FWD-TAKAFUL RESEARCH PROJECT

DEVELOPING A PALLIATIVE CARE TAKAFUL PACKAGE ATTRACTING MALAYSIAN TARGET MARKET

FINAL REPORT

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EXECUTIVE SUMMARY

The number of Malaysians seeking palliative care is estimated at 56,000 annually. Although Palliative Care has been established more than 20 years, the level of knowledge and awareness among Malaysian is still low. As stated in WHO definition, palliative care is applicable early in the course of an illness and may be combined with other life-long treatment. It estimated that 56,000 patients will need palliative care each year and it indicate that 80% of the public are not aware or may confused of the word palliative care.

Hence, it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial, or spiritual, irrespective of whether the disease or condition can be cured, and palliative care is an ethical responsibility of health systems. The Health Assembly also asserted that the integration of palliative care into public health care systems is essential for the achievement of the Sustainable Development Goal and that this integration is especially important at the primary care level.

At present, 90% out of 2,000 referrals received by Hospice Malaysia are cancer patients (Hospice Malaysia, 2019). Looking from this current situation in Malaysia, there seems to be a huge market for palliative care that has yet to be captured. As such, the purpose of this study is as follows:

1. Determine the need for palliative care among adult patients.
2. Determine the importance of individuals' knowledge and awareness on purchasing palliative care takaful packages.
3. Conduct a comprehensive market analysis for palliative care in Malaysia.
4. Propose a comprehensive market strategy for palliative care for FWD Takaful Berhad.
5. Propose the terms and conditions that are appropriate for palliative care for the introduction of new takaful packages.

The research hence proposes two packages to be forwarded to FWD Takaful after looking into the target market segmentation and potential market that can be explored further.

1.0 INTRODUCTION

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Palliative care improves the quality of life of patients and their families facing the problem associated with life-threatening illnesses, through the prevention and relief of suffering (WHO, 2002). In early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Palliative care provided relief from pain and other distressing symptoms, affirms life, and regards dying as a normal process, intends neither to hasten or postpone death, integrates the psychological and spiritual aspects of patient care. In addition, palliative care offers a support system to help patients live as actively as possible until death and family cope during the patient's illness and in their own bereavement, uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated, will enhance quality of life, and may also positively influence the course of illness. Palliative care is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

According to the World Health Organization (WHO), palliative care refers to any treatment aimed at improving the quality of life of people with severe illness. Quality of life is broad term used in both natural sciences and social sciences. From the health perspective, quality of life refers to the social, emotional, and physical well-being of patient after care, reflecting the concept of health of World Health Organization (WHO). Nordenfelt (2017) described the quality of life as an appraisal of the individual's own life condition, equating it with the enjoyment of life. Based on statistics from WHO, palliative care is required for a wide range of diseases. Most adults in need of palliative care have chronic diseases such as cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%), and diabetes (4.6%). Many other conditions may require palliative care, including

kidney failure, chronic liver disease, multiple sclerosis, Parkinson's disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies, and drug-resistant tuberculosis.

The goal of palliative care is to improve quality of life, where palliative care specialist treats people living with few diseases and chronic illnesses. Based on WHO's Statistics and Lancet Commission Group, there are 20 Serious Health-Related Sufferings (SHS) that are most often associated with Palliative Care Needs. The types of illness or diseases were HIV, Malignant neoplasm (Cancer), Leukaemia, Tuberculosis (TB), Dementia, Inflammatory Central Nervous System (CNS), Degenerative CNS Diseases, Cerebrovascular Disease (e.g., Stroke), Non-Ischemic Heart Diseases, Chronic Ischemic Heart Diseases, Lung Diseases, Liver Diseases, Renal Diseases, Musculoskeletal Disorders, Injury, Atherosclerosis, Haemorrhagic Fevers, Malnutrition, Congenital Malformation and Birth Trauma. These illnesses, with their projection to the year 2060, as highlighted by Sleeman et al. (2019) are tabulated in Table 1.

Table 1: Health Conditions with Needs for Palliative Care

ILLNESS/DISEASES (SHS)	ESTIMATED PROPORTION REQUIRING PALLIATIVE CARE
HIV	100%
MALIGNANT NEOPLASM (CANCER) EXCEPT LEUKAEMIA	90%
LEUKAEMIA	90%
TUBERCULOSIS	Drug-resistant Tuberculosis 100% Others 90%
DEMENTIA	80%
INFLAMMATORY CENTRAL NERVOUS SYSTEM (CNS) INFECTION	Syphilis 70% Measles 50% Tetanus 100% Meningitis 30% Encephalitis 30% Trypanosomiasis 100% Rabies 90%
DEGENERATIVE CNS DISEASES	Parkinson's Disease 65% Epilepsy 50% Multiple Sclerosis 100% Other Neurological Conditions 65%
CEREBROVASCULAR DISEASES (STROKE)	65%
NON-ISCHAEMIC HEART DISEASES	Rheumatic Heart Disease 65% Hypertensive Heart Disease 70% Cardiomyopathy, Myocarditis & Endocarditis 40%
CHRONIC ISCHAEMIC HEART DISEASES	5%
LUNG DISEASES	COPD 80% Other Respiratory Diseases except Asthma 50%

LIVER DISEASES	Cirrhosis of the Liver 95% Other Digestive Disease 30% Echistosomiasis 70%
RENAL FAILURE	45%
MUSCULOSKELETAL DISORDERS	70%
INJURY	30%
ATHEROSCLEROSIS	35%
HAEMORRHAGIC FEVERS	5%
MALNUTRITION	10%
CONGENITAL MALFORMATION	60%
BIRTH TRAUMA, LOW BIRTH WEIGHT, PREMATURITY	Preterm Birth Complications 75% Birth Asphyxia & Birth Trauma 40%

Trajectory periods of the illnesses or course of illness' look at time of diagnosis to the time of death. It is also time-related decline of functional status as death approaches for some people the time from diagnosis to death is very short. For others, symptoms will slowly become worse over months, even years. Therefore, they are three typical trajectories for patients with progressive chronic illness which is trajectory 1 (short period of evident decline, typically cancer and usually within 6 months), trajectory 2 (long term limitations with intermittent serious episodes; organ failure such as heart failure and chronic disease usually between 2 to 5 years) and trajectory 3 (prolonged period of functional decline; old age having dementia or generalized frailty usually 6 to 8 years) (Murray et al., 2005). The three trajectories are illustrated in Table 2 and Figure 1.

Table 2: Trajectories for Patients with Progressive Chronic Illness

TRAJECTORY 1	TRAJECTORY 2	TRAJECTORY 3
Short period of evident decline, typically cancer	Long term limitations with intermittent serious episodes	Prolonged period of functional decline
Usually within 6 months	Organ failures such as heart failure and chronic lung disease (usually 2-5 years)	Old age having dementia or generalised frailty (usually 6-8 years)

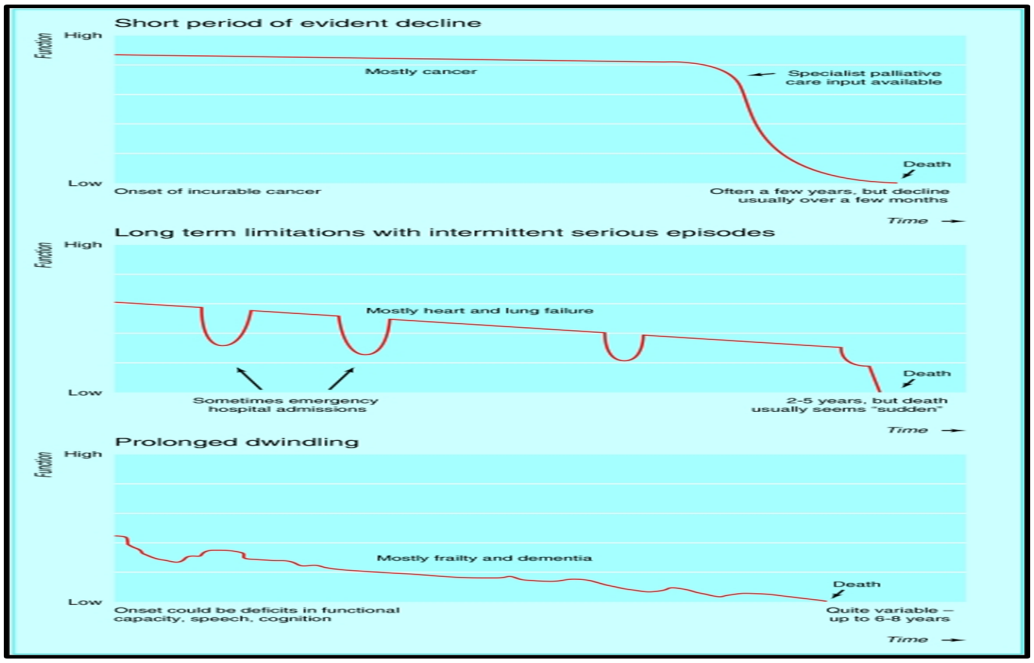

Figure 1: Illness Trajectories and Palliative Care (Murray et al., 2005)

Recent studies showed that palliative care patients were suffering depression, loss of appetite, sleeping disorders and anxiety due to limited movement and activities. Many people decided to commit suicide or taking their own life as a result from this trauma. Therefore, palliative care is crucial for those people in need, the specialist will assist the patient gain the strength to carry on with daily life. In other words, palliative care will improve patient's quality of life. Services that included in the specialist care are included home care, assisted living, adult day-care, respite care, hospice care, nursing home, Alzheimer's facilities, and home modification to accommodate disabilities.

They are three main components of palliative care services, which are in-patient palliative care and consultative palliative care (hospital-based); out-patient palliative care (hospital-based); as well as community palliative care (community-based). The criteria for admission to the palliative care unit included patients known to the palliative care service presenting with acute deterioration of symptoms or condition requiring stabilization, who are dying and the family request for terminal care in hospital, require respite care due to social issues, who are in acute psychosocial crisis and require a safe place to work out issues and patients seen by consultative teams and felt appropriate for transfer to the palliative care unit after approval of specialist in charge.

In addition to hospital-based care, there is also community palliative care services which includes hospice (Non-Government Organizations or NGOs); general practitioners (doctor consultation and medications pertaining to palliative care, wound dressing or palliative care procedures); government health clinics with resident family specialist; homecare service or domiciliary care from government or private hospitals; homecare service from private agencies (NGOs); daycare services; short-term stays at skilled nursing facility; as well as nursing homes (in-house care).

1.1 PALLIATIVE CARE IN MALAYSIA

When contrasted to other medical subspecialties in Malaysia, palliative care is still considered a new area. In Malaysia, a palliative care unit was founded in the mid-1990s, but it was not recognized as a subspecialty of medicine until 2005 by the Ministry of Health (MOH). In 1995, the Queen Elizabeth Hospital in Sabah became the first palliative care facility.

Palliative care started in Malaysia in a very subtle way and gradually evolved over the last decade, as in many developing countries around the word (Lim, 2003). The idea of this form of treatment developed in the minds of a few pioneers since the advent of palliative care in late 1991, who dared to take up the challenge of providing care and symptom relief for patient who in pain and dying from terminal disease. Sekhar et al. (2016) estimated that 56,000 patients need palliative care yearly, and this number arises in coming years as the population ages. By 2010, a strategic plan for palliative care was introduced to create specialized units in all public state hospitals.

In contrast to countries such as the United Kingdom, Australia, Ireland and Singapore, general practitioners (GP) in Malaysia are not involved in delivering palliative care. Surveys with patients and families has found that the day-to-day model of palliative care delivery is in huge deficiency to ensure a well-delivered community palliative care services in Malaysia. Currently, there are only 21 trained palliative care specialists in Malaysia and five specialized palliatives care units. NGOs such as Hospice Malaysia and the Malaysian Cancer Society are currently the driving forces behind community-based palliative care in the country.

1.2 DEMAND FOR PALLIATIVE CARE IN MALAYSIA

A recent finding was found to expect an increment of demand for palliative policy, where the Institute of Health Metrics and Evaluation (2020) had listed the top 10 causes of

total number of deaths in Malaysia for the year 2019 and its percentage change from 2009 until 2019 with all ages combined. Based on Figure 2, deaths caused by lower respiratory infection including communicable, maternal, neonatal, and nutritional diseases has escalated from being the third major cause to become the second major cause of death in 10 years difference. A similar situation was found with colorectal cancer, which has seen to have jumped from the 10th place in 2009 to the eighth place in 2019. Therefore, chances for people to be infected with infectious yet dangerous illness is high at this point.

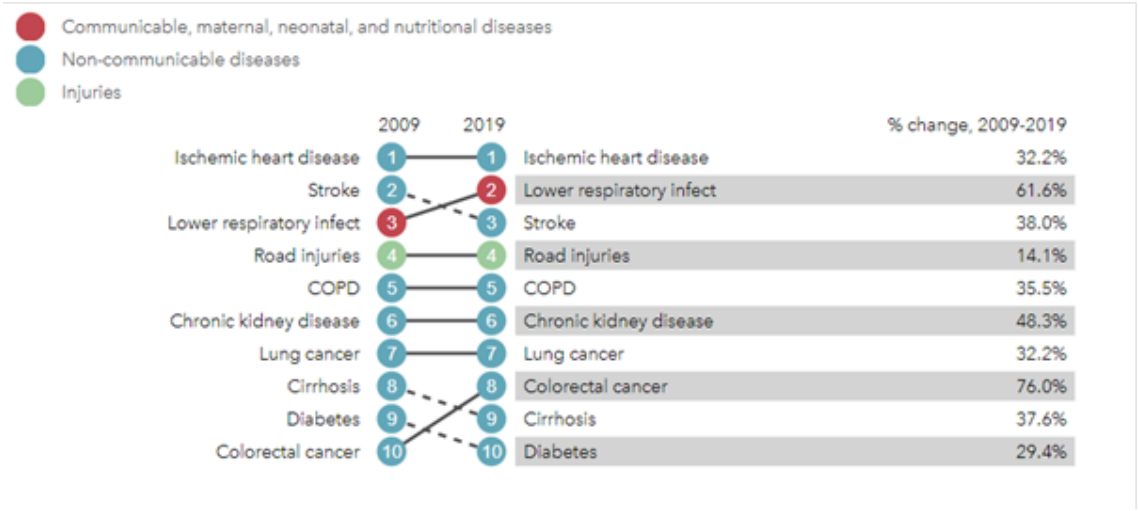

Figure 2: Diseases Associated with Palliative Care (Institute of Health Metrics and Evaluation, 2020)

The Ministry of Health intended to set up palliative care centres for hospitals offering in-patient and out-patient care, as well as community care, consultative care, and day care services. These programs should be able to incorporate palliative care effectively and holistically into the Malaysian healthcare. In 2015, from 99 government hospital established in Malaysia, there is only 29 government hospitals equipped with palliative care units, being assisted by three palliative care professionals in each hospital. At the end of their lives, four out of ten Malaysians are expected to require palliative care. Furthermore, 60% of these people are afflicted with non-cancerous diseases, which includes cardiovascular disorders, chronic obstructive pulmonary disease (COPD), HIV/AIDS, diabetes mellitus, kidney diseases, liver cirrhosis, Parkinson's disease, and Alzheimer's disease.

In support to Figure 2, Hospice Malaysia currently receives over 2,000 referrals a year. 90% of these are cancer patients and only 10% are patients with other non-cancer diagnosis. Evidence has shown that these non-malignant chronic illnesses have significant

symptom burden and will therefore benefit from palliative care. Thus, there is a need to provide provision and assistance to these patients to alleviate their sufferings and improve their quality of life.

Malaysia is expected to have a need for 60 palliative care specialists to cater for the occurrences of these diseases. This corresponds to a ratio of one expert per 500,000 people, based on Malaysia's estimated population of 30 million. The optimal condition should be achieved if there is one expert to cater for 200,000 citizens. However, Malaysia only has 17 specialists now, according to 2015 statistics. 10 of them are still in school (Hospis Malaysia, 2016; Tang, 2019).

1.3 KNOWLEDGE GAP

As can be seen in Figure 3, United States, England, Canada, Australia are countries that have published the highest numbers of publications on palliative care. It shows these mentioned countries are working on this area more than other countries. This result on the other side, also shows most of the countries that are working on palliative care are developed countries. Based on Figure 3, the first developing country that has more academic work compare with other developing countries are India and Singapore, respectively. These results create the opportunity for more academics works, as well as these results open room for practical works on palliative care in developing countries such as Malaysia. According to this result, we suggest companies that are stated at health care provider industry, insurance industry, and takaful industry to have more attention to palliative care.

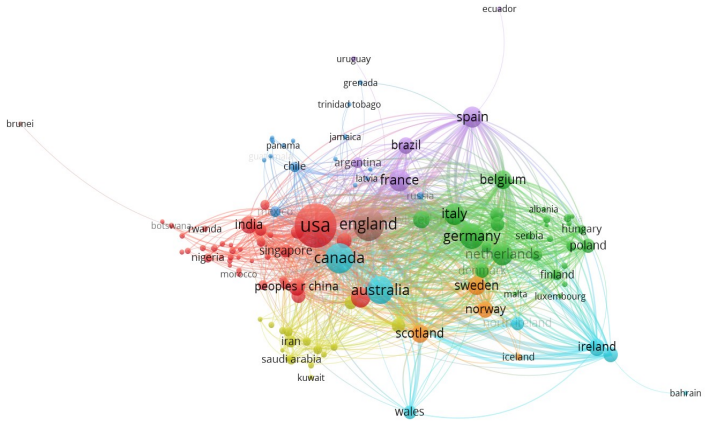

Figure 3: Bibliometric Analysis of Countries that have the Highest Number of Research on Palliative Care

Figure 4 shows bibliometric analysis on the keywords that are allied by published academic work on palliative care. As can be seen in Figure 4, palliative care, cancer, end, death, quality of life, management and hospice are keywords that have applied more than 2,000 times by published academic works that have worked on palliative care. Palliative care as a keyword is applied more than 20,000 times by academic works. The keyword of cancer is applied more than 5000 times by academic works. These two results indicate that most of the work on this area might be on the effect of palliative care on cancer patients' quality of life. This result creates an important signal, that may be palliative care for cancer patients is more considerable compare with other kind s of disease. These results create the opportunity for more academics works, as well as these results open room for practical works on palliative care for cancer patients.

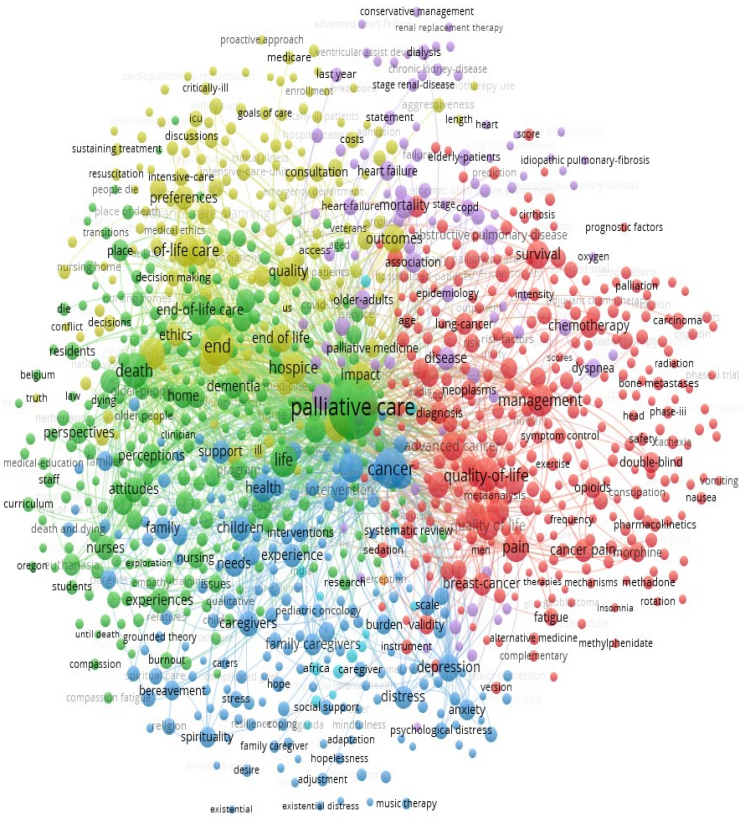

Figure 4: Bibliometric Analysis of Keywords that Have Been Used in Academic Works with Reference to Palliative Care

Table 3 shows a summary of Figure 4. This table also shows all keywords that were applied less than others by published academic works. Cognition, childhood, home palliative

care, and last 6 months are some of them, as reported in Table 3. This result creates an important signal that palliative care has been majorly being explored for cancer patients.

Table 3: Bibliometric Analysis of Keywords that Have Been Applied by Academic Works on Palliative Care

Keyword	Occurrences	Keyword	Occurrences
Palliative Care	20424	Cognition	28
Cancer	5150	Childhood	30
End	4856	Home Palliative Care	30
Death	3016	Prolonged Grief	30
Quality-Of-Life	2808	Racial Disparities	30
Life	2496	Last 6 Months	31
Management	2328	Self	31
Of-Life Care	2286	Referral Practices	32
Hospice	2136	Emotions	33
Communication	2111	Existential	33
Care	1934	Hong Kong	33
Pain	1858	Inpatient Palliative Care	33
Cancer-Patients	1854	Music-Therapy	33
End-Of-Life Care	1772	Physician-Patient Communication	33
Quality	1738	Physician-Patient Relations	33
Health	1536	Posttraumatic Stress	33
Outcomes	1514	Psychiatric Disorders	33

1.4 PALLIATIVE CARE: NEEDS ANALYSIS

To determine the need for palliative care among adult patients, a cross-sectional survey was conducted among patients in selected palliative care centres. Initially cluster sampling was performed involving 100 palliative care centres and 12 centres were chosen for the survey. Unfortunately, because of Covid-19 restrictions and reluctance of centres to participate in the survey due to safety concerns, convenient sampling was finally conducted among 69 patients at three palliative care centres which are funded by private NGOs. The inclusion criteria include patients who were currently receiving palliative care at the centres and aged 18 and above. Patients who had ongoing Covid-19 infection or too ill to participate were excluded from answering this questionnaire. Questionnaires used in the study included a questionnaire on sociodemographic data and patients' perspective on takaful and insurance coverage for palliative care; as well as a short version of Patients Needs in Palliative Care (PNPC) questionnaire developed by Osse et al. (2007). PNPC is a validated questionnaire, which comprises of 33 questions covering eight quality of live aspects affecting palliative care patients which include daily activities, physical symptoms, autonomy, social issues, psychological issues, spiritual issues, financial problems, and the need of information.

