia. As Malaysia is moving towards an aged nation in 2030 as showcase by the increasing number of older person and literature has shown that age is the strongest known risk factor for the onset of dementia, the country must prepare itself to address health issues of older person pertaining to non-communicable diseases (NCDs) including dementia.

This plan of action signals an important step forward in achieving physical, mental and social wellbeing for people living with dementia, their carers and families. While there is no curative treatment for dementia, preventive measures is the most crucial strategies and the proactive management of modifiable risk factors can delay or slow onset or progression of the disease. The action plan provide the knowledge base for health care providers, governments, policy-makers and other stakeholders to reduce the risks of cognitive decline and dementia through a public health approach.

Last but not least, we would like to acknowledge and extend a deepest gratitude to all those who have contributed to the development of this Action Plan. We recognize that their collective endeavors will expedite the realization of these action plan to ensure the health and well-being of people living with dementia through a comprehensive and holistic approach. We would like to thank the Elderly Health Sector for their relentless effort in coordinating and drafting this important document.

Thank you

**DR MOHD SAFIEE B. ISMAIL**  
Director  
Family Health Development Division  
Ministry of Health Malaysia

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## INTRODUCTION



1

Dementia is a syndrome in which cognitive function (i.e. ability to process thought) deteriorates progressively.

2

It is not part of a normal ageing process.

3

It affects memory, thinking, orientation, calculation, learning capacity, language, judgement, emotional control, social behaviour, or motivation. However, consciousness is not affected.

4

Dementia can lead to disability and dependency among people with dementia (PWD).

5

It is commonly associated with behavioural and psychological symptoms which can lead to increased dependency on caregivers and subsequent nursing home admission.

6

The lack of awareness and understanding of dementia can lead to stigmatisation and, delay in diagnosis and care.

7

The physical, psychological, social and economic impact of dementia on caregivers, family and society is tremendous and often overlooked.

## GLOBAL RESPONSE TO DEMENTIA

2017

Global Action Plan on The Public Health Response to Dementia was endorsed by the Seventieth World Health Assembly (WHA)

Sets out actions for the Members States and aims at **leats 75% of countries** will have developed or updatede national policies, strategies, plans, or frameworks for dementia, either stand-alone or integrated into other policies/plan by **2025**



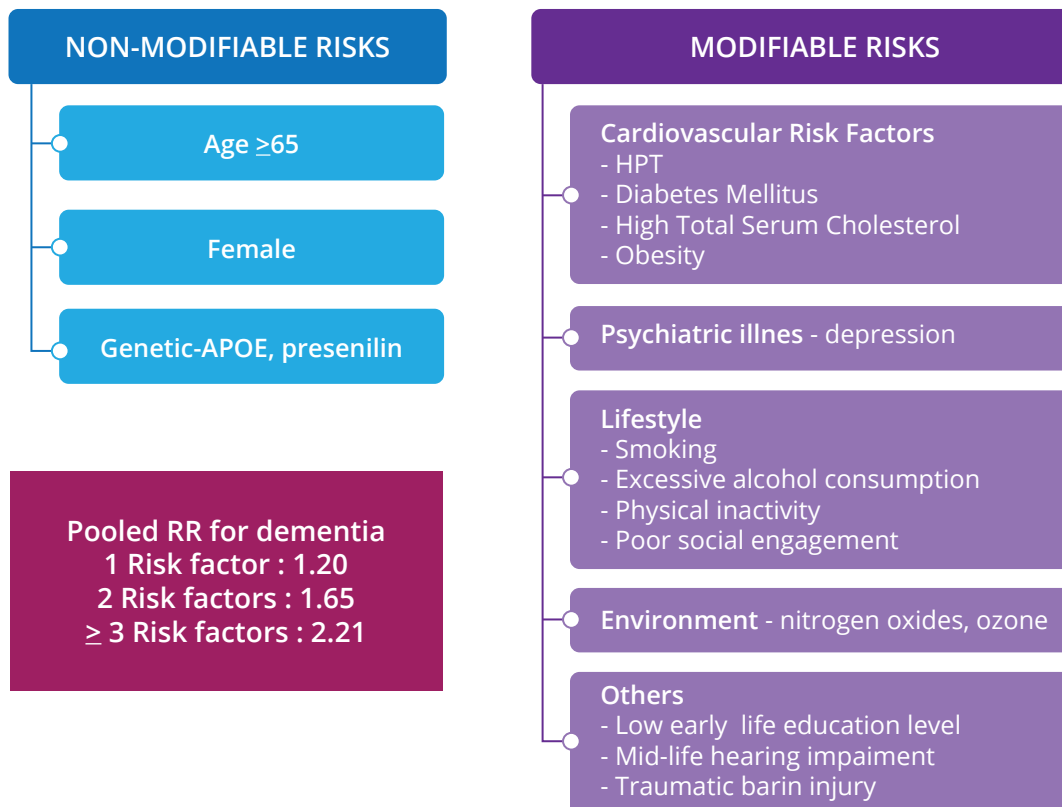
2017 (May)

Malaysia along with all 194 WHO Member States, unanimously adopted the WHO action Plan on the Public Health Response to Dementia