Meanwhile, to compliment the findings of the questionnaire, structured interviews were conducted by phone calls and direct conversations whenever feasible despite the restrictions of Covid-19 Standard Operating Procedures (SOPs) involving six specialists and experienced personnel in palliative care. They include a hospital-based palliative care physician; a community palliative care physician; an internal medicine specialist with experience in palliative care; a surgeon who is experienced in palliative care and hospice; a doctor in-charge of a palliative care centre; as well as an NGO representative who is actively involved in palliative care work. Each interview lasted approximately 30 minutes to 1 hour each.

1.4.1 TYPES OF ILLNESS REQUIRING PALLIATIVE CARE

Patients who had participated in the questionnaire were found to have a variety of illnesses, with 40% of them suffering from cardiovascular illness and a whole range of other chronic illnesses central nervous system (CNS) illnesses, malignant neoplasms (cancer), and diabetes mellitus. All these illnesses are severe enough to require palliative care, as illustrated in Figure 5. This echoed the findings of Sleeman et al. (2019), as reflected in Table 1.

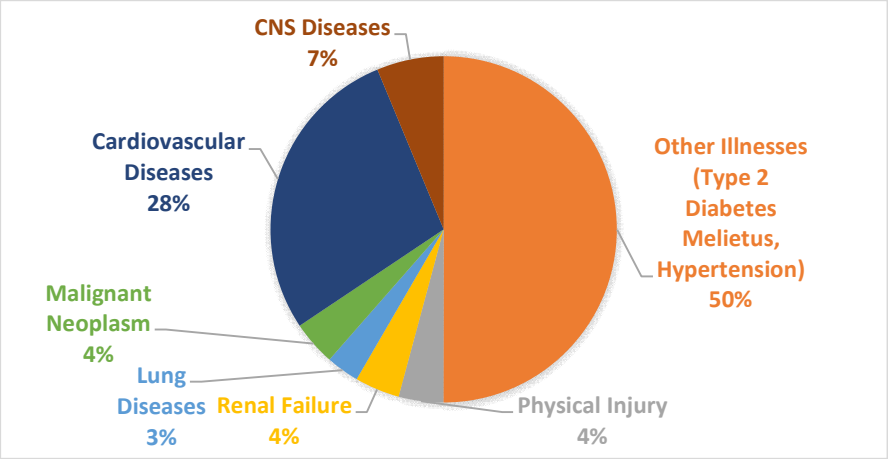

Figure 5: Types of Illnesses Suffered by Respondents

Further, findings from interview session with experts has also shown an importance of specifying the type of illness to be covered under palliative care. For purposes of takaful package, these illnesses and patients' eligibility for the coverage should be certified by a panel of medical specialists as highlighted in Table 4.

Table 4: Life-Threatening Illnesses and Who Should Certify the Need for Palliative Care

No.	Illnesses	Medical Specialists
1	Advanced Cancer	Specialists in the field of the cancer or Oncologist
2	Advanced Chronic Lung Disease	Chest/Respiratory physician
3	Advanced Heart Disease	Cardiologist/Cardiothoracic Surgeon
4	End Stage Renal Failure	Nephrologist
5	Advanced Chronic Liver Disease	Gastroenterologist/Hepatologist or Hepatobiliary Surgeon
6	Advanced Neurological Disease	Neurologist/Neurosurgeon
7	Advanced Dementia	Psychiatrist/Neurologist/Geriatrician
8	Advanced HIV/AIDS (Not due to intravenous drug abuser or sexually transmitted)	Infectious disease physician
9	Advanced Musculoskeletal Disorder	Orthopedic Surgeon/Rheumatologist/ Neurologist
10	Injury With Serious Health Suffering	Specialists taking care of the patient

1.4.2 PALLIATIVE CARE PROBLEMS AND NEEDS

For analysis, the items of PNPC were recoded only into "yes" or "no". This simplifies interpretation and enables prediction of factors requiring palliative care using binomial logistic regression. Prevalence of palliative care problems and perceived needs was measured using PNPC, as reflected in Table 5. While the patients reported having the same problems which cover all domains of PNPC apart from a few items under the physical symptom's domain, they generally did not see items under social issues domain as requiring much attention.

Table 5: Prevalence of Palliative Care Problems and Needs as Perceived by Respondents

PNPC (33 Items)	Problems	Needs
	Yes[a]	Yes[b]
Daily Activity		
Body care, washing, dressing, or toilet	65 (94.2)	64 (92.8)
Personal transportation	60 (87.0)	57 (82.6)
Doing light housework	65 (94.2)	65 (94.2)
Physical Symptoms		
Pain	60 (87.0)	56 (81.2)
Fatigue	58 (84.1)	51 (73.9)
Sleeping problems	43 (62.3)	40 (58.0)
Shortness of breath	32 (46.4)	27(39.1)
Cough	22 (31.9)	16 (23.2)
Itch	47 (68.1)	44 (63.8)
Sexual dysfunction	20 (29.0)	12 (17.4)
Prickling or numb sensation	53 (76.8)	47 (68.1)
(Nightly) Sweating or hot flushes	25 (36.2)	20 (29.0)

PNPC (33 Items)	Problems	Needs
	Yes[a]	Yes[b]
Autonomy		
Difficulties in continuing the usual activities	67 (97.1)	66 (95.7)
Difficulty to give tasks out of hands	64 (92.8)	62 (89.9)
Being dependent of others	64 (92.8)	64 (92.8)
Experiencing loss of control over one's life	62 (89.9)	62 (89.9)
Social Issues		
Problems in the relationship with life companion	47 (68.1)	23 (33.3)
Difficulties in talking about the disease with life companion	49 (71.0)	22 (31.9)
Finding it difficult to talk about the disease	55 (79.7)	18 (26.1)
Finding others not receptive to talking about the disease	53 (76.8)	23 (33.3)
Difficulties in finding someone to talk to (confidant)	52 (75.4)	19 (27.5)
Psychological Issues		
Depressed mood	61 (88.4)	59 (85.5)
Fear of physical suffering	60 (87.0)	57 (82.6)
Fear of worsening of condition	51 (73.9)	49 (71.0)
Difficulty coping with the unpredictability of the future	55 (79.7)	51 (73.9)
Difficulties to show emotions	57 (82.6)	54 (78.3)
Spiritual Issues		
Difficulties to be engaged usefully	57 (82.6)	55 (79.7)
Difficulties to be of avail for others	57 (82.6)	55 (79.7)
Difficulties concerning the meaning of death	50 (72.5)	47 (68.1)
Difficulties to accept the disease	53 (76.8)	50 (72.5)
Financial Problems		
Extra expenditures because of the disease	67 (97.1)	67 (97.1)
Loss of income because of the disease	66 (95.7)	66 (95.7)
Need of Information		
Insufficient information	67 (97.1)	67 (97.1)

a: Yes + somewhat

b: Yes + as much as now

The main findings from the PNPC questionnaire are that older patients who are above 60 years old predicted their needs for coverage on some physical symptoms (cough, sexual dysfunction); patients who are female predicts their needs for coverage on social issues; patients from low income group (B40) requires coverage in most domains especially in social, psychological and spiritual needs; patients staying in care-centres predicts the needs for physical and social needs coverage; and patients with presence of physical complications of the primary illness predicts the needs for physical and psychological coverage. Overall, the physical and social needs were predicted to have a need on the widest coverage across all predictive factors.

In coherence to this survey, interview with experts has found that those palliative patients do not need further treatment but more to nursing care as most of the cases involved illness that cannot be cured. Therefore, they opt for the best supportive care. The nursing care activities include bathing, feeding, toileting, medicine consumption and diaper changing. Patients who are at a palliative stage often experience emotional symptoms such as anxiety, loneliness, depression and anger, which are all associated with grief. Hence as suggested by

the respondents, to overcome emotional issues, family can take effort in conducting a family gathering joined by the patient once in a month. For some palliative caregivers, they do offer psychological support by organizing activities such as playing games, one to one conversation and storytelling. However, this kind of emotional support is lacking professional advice which can only be given by experience and senior clinicians.

1.5 MARKET OVERVIEW OF PALLIATIVE CARE

The National Palliative Care Policy and Strategic Plan (2019-2030) was launched on 6th November 2019 after the Malaysian government and specialists in the field of palliative care concluded that more should be done to ensure that all Malaysians get the proper care, they need to ensure health and dignity when faced with a life-limiting illness. Developing a national palliative care strategy would involve a significant amount of time and coordination between the government and other stakeholders, such as hospitals, medical schools, civil society organisations, NGO hospices, private healthcare providers, business bodies, and the general Malaysian public. Home-based care, also known as group palliative care, is an essential part of the country's palliative care programmes. These programmes have mostly been delivered by voluntary nongovernmental organisations (NGOs) over the last 28 years (Hospis Malaysia, 2016; Tang, 2019; You, 2019).

Only 30 non-governmental organisations (NGOs) offer free home care services in Malaysia, including Hospis Malaysia and members of the Malaysian Hospice Council. These systems, on the other hand, are somewhat small and only serve major metropolitan areas. Since funding for further expansion is limited, the government is searching for new opportunities to collaborate and improve these programmes. The Ministry of Health has been running a domiciliary palliative care programme in a variety of states since 2016, including Selangor, Perak, Kedah, and Pulau Pinang. Over the next five years, part of the policy's overall strategy is to expand domiciliary palliative care programmes to include the whole region (Hospis Malaysia, 2016; Hanis, 2017; Vision, 2019).

According to Deputy Health Minister, Dr. Lee Boon Chye, the government is looking to improve home care-based palliative care facilities as part of its attempts to 'uberize' healthcare (The Star, 2019). Programmes relating to palliative care facilities are being extended from only having regular home stay to an offering of home care-based palliative care services through government wellness clinics. Dr. Lee mentioned that the government is expanding its palliative care facilities because it is more cost-effective to have people at

home, rather than in a hospital with end-of-life care. Datin Kathleen Chew, the chairman of Hospis Malaysia, echoed Dr. Lee's statement saying that it is important to recognise that those nearing the end of their lives cared just as much as those in their prime (Hanis, 2017; Medical Development Division Ministry of Health Malaysia, 2010; Vision, 2019).

1.6 PATIENTS' PERSPECTIVE ON THE SCOPE OF TAKAFUL COVERAGE

Patients were asked on their perspective of the scope of coverage should a takaful scheme is developed for palliative care. There was strong agreement between them on all the issues questioned, as highlighted in Table 6. They preferred that the coverage should start immediately upon diagnosis or certification of need for palliative care. The takaful scheme should also cover for bereavement (of patients – upon diagnosis, and family – upon their decease) and there should be flexibility to claim for any palliative care required if it is recommended by the respective physicians.

Majority of them interestingly did not clearly understand the meaning of "palliative care" and had not previously heard of palliative care insurance or takaful. Nevertheless, after being explained about palliative care and the palliative care takaful, majority of them believed that they needed palliative care and would have subscribed to one if they had a chance.

Table 6: Respondents' Perspective on Insurance Coverage for Palliative Care

Items	Yes	No
	n (%)	n (%)
Q1: Coverage for palliative care should start as soon as possible after diagnosis.	68 (98.5)	1 (1.5)
Q2: Coverage for bereavement is included.	48 (69.6)	21 (30.4)
Q3: Can claim insurance as long as required palliative care is recommended from any registered physicians (not limited to physicians in palliative care unit only).	63 (91.3)	6 (8.7)
Q4: Understand the meaning of palliative care.	5 (7.2)	64 (92.8)
Q5: Heard of palliative care insurance.	2 (2.9)	67 (97.1)
Q6: Need palliative care for current health condition.	53 (76.8)	16 (23.2)
Q7: Would like to subscribe insurance that can cover palliative care.	10 (14.5)	59 (85.5)

Furthermore, majority of the respondents thought that the palliative care takaful scheme should cover the whole spectrum of palliative care – from outpatient, care centre and home care services. It should also cover for transportation, physical, social and mental supports, and symptomatic treatments when necessary. This is reflected in Figure 6.

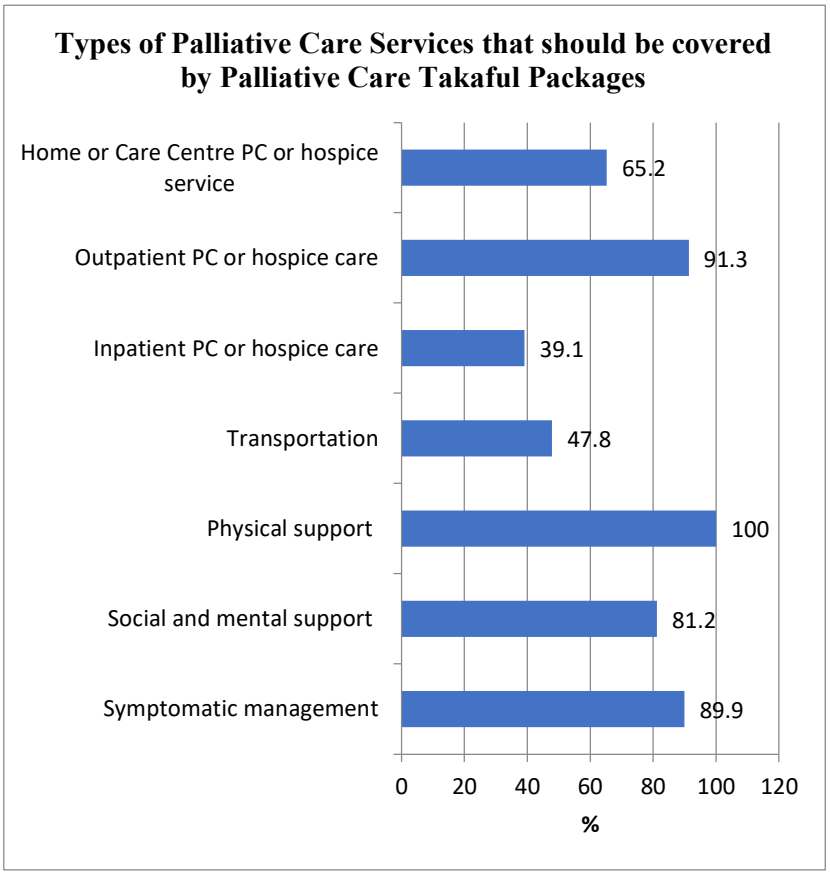

Figure 6: Respondents' Perspective on Takaful Coverage for Palliative Care

Finally, while all the patients interviewed did not have any insurance or takaful coverage for palliative care, the reasons why they have not had such coverage were quite varied, apart from the fact that more than 70% of them thought that such a scheme would have been too expensive and unaffordable. This is reflected in Figure 7.

About 50% of them also had little trust that had they enrolled to such a scheme, it would be hard to claim the takaful benefits or that some of the services that they might require would not be covered.

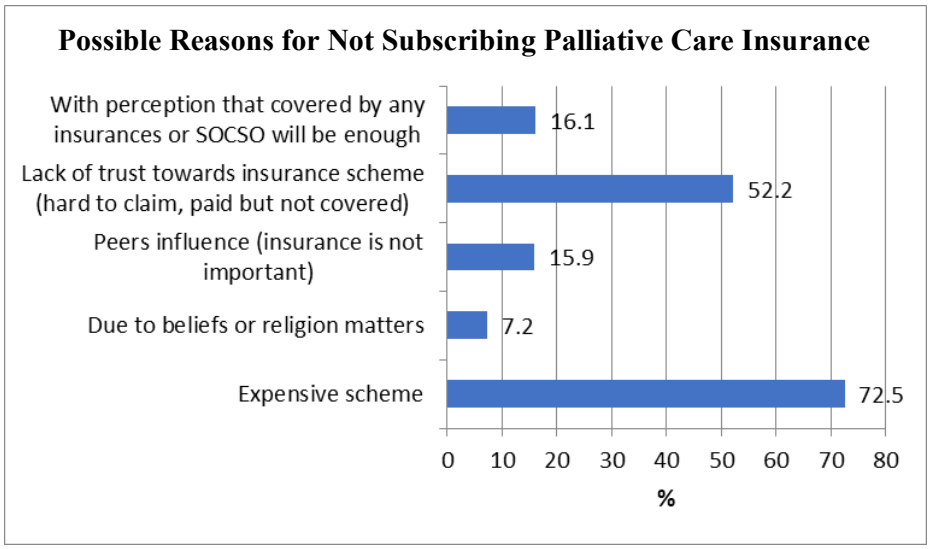

Figure 7: Respondents' Perspective on Insurance Coverage for Palliative Care

1.7 ELIGIBILITY CRITERIA FOR PALLIATIVE CARE

As suggested by the respondent, insurance companies should be able to cover the patient medical expenses, if only the patients are hospitalized. But if the patients are not hospitalised, they will have to commute for hospital treatments. This is not good for the patients' condition and will affect family's financial capacity. Therefore, if the insurance company could provide equipment or treatment and care for the patient at home, it would save a lot of time and money. Now, no specific insurance for such palliative and no insurance cover is provided. For bedridden patients who have family members, they are fortunate if they receive the support of the family members. However, those unfortunate, they would have to result in utilising personal savings to hire private nurse or caretaker. Based on these projected situations, it is recommended that FWD Takaful to explore and to offer home based palliative package as this segment has potential and it is a complete untapped segment in the Malaysian context.

Based on the structured interview conducted on the experts of palliative care, several themes have appeared. These themes are illustrated in Table 7. Generally, they proposed that if a new takaful plan for palliative care should cover both hospital-based as well as community-based care. The community care should include services provided by NGOs or private facilities and these must include provision for home-care services too. And the services should also include pain clinic services because this is essential considering pain management is one of the main components of palliative care.

Table 7: Summary of Structured Interview of Experts/Personnel in Palliative Care

Questions asked during interview	Responses
1. Regarding the types of palliative care services, are there any other services which are available for the patients apart from inpatient and outpatient palliative care?	• Nursing homes for palliative care or hospice patients in the community should be added in the list. • Pain clinic should be included under out-patient visits since many patients end up in pain clinic. • Home-care service by NGOs.
2. Do you agree with the eligibility criteria for palliative care insurance?	• Overall current eligibility criteria for palliative care insurance are suitable.
3. Are there any amendments or improvement that we should make?	• Should not specify the illnesses since certain diseases which need palliative, instead write: Advanced chronic lung disease, Advanced heart disease, etc. • The life-threatening illnesses should be diagnosed by specialists in the field of the diseases.
4. In your opinion, should the insurance/ takaful companies provide financial coverage for palliative care?	• All agreed and supported that insurance/takaful companies should provide coverage for palliative care.
5. From your experience, which palliative care services require or lack financial aid whereby patients would benefit by taking insurance coverage?	• All mentioned that insurance/ takaful should cover all categories: in-patient hospital, out-patient visits, and community palliative care.

The experts agreed on the existing eligibility criteria for palliative care put forward by Hospis Malaysia although all of them prefer if possible that the takaful coverage should not specify the illness but rather focus on the severity of the illness. This criterion is highlighted in Figure 8.

Proposed eligibility criteria for takaful coverage for Palliative Care: *(Must fulfill **ALL** the following criteria)*

- Certification by a palliative care specialist / medical doctor (if no specialist) / specialist taking care of the patient that the patient requires palliative care.
- Diagnosed to have a progressive life-threatening illness with serious health suffering.
- The life-threatening illness should be one of the illnesses listed and the diagnoses are made by the respective specialists.

Proposed eligibility criteria for takaful coverage for Hospice Care:

- Certification by a palliative care specialist or palliative care medical doctor or the specialist taking care of the patient that the patient is terminally ill and have 6 months or less to live.

Figure 8: Eligibility Criteria for Takaful Coverage - Palliative and Hospice Cares

2.0 ANALYSIS ON CUSTOMERS' EXPECTATIONS

It can be said that fewer dying patients in Malaysia use palliative care facilities than most would possibly predict, based on the problems highlighted. An incomplete awareness of palliative care practices, attitude towards caring for the dying and death anxiety were supposed to be explanatory variables.

To determine the importance of individuals' awareness and knowledge on palliative care packages, non-probability sampling was used to select 389 respondents from urban and rural area of Malaysia, for which 249 participants are female, and 140 participants are male. The highest response rate is from 18 years old to 24 years old which is 210 participants (54%). Most identified as Malay (79.7%). Most reported that the respondents had tertiary education (86.9%). Most of the participants work at private sector (50.9%). The highest household income is less than RM4860 (69.2%), followed by RM4860-RM10959 (25.7%) and more than RM10959 (5.1%). 51.7% of the respondents were from urban area and 48.3% were from rural area. Most of the participants are single (61.2%). Most had no family member with chronic disease (68.9%) and had no family member with palliative care (91.8%). It is worthy to mention that one of the inclusive criteria in the first stage of this study was that all respondents must be 18 years old and above to participate in the research survey.

2.1 HEALTH SEEKING BEHAVIOUR

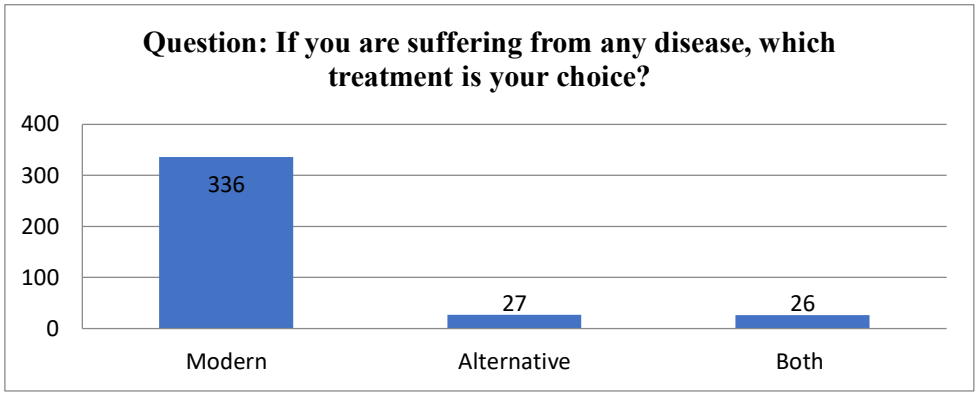

Figure 9: Respondents' Preferred Treatment of Choice

Based on the result in Figure 9, most respondents would prefer modern treatment (86.4%), while 6.9% would prefer alternative treatment, and another 6.7% would prefer both treatments.

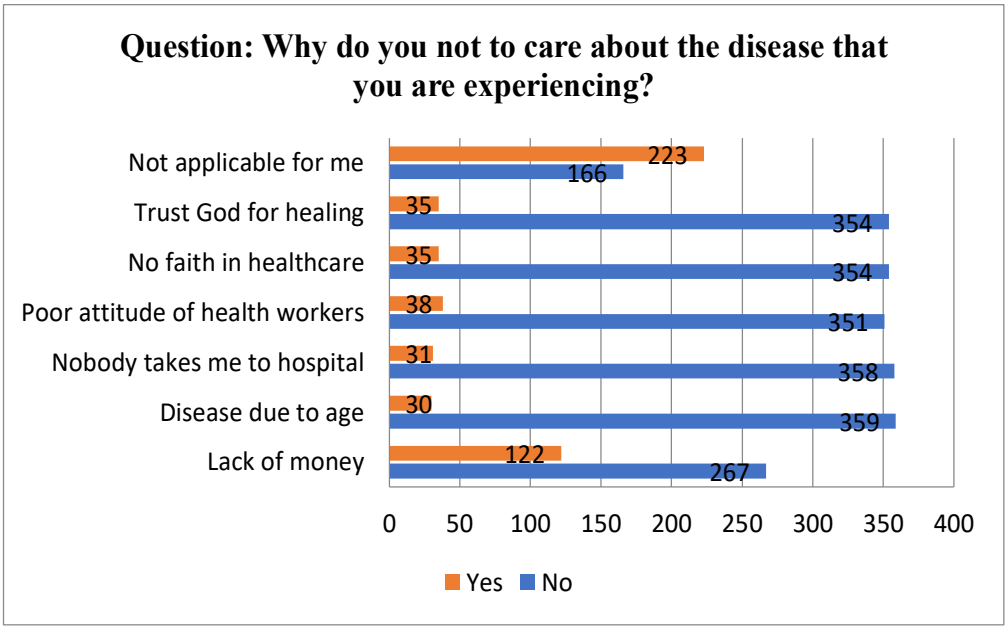

Figure 10: Reason for Participants Not to Care about the Disease that They Experience

Based on the result in Figure 10, 31.4% of the overall respondents do not care about the disease due to the lack of money, 92.3% stated that they do not care about the disease due to age, 8.0% stated that there is nobody to take them to hospital. Meanwhile, 9.8% of the respondents indicated that poor attitude of health workers had also contributed to the reason why they refuse to care about their disease. Conversely, 91% of respondents mentioned that they have no faith in health care and trust God for healing.

In addition, the assumption by the public that nobody will accompany them to the hospital when they are sick is directly associated with the level of knowledge for palliative care. Lack of money is associated with level of awareness, while the assumption by the public that nobody will accompany them to the hospital when they are sick is associated with the level of expectation towards palliative care.

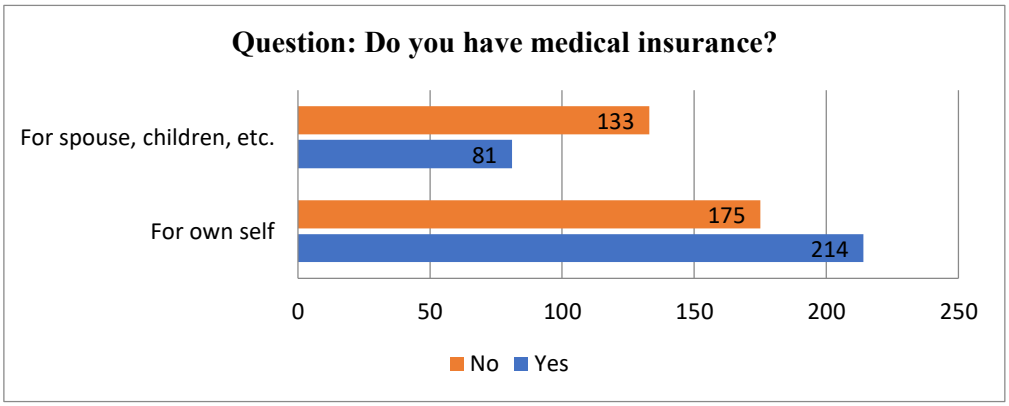

Figure 11: Ownership of Medical Insurance

Based on the result in Figure 11, half of the respondents had purchased insurance for themselves and some of them (34.2%) are even paying medical insurance for their family members. The situation where respondents have medical insurance and are also subscribing to insurance for families are directly associated with level of knowledge. In addition, respondents' ownership on insurance showed association with level of awareness.

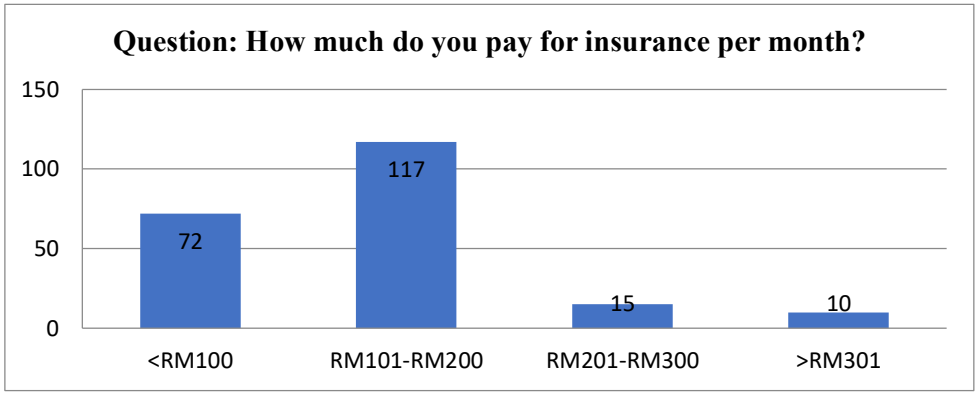

Figure 12: Fees for Medical Insurance per Month

Based on the result in Figure 12, 18.5% of respondents paid less than RM100 for medical insurances, 30.1% paid from RM101 to RM200, 3.9% paid from RM201 to RM300, while a remaining 2.6% paid more than RM300.

2.2 ANALYSIS ON QUALITY OF LIFE AND FUTURE EXPECTATION OF LIFE

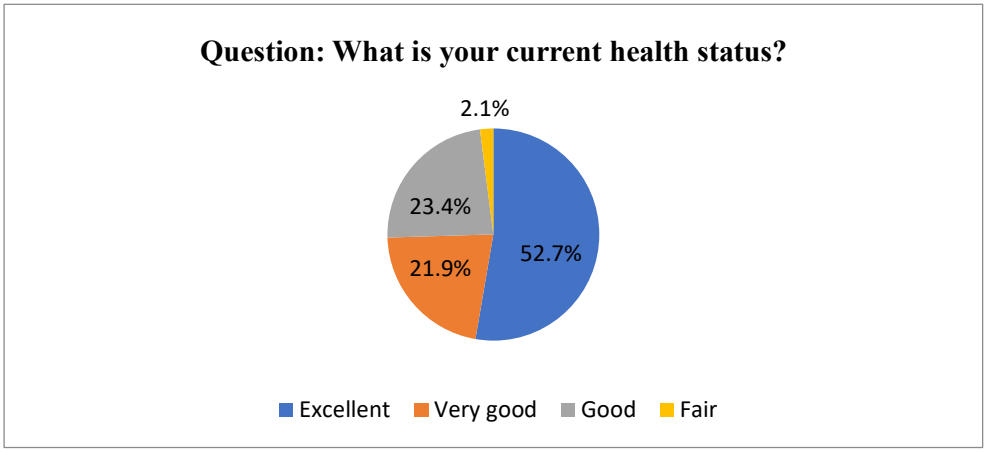

Figure 13: Health Status of Respondents

Figure 13 shows the health status of the respondents who had participated in this study. Half of the respondents indicated they had excellent health status (52.7%). Only 2.1% indicated that they had fair health status. Remaining respondents of 23.4% had good health status and while 21.9% had very good health status.

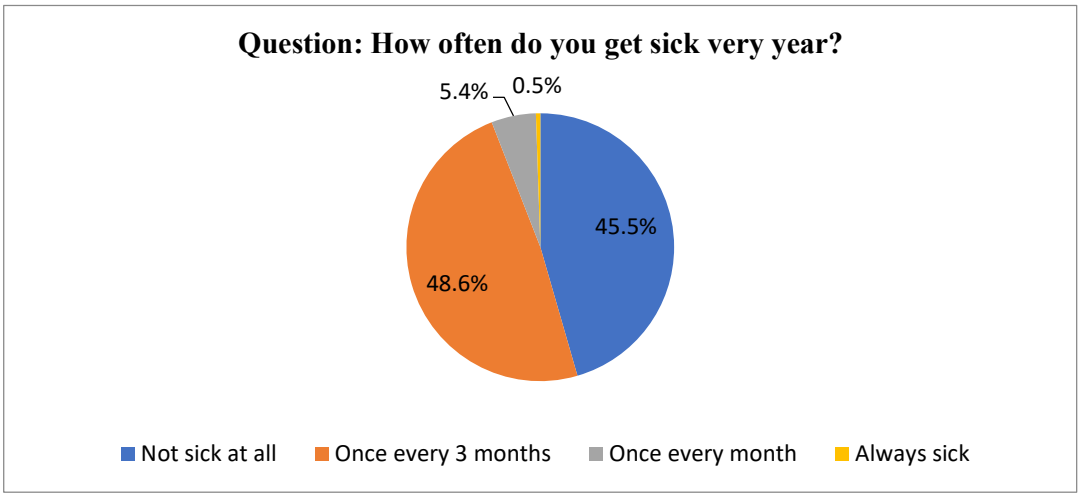

Figure 14: Average Occurrence of Illness per Year among Respondents

From Figure 14, 48.6% of the respondents indicated that they often get illness, which ranges at least once every 3 months, followed by those that are not sick at all (45.5%), once every month (5.4%) and always sick (0.5%).

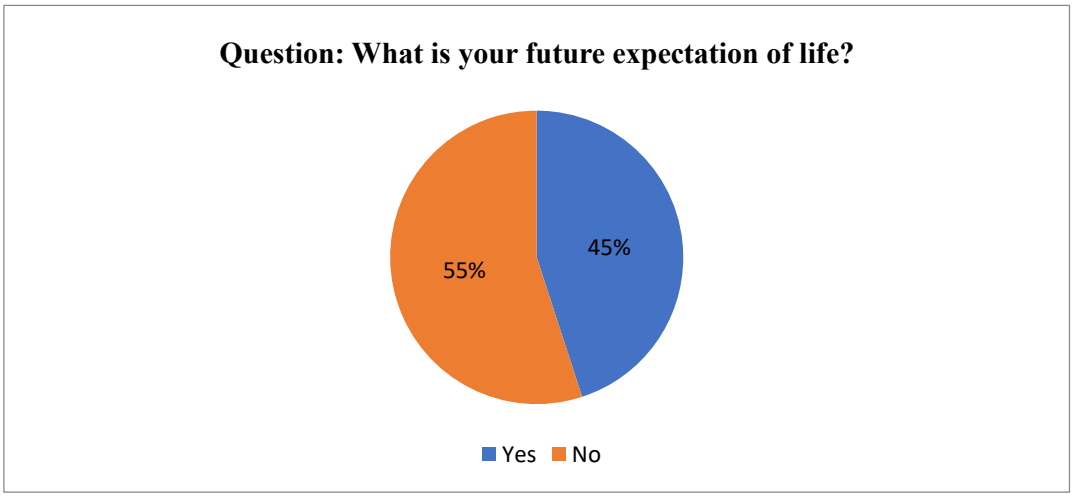

Figure 15: Thoughts on Future Expectation of Life

The result in Figure 15 showed that half of the respondents had thought about their future expectation of life (55%), while the remaining 45% had no thoughts about their end of life.

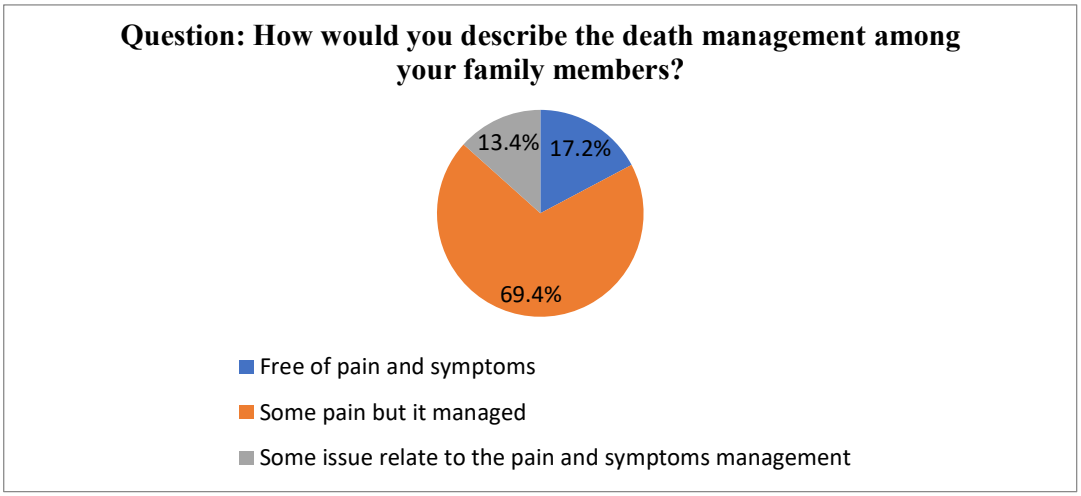

Figure 16: Description of Death Management Experience for Family Members who Passed Away

From Figure 16, result showed that half of the respondents (69.4%) had experienced some pain as they lose their loved ones in the past, but it was managed well, 17.2% was free of pain and symptoms, while the remaining 13.4% had issues relating to the pain and symptoms management.

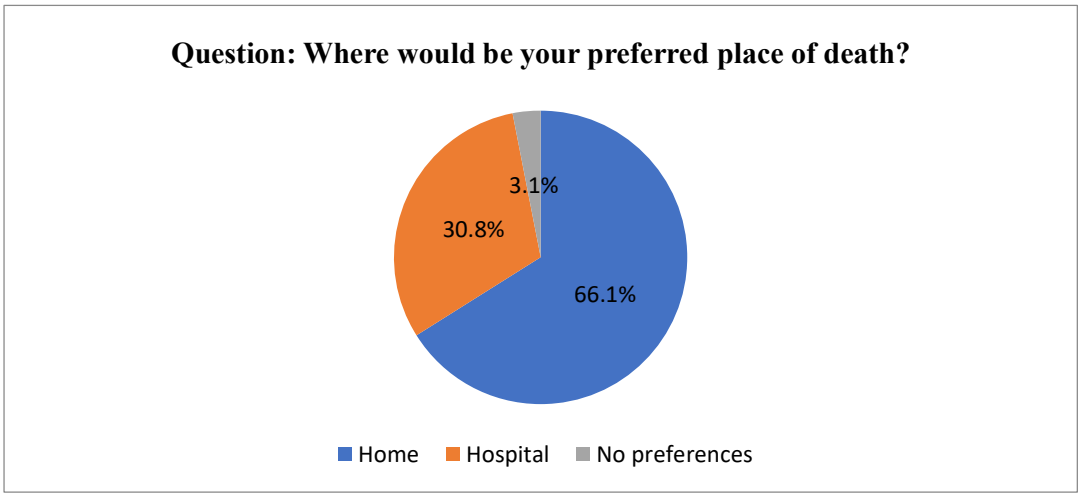

Figure 17: Respondents' Preferred Place of Death

Results in Figure 17 showed that more than half of the participants (66.1%) preferred to die at home, while 30.8% preferred for the incident to happen at hospitals and the remaining 3.1% had no preferences.

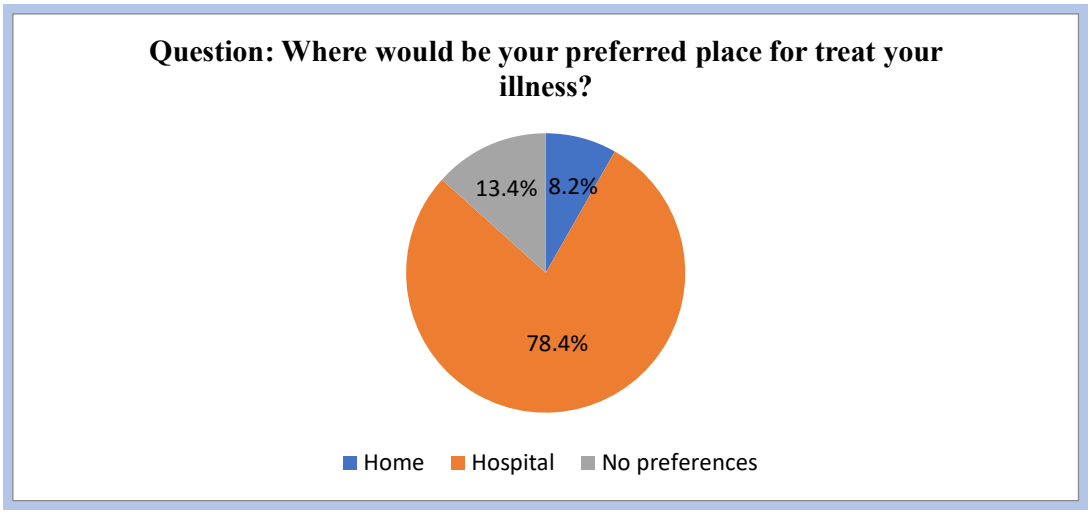

Figure 18: Respondents' Preferred Place for Treatment

The result in Figure 18 showed that 78.4% of respondents preferred their illness to be managed at hospitals, while 8.2% preferred to receive treatment at home and the remaining 13.4% had no preferences.

Looking at these results, it is worth mentioning that factors such as family history and number of sickness per year tend to show an association towards level of knowledge among the public. Occurrences of sickness per year and preferred place of death are also associated with level of knowledge. In addition, an individual's health status shows direct association

with their preferred place of death. It is hence becoming important to increase of level of knowledge to make sure they are aware about palliative care. Social media is the best platform to disseminate information to reach, nurture, and engage with target audience, regardless of where their location is at. Social media should be able to help for better generation of brand awareness, leads, sales, and revenue.

2.3 CUSTOMER ACCEPTANCE ANALYSIS

The purpose of undertaking customer analysis as part of a business plan is to examine the consumers most likely to purchase your product or service in-depth. By understanding what motivates them to make a purchase, brands can build their business around providing solutions to those needs. The population of this study is among the community in Klang Valley as one of the most developed and progressive areas. Findings from the respondents in this area may plausibly be considered as representative for the whole Malaysia. In addition, as reported by the Department of Statistics Malaysia (2020), Klang Valley is one the main contributors to the Gross Domestic Product (GDP) growth in 2020.

This population represents the attributes of buying power for this takaful package. This survey was conducted to see how customers would accept and respond towards the idea of proposing takaful packages for home-based palliative care and how likely they would purchase these products.

The survey instruments were constructed based on interviews carried out at as few hospitals, among nursing care managers, doctors, and nurses. The centres that participated in the interviews include City Heart Care: Johor Bahru Nursing Home, Hospice Melaka, Hospice Pahang, Nursing Centre Miri, Hospice Penang, Perak Palliative Care and Sahana Old Folks' Home. The gaps identified from the interviews were then translated into the set of survey questions on customer acceptance towards palliative care takaful product.

The survey consists of two parts: Part A (demographic profile) and Part B (customer analysis). As a rule of thumb to select sample for population by most social science researchers, Roscoe (1975) suggested that the appropriate sample size should greater than 30 and less than 500. According to Hair et al. (2018), 100 observations are sufficient and meaningful. Moreover, according to Sekaran (2003), 50 observations are sufficient for exploratory research. This research is an exploratory research in the Malaysian context; hence

208 respondents is deemed to be more than enough to be meaningful for the researchers to interpret results.

2.3.1 PART A: DEMOGRAPHICS

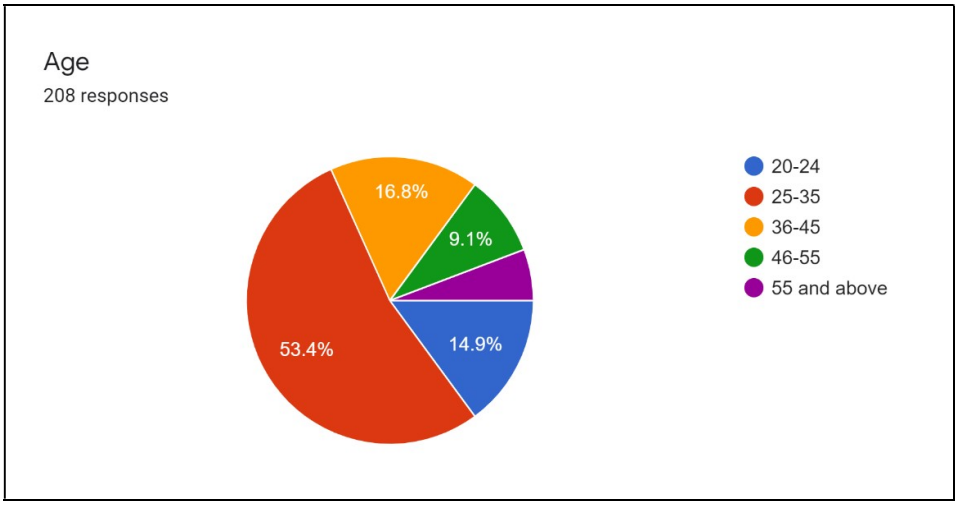

Figure 19: Age of Respondents

This study involved 208 respondents. Based on the statistic's demographic variable, 53.4% of the respondents that participated in this study were in the age group of 25-35 years old, 16.8% were in the age group of 36-45 years old, while the fewer respondents were in the age of above 55 years old (5.8%). Most of the respondents who were interested to participate in the survey were in the age range of 25-35 years old. The age range of 25-35 years old shows that this age category is the productive age of people with good financial support and career. They are at the most productive age in starting individual careers. This would be the right target market to subscribe palliative care takaful package.