Source : The Global Action Plan on Public Health Response to Dementia, WHO 2017

## THE NEED FOR DEMENTIA PLAN OF ACTION

### 1 Risks Factor for Dementia

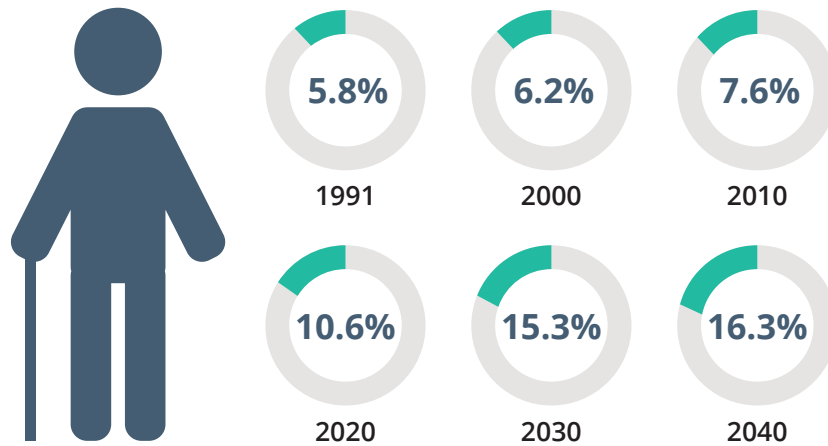


Source: Malaysia's CPG Management of Dementia 3rd Edition 2021

## 2 Increase in the number of elderly populations

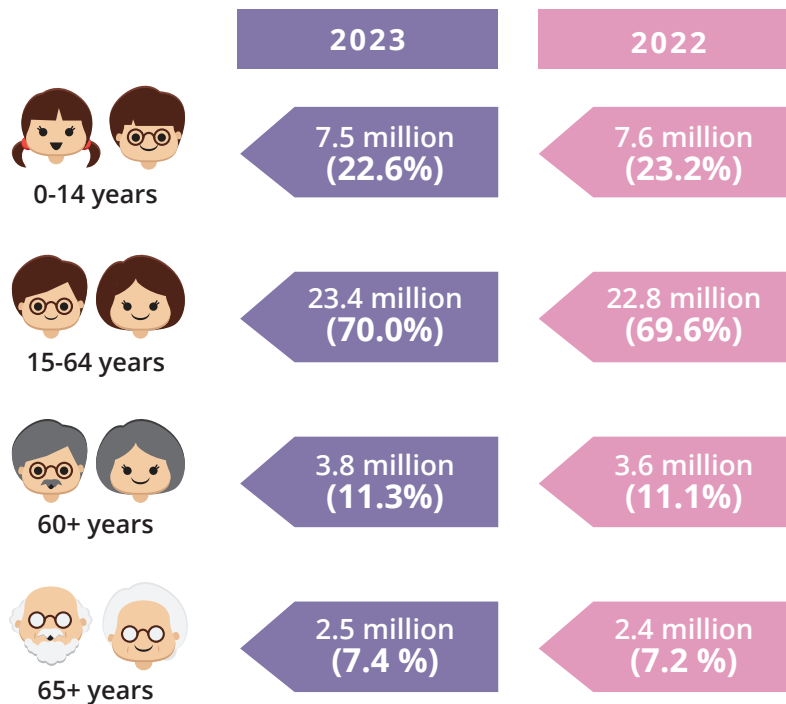
### Population Aging

Population Aged 60 Years +



With the decline in fertility and increase life expectancy, this is a clear trend towards population ageing, Malaysia is expected to become aged nation by the year 2030.

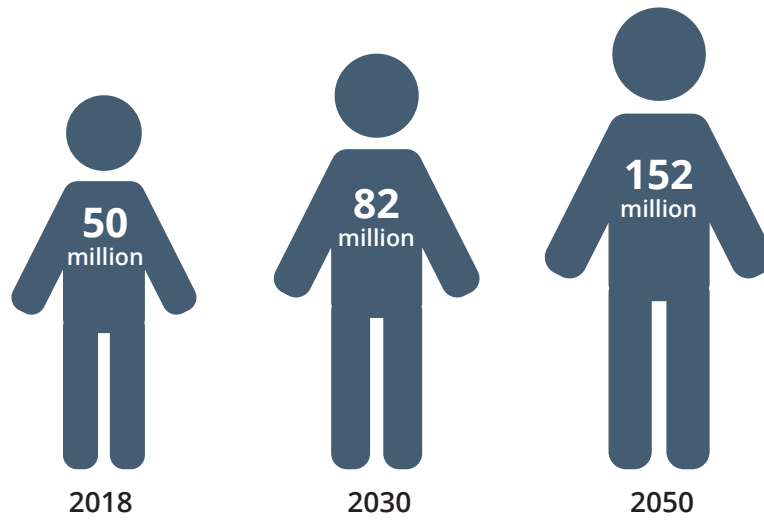
### Population By Age Group



Source: Department of Statistic Malaysia 2023

### 3 Prevalence of Dementia globally

Estimated Growth In Number Of People With Dementia Globally 2018-2050



Source: World Health Organization, 2018

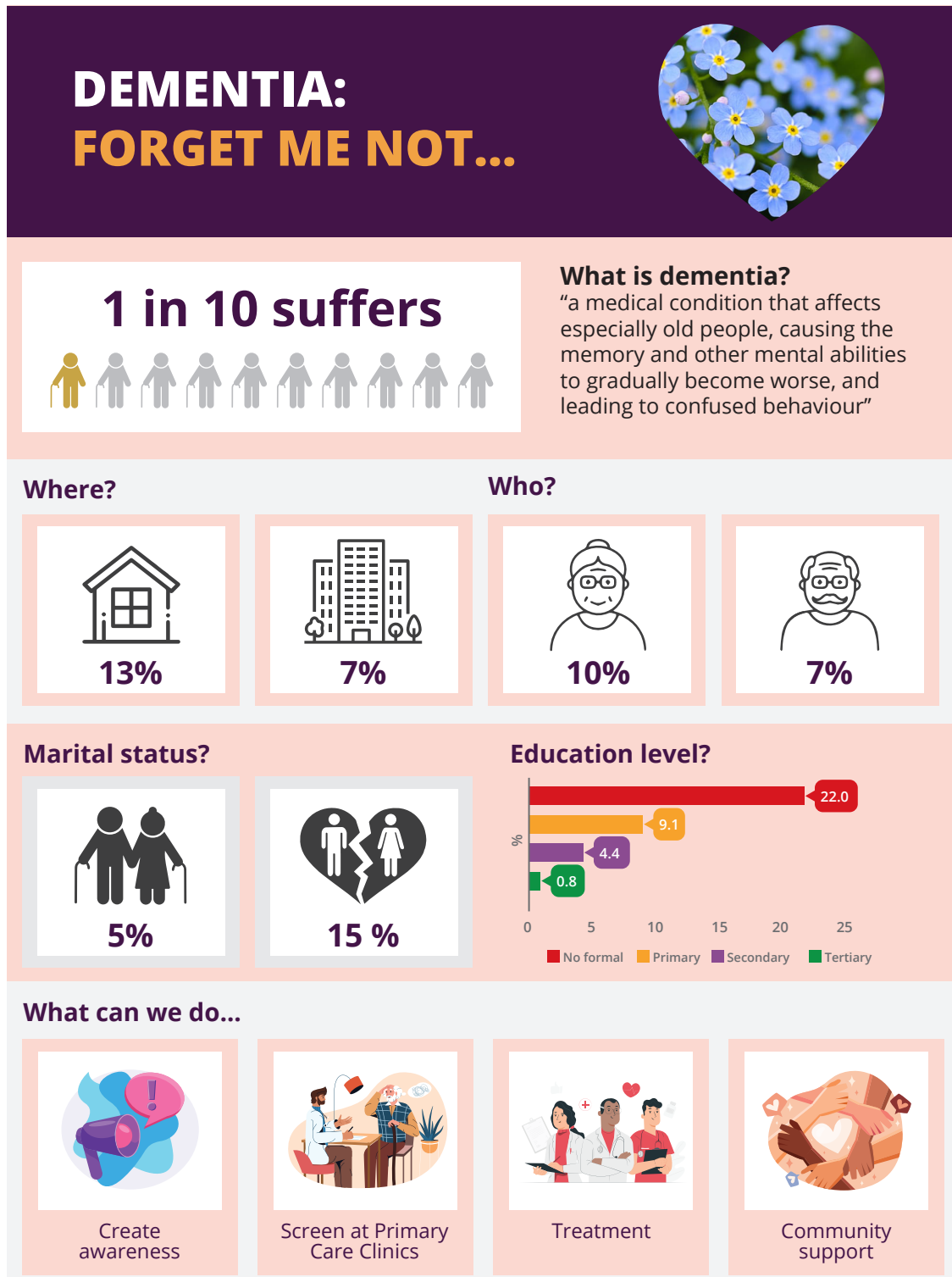
Around The World, There Will Be One New Case Of Dementia Every 3 Seconds



Source: From Plan To Impact II Report, ADI, 2019

## 4 Prevalence of Dementia in Malaysia

NHMS 2018: Elderly Health, the overall prevalence of probable dementia was 8.5% (95% CI 6.97 to 10.22).

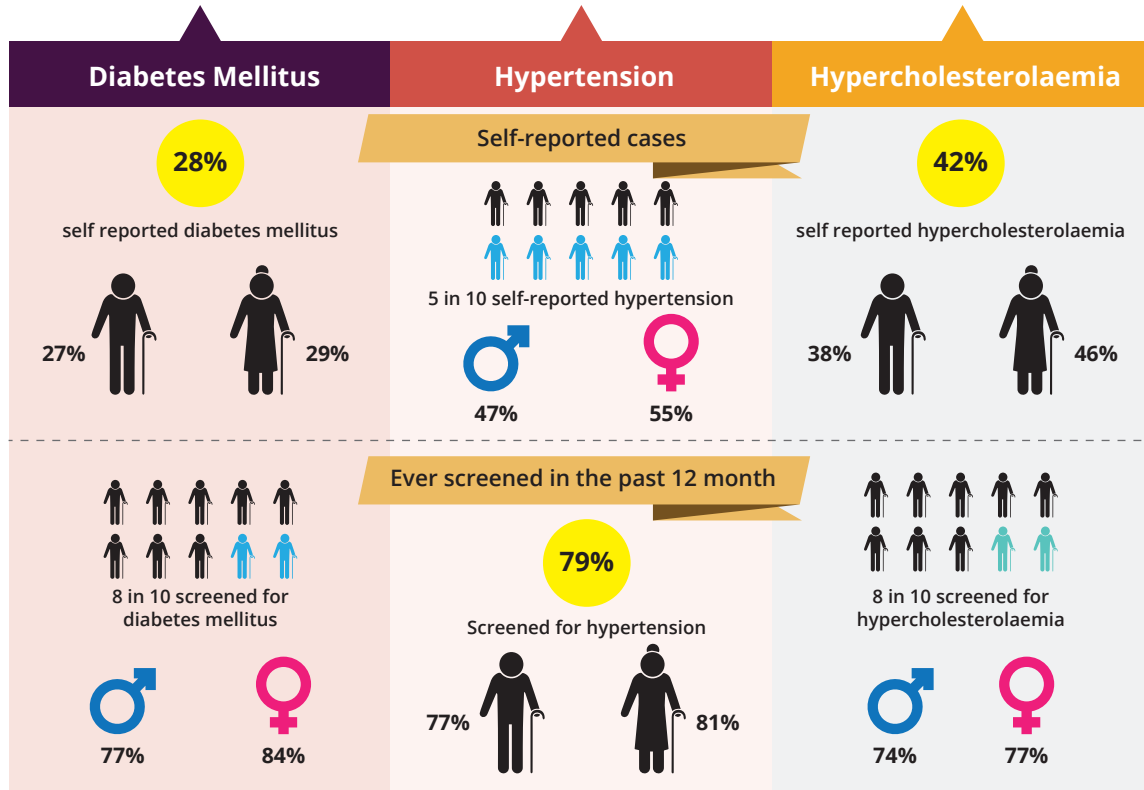


Source: Infographic NHMS 2018

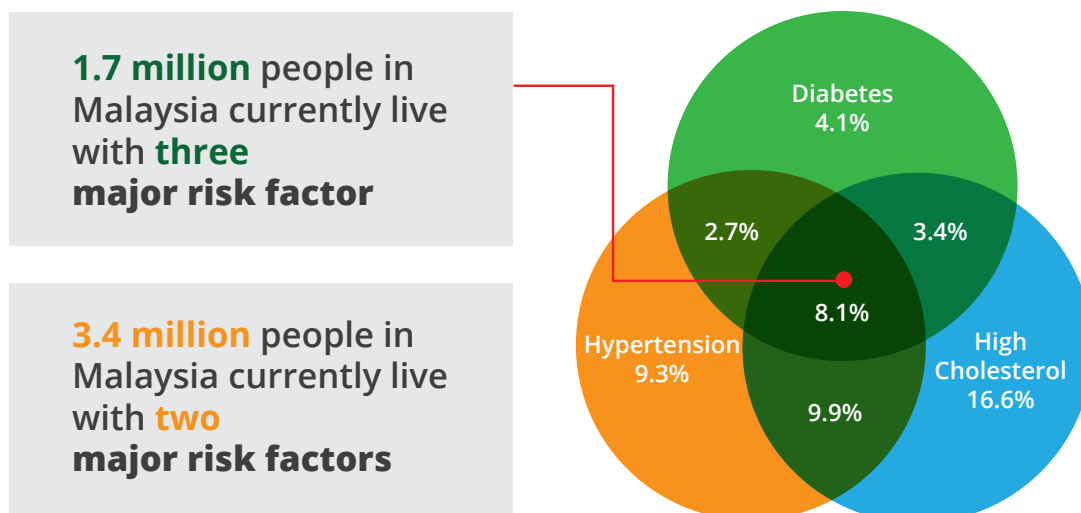
According to Alzheimer's disease International, the estimated number of PWD in Malaysia was 123,000 in 2015, 261,000 by 2030 and 590,000 by 2050.

5 Health Risk Factors among older person

### NCDs AMONG THE ELDERLY IN MALAYSIA



Source: Infographic NHMS 2018



Source: Infographic NHMS 2019

## SWOT ANALYSIS

**SWOT ANALYSIS** on our current situation with regards to Malaysia's preparedness in dealing with dementia is detailed as below:

### STRENGTH

- Well structured geographical network of tertiary, secondary and primary care centers with acceptable infrastructure and facilities
- Existing model of hospital based geriatric and psychogeriatric services in most states
- Growing number of health professionals involved in dementia care
- Advanced Diploma in Post basic Gerontology for nurses and Postgraduate Diploma for Geriatric Medicine
- Physical access to health facilities (public and private) in urban area for >90% of the population less than 5km
- Availability of data regularly updated from the NHMS, MyAgeing, MWFCFCD
- NGOs providing dementia awareness and caregiver training (ADFM)
- Dementia daycare services by NGOs and public/private entities

### WEAKNESS

- Lack of preventive health and self care, programs and activities
- Lack of comprehensive services that are available for persons with dementia
- Stigma and Ageism among the society and health care professionals affects rates of dementia detection
- Lack of dementia-friendly facilities/ infrastructures
- Lack of Public Icon or advocates that would champion dementia
- Lack of valid methods of data collection and database (Registry)
- Limited access to services in rural areas
- Lack of awareness and training in dementia care among healthcare professionals and the public
- High demand of manpower in dementia care
- No formal caregiver training structure program
- Lack of innovation in elderly and dementia care

### OPPORTUNITIES

- Opportunity to develop a healthcare workforce skilled in dementia care and a healthcare model appropriate for dementia care
- Opportunity to develop a dementia care support network which includes all stakeholders
- Opportunity to expand and refine existing primary health care programmes and services e.g. KOSPEN, PAWE and EnPHC (Enhanced Primary Health Care)
- Opportunity for new services to cater to the needs of people with dementia and their carers e.g. uberization of healthcare services to homes/community, long term care, transportation services, respite care etc.

### THREATS

- Ageism and stigmatization towards people with dementia
- Lack of resources: funding, human capital, infrastructure
- Lack of knowledge and awareness about dementia in the education system from early to university level
- Monetizing of services for older people may marginalize dementia sufferers eg denial of entry to nursing homes
- Older people living with dementia may not be given priority in services over normal older person.