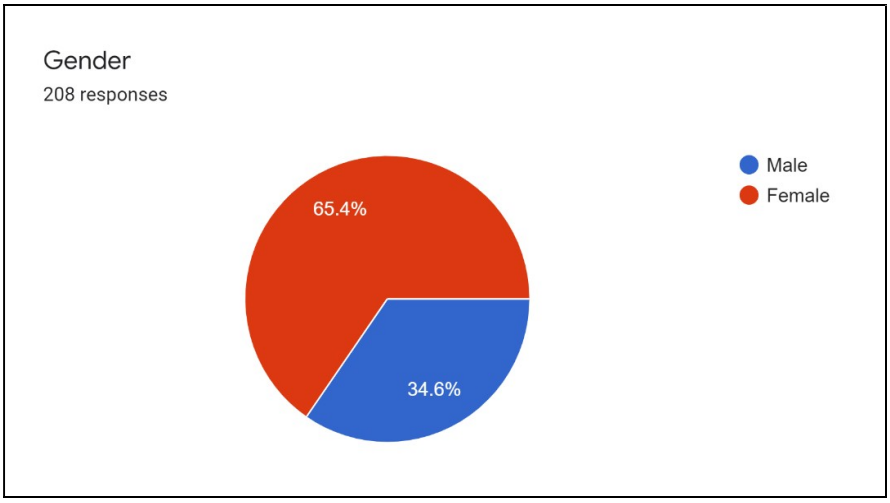

Figure 20: Gender of Respondents

65.4% of the survey is answered by the male respondents and 34.6% by the female respondents.

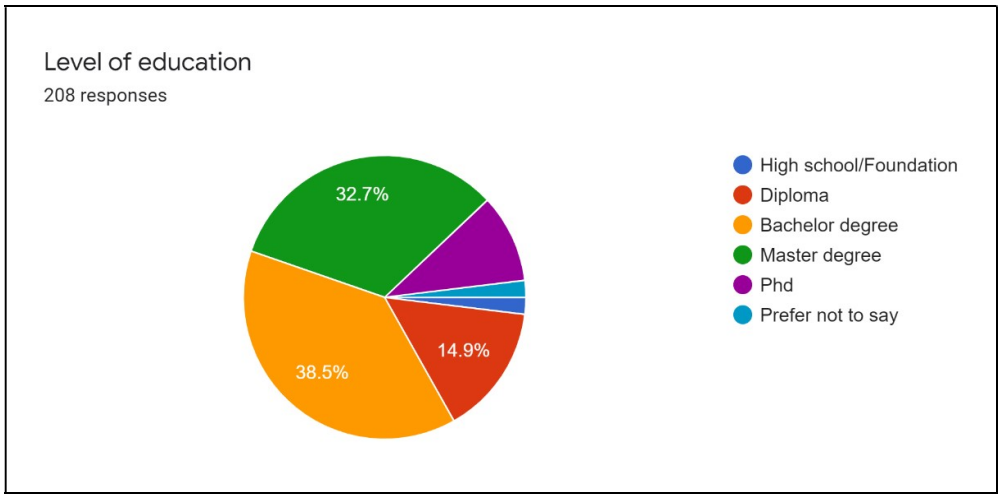

Figure 21: Level of Education

For the level of education, 38.5% of the respondents has Bachelor's degree, 32.7% has Master's degree and 10% has Doctoral degree.

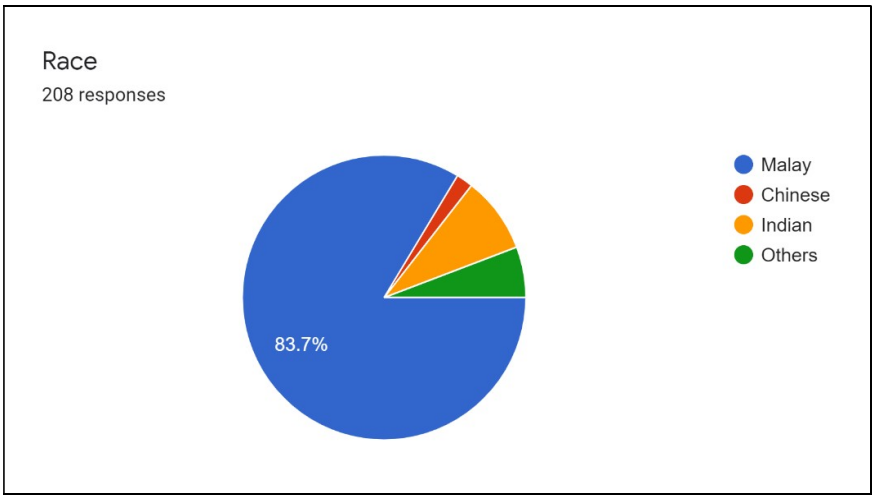

Figure 22: Race

In term of race, the survey is dominated by Malay respondents with 83.7%, followed by Chinese 7.1%, Indian 6.1% and Others 0.3%.

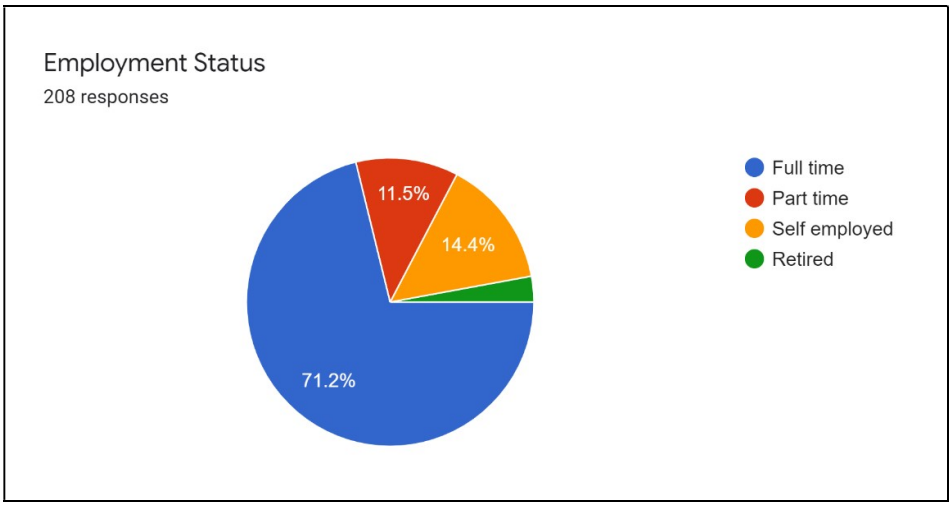

Figure 23: Employment Status

For the employment status, it can be concluded that majority of the respondents are a full-time worker with 71.2% and followed by self-employed workers with 14.4%.

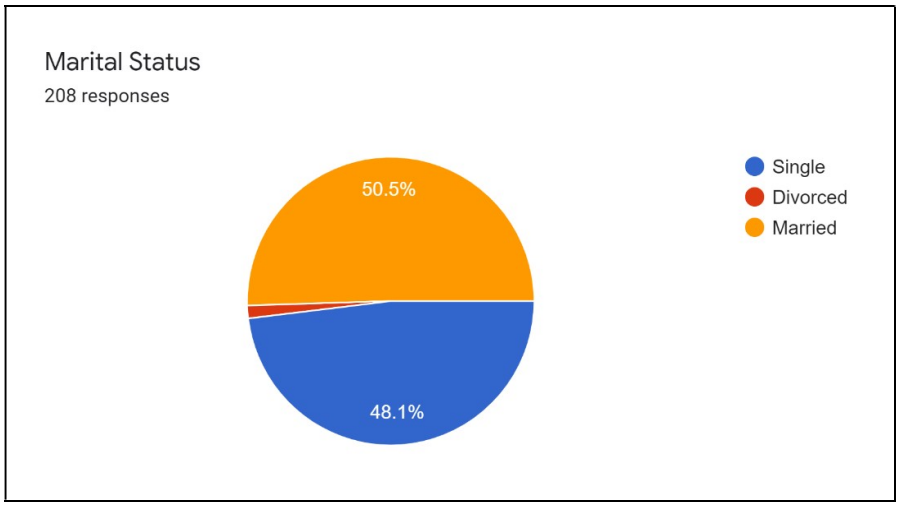

Figure 24: Marital Status

For the marital status, 50.55% of the respondents are single while 48.1% are married.

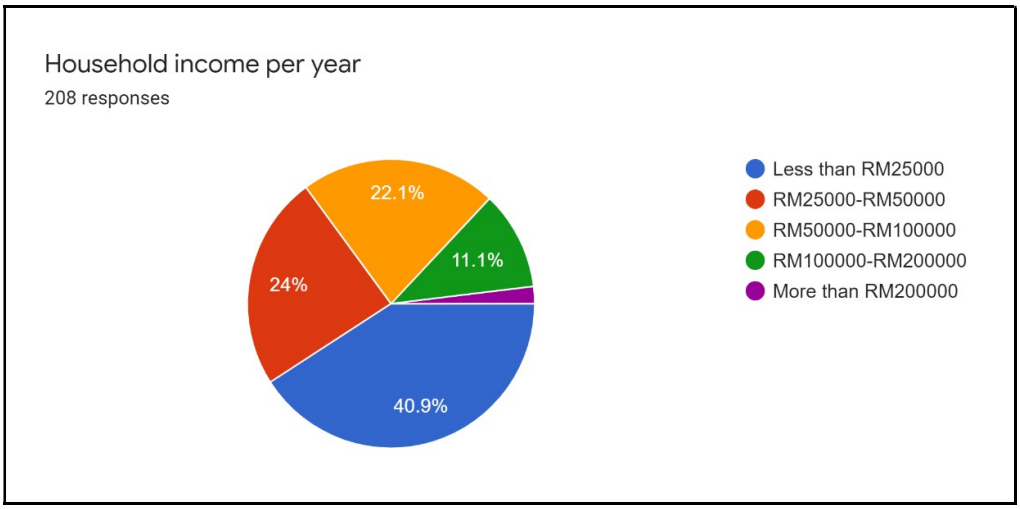

Figure 25: Household Income per Year

For household income, 40.9% of the respondents has less than RM25,000 yearly income. In conclusion, based on the information collected we can see that the respondents as future customers which has good background of education, stable income, and work. All this information is crucial as this survey would be the main indicator for their monthly commitment subscribing the insurance package.

2.3.2 PART B: CUSTOMER ANALYSIS

Question: I understand what palliative care takaful is

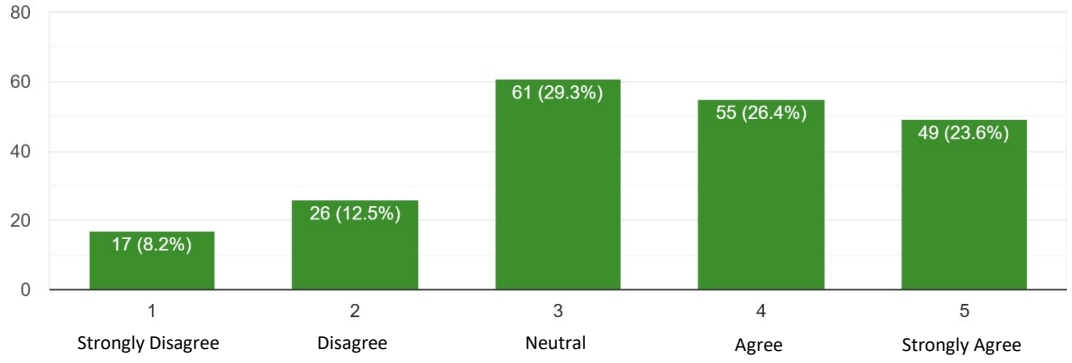

Figure 26: Customer Analysis on Palliative Care Takaful

Based on Figure 26, almost 50% of the respondents understand what palliative care takaful means. However, the balance of the respondents does not have a clear understanding

of these packages. Hence, it is recommended that FWD Takaful organize several awareness campaigns before launching the takaful palliative care packages.

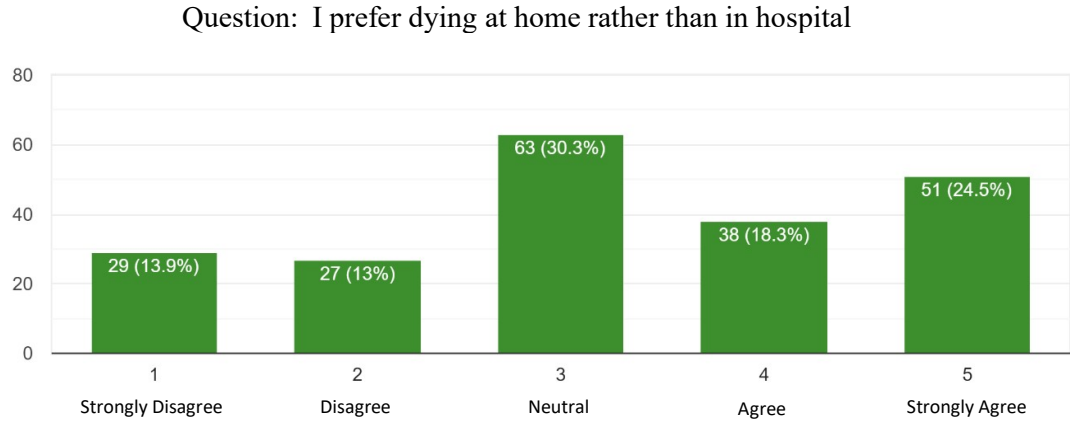

Figure 27: Customer Analysis on Preferred Place of Death

Referring to Figure 27, about 42.8% of the respondents prefer to be in their homes during the last stage of their life and surrounded by their family members. This finding indicates clearly that there is immense potential for home based palliative care packages in Klang Valley which referred to developed and progressive areas. This finding is rather contradictory to the preliminary finding on general Malaysian patients described in Figure 17, where only 8.2% of respondents preferred to die at home. This serves as an indicator highlighting that Malaysians with various level of awareness would not prefer to die at home. However, as they become more knowledgeable with palliative care, especially those residing in urban areas for example Klang Valley, they are more comfortable to be at home during their final stage of life. This further shows that in Malaysia, home-based palliative care is still lacking awareness. Therefore, it is a potential for FWD Takaful to offer an attractive package for home-based palliative care.

Question: I agree to purchase if there is palliative care takaful available

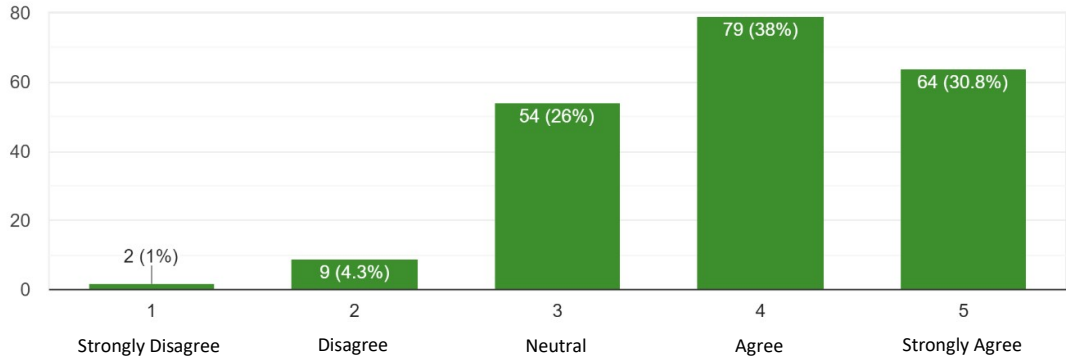

Figure 28: Customer Analysis on Purchase Intention for Palliative Care Takaful Package

68.8% of the respondents agreed to subscribe to palliative care takaful packages. Hence, FWD Takaful can penetrate this market and be the pioneer for palliative care takaful packages.

Question: I agree palliative care takaful will be helpful for my future nursing care

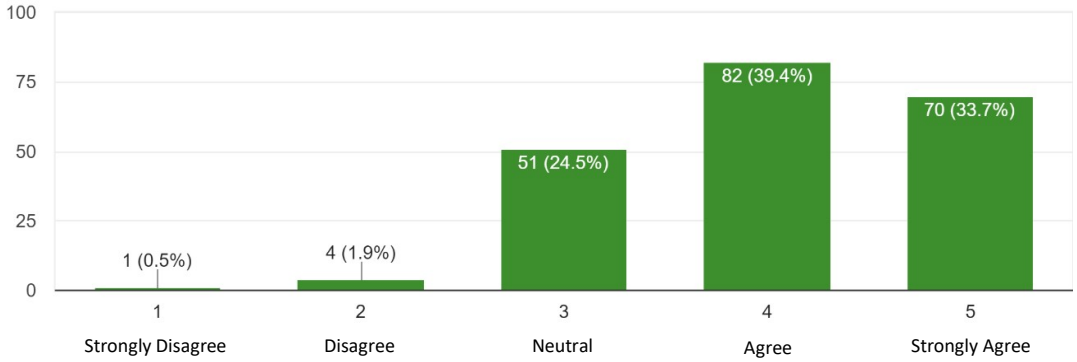

Figure 29: Customer Analysis on Takaful Assistance for Palliative Care

73.1% of the respondents agreed that this palliative care takaful would be helpful for their future nursing care if needed. Results indicated that customers have strong desire to subscribe to palliative care takaful packages to secure their future nursing care needs. Hence it is good for FWD Takaful to offer packages for home-based palliative care in line with the strong demand by respondents.

Question: I prefer nursing care at home

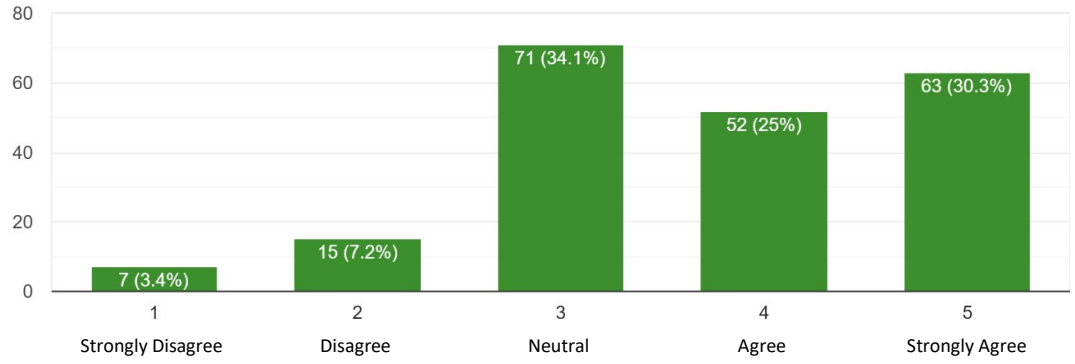

Figure 30: Customer Analysis on Nursing Care Preference

Based on Figure 30, 55% of the respondents prefer to get their nursing care at home. 34.1% are not sure on the decision of having nursing care at home. Although most Malaysians preferred their illness to be managed at hospitals as revealed by the preliminary findings in Figure 18, this finding has showed that when it comes to nursing care, they would prefer to be cared for at home.

Question: I prefer not to burden anyone for nursing care

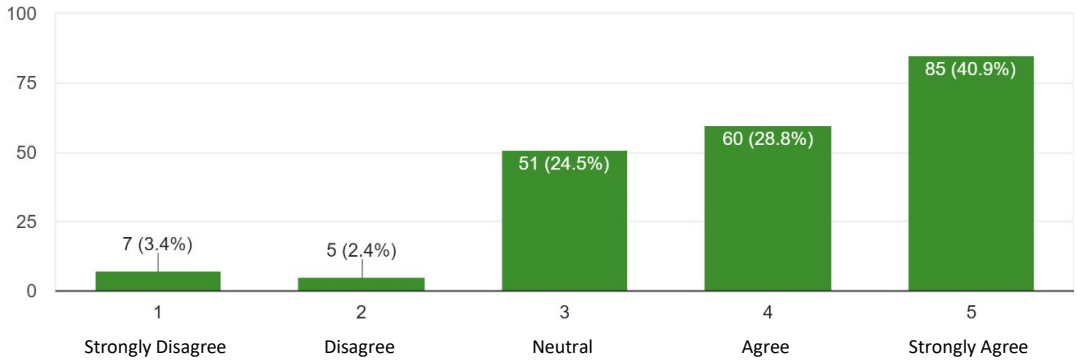

Figure 31: Customer Analysis on Causing Concern to Others

Almost 70% of the respondents agreed not to burden anyone on taking care of them if they are having palliative related diseases. This supports the findings from preliminary studies in Figure 11, which had already revealed that most Malaysian had purchased insurance for themselves. As level of awareness has become apparent among citizens, promoting palliative care policy in Malaysia is a golden opportunity for takaful companies. This shows that they have the motivation to subscribe to takaful packages.