## HEALTHCARE SERVICES PROVIDED UNDER ELDERLY HEALTH PROGRAM RELATED TO PWD'S IN MALAYSIA

- ① Raising public awareness and understanding of dementia such as:
  - a. Dissemination of conventional materials such as posters, pamphlets, flyers, posters, booklets, e-books, and factsheets distributed by the State Health Department to the public;
  - b. Health Talk or forum on dementia via television, radio including state radio and live sessions on social media;
  - c. Materials/infographic/video related to dementia are uploaded on MOH's social media and being shared by other ministries, agencies, and NGOs; and
  - d. Engagement with government agencies, the private sector, NGOs, community leaders, and community health agents through MYCHAMPION.
- ② Health screenings at 1,088 health clinics with the aim to identify an older person with cognitive impairment for early diagnosis and appropriate intervention.
- ③ Referral of cases from Primary Health Clinic and District Hospital to geriatric memory clinic and geriatric psychiatry clinic for further treatment and management.
- ④ Geriatric Care Services and Memory Clinics in the hospital.

Geriatric Memory Clinic is a specialized outpatient cognitive service that aims to provide person-centered, holistic, expert, and multidisciplinary consultation for timely assessment, diagnosis, and management of older people with dementia and cognitive impairment. To date, Geriatric Memory Clinics available in government hospital in all states.

Till December 2023, there are 18 government hospitals, 24 cluster or outreach government hospitals, and 14 universities hospital (with 66 geriatric physicians and 14 geriatric psychiatrists) providing geriatric care services to the older person including a person with dementia.

Geriatric Psychiatry and Mental Health Services provide an integrated care for dementia (ICD) aiming for cognitive maintenance and the improvement of behavioural and psychological symptoms of dementia (BPSD). In this effort, the Geriatric Psychiatry Service in MOH has develop integrated care for dementia (ICD) incorporating multi-component interventions via multi-disiplinary approach and integration with primary care service for the betterment of PWD's cognitive and psychological health. Till December 2022, there are 14 Geriatric Psychiatrists (9 from MOH, 3 from universities 2 from private practice) and 6 in training.

- ⑤ MOH introduced Domiciliary Healthcare Services in 2015 to improve access to healthcare, particularly to stable bedridden patients (including elderly with stroke and dementia), this service is to ensure continuity of care to patients discharged early from the hospital and to empower and support caregivers/families.

6 The Strategic Framework of the Medical Programmed of the Ministry of Health Malaysia 2021-2025:

- a. To increase accessibility for the elderly in MOH hospitals by increasing the number of hospitals providing geriatric care services; and
- b. To improve the quality of care and effectiveness of management in elderly patients including those with dementia by increasing the number of centers (MOH health clinics) with seamless geriatric care services (including memory clinics) in collaboration with geriatricians in MOH hospitals.
- c. There are also Clinical Practice Guidelines (CPG) developed specifically for the Management of Alzheimer and Dementia published in 2009 (the component of the training of trainers is incorporated) and just recently published latest edition of 2021 (address the advancement in the treatment of Person with Dementia and new sections on risk reduction strategies and special populations are added).

7 The Private Aged Healthcare Facilities, and Services Act was gazette in 2018 (Act 802). To ensure elderly with Dementia receive standard, quality, and dignified care in private institutions or centers for their long-term care.

8 Public Private Partnership -Collaboration of geriatric care services between hospitals, health clinics, and private/NGO

**a. Dementia Care-Skill Training/Course (a collaboration between Geriatric Fraternity and Alzheimer's Disease International (ADI))**

Since 2016, MOH has collaborated with NGOs (ADFM/ADI) in a Dementia Care-skill course. The course aims to train caregivers to care for dementia patients in caregiving of those with dementia at home and in dementia care centers. Since 2016, 12 Geriatricians, two (2) psychologists and seven (7) retired nurses had enrolled in the course. In 2020, ADI elected three (3) geriatricians to become master trainers to conduct the train trainer's course. Since then, nearly 1,000 caregivers were trained.

**b. Dementia Awareness Month Celebration**

The World Alzheimer's Awareness Month Program to advocate for policymakers and raise public awareness of Dementia.

**c. Dementia-Friendly Initiative (ATRIA ADFM Community Corner)**

The collaboration of an NGO and local corporate, ADFM and Atria, have established a pilot initiative – the Atria-ADFM Community Corner (AACC) - a dementia-friendly community corner located on the third floor of the Atria Shopping Complex. This initiative is providing much-needed support to the neighborhood communities aimed at raising greater awareness of dementia, and for persons with dementia to live and enjoy their daily lives for as normal and as long as possible. This also addresses the objectives of reducing stigma, social isolation and increasing understanding of dementia and empowering people with dementia as well as acknowledging the caregiver's burden.



## THE DEMENTIA ACTION PLAN 2023-2030, MINISTRY OF HEALTH

### OBJECTIVES

1.1

To ensure accessible, affordable, comprehensive, effective, sustainable dementia care.



1.2

To enhance rehabilitation and supportive services to enable persons with dementia to live with dignity and respect



1.3

To provide an inclusive dementia friendly environment that ensures the quality of life of persons with dementia, their caregivers and any significant others, thus reducing its impact on communities and the country



## THRUSTS & STRATEGIES

THRUST 1	THRUST 2	THRUST 3	THRUST 4
<p><b>EMPOWERING HEALTHY AND ACTIVE COMMUNITIES</b></p>	<p><b>STRENGTHENING A SUSTAINABLE HEALTHCARE AND SOCIAL SUPPORT SYSTEM FOR DEMENTIA</b></p>	<p><b>RESEARCH, INNOVATION AND INFORMATION SHARING</b></p>	<p><b>STRENGTHENING MONITORING AND EVALUATION OF HEALTH PROGRAM FOR PERSON WITH DEMENTIA</b></p>
<p><b>STRATEGIES 1:</b> Strengthening the promotive &amp; preventive activities related to dementia for public, person with dementia and caregivers/ care partner</p> <p><b>STRATEGIES 2:</b> Strengthening the activities to combat and reduce stigmatization of dementia among public, person with dementia and caregivers/ care partners</p> <p><b>STRATEGIES 3:</b> Empowering communities to stay healthy with prevention and self-care activities</p> <p><b>STRATEGIES 4:</b> Collaborative network with various agency to support dementia communities</p> <p><b>STRATEGIES 5:</b> Portal on Dementia</p>	<p><b>STRATEGIES 1:</b> Early detection of dementia through screening programs</p> <p><b>STRATEGIES 2:</b> Strengthened integrated, person-centered care, quality care and management that integrates multi-disciplinary approaches for Person With Dementia (PWD's) and caregivers</p> <p><b>STRATEGIES 3:</b> Strengthening training programs for healthcare professionals to increase knowledge and skills</p> <p><b>STRATEGIES 4:</b> Develop and improve diagnostic and management capability in primary care and hospitals</p> <p><b>STRATEGIES 5:</b> Support for caregiver/ care partner</p>	<p><b>STRATEGIES 1:</b> Create an independent apex body / organization to coordinate R&amp;D in dementia and pool funds (resources) for dementia research</p> <p><b>STRATEGIES 2:</b> Develop research data repository and data linkage to clinical data registry</p> <p><b>STRATEGIES 3:</b> To enhance research capacity at all levels</p> <p><b>STRATEGIES 4:</b> Strengthen multidisciplinary, cross border (regional ASEAN, global) collaboration</p> <p><b>STRATEGIES 5:</b> Improve clinical trials in dementia (imaging, biomarkers, assessments) and monitoring to enhance multicenter clinical trials (pharmacological and nonpharmacological)</p>	<p><b>STRATEGIES 1:</b> To monitor implementation of Dementia Action Plan</p> <p><b>STRATEGIES 2:</b> To Monitor the Development of Dementia- inclusive environment</p>
<p><b>Main Activities</b></p> <ul style="list-style-type: none"> <li>• Dementia Awareness - Rising campaign</li> <li>• Health Promotion and education</li> <li>• Enhance dementia friendly environment</li> </ul>	<p><b>Main Activities</b></p> <ul style="list-style-type: none"> <li>• Strengthened integrated, person-centered care, quality care and management that integrates multi-disciplinary approaches for PWD</li> <li>• Capacity Building for healthcare workers (Training base on CPG on Management of Dementia)</li> <li>• Skill for caregiver/ care partner</li> </ul>	<p><b>Main Activities</b></p> <ul style="list-style-type: none"> <li>• Conduct studies and research on Evidence based</li> </ul>	<p><b>Main Activities</b></p> <ul style="list-style-type: none"> <li>• Conduct monitoring and evaluation of health services for Person with Dementia</li> </ul>

**4 THRUST, 21 STRATEGIES, 58 ACTIVITIES**

# ACTIVITIES AND STRATEGIES

## THRUST



## EMPOWERING HEALTHY & ACTIVE COMMUNITIES

### Strategy 1:

Strengthening the promotive & preventive activities related to dementia for public, person with dementia and caregivers/care partners

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Strengthen Dementia Awareness- Raising Campaign	NGO/Private/ universities MOH MWFC	2023 (Yearly)	Number of Dementia Awareness-raising campaign	At least two conducted at state level every year: 1. National Alzheimer's Month Celebration conducted every year (Sept) 2. National Dementia Day
2. Produce health education materials on dementia	MOH-FHDD/ State Health Department/ HECC/UKK MWFC NGO MOE, MOHE	2023-2030	Number of health education materials produced	At least 3 of health education materials produce a year
3. Disseminate health education materials on dementia	MOH-FHDD/ State Health Department/ HECC/UKK MWFC NGO/Universities/ Private entities	2023-2030	Number of health education materials distributed or uploaded	3 or more promotional activities via social media platform
4. Organize competition for youngster (E.g. TikTok)	NGO/Universities/ Private entities MOE/MOHE MOH- FHDD/State Health Department/ HECC/UKK MWFC	2023-2030	Number of organized competitions for youngster	At least one competition organized (example of TikTok competition: Short clip on dementia early symptoms)

### Strategy 2:

Strengthening the activities to combat and reduce stigmatization of dementia among public, person with dementia and caregivers/care partners

Activities	Responsible agency	Period of implementation	Indicator	Target
1. To improve literacy on dementia via various media & education platform	MOH- FHDD/State Health Department /DHO/Health Clinics/Hospital NGO/Private/ universities MOHE, MWFCD	2023-2030	Number of Health Talks/ forum on dementia	At least 3 Health Talks/ forum on dementia in each state a year
2. To increase literacy among public and healthcare providers to destigmatize perception towards dementia e.g: Survey on attitude towards dementia (online survey)	MOH-NIH/FHDD Universities/ NGO/private MWFCD	2024	Number of surveys to measure perception on Dementia	At least once a year survey health education material produced based on research findings

### Strategy 3:

Empowering communities to stay healthy with prevention and self-care activities

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Conduct multi-domain life style activity on delay/prevent onset of Dementia	MOH NGO/Private/ Healthy ageing community (e.g., social connect group) MWFCD MOHE	2023-2025	Campaigns on "delay/ prevent onset of Dementia"	At least one campaign on "delay/prevent onset of Dementia" a year
2. Development of self-care and self-help guidelines (infographic)	MOH-NIH/FHDD Universities/ NGO/private MWFCD	2023-2025	Number of guidelines produced	At least once a year self-care and self-help guidelines updated

### Strategy 4:

#### Collaborative network with various agency to support dementia communities

Activities	Responsible agency	Period of implementation	Indicator	Target
1. To Develop guideline on establishment of new Dementia's friendly spaces	ADFM NGO/Privates/ universities/MHLG MWFCF	2024	Training guide adopted by other agencies	To be used in 2024
2. To promote other NGO/Private to set up more Dementia's friendly spaces in communities	NGO/Private MWFCF	2023	Number of NGO/Private run dementia's friendly spaces in communities	At least by 2024 one new center establish
3. Create Dementia day-care and activities centres for dementia patient	Government/ Private/NGO MWFCF	2025	Number of dementia day-care/ activities centre	1 dementia day-care/ activities centre per state (in 5 years)

### Strategy 5:

#### Portal on Dementia

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Provide information on directory/ information related to Dementia	NGO, Private SDM, MWFCF MWFCF MOH	2024	Establishment of the portal	<ol style="list-style-type: none"> <li>1. The portal includes information on the services available and updated yearly.</li> <li>2. All the yearly events as stated in strategy 1-4 updated in the portal</li> <li>3. Helpline to be linked on the frontpage of the portal</li> </ol>



**STRENGTHENING A SUSTAINABLE HEALTHCARE AND SOCIAL SUPPORT SYSTEM FOR DEMENTIA**

**2A: Strengthening a sustainable healthcare and social support system for those at risk of getting dementia (at-risk) and mild dementia (disease state)**

**Strategy 1:**

Early detection of dementia through screening programs

Activities	Responsible agency	Period of implementation	Indicator	Target
1. To promote cognitive screening yearly for: <ul style="list-style-type: none"> <li>a. elderly who at risk (NCD etc)</li> <li>b. elderly in institution</li> <li>c. with memory complains</li> </ul>	MOH-FHDD/ State Health Office/District Health Office/ Hospital	2023-2030 (yearly)	<ul style="list-style-type: none"> <li>a. Percentage of elderly with risk undergone cognitive screening</li> <li>b. Percentage of elderly in institution undergone cognitive screening</li> <li>c. Percentage of patient with memory complaints undergone cognitive screening</li> </ul>	At least 80 % of all category undergone Cognitive Screening yearly

**Strategy 2:**

Strengthened integrated, person-centered care, quality care and management that integrates multi-disciplinary approaches for Person With Dementia (PWD) and caregivers

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Health clinics with Family Medicine Specialist (FMS) must have basic MDT (doctor/ paramedic/ Occupational Therapy (OT)/ Physiotherapy (PT)) to manage mild stage of person with dementia (minimum team): <ul style="list-style-type: none"> <li>a. availability of dementia medication</li> <li>b. application of dementia education module</li> </ul>	MOH-FHDD/ State Health Office/District Health Office	2023-2025	Number of clinics with FMS in each state must have basic MDT	At least one clinic with FMS in each state must have basic MDT
		2026-2030	Number of clinics with FMS in each district must have basic MDT	At least one clinic with FMS in each district must have basic MDT