Question: I prefer to use palliative care takaful rather than asking for charity

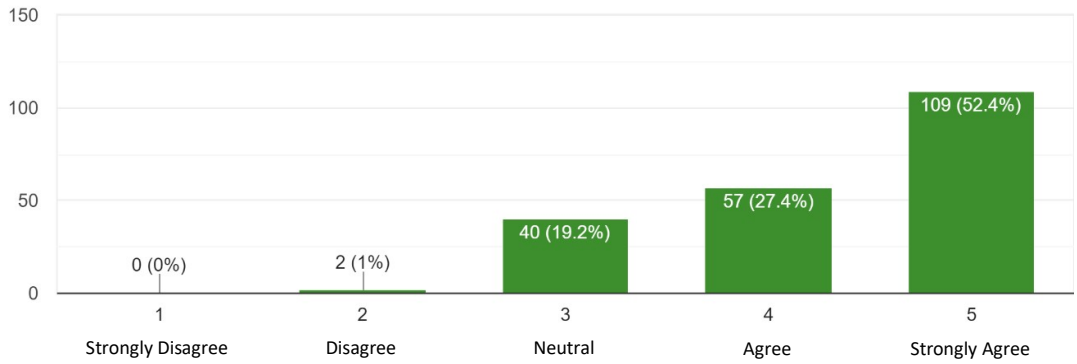

Figure 32: Customer Analysis on Expenditure Preferences

79.8% of the respondents prefer to use insurance instead of asking for charity. This figure shows that customers would purchase the takaful packages for their future needs and not to burden anyone on the nursing care assistance and the fees.

Question: I am willing to pay more for palliative takaful with home care service

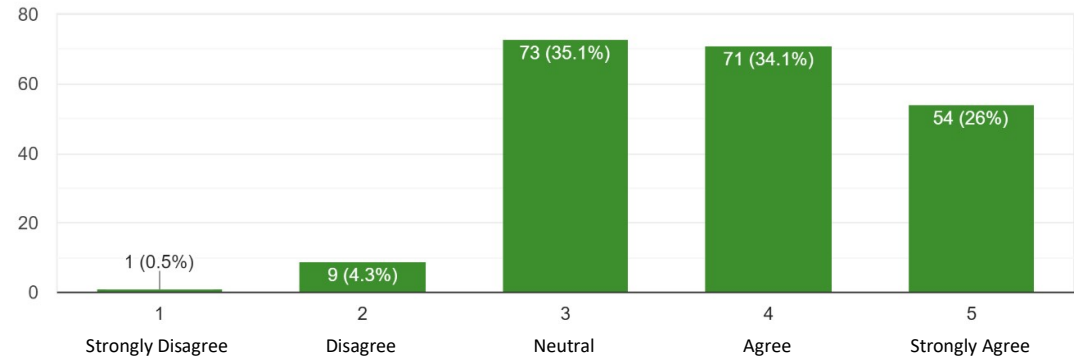

Figure 33: Customer Analysis on Takaful Package Preference

Consistent with the preliminary analysis in Figure 12, 60.1% of the respondents are willing to pay more for the palliative takaful package particularly for home care services. Therefore, we propose FWD Takaful to develop packages for home based palliative care.

Question: Mobile application services for palliative care would trigger my interest to sign up for palliative care takaful

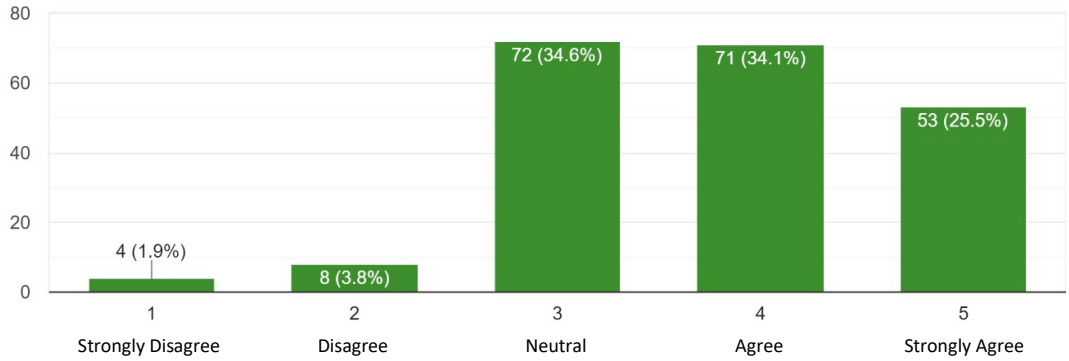

Figure 34: Customer Analysis on Technology Infusion for Takaful Offers

This is another important finding where 59.6% of the respondents in the age category of 25-35 years old agree that mobile apps would trigger them to buy this product. This percentage presents a strong indicator as this will be an added advantage for FWD takaful to position their product in the palliative care market targeting the younger generation. This will attract a bigger number of prospective customers due to its wide range of access.

Question: Mobile application service is very helpful on assisting patient and home care

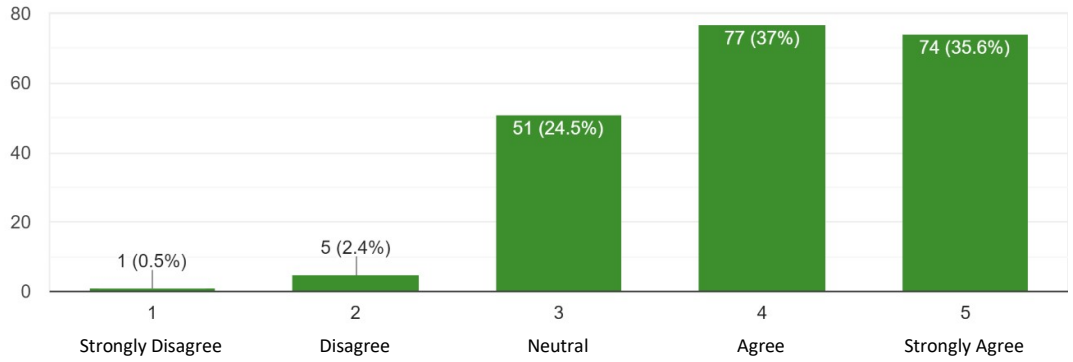

Figure 35: Customer Analysis on Mobile Application Service

Based on Figure 35, 72.6% of the respondents feel that mobile application is very helpful in assisting them and only 2.9% disagree on that. This percentage shows that the respondents are clear and understand on the objective of the mobile application in assisting the patients or the customers to ensure the services are provided efficiently and effectively. This mobile application will create a centralized information system to gather care givers,

customers and FWD takaful reachable in a single platform; a one stop centre providing comprehensive information on palliative care services and palliative care takaful packages. Takaful palliative care mobile apps should be designed to make it convenient for palliative clients to renew policies, make payments, file claims and handle other needs. A great customer experience will create an emotional connection which tends to boost their loyalty.

3.0 INDUSTRY ANALYSIS

In conducting a comprehensive market analysis for palliative care in Malaysia, both secondary and primary data were collected from authentic sources. By understanding the market, this study will propose several takaful packages for the different palliative care patients' segments in Malaysia. This study indeed will help FWD Takaful to know better about their promotional plan for each type of package to attract the potential subscribers in Malaysia. Thus, this investigation will develop an appropriate takaful framework for their subscribers based on the first National Palliative Care Policy and Strategic Plan (2019-2030).

3.1 MALAYSIAN INSURANCE INDUSTRY ANALYSIS

In 1988, the insurance sector was placed under the supervision of Bank Negara Malaysia (BNM). The insurance market has taken significant strides. Over the years, the sector has been significantly expanded by several policies aimed at defending the public interest, encouraging justice and equality, and cultivating a sustainable and competitive industry capable of meeting the needs of a rising economy. The Insurance Act 1996, significantly improved the regulatory regime governing insurance operations by raising the standards of accountability of insurers as custodians of public funds, strengthening their financial positions, providing more protection to policyholders, and ensuring that insurance operations are conducted with professionalism.

Public interest in the sector has increased because of these interventions, as shown by the dramatic growth in consumer share in life insurance business from 11.4% of the population in 1988 to 30.8% in 1999 (Buirski, 2005). Insurers are now in better financial shape, as shown by the industry's gross paid-up capital and average capitalisation per insurer, all of which have risen fivefold since 1999 to RM4 billion and RM71.7 million, respectively (1988: RM634.9 million and RM12.4 million respectively). In 1999, gross insurance fund assets and average asset base per insurance fund all rose proportionally to RM45.4 billion and RM582.1 million, respectively (1988: RM7 billion and RM93.7 million respectively).

Malaysia's economic development has been largely in line with the ASEAN 5 average since 2010, which is a remarkable accomplishment for the most mature ASEAN 5 country. In the case of general insurance premium rise, the picture appears to be different.

Malaysia's insurance sector has consistently lagged the regional average in terms of market growth, especially since 2015. As a result, general insurance penetration (premiums as a percentage of GDP) has decreased in Malaysia, although it has remained largely unchanged across ASEAN. Despite this, Malaysia's general insurance sector has a penetration rate that is roughly 50% higher than the regional average. According to Malaysia's general insurance premium growth in 2018, the decade-long downward trend has been reversed, boosted by strong demand in the motor and fire segments. It is unclear if this pattern turnaround would be long-term (Code & Published, 2021).

3.2 MALAYSIA – GENERAL INSURANCE AND TAKAFUL 2019

In 2019, the Malaysian General Insurance and Takaful industry grew at a steady pace, with Gross Written Premium (GWP) and Gross Written Contribution **(**GWC) being set up by 1.8%. General takaful contribution grew by 18.8%, while General Insurance grew by -0.8%, the lowest growth rate in the last five years. Figures 36 reflects that the largest market is driving the rise, with General Takaful showing double digit growth versus negative growth in General Insurance.

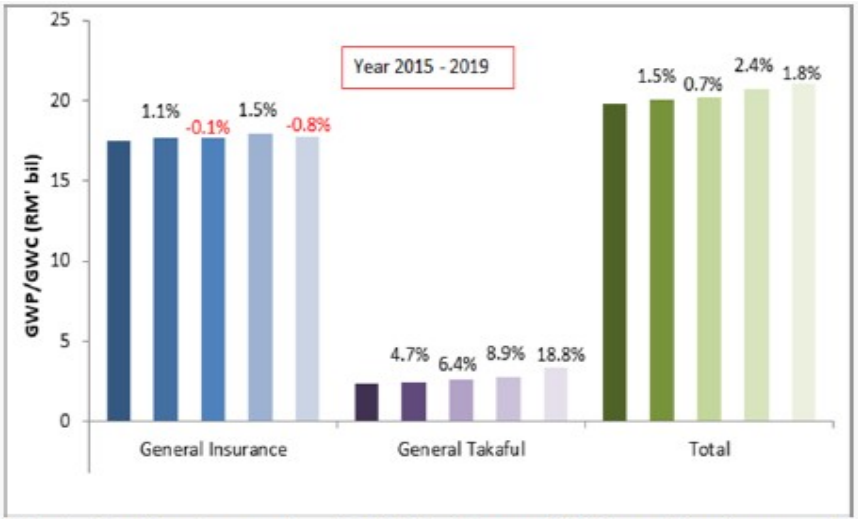

Figure 36: Development of Total GWP and GWC from Year 2015-2019

The change from insurance to takaful was also visible in the Fire, PA, and Medical & Health groups, resulting in higher takaful segment rise. Malaysian Reinsurance Berhad's

observation of its own Voluntary Cessions (VC) results, which shows a downtrend in the Motor, Fire, and Miscellaneous classes, supports the lower growth in the Insurance segment. Although the growth of the Motor industry has been consistent over the years, the growth of the Fire industry has slowed, perhaps due to the daunting phased liberalisation climate. In the Miscellaneous class, there is a downward trend, mostly in the Engineering and Workmen Compensation (WC) and Employers' Liability (EL) segments. The contraction in the Malaysian building market has led to the negative development in Engineering. The reduction of WC and EL is mostly due to the transfer of foreign workers' coverage from the Department of Labour's Foreign Workers Compensation Scheme to the Social Security Organisation's (SOCSO) Employment Injury Scheme, which took effect on January 1, 2019, to comply with the Equality of Treatment (Accident Compensation) Convention, 1925 (No. 19), and the Conference Committee on the Application of the Convention. After three years of growth, Personal Accident (PA) class has seen a steady growth of 1%, while Medical & Health has seen its first substantial decline in 2019. Due to unfavourable previous loss history and compression of underwriting margin and profitability, Malaysian Reinsurance Berhad has received input from industry participants that some general insurance firms have checked and implemented tighter medical underwriting, resulting in lower written premium. Figures 37 and 38 depict takaful industry's development in Malaysia (Deloitte, 2015).

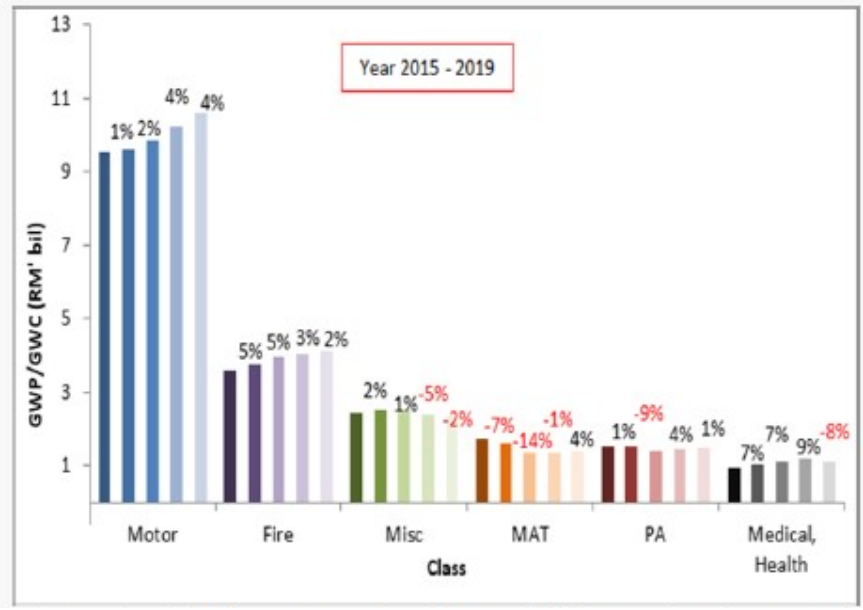

Figure 37: Development of GWP and GWC by Class of Business from Year 2015 to 2019

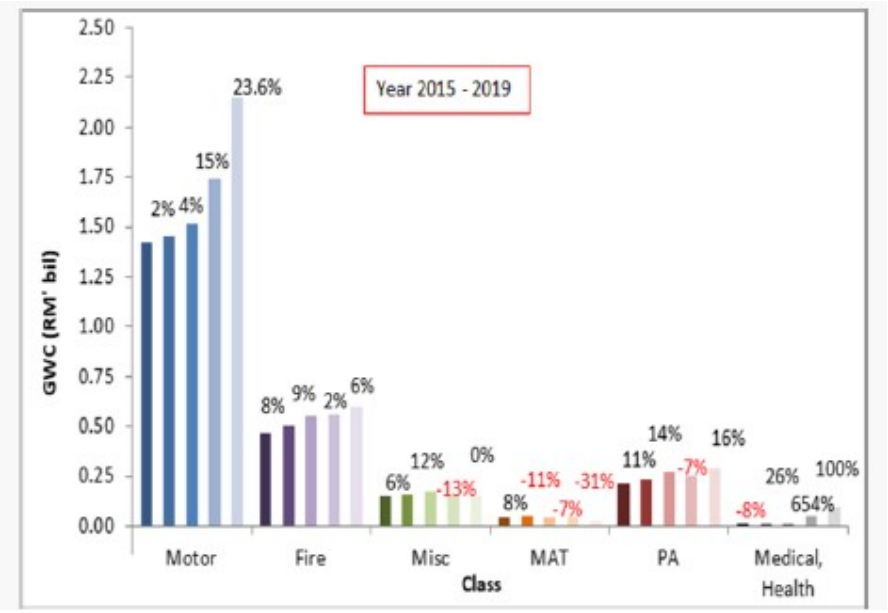

Figure 38: Development of GWC by Class of Business from Year 2015 to 2019 for General Takaful

With the current COVID-19 crisis, as well as the uncertainties surrounding the development of Fire & Motor phased liberalisation, which is set to begin in June 2020, Malaysian Reinsurance Berhad expects the market to remain stagnant, if not shrink, as insurers and takaful operators strive to maintain their competitive positions in the face of a challenging financial and economic environment. In 2019, the market had a comparable NCI ratio to that of 2018, at 58 percent, but it was also strong as compared to previous years. The NCI ratio of the Miscellaneous and MAT classes of companies has increased, while the ratios of the other classes either remained constant or have decreased. According to Malaysian Reinsurance Berhad's analysis of its own data, the increase in NCI in the Miscellaneous class is primarily due to the Engineering sector, as there was a major explosion and fire loss to a refinery and petrochemical integrated plant construction project in April 2019, as well as other construction losses. In comparison to the previous four years, MAT has the highest NCI ratio of 44 percent, owing primarily to the aviation and offshore oil-related industries. In contrast, Medical & Health has improved in 2019 relative to the previous three years, which may be due to the tightening of underwriting listed earlier (Tang, 2019).

Figure 38 depicts the percentage of growth of Gross Written Contribution (GWC), which is one of the important indicators for the insurance industry for all the insurance categories from 2015 till 2019. From Figure 38, the largest segment for takaful insurance is still the motor insurance category. Medical and health category, however, shows a sharp growth in GWC (-8% to 100%) from 2015 to 2019. In comparison of growth rate with motor

insurance category, the medical and health insurance category is significantly promising. For instance, the absolute growth rate for motor insurance category from 2018 to 2019 was 8.6% (Figure 38), whereas for the medical and health insurance category the growth rate was 34.6%.

This substantial double digit (34.6%) growth in the Medical and health insurance category encourages Takaful to identify a new market segment in this category and focuses on the existing offering. Based on the growth rate and market share, medical and health insurance category can be considered as the most promising segment next to motor insurance category for Takaful to invest, which would yield fruitful returns. Beside the existing insurance packages of Takaful, insurance for palliative care in Malaysia is still at an immature stage. Details about this segment is further discussed in the gap analysis section. Therefore, it is wise for Takaful to develop different packages fulfilling this untapped segment, especially in Malaysia.

3.3 MARKET GAP

The awareness, understanding, integration, and distribution of palliative care, which was first implemented in Malaysia in the 1990's, is still at an early stage and is not clearly established (Sekhar et al., 2016). The need for palliative care was recognized by oncologists in both public and private sector in 1991, and hospice care was initiated soon after as a natural progression of palliative care (Leong, 2003). At present, there are about seven hospitals under the Ministry of Health which has resident palliative medicine specialist providing services within these hospitals. However, there are only four hospitals which have inpatient palliative care units (Ministry of health Malaysia, 2019).

The lack of palliative care units had caused a major misunderstanding and lack of awareness among the public, as one would not know that this care is needed unless he or she had experienced it beforehand. A study carried out by (Mohamadali et al., 2015) had shown that the level of palliative care awareness and knowledge among students in Malaysia is still poor, while Palliative Care has been developed for more than 20 years now. The customer acceptance analysis has shown that almost 50% of the respondents understand what palliative care takaful means. However, as reflected in Figure 22, the balance of the respondents does not have a clear understanding of these packages. This shows the first gap in the market.

At this rate, promoting palliative care policy in Malaysia is a golden opportunity for insurance company. Inmate palliative patients was found to not have enough money to pay the care fee for the community health facilities. As a result, administrators of these facilities had to ask for funds from charity to cover for patients' daily expenses. In some cases, the costs are borne by their children. However, there are a lot of senior citizens who decide to live alone without any family presence. A study by Ismail et al. (2017) found that most Malaysians are more comfortable living in their own homes as compared to other living arrangements, as reflected in Table 8. Wong and Verbrugge (2009) had further argued that most of the elderly are more comfortable living alone is due to the lack of confidence that they have in their children, even in situations that they become seriously ill. In addition, family issues, not having children or presence of strained relationships with children are some of the factors that influenced the decision made by senior citizens to be living alone.

Table 8: Type of Old-Age Living Arrangement Preferred by Gender

Gender	Owned House	Family Member House	Neighbour House	Formal Institution	Informal Institution
Male	484 (88.3%)	52 (9.5%)	1 (0.2%)	1 (0.2%)	10 (1.8%)
Female	482 (79.7%)	107 (17.7%)	2 (0.5%)	0 (0.0%)	13 (2.1%)

With this situation, most of the senior citizens today do not have enough savings to support themselves. As a result, apart from the elderly, their immediate family members such siblings and children shared the financial burden as well. This is because, they must work overtime to cover the daily expenses of palliative patients. If this continues, then the younger generation will not be able to save for old age savings later. This is the end-less loop. This is added with a strong connotation that Malaysians on average are not aware of the importance of saving from an early age. The scenario was acknowledged and proven by informants interviewed by the research team. This presents a second market gap with regards to palliative care.

Interviews with all palliative care organization and hospitals as also revealed that currently, there is no insurance company in Malaysia that has proposed an insurance policy which makes certain specification on palliative care. In short, palliative care policy in Malaysia is highly in demand, but no supply is being provided. Hence, this gives the third market gap to be filled.

3.4 COMPETITIVE ANALYSIS

There is no question that the business environment in the insurance sector for private lines in Malaysia is shifting. The industry is the most competitive it has ever been, and for many carriers, rising market share appears to be a top concern. This pattern has culminated in the ability of many firms to actively recruit and maintain more customers through pricing policies. To consider the ever-changing industry, evaluating competition is important. We are experiencing an increase in more aggressive and nuanced rate shifts with the introduction of multimedia platforms, mobile internet, and aggressive ads. Most businesses adopted a predictable trend with their rate increases a decade earlier.

Traditionally, businesses will periodically change any of their variables (e.g., driver class, deductibles); they might add a new ranking factor such as a fresh discount every few years. Companies are continually rolling out new projects today, with greatly expanded difficulty. Over the past few years, from clerical work to complex strategy research, we have seen the position of the competitive analyst change. Nearly half of the insurance carriers have specialized strategic intelligence teams. The primary responsibility of these dedicated strategic intelligence units is to compile, evaluate and communicate the actions of rivals. Much as in the past, competitor rate filings are the primary source of competitive knowledge (79% of businesses).