Activities	Responsible agency	Period of implementation	Indicator	Target
2. Health clinics with <b>FMS and at least two (2) OT</b> able to provide cognitive stimulation therapy for mild dementia	MOH- FHDD/ State Health Office/ District Health Office/Allied Health Division	2023-2025	Number of clinics with FMS and OT in each state provide cognitive stimulation therapy	At least one clinic with FMS and OT in each state provide cognitive stimulation therapy
		2026-2030	Number of clinics with FMS and OT in each district provide cognitive stimulation therapy	At least one clinic with FMS and OT in each district provide cognitive stimulation therapy
3. Health clinics with FMS with basic MDT manage PWD with mild Behavioral and Psychological Symptom in Dementia (BPSD) ( <i>tier-3</i> )  <i>reference: seven-tiered Aus-ralian model of management of BPSD</i>	MOH- FHDD/ State Health Office/ District Health Office	2023-2025	Number of clinics with <b>FMS specialize in community geriatric/ mental health/ AOI</b> managing PWD with mild BPSD	All clinics with FMS specialize in community geriatric/ mental health/ AOI managing PWD with mild BPSD
		2026-2030		All clinics with FMS managing PWD with mild BPSD
4. Stakeholder's meeting involving -primary care -secondary care -other agencies if required (eg: SWD, JKM, SOCSO, NGOs, MHLG, KPKT)	MOH- FHDD/State Health Office/ District Health Office/MPD/SWD	2024-2030	Number of meetings	At least 2 meetings / year /state/District

### Strategy 3:

#### Strengthen training programs for healthcare professionals to increase knowledge and skills

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Regular Continuous Medical Education (CME) on dementia	MOH/MMA	2023-2030	Number of CME on dementia per district	At least one CME on Dementia once a year per district with involvement for GP
2. Training base on Clinical Practice Guideline (CPG) on Management of Dementia (third edition 2021)	MOH/MPHA/MPCN	2023-2030	Number of training activities per state	At least one training activity a year per state
3. To review and revise CPG on Management of Dementia (third edition 2021)	MOH-MHTAS	2026-2028	Frequency of updating CPG management of Dementia	CPG management of Dementia updates every 5 years (Latest update 2021)
4. To review and revise module on "Manual on Management of Dementia in Primary Health Care 2007"	MOH-FHDD	2024-2025	Review the module	Revise draft by 2025  At least once every 10 years
5. To train multidisciplinary Health Care Provider (HCP) using "Manual on Management of Dementia in Primary Health Care"	MOH/MMA/MPCN	2025-2030	Numbers of training and HCP per year	Minimum one of each discipline/ HCP for each state every year
6. To train health care worker for using the psychoeducation module	MOH/FHDD/MDD	2025-2030	Numbers of training per year	Minimum one training per year for each state.
7. To establish standardized dementia training module	MOH ADFM	2023-2030	Number of caregivers trained on Dementia Care Skills Training module	At least one training for each state / year
8. Training of multidomain interventions for MDT team	MOH, MOHE/AHD/ FHDD/MDD	2024-2030	Number of TOT for MDT for each state	One TOT / year
9. Training of Cognitive Stimulation Therapy (CST) for OT	MOH (AHD/ FHDD/MDD), MOHE	2024-2030	Number of Training of Trainer's (ToT) for OT for each state	One TOT for each state/ year
		2024-2030	Number of TOT for OT for each district	One TOT for each district/ year

Activities	Responsible agency	Period of implementation	Indicator	Target
10. To develop the module of management dysphagia and train healthcare worker to conduct the module among dementia patient	MOH-AHD/FHD-D/MDD	2024	Provide the module of management of dysphagia among dementia patient	One comprehensive module of management of dysphagia among dementia patient available
		2025	Number of TOT for health staff/ NGO/ caregivers trained by SLT for each state	One TOT (with SLT) for each state
		2026	Number of Eco-Training for health staff/ NGO/ caregivers trained by SLT within each state	One Eco-Training within each state

#### Strategy 4:

#### Develop and improve diagnostic and management capability in primary care and hospitals

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Increase accessibility of dementia medications in primary health care formulary	MOH – FHDD/ Pharmaceutical Division	2023-2030	Numbers of health clinic with FMS trained in geriatric care have access to dementia medications	At least 2 health clinics with FMS trained in geriatric care have access to dementia medication per year
	MOH – FHDD/ Pharmaceutical Division	2023-2030	Budget applied and allocated for medications for dementia in primary health care every year	To apply allocation for dementia medications in primary care at least once a year
2. Increase accessibility of dementia medications in hospitals	MOH – MDD/ Pharmaceutical Division	2023-2030	Budget applied and allocated for medications for dementia in hospitals every year	To apply allocation for dementia medications in hospitals at least once a year

Activities	Responsible agency	Period of implementation	Indicator	Target
3. Increase and strengthen integrated geriatric clinic inclusive of memory services in <b>primary care</b> with basic MDT a. Biochemical blood test, imaging accessibility (CT scans) b. Psychosocial rehab: eg: CST, behavioural modification strategies, ADL/ iADL training	MOH/FHDD/MDD	2025-2026	Number of integrated geriatric clinic with FMS specialize in community geriatric/ mental health/ AOI	At least one every state with FMS specializes in community geriatric/ mental health/ AOI
		2026-2030	Number of integrated geriatric clinic with FMS	At least one every district with FMS
4. Increase and strengthen memory clinic in <b>secondary care (major hospital)</b> a. Diagnostic: biochemical blood test, imaging (CT scans) b. Psychosocial rehab: eg: CST, behavioural modification strategies, ADL/ iADL training	MOH-MDD	2023-2030	Number of memory clinics in secondary care hospital	At least one in every district

### Strategy 5:

Support for caregiver/ care partner (to provide resources, educations, services, training for caregiver to reduce financial, social and mental burden)

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Provide and strengthened training program on Dementia to caregivers (can use ADFM Dementia Care Training Module)	MOH NGO Private	2023	Number of trainings on dementia to caregivers	At least one training conducted nationally
		2024-2025		At least one training conducted each state
		2026-2030		At least one training conducted each district

Activities	Responsible agency	Period of implementation	Indicator	Target
2. To deliver psychoeducation training for caregivers (module: Dementia Psychoeducation Care)	MOH, FHDD, MDD	2023-2030	Number of psychoeducation training session for caregiver in primary care	At least one formal session a year per district in primary care
			Number of psychoeducation training session for caregiver in hospital	At least four formal session a year
3. Provide and strengthened training on dementia to volunteers/NGO/ Home Help Program	MOH MWFC NGO Private agencies	2024	Number of trainings on dementia to volunteers/ NGO/Home Help Program	At least one training conducted nationally for volunteers/NGO/Home Help Program
		2024	Guideline for PWD management for private home healthcare services	Guideline for PWD management for private home healthcare services by 2026
4. To increase collaboration of NGOs, Home Help Program, local authorities and government agencies for volunteering programmed to promote dementia awareness and educations.	NGOs, MOH, SWD	2023-2030	Number of training session	At least one training conducted a year per state
5. To provide mental telehealth support for caregivers	MOH-NCOEMH/ NCD	2023-2030	Percentage of calls received related to mental health issues being intervene	100% call intervened
6. Facilitate financial assistant referral to reduce financial burden of PWD and their caregivers detected via clinic follow up	SOCISO, SWD, MOH (AHD)	2023-2030	Percentage of financial assistant referral to reduce financial burden of PWD and their caregivers detected via clinic follow up	At least 80% of financial assistant referral to reduce financial burden of PWD and their caregivers detected via clinic follow up

## 2B: Strengthening a sustainable health-care and social support system for moderate to severe dementia

### Strategy 1:

Provide person-centered, holistic, expert and multidisciplinary consultation for timely comprehensive assessment, diagnosis and management of the person with dementia (PWD) and cognitive impairment

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Strengthen/ establish Memory Clinics in hospital with geriatric unit as person-centered and holistic multidisciplinary approach.	MOH-MDD MOE/ private	2023-2025	1. Percentage of geriatric units with a memory clinic 2. Percentage of memory clinics with core MDT* 3. Percentage of cluster/ visiting hospital by geriatrician with memory clinic	1. 100% geriatric units must have a memory clinic 2. 70% memory clinics with core MDT 3. 50% of cluster/visiting hospital by geriatrician with memory clinic
2. To equip primary care team with knowledge and skillsets for management of PWD in the community via MDT	FHDD	2023-2025	Number of HCP trained per state per year	3 HCPs trained for 10 sessions in nearby Memory Clinic per state per year
3. To improve continuity of care for PWDs across primary and tertiary care through Seamless Geriatric Care (SGC) a. Development of guideline and modules on SGC To train HCP on Seamless Geriatric Care - across the primary-hospital care continuum	MOH-FHDD/MDD	2023 2024-2030	Develop a draft document Numbers of HCP trained Numbers of training done per year	3 HCPs trained for 10 sessions in nearby Memory Clinic per state per year Guideline and module developed and/or endorsed by 2023 At least 3 HCP (multidisciplinary) trained on SGC per year At least 1 training done per year
4. To establish memory service in primary health care	MOH/FHDD	2028-2030	Number of memory service established in primary care each year per state	At least 1 memory service established in primary care each year per state

Activities	Responsible agency	Period of implementation	Indicator	Target
5. Advance care planning (ACP) for PWDs	MOH/MOE	2023-2025 2025-2030	Develop ACP document  Number of percentages PWDs with ACP in-place (formally documented)	1 (one) complete ACP  80% of patients attending Memory Clinic

\* Multidisciplinary team (MDT) core team: Geriatrician/Geriatric, Psychiatrist, Nurse, Physiotherapist, Occupational Therapist & Pharmacist

\* Ideal MDT : Geriatrician/Geriatric, Psychiatrist, Nurse, Physiotherapist, Occupational Therapist & Pharmacist, Dietitian, medical social worker, Counselor & Speech therapist

### Strategy 2:

Optimize care and ensure quality of life of persons with dementia and their caregiver by providing comprehensive care, support and education

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Improvement skills and knowledge for PWDs caregivers	MOH/EPU/MOF/MOE/NOSS/NGOs/ local councils /private sectors	2023-2030	To develop standard training module	1 document/module
a. To review, standardize and certify the training module	MOH/MOE/MWFCD	2023-2025	Number of trainings for trainers (ToT)	Minimum 1 course conducted per year per state
b. Provide training for trainers	MOH/MOE/ Agency/NGO/ local councils	2025-2030	Number of centers providing training per state	At least 1 per state
c. Provide training to PWDs caregivers				

### Strategy 3:

#### Support caregivers for person with dementia (PWD) in the community

Activities	Responsible agency	Period of implementation	Indicator	Target
<p>1. Develop and strengthen protection of caregiver for PWDs in term of Legislation, Policy &amp; Social Protection</p> <p>For PWDs: Review payment/ compensation scheme to persons diagnosed with dementia eg: EPF early withdrawal, SOCSO, PERKESO, insurance companies, etc</p> <p>For Caregivers to PWDs: Employers and labor laws will need to adapt to increasing numbers of employees with an informal care-giving role.</p>	<p>MWFCD MOF SOCSCO Ministry of Human Resource</p>	2025-2030	<p>Availability of Renumeration scheme</p> <p>Incorporate into elderly Bill (Rang Undang-Undang Warga Emas)</p>	<p>Available by 2025</p> <p>Available by 2025</p>

### Strategy 4:

#### Empowering self-care to person with Dementia and Caregivers

Activities	Responsible agency	Period of implementation	Indicator	Target
<p>1. Empowering PWDs and care-givers towards the well-being of healthy eating through nutrition advocacy based on National Dietary Guideline for Older Person (NDGOP)</p>	<p>MOH - Nutrition Division</p>	2024-2030	<p>Number of educational materials on NDG OP produced</p>	<p>At least 2 educational materials developed yearly</p>

THRUST

3

RESEARCH, INNOVATION AND INFORMATION SHARING

Strategy 1:

Create an independent apex body / organization to coordinate R&D in dementia and pool funds (resources) for dementia research

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Setting national dementia research priorities	DRIM	2024-2025	Set and disseminate priorities	Q2 2025
2. Identify centres to develop specific areas of dementia research	DRIM	2025	Nomination of centres of expertise	Q3 2025 (link to Strategies 5)

Strategy 2:

Develop research data repository and data linkage to clinical data registry

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Establishment of dementia data repository (working group)	MIMOS MOH / NIH MOHE MWFC	2023-2025	Phases of establishment of the repository  Registration and usage- number of datasets deposited/ shared/ accessed	Open call for working group members in Q 3 2024.  Establish the framework and guide-lines for the repository in Q1 2025  Official launch in Q4 2025  10 deposited annually Average of at least 5 access request per data sets
2. Establish dementia image bank	MIMOS MOH /NIH MOHE	2024-2030	No of images stored in the dementia image bank	Establish image bank by Q1 2025  At least 300 relevant images access and banked each year

### Strategy 3:

#### To enhance research capacity at all levels

Activities	Responsible agency	Period of implementation	Indicator	Target
1. Conduct training / work-shop / seminars / conferences/	MOHE	2023-2030	<ul style="list-style-type: none"> <li>• Number of training / workshop / seminars</li> <li>• Participant at workshop-dementia/ non-dementia researchers</li> <li>• Training sessions on interpersonal skills for dementia research and collaboration (soft skills/ transferable skills/ people's skills)</li> </ul>	Training / workshop / seminars - 4 per year conferences - once / 2 years online courses - 1 per year participants - at least 100 new non-dementia researchers. 1 training session on interpersonal skills per year
2. Virtual forum for postgraduates	MOHE	2024-2030	<ul style="list-style-type: none"> <li>• Official launch of the forum by Q2 2024.</li> <li>• Number members in forum</li> </ul>	Establish image bank by Q1 2025 <ul style="list-style-type: none"> <li>• At least 300 relevant images access and banked each year</li> </ul>
3. Exchange programme (local and international)	MOH, MOHE	2023-2030	<ul style="list-style-type: none"> <li>• Number of exchange programs</li> <li>• Number of students involved</li> </ul>	<ul style="list-style-type: none"> <li>• Two exchange programmes</li> <li>• Five student exchanges</li> </ul>
4. Increase post graduate students / post-doctoral researchers	MOHE		Number of postgraduates	10 post graduates (Master / PhD and Post-Doc)
5. Increase number of appointments of dementia researchers	MOHE		Ongoing appointment	2 Professors level, 4 Associate Professors, 10 lecturers.