In recent years, however, the scope of the ranking systems of certain businesses has grown, making deciphering the rates exceedingly challenging; it is not unusual for filings to be thousands of pages long. The method of analytics is greatly slowed down by this level of sophistication. For starters, years ago when an analyst was asked "what are the multi-policy discounts for our top five rivals?" it was a matter of scrolling through a few rate guides and locating the discount published in the multi-policy discount table to find the answer. Today, in many situations, what used to be a single number is a multivariate table that needs considerable analytical work. Job that took minutes formerly is now taking hours. More than half of firms plan to spend more in strategic intelligence over the coming years to keep up with the rise in ranking complexity. Given the high strain that many firms feel with respect to their cost level, this is a profound observation. Although several firms are seeking to minimize costs, with the rapidly evolving economy, many also feel the need to remain current. The need for improved research methods and better data collection has been listed by survey respondents as the top two improvements for more efficient competition analysis.

With the increased sophistication of the ranking policies of rivals, firms are adjusting their toolset to compare premiums. A decade earlier, in a simple Excel workbook, a corporation could sustain the prices of its rivals. The workbook with the new variables will be revised every time an organization adjusted prices. Insurers depend more heavily on competitive rating instruments now. 87% of the businesses surveyed cited the use of manufacturers to purchase or calculate their competition premiums. These instruments are, sadly, not without their own complexities. In certain situations, businesses do not have the necessary policy knowledge to populate these instruments and large conclusions must be made (e.g., credit, underwriting, telematics). To perfect these conclusions and create the most detailed comparative analyses possible, some businesses invest dramatically, while others save time and resources by only making more simplistic assumptions. One thing about these assumptions is that, over time, they will change. One instance is credit estimation: 21% of businesses use several tools to measure the credit ratings of their rivals. With time, corporations have been able to improve their calculation of their credit score, resulting in several approaches used across the industry. For newer systems like telematics, though, most firms (71%) only believe that no discount exists. These conclusions will certainly become more sophisticated as acceptance becomes more common and the emphasis turns to seeking a strategic niche within telematics.

However, this study focuses on new segment called insurance for palliative patients. To understand the competitor analysis, this study compares different offering by insurance companies from different continent including USA, Asia, and Malaysia. Findings are presented in Tables 9 to 12.

Table 9: America Continent

Benefits	New York Life	Brighthouse Financial	Pacific Life	Mutual of Omaha	Lincoln Financial Group
Facility services benefits	✓			✓	
Facility Bed reservation benefit	✓				
Extended coverage benefit	✓				
Home and community-based care benefit	✓	✓	✓	✓	✓
In-home support equipment	✓		✓		
Care plan benefit	✓		✓	✓	
Caregiver training benefit	✓	✓	✓		
Caregiver relief benefit	✓	✓	✓		✓
Hospice care benefit	✓	✓	✓	✓	✓
Worldwide coverage	✓			✓	
Waiver of premium benefit				✓	
Alternate plan of care	✓		✓	✓	✓

Table 10: Europe Continent

Benefits	AXA S.A.	Aviva PLC
Outpatient	✓	
Pre-hospitalization	✓	
Hospitalization	✓	
Post-hospitalization	✓	
Additional benefits	✓	
Chronic condition	✓	
Maternity		
Complications of pregnancy	✓	
Medical second opinion services	✓	
Travel & emergency assistance service	✓	
Optional benefit	✓	
Flexibility		✓
Regular payments		✓
Lifetime guarantee		✓
Tax-efficient		✓
Easy payment options		✓
Rising costs covered		✓

Table 11: Asia Continent

Benefits	Luma Health Insurance	Assisi Hospice	Dover Park Hospice	HCA Hospice Care	Singapore Actuarial Society
Inpatient benefits	✓	✓	✓		
Outpatient benefits	✓				✓
Treatment for HIV and Aids	✓				
Congenital anomalies	✓				
Vision care	✓				
Maternity and childbirth benefits	✓				
Dental treatment	✓				
Personal accident	✓				
Home care		✓	✓	✓	✓
Day care	✓	✓	✓	✓	✓
Training centre	✓		✓		
Psychosocial service		✓		✓	
Home care equipment loan		✓		✓	

Table 12: Malaysia

Company	Allianz	AIA	MANULIFE	AXA	AMMETLIFE	TOKIO MARINE	Hong Leong Assurance	MSIG	Zurich	Pacific Insurance	Great Eastern	Maybank	Prudential
Policy	Allianz Diabetic Essential Plan	Medical Insurance A-Plus Health	Medical Insurance Manuhealth Elite	Emedic Online Plan	Hcc Boostup Rider + Health Care Choice Rider	Medical Insurance Premier Medic	Medical Insurance MedGLOBAL IV Plus	Medical Insurance Healthcare International Insurance	Medical Insurance Omni Health	Medical Insurance Medi-Pro: Medical Hospitalisation and Surgical Insurance	Medical Insurance Great MediCare 2	Medical Insurance MediRider	Medical Insurance PRUValuMed
Annual Premium	RM 4563	RM 702	RM 1074	RM 593	RM 984.54	RM 635	RM 663	RM 842	RM 1367	RM801	RM 521	RM 258	RM 1632
Room & Board	150	150	150	250	250	160	150	250	180	200	150	100	100
Daily Allowance	-	N/A	N/A	N/A	150	RM100 (daily up to 150 days)	RM50 (up to 60 days per any one disability)	N/A	RM60	RM 200 Daily Cash Allowance at Government Hospital, daily maximum up to 120 days	RM 50	50	N/A
Pre-Hospitalisation	√	√	√	√	√	√	√	√	√	√	√	√	√
Hospitalisation	√	√	√	√	√	√	√	√	√	√	√	√	√
Surgery	√	√	√	√	√	√	√	√	√	√	√	√	√
Post-Hospitalisation	√	√	√	√	√	√	√	√	√	√	√	√	√
Outpatient Physiotherapy Treatment	0	As charged, subject to Annual Limit	N/A	N/A	2000	As charged	Reasonable & Customary Charges	N/A	As charged (Lifetime Limit of RM700,000)	Applicable only within 90 days from the date of discharge	N/A	N/A	N/A

Company	Allianz	AIA	MANULIFE	AXA	AMMETLIFE	TOKIO MARINE	Hong Leong Assurance	MSIG	Zurich	Pacific Insurance	Great Eastern	Maybank	Prudential
Outpatient Cancer Treatment	AS CHARGED	As charged, subject to Annual Limit	Reimbursement of Reasonable and Customary Charges	N/A	Reimbursement of Reasonable and Customary Charges	RM30,000 coverage per year	Reasonable & Customary Charges	N/A	As charged (Lifetime Limit of RM200,000)	As Charged (subject to reasonable and customary charges)	As charged	N/A	As charged
Outpatient Kidney Dialysis Treatment	AS CHARGED	As charged, subject to Annual Limit	Reimbursement of Reasonable and Customary Charges	N/A	Reimbursement of Reasonable and Customary Charges	RM15,000 coverage per year	Reasonable & Customary Charges	N/A	As charged (Lifetime Limit of RM150,000)	As Charged (subject to reasonable and customary charges)	As charged	N/A	As charged
Accidental Benefits	-	-	-	-	-	-	-	-	-	100000	-	10000	-
Deductible per Disability	-	300	5000	-	-	-	-	-	-	-	-	-	-
Overall Annual Limit	500000	500000	1500000	20000	1750000	40000	75000	100	100000	1000000	80000	20000	0
Lifetime Limit	1500000	-	-	-	-	-	300000	150000	700000	1000000	360000	60000	0

Based on the comparison in Table 9 until Table 12, most of the insurance companies offer similar sort of product for their clients. However, there is no specific offering by any of the insurance company for home based palliative care. There is huge gap in the area not only Malaysia but also across the world. Gap analysis is presented in Figure 39.

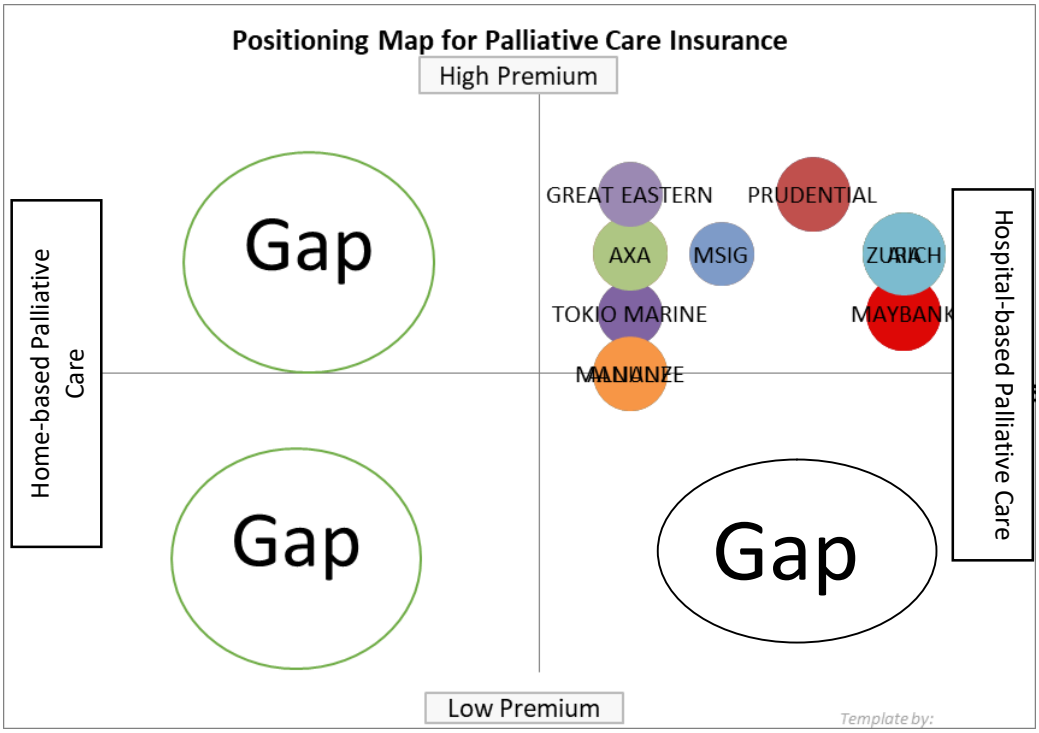

Figure 39: Positioning Map for Palliative Care Insurance

Figure 39 presents the significant market gap for palliative care in Malaysia. Despite recent findings showing that palliative care needs in Malaysian have followed a sharp upward trend over the years, there is no package which covers specifically on palliative care in Malaysia. However, there are insurance companies that cover part of palliative care without naming it as palliative care in the hospital environment, for example, nursing care. To understand the palliative care market in Malaysia, this study involved a focus group interview with several NGO's and palliative care service centres across Malaysia. Based on the interviews, four findings were clearly identified. They are:

1. Individuals want to stay at their home before leaving this world.
2. There are very few NGO's or community-based palliative care centres in Malaysia that offer this sort of service at the homes.

3. Getting this sort of services at the hospital is more expensive than home based services.
4. So far, none of the insurance company in Malaysia offers insurance coverage specifically for palliative care, particularly for home based palliative care service.

Hence, we developed a two-dimensional diagram identifying the market gaps for palliative care. The two most important criteria included were the premiums (low and high) and places (home and hospital) which were considered in identifying the market gaps. Based on the analysis of Figure 39, it clear that there is no existing insurance coverage for home based palliative care. Another gap can be seen in the right bottom corner of the diagram indicating that some respondents are willing to accept dying at the hospital. FWD Takaful may consider developing packages to cover this segment of the market.

From the gap analysis, none of the insurance company offer home-based palliative care, which could be an important gap to fill by FWD Takaful. According to Su et al. (2020), regardless of the calculation techniques, the palliative care needs in Malaysia have followed an obvious upward trajectory over the years. The minimum calculation tool used by Murtagh (2014) found that the need for palliative treatment rose 40% from 71,675 cases in 2004 to 100,034 cases. The proportion of palliative care needs hovered at 71% in the years observed in relation to deaths. Malaysia should expect the population to have at least 239,713 cases in 2030 (240% growth from 2014), with the highest needs in both genders among the age group of 80 years old. Sarawak, Perak, Johor, Selangor, and Kedah will become Malaysia's top five states with the largest number of requires. Therefore, it will be a great opportunity for Takaful Malaysia to offer a home-based palliative takaful service for this untapped market segment. Additionally, Takaful can target all income group segment of High, Medium, and Low as none of the insurance company offers home-based palliative care.

3.5 PALLIATIVE CARE: COST ANALYSIS

The idea of providing care and symptom relief to patients who are suffering from terminal and chronic illness were first introduced to Malaysia, in the late year of 1991. The first palliative care unit was at Queen Elizabeth Hospital in Kota Kinabalu, Sabah, in the year 1995. When the development of palliative care was successful, the Ministry of Health had directed all government hospitals in Malaysia to progress palliative care units for ill patients in need. It then was marked as the beginning of palliative care, recognized as a specialized

field of medicine. The wants and needs to provide such care, as with many other aspects of modern medicine in Malaysia, were the result of the influence of westerners, particularly from the United Kingdom.

Despite the lack of acceptance of palliative care in Malaysia, the health officials took up the challenge of improving the quality of life of terminally ill patients who have been suffering. To date, there are 30 palliative care services offered almost all by NGOs all over in Malaysia, who are offering free services. The service is seen as charitable not-for-profit organizations, both registered with the Registrar of Societies (ROS), or Registrar of Companies (ROC), and are therefore bound by the regulations of the Societies Act 1966, or Companies Act 1965 respectively. Furthermore, currently there are only 21 trained palliative care specialists and five specialized units in the Ministry of Health. Figure 40 shows the components and palliative care services and their relationships.

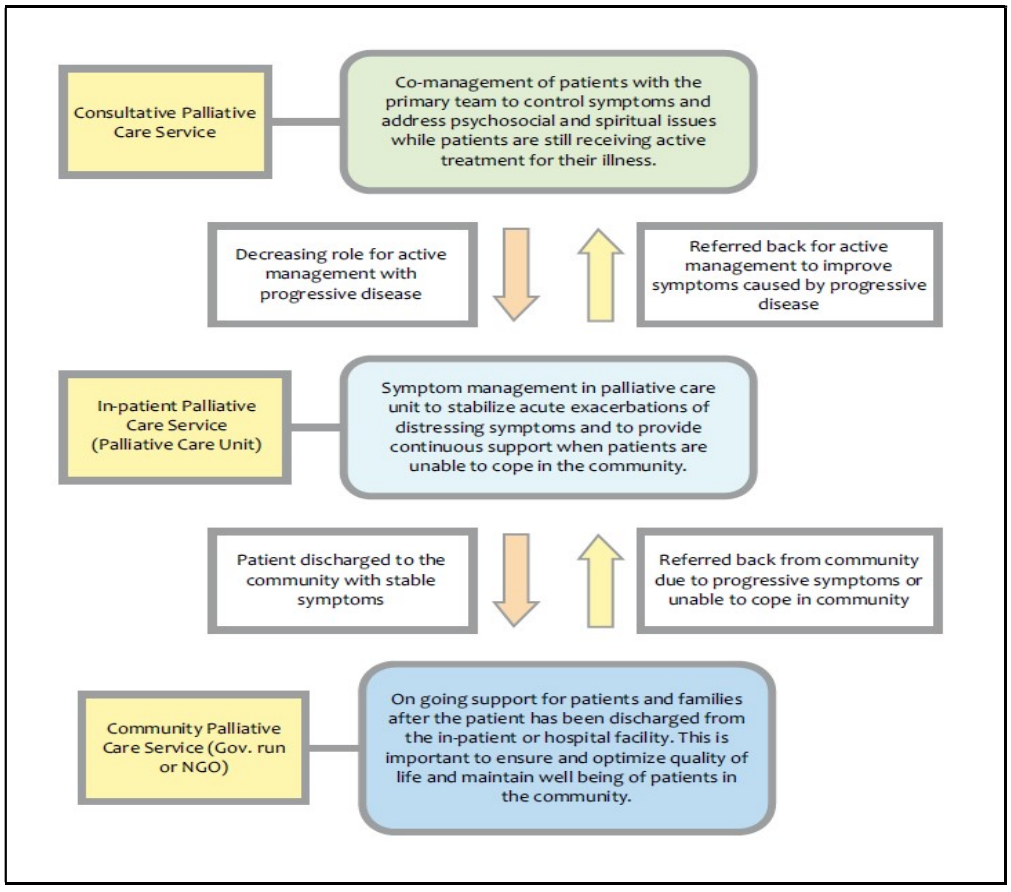

Figure 40: Components and Palliative Care Services and Their Relationships (Ministry of Health Malaysia, 2020)

The non-profit organization (NPO) nature of the services in Malaysia provides free services and operates within the constraints of their ability to raise funds. The NGOs in

Malaysia obtained funds to run their palliative care activities, mainly through charitable donations and fundraising by the individual organizations. Furthermore, there are annual government grants that vary in amount every year, depending on the national budget. All NGOs have differing levels of service provision, but an average hospice organization would need an operating amount between RM400,000 and RM600,000 annually to run homecare activities. As for doctors, nurses, or volunteers in providing home services in Malaysia for palliative care purposes, charges between RM19,000 to RM56,000 per year, depending on the position and experiences. Table 13 shows palliative care service in Malaysia under NGOs (free of charge).

The non-profit organization (NPO) nature of the services in Malaysia provides free services and operates within the constraints of their ability to raise funds. The NGOs in Malaysia obtained funds to run their palliative care activities, mainly through charitable donations and fundraising by the individual organizations. Furthermore, there are annual government grants that vary in amount every year, depending on the national budget. All NGOs have differing levels of service provision, but an average hospice organization would need an operating amount between RM400,000 and RM600,000 annually to run homecare activities.

Table 13: Palliative Care Service under NGOs in Malaysia (Hospice Klang, 2020)

STATE	Name of Hospice	Tel No.	Email
JOHOR	Palliative Care Asso. of Johor Bahru	07-2229188	nancyyee.pcajb@gmail.com
	Persatuan Hospice Ark	07-2899278	hospice_ark@hotmail.com
MELAKA	Hospice Melaka	012-3153479	drrajagopal@hotmail.com
PAHANG	Persatuan Hospis Pahang	09-5606359	hospispahang@gmail.com
NEGRI SEMBILAN	Hospis Negri Sembilan	06-7621216	hospicens2012@yahoo.com
SELANGOR	Hospice Klang	03-33242125	hpsklang@gmail.com
	Kasih Hospice	03-79607424	manager@kasihfoundation.org
	Assisi Palliative Care	03-77838833	assisipalliativecare@gmail.com
PERAK	Perak Pallaitve Care Society	05-5464732	admin@ppcs.org.my
	Taiping Palliative Society	05-8072457	veraliew@hotmail.com
PENANG	Penang Hospice Society	04-2284140	penanghospicesociety@gmail.com
	Pure Lotus Hospice of Compassion	04-2295481	lyanshih@gmail.com
	Charis Hospice	04-8279668	charishospice@gmail.com
	NSCM Penang	04-2284140	ncsmpg@gmail.com
KEDAH	Hospis Kedah	04-7713487	sriwahyu2006@yahoo.com.my
KELANTAN	Hospis Kelantan	09-7452000	drimisairi@yahoo.com>
TERENGANNU	Hospis Terangannu	09-6232632	drnona31765@gmail.com
SARAWAK	Sarawak Hospice Society	082-276575	tangtiengswee@gmail.com
	Kuching Hospice CancerCare	082-235809	cancercare.kuching@gmail.com
	Palliative Care Association of Miri	012-8456480	palliativecaremiri@gmail.com
SABAH	Persatuan Hospis Tawau	089-711515	hospistwu@gmail.com
	Palliative Care Asso. of Kota Kinabalu	088-231505	pcakk@yahoo.com
	The Hospice Asso. of Sandakan	089-236219	hospicesandakan@yahoo.com.my
	Persatuan Hospice St. Francis Xavier	087-339114	lucyliew41@gmail.com
	Home Care Hospice Program	088-222315	sabahcancersociety@yahoo.com
KUALA LUMPUR	Hospis Malaysia	03-91333936	info@hospismalaysia.org

3.5.1 COST PACKAGES AVAILABLE AROUND THE WORLD

Table 14 shows the finding of palliative care packages available around the world. This data collected using content analysis and the calling method. The researchers searched and found these packages through the reliable websites of companies that provided these packages. As can be seen, this table provides the Centre, Company, institute, Hospital that provided these packages, and their Email. This table also shows the type of provider which indicate the type of organization such as NGO, Hospice or Community service provider. Table 14 also indicates the countries that these providers are located there. The most important part which is presented by this study is a summary of the results received from email. Finally, the table shows if the providers have sent their catalogue, brochure, cost information and if the printed information is available or not.