### Strategy 4:

Strengthen multidisciplinary, cross border (regional ASEAN, global) collaboration

Activities	Responsible agency	Period of implementation	Indicator	Target
<ul style="list-style-type: none"> <li>Stakeholder engagement</li> <li>Capacity building for data management and ethical aspect of data sharing (link with dementia registry)</li> <li>Mapping and harmonization data</li> <li>Assessment tools for dementia diagnosis developed and incorporated into existing and emerging open access digital platforms</li> </ul>	MOHE MOH MOSTE	2023-2030	<ul style="list-style-type: none"> <li>Number of stakeholders engaged</li> <li>Number of capacity building workshop</li> <li>Number of centers/ research teams accessing the platform for dementia research</li> </ul>	<ul style="list-style-type: none"> <li>1 stakeholder engagement annually.</li> <li>1 capacity building workshop annually</li> <li>Develop and mapping the data by Q1 2025 with ongoing update (annually)</li> </ul> <p>At least three centers/ research teams accessing the platform for dementia research</p>

### Strategy 5:

Improve clinical trials in dementia (imaging, biomarkers, assessments) and monitoring to enhance multicenter clinical trials (pharmacological and nonpharmacological)

Activities	Responsible agency	Period of implementation	Indicator	Target
<ul style="list-style-type: none"> <li>Facilitate trials through standardised toolkits for design and conduct of dementia trials (recruitment, assessments etc)</li> </ul>	MOH MOHE MOSTE NPRA	2023-2030	<ul style="list-style-type: none"> <li>Number of trials in dementia initiated in a year</li> <li>No. of new trials initiated or conducted for treatment of diseases such as diabetes mellitus, hypertension, stroke and coronary artery disease that include cognitive assessment as a secondary outcome</li> </ul>	<ul style="list-style-type: none"> <li>5 ongoing studies per year on cognition/ dementia as primary outcome</li> <li>At least 5 studies with cognition as secondary outcome</li> <li>At least 5 centers involved in dementia trials (per year.)</li> <li>Phase 1- Design, recruitment Toolkit by Q1 2025</li> <li>Phase 2-Outcome and assessment by Q2 2025</li> <li>Phase 3- Analysis toolkit by Q3 2025</li> </ul>



**Strategy 1:**

To monitor implementation of Dementia Action Plan

Activities	Responsible agency	Period of implementation	Indicator	Target
1. To monitor the providers of dementia services in the community and hospitals/healthcare facilities	MOH, MOE/ private hospitals, private GPs, agencies, rehabilitatives centres, daycare, municipal council, nursing homes	2024-2030	<p>Numbers of patients referred for dementia services in healthcare facilities/service providers</p> <p>Training and capacity building in the following</p> <ul style="list-style-type: none"> <li>• Numbers of Family Medicine Specialists trained in Geriatric care</li> <li>• Numbers of Allied Healthcare Professionals (PT/OT/SLP/ Dietician/ Pharmacist/ Nurses) are trained in Geriatric care</li> <li>• Numbers of caregiver trainers (eg ADFM Train the Trainers)</li> </ul>	<p>To have a Dementia One Stop Centre in every state by 2030</p> <p>To achieve 50% of all indicators stated by 2028</p>

Activities	Responsible agency	Period of implementation	Indicator	Target
<p>2. To monitor the effectiveness of Dementia Action Plan activities in the community</p>	<p>Propose a National Dementia Taskforce (stakeholders include MOH/ MWFC/ Private institutions/ Ministry of Multimedia and Communication/ IPTA/IPTS/NGOs)</p>	<p>2023 - 2026</p>	<p>1. Dementia Taskforce formed.</p> <p>2. The taskforce will monitor and evaluate the following indicators: <i>Numbers of Prevention activities, Awareness talks and campaigns, Community rehabilitation programmes, Caregiver training, Community support services for PWD and caregivers. i.e Community support services in all PAWEs/ NGO/private daycares in each state.</i></p>	<p>1. Forming a National level Dementia Taskforce by 2024.</p> <p>2. All states should form a Dementia Taskforce by 2026.</p>

## Strategy 2:

### To Monitor the Development of Dementia- inclusive environment

Activities	Responsible agency	Period of implementation	Indicator	Target
1. To evaluate new or existing dementia inclusive environment using the WHO toolkit for dementia inclusive society focusing on social, holistic and physical environment	Municipal council & MOH & MWFC & public and private agencies/NGOs/ industry partners	2024-2030	<p>Primary indicators include:</p> <ol style="list-style-type: none"> <li>1. Numbers of NGO providing support and services for Persons with dementia and care-givers in the community</li> <li>2. The number of training capacity building activities/ action for general population and specific target groups e.g frontliners/ first responders/ healthcare workers and public services</li> <li>3. Number of awareness raising campaigns in communities</li> <li>4. The number of Dementia friendly businesses and services</li> </ol>	Each state to have at least 2 primary indicators achieved in the national and state level by 2034.

Activities	Responsible agency	Period of implementation	Indicator	Target
2. To monitor the effectiveness of Dementia Action Plan activities in the community	Propose a National Dementia Taskforce (stakeholders include MOH/ MWFC/ Private institutions/Ministry of Multimedia and Communication/ IPTA/IPTS/NGOs)	2023- 2026	1. Dementia Taskforce formed.  2. The taskforce will monitor and evaluate the following indicators: <i>Numbers of Prevention activities,</i> Awareness talks and campaigns, Community rehabilitation programmes, Caregiver training, Community support services for PWD and caregivers. i.e Community support services in all PAWEs/ NGO/private daycares in each state.	1. Forming a National level Dementia Taskforce by 2024.  2. All states should form a Dementia Taskforce by 2026.

## CONCLUSION

Moving forward in management of Person With Dementia (PWD's) requires strategies that are mainly aimed at promoting and protecting PWD's. These are grouped into the following key focus areas:

- 1 Making health services more accessible and appropriate for PWD's through the empowerment of community older person's health screening programmes such as KOSPEN. This should be followed by a referral system that gives priority based on their health issues.
- 2 Improving coordination and collaboration of services by working together and looking outside the health system, forming partnerships involving both governmental and non-governmental agencies. Examples of potential collaborative partnerships are: Dementia friendly space initiative, partnerships with the media to raise awareness on dementia, etc.
- 3 Conducting research and accumulating information to evaluate the effectiveness of all interventions targeting older person's morbidity and mortality causes. Such causes may include risk-taking behaviours, smoking, sedentary lifestyle and mental illness.
- 4 Building capacity by conducting structured training to all healthcare professionals, including clinicians, health promotion workers and primary healthcare workers so that they are fully competent in engaging older person and PWD's health needs. Patient-centred team-based approaches can also be implemented through the management of health services.

In summary, the way forward in older person's health including PWD's and their carers requires multiple agencies and the community working together in partnership, thus a whole of society and government approach is vital. For these partnerships to be successful, PWD's must be involved as end users throughout the entire process of developing and delivering PWD's health services.

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