Table 14: Summary of Search for Available Palliative/Hospice Packages Around the World

No.	Centre, Company, Institute, Hospital	Type of Provider	Country	Summary
1	Holy cross Hospice Centre	Hospice	Botswana	Service offered for HIV/AIDS patients, in home care and day care. All services are offered for free because this hospice centre completely depend on donors.
2	AVA MED Centre for Health and Palliative Care	Hospice	Armenia	Analgesic therapy, Symptomatic therapy, Palliative therapy. Comprehensive care for cancer and non-cancer patients, Full care Psychological assistance to the patient family member.
3	Bangladesh Institute of Health Science (BIHS)	Hospice	Bangladesh	Home care Doctor & Nurse Visit, Online consultation through telemedicine for COVID- 19 negative patients. Doctor & nurse visit - 5000 tk = RM244.90 per visit. Online consultation through telemedicine - 1000 tk = RM48.98 per consultation.
4	Institute of Palliative Medicine (IPM)	Hospice	India	30 in bed patient services, total 40 guest, with all basic facilities provided for trainees and guests with a minimum daily rental. vegetarian food at a very reasonable price. Food for Patients and a caretaker is provided free of cost. A green and beautiful ambience for patients who are generally suffer with mental and physical stress.
5	Swami Vivekananda Youth Movement	NGO	India	Home based care, it is a holistic approach that meets the physical, psychological, economic, social, and spiritual needs. Free of costs.
6	Kazakhstan Palliative Care Association	NGO	Kazakhstan	Involved in advocacy and education, mentorship for hospices, nursing homes and mobile teams

No.	Centre, Company, Institute, Hospital	Type of Provider	Country	Summary
7	Green Pastures Hospital	Hospice	Nepal	14 bed inpatient unit (10 adults, 4 children); Day therapy service; Clinics and ongoing community service. PC education program for health care workers and community members.
8	Shaukat Khanum Memorial Cancer Hospital and Research Centre	Hospice	Pakistan	The Internal Medicine Department runs specialist palliative medicine clinics for cancer patients who require symptom management for terminal as well as chronic conditions.
				Over 75% of all cancer patients receive financially supported treatment from the Hospital.
9	Active Global Specialized Caregivers	NGO	Singapore	Caregiving services for Short Term and Long-Term arrangements.
				For long term care, they have the Live-In Caregiver Service. Live-In Caregivers: They are overseas-trained Nurses and Nursing aids, fully trained to take care of the patient, and will live in the patient's house.
				For short term care, they provide Private Nursing Service.
10	Alexandra Hospital	Hospice	Singapore	This centre provides life-threatening illnesses by providing interventions that is aimed at improving the patient's quality of life.
				Cost of care varies depending on patient's needs
11	Palliative Care Association of Sri Lanka	NGO	Sri Lanka	Providing home service for cancer patients
12	Breede River Hospice	Hospice	South Africa	Palliative care services are free of charge.
13	Highway Hospice	Hospice	South Africa	Currently this care centre provides home based care.
				They provide professional nurses to patient and their families.
				Regarding costing, If the patient is on medical aid, they charge the medical aid. If there is no medical aid, then they do not charge the patient.
14	Hospice Wits	Hospice	South Africa	This care centre offers palliative care.
				It is mainly Home-Based Care – provide nurses to visit the patient at home, put a care plan in place to control medical symptoms.
				The initial home visit costs R750 – RM191.48 and follow-up visits are R661. RM- 168.76
15	Msunduzi Hospice	Hospice	South Africa	Palliative care looks at the holistic care of people facing life threatening illnesses such as cancer, end stage organ failure, HIV/AIDS.
				The services are offered as free of cost.

No.	Centre, Company, Institute, Hospital	Type of Provider	Country	Summary
16	E-Da Hospital	Hospice	Taiwan	Patients need to have qualifications to get the service and for Taiwan citizens medical service are covered by nation health insurance.
17	Bermuda Hospitals Board	Hospice	North America - Bermuda	This centre provides inpatient hospice care
18	Bethell Hospice	Hospice	North America - Canada	"Community Program" for palliative care clients that living at home
				"Residential Program" for palliative care clients that admitted spending their lives at hospital.
19	Near North Palliative Care Network	Hospice	North America - Canada	This centre provides trained palliative volunteers on giving psychosocial support to palliative clients, companionship to their family members and respite to caregivers.
20	Emily's House // Philip Aziz Centre	Hospice	North America - Canada	This centre provides home support, music therapy, spiritual care, grief, and bereavement without any cost.
21	Saskatchewan Hospice Palliative Care Association	Hospice	North America - Canada	Home care services and physician consultation,
				There is no direct cost on palliative care services.
22	Roger's House	Hospice	North America - Canada	The palliative care services provide for children and youth up to the age 18 years old.
23	Margaret Bahen Hospice	Hospice	North America - Canada	This centre is providing 10 bed residential hospice providing 24 –hour nursing care and support.
				Residents admitted to the hospice have been diagnosed with a life limiting illness and are within their last 90 days of life.
				There is no cost to the family for hospice services received – if a client requires a patient transfer service to the hospice there is a charge for this service which is paid directly to the transfer company by the family.

The providers are located around world such as India, Bangladesh, Nepal, Pakistan, Singapore, South Africa, Canada, and the United States. However, as can be seen in Table 14, there is no specific palliative care centre available in the country. Most of the palliative care provider are NGOs, hospice, or communication service provider. One of the providers that have sent their cost information is the Bangladesh Institute of Health Science (BIHS), located in Bangladesh. Currently, this centre is providing home care doctor and nurse visit, as well as online consultation through telemedicine for Covid-19 negative patients. Charges of

the services are Doctor & nurse visit Bangladeshi Taka (tk) 5000, which is equal to RM244.90 per visit. They also provide online consultation through telemedicine, which is 1000 tk, which is equal to RM48.98 per consultation.

Another provider is Green Pastures Hospital, located in Nepal. this centre provides a 14-bed inpatient unit (10 adults, 4 children); a new day therapy service; clinics, and ongoing community service. Also, an active PC education program for health care workers and community members; and PC research. they charge Nepalese rupee (Rs) 250 which is almost equal to RM 13.93 for clinic visit, which makes an average of Rs 2,500 per day, having equal to RM 139.39 for inpatient care.

Active Global Specialized Caregivers located in Singapore is another example. This palliative centre offers caregiving services for short-term and long-term arrangements. For long-term care, they have the live-in caregiver service. They are overseas-trained nurses and nursing aids, fully trained to take care of the patient, and will live in the patient's house. For short-term care, they provide private nursing service. Table 15 is summarized in the form of chart in Figures 41, 42 and 43.

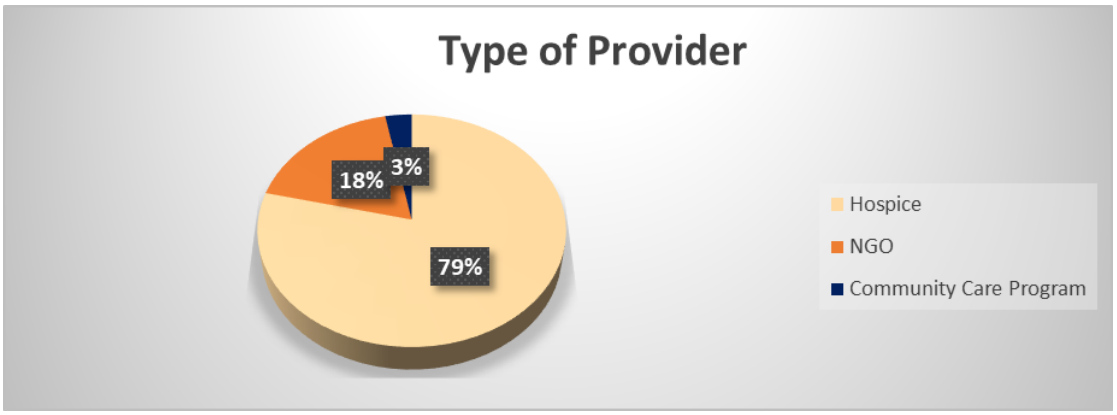

Figure 41: Type of Provider

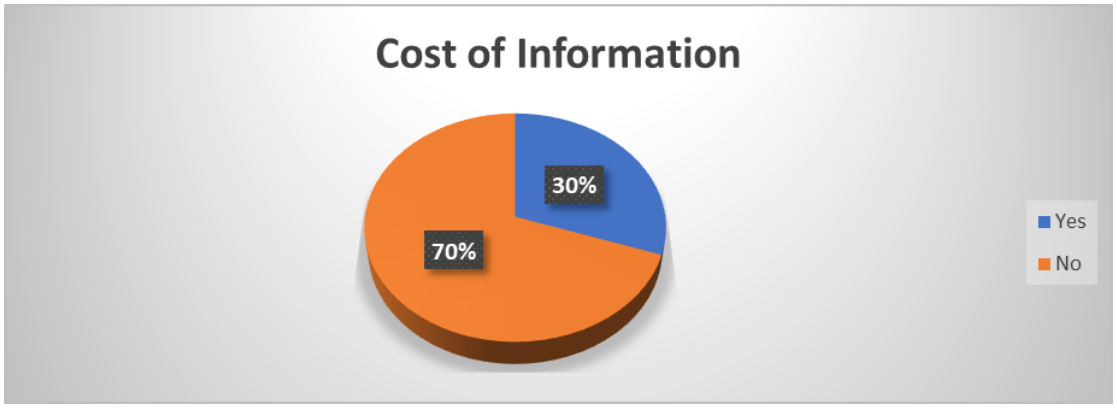

Figure 42: Cost of Information

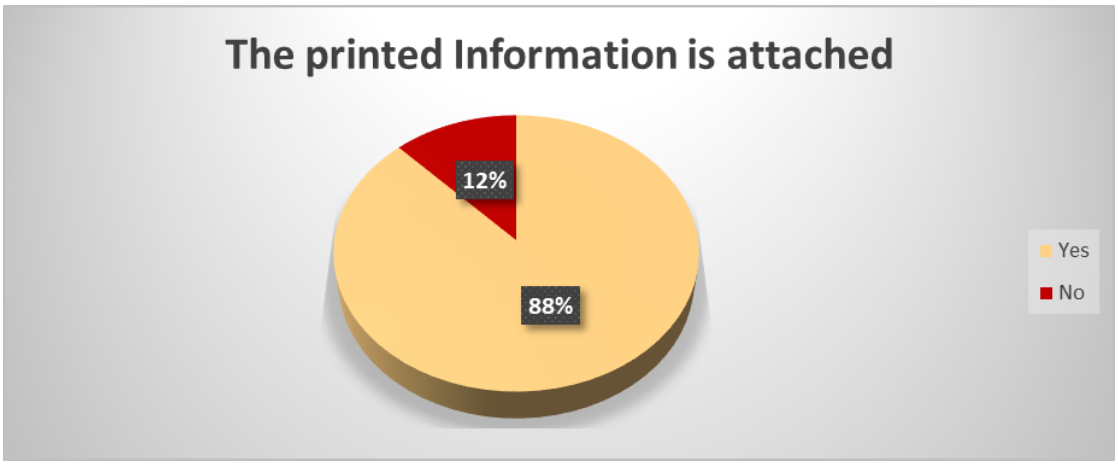

Figure 43: Printed Information Available

More details regarding cost are reported on Table 15 and Table 16.

Table 15: Details of Available Packages' Costs Around the World

No	Centre, Company, Institute, Hospital	Country	Human Resources
1	Bangladesh Institute of Health Science (BIHS)	**Bangladesh**	Doctor or Nurse: RM 27.8/day
2	Pallium India Trust	**India**	Doctor or Nurse
3	Swami Vivekananda Youth Movement - providing home services.	**India**	Doctor or Nurse
4	Kazakhstan Palliative Care Association	**Kazakhstan**	Doctor or Nurse
5	Green Pastures Hospital	**Nepal**	Clinic Visit: RM 14/day Clinic Visit – Average cost per day for inpatient care: RM 140/day
6	Hospice Wits	**South Africa**	Patient - Initial Home Visit: RM 42 per day
			Patient – Another follow up visit: RM 37 per day
7	E-Da Hospital	**Taiwan**	Doctor and Nurse
8	Bermuda Hospitals Board	**North America - Bermuda**	Doctor and Nurse

No	Centre, Company, Institute, Hospital	Country	Human Resources
9	Active Global Specialized Caregivers	**Singapore**	Nurse Per Month: RM 1000 Private Nurse – Bundle Price: Clinical Procedure: RM 341 per hour Private Nurse – Sunday and Public Holiday: Clinical Procedure: RM 273 daily Private Nurse – additional: Clinical Procedure: RM 170.50 per hour Private Nurse – Short Elder Bundle Price: RM 8,525 per 50 hours Private Nurse – Short Elder Bundle Price – Average Cost: RM 170.50 per hour Private Nurse – Short Elder Bundle Price - Additional: RM 170.50 per hour Private Nurse – Half day Bundle: RM 4,114 for 10 half days Private Nurse – Half day's bundle – average cost: RM 82 Private Nurse – Half day's bundle – Sunday and public holiday: RM 15 per hour Private Nurse – Half day's bundle – additional cost: RM 411 for half day Private Nurse – Full day Bundle: RM 3,885 for 5 full days Private Nurse – full day bundle – average cost RM 78 Private Nurse – full day bundle – Sunday and public holiday: RM 15 per hour Private Nurse – full day bundle – additional cost: RM 770 per full day
10	Bethell Hospice	**North America - Canada**	Doctor and Nurse
11	Near North Palliative Care Network	**North America - Canada**	Doctor and Nurse
12	Emily's House // Philip Aziz Centre	**North America - Canada**	Doctor and Nurse
13	Saskatchewan Hospice Palliative Care Association	**North America - Canada**	Doctor and Nurse
14	Casey House	**North America - Canada**	Doctor and Nurse
15	Princess Margaret Cancer Centre	**North America - Canada**	Doctor and Nurse
16	Centre to Advance Palliative Care (CAPC)	**North America - New York**	Doctor and Nurse

Table 16: Details of Available Packages' Costs Around the World

No	Centre, Company, Institute, Hospital	Country	Human Resources	Equipment (If any)	Medicine (If any)	Social Support	Meal's Plan
1	HOSPICE EAST RAND - provides appropriate homebased professional care.	**South Africa**	Nurse – Registration Fees – Medical Aid patients: RM 14 per day Nurse Registration Fees – Nonmedical Aid Patients: RM 840 per day	Hospital Beds: RM 78 per month Luxury Beds: RM 223 per month Oxygen: RM 78 per month Commodes, wheelchairs and eggbox mattress RM 560 per month Ripple Mattress RM 11 per month Bedpans, urinals, and sheepskins: RM 280 per month			
2	Shaukat Khanum Memorial Cancer Hospital and Research Centre (Cancer hospital in Pakistan)	**Pakistan**	Doctor or Nurse		Medicine for Cancer Patient		
3	Alexandra Hospital - Palliative Care Programme	**Singapore**	Doctor and Nurse		Medicine		
4	Margaret Bahen Hospice – Hospice Care Service Provider	**North America - Canada**	Doctor and Nurse			Social Support	
5	Holy cross Hospice Centre (This hospice centre offered palliative care services)	**Botswana**	Doctor or Nurse	Bed		Support Programs	
6	Institute of Palliative Medicine (IPM) (Provide palliative services in southeast Asia)	**India**	Doctor or Nurse	Bed			Vegetarian food

3.5.2 AVAILABLE COST PACKAGES IN MALAYSIA

Table 17 shows the finding of palliative care packages available in Malaysia. This data collected using content analysis and the calling method. The researchers searched and found these packages through the reliable websites of companies that provided these packages. As can be seen, this table provides the Centre, Company, Institute, Hospital that provided these packages, and their Email. This table also shows the type of provider which indicate the type of organization such as NGO, Hospice or Community service provider. The most important part which is presented by this study is a summary of the results received from email. Finally, the table shows if the providers have sent their catalogue, brochure, cost information and if the printed information is available or not.

The providers are located Malaysia. However, as can be seen, there is no palliative care centre. They are NGO, and hospice care provider. One of the providers that have sent their cost information is Sarawak Hospice Society. This centre is an NGO that provides palliative services for terminally ill patients and cancer. They are free of cost. They only provide home care services such as nurses' visits at the patient's houses. Equipment is loan such as the patient must pay RM10 per day and RM300 per month.

Another provider is Persatuan Hospice Pahang, which is an NGO that provides palliative care but now they do not have the staff and they are hiring new staff. Services- only outpatient, two nurses are provided. Equipment needs to borrow, for example, if the patient needs oxygen they need to apply for the equipment and keep RM300 as a deposit and refund only RM200. The remaining RM100 goes to this centre. The doctor needs to recommend, and all the services are free of charge.

Taiping Palliative Society is another example. Taiping Palliative Society is NGO that provides palliative services in Perak. They provide home care services and volunteering services. The nurse visits the patient at home. They provide beds only and for equipment, they have only a sucking machine. Medicine needs to purchase by the patient. They charge RM60 to RM70 per month for the services they are providing. More details regarding cost are reported on Tables 17 and 18.

Table 17: Summary of Available Palliative/Hospice Packages in Malaysia

No	Centre, Company, Institute, Hospital	Type	Summary of the results
1	Hospice Klang	Hospice	Provides the best possible palliative care for patients with terminal cancer in the Klang Community
2	Hospis Melaka	Hospice	Provides home visit program for end-of-life cancer patients only. Currently, have only one nurse. This centre does not provide 24 hrs service. The services are offered for the patient and family such as giving emotional support, guide on nursing care and changing urine or feeding tubes. Service is free.
3	Penang Hospice Society	Hospice	Provides holistic medical care in the homes of patients with advanced life limiting diseases, mainly cancer along with non-cancer patients.
4	Malaysian Association of Paediatric Palliative Care	NGO	For the moment, this centre does not provide palliative care due to the process of fundraising.
5	Palliative Care Association of Kota Kinabalu	NGO	Provides palliative care to patients who are suffering from incurable diseases. This is an NGO providing home services. Their equipment is loaned and free of cost.

No	Centre, Company, Institute, Hospital	Type	Summary of the results
6	Pertubuhan Hospice Negeri Sembilan	NGO	This is an NGO. Provide services to terminal ill cancer patients.
7	Assisi Palliative Care Berhad (ASPAC)	NGO	Home care services provider.
8	Sarawak Hospice Society	NGO	This is an NGO providing palliative services for terminally ill patients and cancer patients. Services provided are free of cost. They only provide home care services such as nurses visits at the patients' houses. Equipment is loaned and the patient has to pay RM 10 per day or RM 300 for a month.
9	Palliative care Association of Johor Baru	NGO	This palliative care provides services free of cost. It is an NGO. They provide services for cancer and terminally ill patients such as those with kidney failure. Nurses are provided for visits to patients' houses. They do not have any equipment.
10	Persatuan Hospice Pahang	NGO	This is an NGO which provides palliative care but now they do not have staff and are hiring new staff. Services - only for outpatients; two nurses are provided. Equipment needs to be borrowed by the patients. For example, if the patient needs oxygen they need to apply for the equipment and pay RM300 as deposit and will be refund only RM200. RM100 goes to this centre. All services are free of charge.
11	Taiping Palliative Society	NGO	This is an NGO providing palliative services in Perak. They provide home care services and volunteering services. Their nurses visit patients at home. They provide bed only and in terms of equipment, they have only a sucking machine. Medicine needs to be purchased by the patient. They charge RM 60 to RM 70 per month for the services they provide.
12	Hospis Kelantan	NGO	This palliative care is under the government. They provide inpatient services. They charge only RM 5 for hospital fees. For the equipment and medicines, the patient's family has to pay after the doctor's recommendation.

Table 18: Details of Available Packages Costs in Malaysia

No	Centre, Company, Institute, Hospital	Human Resources	Equipment (If any)
1	Hospice Klang	Doctor/Nurse	
2	Hospis Melaka	Doctor/Nurse	
3	Penang Hospice Society	Doctor/Nurse: Free of costs	Loan of Equipment
4	Malaysian Association of Paediatric Palliative Care	Doctor/Nurse	

No	Centre, Company, Institute, Hospital	Human Resources	Equipment (If any)
5	Palliative Care Association of Kota Kinabalu Sabah	Doctor/Nurse: Free of costs	Equipment depends on need: Free of costs
6	Pertubuhan Hospice Negeri Sembilan	Doctor/Nurse	
7	Assisi Palliative Care Berhad (ASPAC)	Doctor/Nurse: Free of costs	Equipment-Oxygen: RM 400 per month
8	Sarawak Hospice Society	Doctor/Nurse	Equipment Loan to Patient: RM 10 per day
9	Palliative care Asso, of Johor Baru	Doctor/Nurse: Free of costs	
10	Persatuan Hospice Pahang	Doctor/Nurse: Free of costs	Equipment-Oxygen RM 300 per month
11	Taiping Palliative Society	Doctor/Nurse	
12	Hospis Kelantan	Hospital Fees: RM 5 per day	

3.5.3 ADDITIONAL FINDINGS

To determine whether medical health services and benefits in Malaysia can meet the needs of customers, primary data was collected by using the interview method. The researchers interviewed four takaful companies in Malaysia. Since these data were collected for the purpose of research, all the data and information obtained are kept confidential.

The interview was an unstructured interview; however, the following questions were asked to the interviewees:

1. What are the medical health Takaful packages available at your company? *Apakah pakej-pakej Takaful medical yang ditawarkan oleh syarikat pengendali Takaful anda?*

2. If the packages cover critical illness, what kind of critical illnesses receive Takaful coverage from your company?
   Sekiranya pakej-pakej tersebut melindungi penyakit kritikal, apakah jenis-jenis penyakit kritikal yang mendapat perlindungan Takaful dari syarikat pengedali Takaful anda?

3. What are the benefits or services provided by each package offered?
   Apakah manfaat dan servis yang diberi dari setiap pakej yang ditawarkan?

4. Can the claims/benefits be received by policy holders while still during the policy agreement or only after deceased?
   Adakah Penggunaan Manfaat boleh diperolehi oleh pemegang sijil semasa masih dalam perjanjian polisi ataupun hanya akan diperolehi setelah meninggal dunia?

5. If the policy has reached maturity, but there is no claim made by the policy holder, will the policy holder receive any refund from contributions made?
   Sekiranya tempoh polisi sudah matang, tetapi tiada sebarang tuntutan dari pihak pemegang polisi, adakah pemegang polisi akan memperolehi pulangan semula wang caruman?

6. If YE, how will the refund process be carried out? (Example, in percentage or cash amount)
   Sekiranya ada, bagaimanakah proses pemulangan semula akan dijalankan? (cnth dlm % atau duit)

7. If the policy holder requires home nursing service and medications, can the policy holder claim the cost-of-service charge from the medical Takaful package which they have chosen?
   Sekiranya pemegang polisi memerlukan perkhidmatan Jururawat di rumah dan ubat-ubatan, adakah mereka boleh menuntut kos bayaran perkhidmatan dari pakej Takaful kesihatan yang mereka pilih?

8. If YES, what is the specification for the payment cost or service which are subject to the terms of the claim?
   Sekiranya boleh, apakah spesifikasi kos bayaran atau servis yang tertakluk pada syarat tuntutan?

9. In your opinion, is the medical health Takaful service in Malaysia able to fulfil the needs of customers?
   Pada pendapat anda, adakah perkhidmatan takaful kesihatan di Malaysia dapat memenuhi keperluan pengguna?

10. Based on your experience in the takaful industry, is there any improvement that can be made for the takaful industry especially for medical health Takaful?

Berdasarkan pengalaman anda di dalam industri takaful, adakah sebarang penambahbaikan yang boleh dilakukan kepada industri takaful terutamanya kepada Takaful kesihatan.

Table 19 outlines the list of questions that were asked during the four interview sessions and what the researchers seek to achieve. As can be seen, there were a total of 10 questions asked.

Table 19: Questions that are Asked in Four Interviews

Question Number	Objective to Be Achieved	Purpose
1	To know the current available package (if any), offered by the Takaful operator/company.	Help to develop suitable package for FWD Takaful
2	To know the possibility of palliative care offer.	To get any indirect palliative care offer from critical illness.
3	To know the latest benefits or services by competitors.	Help to develop suitable elements to put in propose palliative package.
4	To know the latest benefit or services in medical health by competitors.	Help to develop suitable element to put in propose palliative package.
5	To know how the company implemented takaful practice based on Shariah principles.	Help to develop package to suit with Shariah requirements.
6	To determine the available services and specific offers on palliative care.	To see the gap between the competitors.
7	To know the cost of services provided specifically for palliative care	Help to propose a costing plan based on available palliative care package in the market
8	To know the gap in takaful industry.	To offer suitable services for proposed package for FWD customers.
9	To determine any issue in filling the gap.	Help to see future research collaborations.

Table 20 indicates the summary of all the interviews that have done by the researchers to collect primary data. The interviews also show the available palliative care services by companies that joined the interview.

As an example, one of the interviewees shared some information related to their available packages and their prices. Their package's name is Medica 2015, this package covers all the necessary services for critical illness. The patient can claim cash after completing the medical procedure, and they are required to pay very low deposits in the hospital. Regarding critical illness, the company covers 36 different critical illnesses. They also mentioned costs information, for Medica 2015, the initial coverage cost is from RM150 to RM1500 per room. This company also mentioned that an average company's income for 3

years is RM24000* 3years = RM 72000 which this amount can be used by clients for medical purposes or for any other commitment such as investment, loan, etc.

Under Medica 2015, benefits and services are offered to the policyholder by the company. They are to reduce the patient admission deposit; the patient will be admitted to the best Malaysian private hospital. the company will manage and settle all the hospital bills, in addition, they provide a 20% discount if the client did not claim the coverage within one year. Critical illness product benefits and services help with the policyholder's future. For example, clients can use the money for future savings such as loans. However, in some cases when a human gets diagnosed with a critical illness, and he/she gets fired from work, in this case, the patient can claim the cash and use it for the future. This company also provide private home nursing, mentioned that the coverage or the cost for the private home nursing depends on the package/coverage. For example, if the client purchases a plan for RM150 and he/she got diagnose with a disease which cost RM250, in this case, the company will only pay RM150 and the remaining RM100 need to be paid by the patient. This company also provides RM5,000 for the funeral expenses.

Other company that interviewed by this group, mentioned that they provide two medical health plans. The plans have life coverages such as death and critical illness. They mention that the planes have an unlimited lifetime service, and policyholders can claim surrender value for the package. For example, when policy gets matured the policyholder can claim for the surrender value. If the policyholder adds an extra package, the policyholder will be able to withdraw cash value. They mentioned that some plans provide life coverage services, such as death, disability, and critical illness, as well as accidental coverage, accidental medical coverage, income replacement, and savings. The company provides Smart Saver 300, which is also known as co-takaful. which means policyholders pay only RM300 when hospitalized. The company also mentioned that their minimum plan is from RM150,000 up to RM400,000. The minimum cost for room and bed is RM100.

The next interviewee mentioned that they prepare a package to cover medical and health for the client and 36 critical illness (including stroke and cancer) for those who categorized as critical illness. Based on the plan, if the customer chooses RM1,000 at first should be paid RM800. The lowest plan is at RM200, and the highest is at RM2,000. This company provides a full coverage option and hospitalization benefits of Room and Board up to RM2,000. The company have four plans with hospitalization room and board lowest at

RM2,000 with an initial overall annual limit of RM200,000 and highest RM2,000 with an overall annual limit of RM2,000,000. Based on the plan, the company will give a deductible at the payment. For example, if the client chooses RM1,000 deductible, the client must first pay RM800 and the company will not cover, then if the client has other surgery with cost RM5,000, they just need to pay the balance of RM1,000.

Finally, the last interviewee mentioned that they have two packages for medical coverage, and for critical illness. The company covered 45 critical illnesses with payment of cash, 11 of type critical illnesses are a specialty for children. The company mentioned that clients for medicine can claim until 90 days. The company explained that, if the plan is life insurance the claim is only after the person is dead and for medical the covered with the disease that has been awarded. For critical illness, permanent disability, allowance disability, and accident can claim if the person has been categorized with the sickness that has been mentioned. The company mentioned refund contribution is only for one of the plans, it depends on the plan, but the compulsory for the client must have minimum RM 1000 in their account if they want to have a new policy.

Table 20: Interview Sessions Results

No.	Objective to be Achieved	Yes/ No	Extraction from Interviews sessions	List Down the highlighted: 1)Services 2) Costs (If Any) 3) Guideline (If Any)
1st Interviewee				
1	To know the current packages offered by the Takaful operator/company	Yes	1. Medica 2015 product (It covers both, inpatient, and outpatient as well as any critical illness. For this product, clients/patients can only claim cash through their company). 2. Critical Illness Product (It covers 36 critical illness and for this product, Zurich Takaful will pay cash to the client for critical illness as well as future savings, this product is also known as Rider)	**1-1) Medica 2015 product**, for this product all the critical illness services are covered. Patient can claim cash after completing the medical procedure in the hospital. Patients must pay very low deposit in the hospital.
				1-2) Critical illness product, Zurich takaful 'critical illness' product provides, services/plans in which they covered 36 different critical illness. Patient/Client can claim direct cash. Cash can be used for other purposes such as investment, loan etc.
				2-1) Yes, they mentioned something related to Costs, such as Zurich Takaful Provide Pictures. The initial per room coverage cost under **Medica 2015 product** covers from RM150 to RM1,500 per room.
				2-2) Whereas in Critical illness product Zurich Takaful mentioned example. For instance, an average income for 3 years is RM24,000*3years = RM72,000. This RM72,000 can be used by clients for medical purpose or for any other commitment such as, investment, loan etc.

No.	Objective to be Achieved	Yes/ No	Extraction from Interviews sessions	List Down the highlighted: 1)Services 2) Costs (If Any) 3) Guideline (If Any)
2	To know the possibility of palliative care offers.	Yes	1. Zurich Takaful operator does provide palliative care also known as private home nursing, but all the plans are depending on each coverage.	**1-1) Y**es, they mentioned in the video that, they offer palliative care services to the patient. In which they provide private nurses and more. **2-1) T**he coverage or the cost for the private home nursing are depend on the package/coverage. For example: if client purchase plan RM150 and he/she got diagnose with a disease which cost RM250, in this case Zurich takaful will only pay RM150 and the remaining RM100 need to be paid by the patient.
3	To get to know the latest benefits or services by rival.	No		
4	To get to know the latest benefit or services in medical health by rival.	Yes	1. Zurich takaful do provide benefits or services in both of their product **Medica 2015 Product** and **Critical illness Product**.	**1-1.** Under **Medica 2015 product** benefits and services are offered to the policyholder by Zurich takaful. They are to reduce the patient admission deposit; patient will be admitted to the best Malaysian private hospital. Zurich takaful will manage and settle all the hospital bills, in addition, they provide 20% discount for premium next year, if the client didn't claim the coverage within one year. . **1-2.** Critical illness product benefits and services are it helps with the policyholder future. for example, with help of this product client can use the money for future savings such as loan. however, in some cases when a human gets diagnose by critical illness, he/she get fired from work. In this case the patient can claim the cash and use for future **2-1.** Provide RM5k for funeral expenses.
5	To know how the company is implementing takaful principle based on shariah method.	No		
6	To achieve better services, what other offers are specifically on palliative care.	Yes	1. They provide services such as private home nursing.	They do not mention any specifics on palliative care.
7	To know the cost of services that are provided specifically for palliative care	Yes	1. The cost for each palliative care service; depends on the coverage.	**1-1.** The services that they mentioned, provide private nursing service to the patient's house. **2.1.** The cost for each palliative care depends on each coverage. For example, if a client purchases a plan of RM150 and he/she got diagnosed with a critical illness that costs RM250, for this, Zurich takaful will only pay RM150 and the remaining balance of RM100 will be paid by the patient.
8	To know what is lacking in the industry.	Yes	1. In this current time Zurich Takaful can fulfil the lacking in industry but in future Zurich takaful operator will not be able to fill the lacking in industry because of inflation of medication.	**1-1.** They mention during interview Medial Card products are important but not as important as critical illness products because when a person gets diagnosed with a critical illness medical card product can only pay the patient hospital bills. **1-2.** Critical illness products are very important for future references as it helps the patient to claim direct cash as well as invest in future, such as in-house nursing.
9	Find any issue relevant to fill the gap.	No		
10	Others	No		

No.	Objective to be Achieved	Yes/ No	Extraction from Interviews sessions	List Down the highlighted: 1)Services 2) Costs (If Any) 3) Guideline (If Any)
2nd Interviewee				
1	To know the current packages offered by the Takaful operator/company	Yes	1. Traditional Plan (PruBSN Anugerahplus) and Investment Link (PruBSN Setia) are the two products offered by BSN takaful. PruBSN Anugerahplus is basically a medical health plan. 2. Investment Link (PruBSN Setia) product have life coverages such as Death, Critical illness etc.	**1.1.** They mention that **PruBSN Anugerahplus** have the unlimited lifetime limit service, policyholder can claim surrender value for the package. For example, they mentioned that, when policy get matured the policyholder can claim for the surrender value. If policyholder add on extra package, the policyholder will be able to withdraw cash value. **1.2.** They mention PruBSN Setia provide life coverage services, such as death and disability, critical illness, Accidental Coverage, Accidental medical coverage, income replacement and savings/investment. Provide deductible option for purchasing low coverage. provide Smart Saver 300, which is also known as co-takaful. which means policyholder pay only RM300 when hospitalize. 2.1) They mention PruBSN Anugerahplus, there minimum plan is RM150,000 up to RM400,000. Minimum cost for room & bed is RM100.
2	To know the possibility of palliative care offers.	Yes	1. Outpatient services are offered by palliative care.	**1.1.** They mention in the pdf that, PruBSN Setia product covers outpatient critical illness.
3	To get to know the latest benefits or services by rival.	No	N/A	N. A
4	To get to know the latest benefit or services in medical health by rival.	Yes	1. In PruBSN the benefit or services for medical health can customize by policyholder.	**1-1.** Based on the interview, benefits provided by BSN are death and disability benefits, critical illness benefits as well as accidental benefits. The benefit from life coverage is that policyholders can claim cash. In medical card, the benefit is that it helps with all the hospital expenses.
5	To know the cost of services that are provided specifically for palliative care	Yes	1. In PruBSN takaful, they offer palliative care services which are known as outpatient treatment. Policyholders can claim this offer from medical card. Furthermore, this will be in claim and pay bases. If the policy holder subscribes to high critical illness such as kidney failure, cancer etc, the can claim the cash and use for their benefit.	**1.1.** It is mentioned in the pdf for further understanding.
6	To know the cost of services that are provided specifically for palliative care	No	1. Cost and Services are based on each coverage.	**1.1.** It is mentioned in the pdf that the minimum coverage for **PruBSN Setia product** is RM25,000
7	To know what is lacking in the industry.	Yes	PruBSN takaful and other takaful industries have aspects that are lacking while BSN and other Takaful operators in Malaysia need to focus on medicine inflation.	
8	Find any issue relevant to fill the gap.	Yes	The gap in most of the takaful industry is they need to focus on medicine inflation,	
9	Others	No	N/A	

No.	Objective to be Achieved	Yes/ No	Extraction from Interviews sessions	List Down the highlighted: 1)Services 2) Costs (If Any) 3) Guideline (If Any)
3rd Interviewee				
1	To know the current package, offer by Takaful operator/company	Yes	There are two packages that available at FWD there are: A. FWD Medical Rider B. FWD Critical Illness Rider	1) Services for FWD Medical Rider package to cover medical and health for client and FWD Critical Illness to give protection for those who categorized as critical illness 2) Based on plan, if customer choose RM1,000 at first should paid RM800. 3) Yes with PDF and PowerPoint 3-1) The guideline explain there are 2 services that provide which are Medical and Critical illness with details of benefit plan. 3-2) The guideline explain for FWD Medical Riders mentioning lowest plan at RM200 and highest at RM2,000
2	To know the possibility palliative care offer.	Yes	There are 36 critical illness that FWD covered	1) Critical illness with 36 illness that they covered including stroke, cancer and etc. 2) Not mentioning the cost while in interview 3) Yes with PDF and Power point 3-1) The guideline explains about 36 critical illness that they covered 3-2) No
3	To get to know latest benefit or services by rival.	Yes	For FWD Critical Illness they paid 100 % if someone suffering based on 36 categorize of critical illness and FWD Medical rider, the company has full coverage full option	1) Based on plan, the company will give deductible at the payment for example if client choose RM1,000 deductible at first we have to paid RM800 and the company will not give coverage, at the next moment if the client has other surgery with cost RM5,000, we just need to paid the rest balance of RM1,000. 3) Yes, with Pdf 3-1) FWD Medical Rider with full coverage option or Hospitalisation Benefits of Room and Board up to RM2,000 3-2) The company have 4 plan with hospitalisation room and board lowest at RM2,000 with initial overall annual limit of RM200,000 and highest RM2,000 with overall annual limit of RM2,000,000
4	To get to know latest benefit or services in medical health by rival.	Yes	Both packages FWD Medical Rider and Critical Illness can enjoy the plan during alive and diagnosed based on 36 types of critical illness	1) Both package FWD Medical Rider and Critical illness can be enjoyed during alive and diagnosed based on 36 types of critical illness 2) N/A 3) No
5	To know how company, implement takaful principle based on shariah method.	No	For FWD Medical Rider and Critical illness there is no refund made because the company offer the benefit, there is no saving.	1) There is no refund for both package 2) N/A 3) No
6	To know how company, implement takaful principle based on shariah method.	No	For FWD Medical Rider and Critical illness there is no refund made because the company offer the benefit, there is no saving.	1) There is no refund for both package 2) N/A 3) No
7	To achieve services, offer specific on palliative care.	No	For FWD Medical Rider and Critical illness there is no refund made because the company offer the benefit, there is no saving.	1) There is no refund for both package 2) N/A 3) No
8	To know cost Services provided specifically for palliative care	No	For FWD Medical Rider and Critical illness there is no refund made because the company offer the benefit, there is no saving.	1) There is no refund for both package 2) N/A 3) No
9	To know lacking in industry.	Yes	Takaful can meet and fulfil customer needs and want by giving high coverage and affordable payment to the customer. The company also provide hibah in the policy	N/A
10	Find any issue relevant to fill the gap.	No	The company think there is no need any improvement for takaful company.	N/A

No.	Objective to be Achieved	Yes/ No	Extraction from Interviews sessions	List Down the highlighted: 1)Services 2) Costs (If Any) 3) Guideline (If Any)
4th Interviewee				
1	To know the current package, offer by Takaful operator/company	Yes	There are two packages which are "I Medi Harapan" and "Great EO"	1) The company have two packages there are I Medi Harapan which is refer to medical, the benefit is only for medical don't have any saving, and "Great EO" is add on for critical illness, total permanent, allowance benefit and accident. 2) N/A 3) No
2	To know the possibility palliative care offer.	Yes	The packages call Great EO which add on with critical illness that covered 46 illness	1) The company covered 45 critical illness with payment of cash, 11 of type critical illness are speciality for children. 2) N/A 3) No
3	To get to know latest benefit or services by rival.	Yes	The Great EO packages company will be paid full amount based on critical illness type and for I media Harapan based on settlement which disease has been awarded	1) The company offered for great EO will paid full by cash amount based on critical illness type, for permanent disability must follow that they have two eyes two hands and two legs and if there is money rest, they can used it for other things such as family. 2) N/A 3) No
4	To get to know latest benefit or services in medical health by rival.	Yes	The I medi harapan package basically is based on plan, for life insurance after the person is dead. Great EO is based on critical illness that covered	1) The company explain that for I medi harapan is basic on plan, if the plan is life insurance the claim is only after the person is dead and also for medical the covered with disease that have been awarded. Great EO for critical illness, permanent disability, allowance disability and accident can claim if the person has been categorized with the sickness that have been mentioned. 2) N/A 3) No
5	To know how company, implement takaful principle based on shariah method.	Yes	The company mentioned for refund contribution is based on plan that we take except for I medi harapan	1) The company mentioned for refund contribution is based on plan that we take except for I medi harapan. 2) N/A 3) No
6	To know how company, implement takaful principle based on shariah method.	Yes	There is any refund contribution based on the saving part.	1) The company has management team part that would make segregation for each part on plan for each customer, for example if the client paid RM200 plan there are RM50 that goes to saving 2) N/A 3) No
7	To achieve services, offer specific on palliative care.	No	The company doesn't have any offer on palliative care such as home nursing care	1) The company did not have any other palliative care but for medicine they can claim until 90 days all plan or 180 days new plan 2) N/A 3) No
8	To know cost Services provided specifically for palliative care	Yes	The company on payment back policy is depending on the client.	1) The company for refund contribution based on client plan, but the compulsory for the client must have minimum RM1,000 in their account if they want to have new policy. 2) N/A 3) No
9	To know lacking in industry.	Yes	The company think that Malaysia Takaful Medical health can fulfils needs because is fully covered of health.	N/A
10	Find any issue relevant to fill the gap.	No	The company there is no need for improvement due to takaful medical health is already good can covered even small cost.	N/A

4.0 MARKETING STRATEGIES

Finding from the industrial analysis and interview analysis there are six care givers for nursing services in Malaysia. Table 21 below shows the top six care givers in Malaysia.

Table 21: Top Six Care Givers in Malaysia

Care Giver	Nurses Charge/day 8am-5pm	Daily activities	Basic Nursing	Companionship	Meal Preparation	Basic Housekeeping	Dispensing medication	Grooming & Hygiene	Basic Physiotherapy	Mind Stimulation
My Careconcierge	RM200	/	/	/	/		/	/	/	/
Homage	RM232	/	/	/	/		/	/		/
Homecareasia	RM120	/	/	/	/	/				
Doctorhouse	RM200	/	/	/			/	/		/
Calitycare	RM100	/	/	/	/		/	/	/	/
Metro Elder Care	RM60	/	/		/		/	/		/
AVERAGE	RM132									

As Table 21 explains, most private insurance plans cover palliative care services in the hospital, in rehabilitation and in skilled nursing or hospice facilities. Based on the industry analysis that has been conducted by the researchers none of the insurance provide coverage for home base palliative care.

Digital marketing content should be the new way of marketing as it guarantees wider reach to prospective clients. That is not to say agents are no longer needed in product explanation, but a more comprehensive information can be presented via digital based platform. Animated illustration should also be visited as it can draw greater interest for the community to be expose on the idea of palliative care.

4.1 PROMOTIONAL STRATEGIES

Digital marketing content via digital-based platform is the new way of marketing as it guarantees wider reach to prospective clients. This is complementary to the role of agents, providing more comprehensive information. Since the introduction of broadband networks thirty years ago, 5G is the fifth wave of cellular network technologies. It is the most important data network advancement to date, promising significantly higher upload and download rates (up to 10 to 20 times faster than what we currently have), greater reach, and more reliable connections than we currently have. 5G technology will change the future because it will enable robots, sensors, and other devices to interact with one another, allowing new inventions to emerge.

The Malaysian government has welcomed the rapid growth of digitalisation through the National Fiberisation and Connectivity Plan (NFCP), which aims to provide reliable, ubiquitous, high-quality, and affordable digital connectivity for the people's welfare and the country's progress. In November 2018, the government formed a national 5G Task Force under the Malaysian Communications and Multimedia Commission (MCMC) to review and propose a comprehensive plan for 5G rollout in Malaysia. Many milestones have been accomplished since then, and Malaysia is now in the 5G Demonstration Phase (5GDP), with one of its goals being to expand Malaysia's 5G ecosystem through tests conducted in a live but regulated environment. The 5GDP is currently underway, having begun in October 2019 with business partners evaluating 5G networks around the country across multiple programmes, and was originally expected to end in March 2020 before the COVID-19 outbreak. Agriculture, digital healthcare, education, entertainment/media, manufacturing and process industries, oil and gas, smart city, smart transportation, and tourism are among the sectors (also known as verticals) that will be covered by these programmes. Some of these scenarios will be commercialised by MCMC as early as the third quarter of 2020. As a result, Malaysia is one of the first ASEAN countries to implement the fifth-generation network. The graphic below depicts Malaysia's success in 5G, as described in MCMC's Media Briefing on 5G Malaysia Demonstration Projects in September 2019. (Sector, n.d.).

Malaysian Reinsurance Berhad, as the country's reinsurer, aspires to welcome and respond to all the improvements that 5G will bring. Malaysian Reinsurance Berhad has pioneered several projects to embrace technical advances under the new fourth generation network. Malaysian Reinsurance Berhad and manages the Central Administration Bureau (CAB) to make the administration of facultative claims easier. Furthermore, Malaysian Reinsurance Berhad recently unveiled the eMacs scheme, which will replace its obsolete predecessor for the filing of pending claims files and statements of account for Voluntary Cession and Auto Facultative Claims. This system is currently in operation across the Malaysian industry, with main updates such as warning, upgrade records, and major loss resolution, as well as related supporting documentation, set to be released shortly. This aligns with the company's VCP-T20 approach of offering value-added services that improve the customer experience. In December of last year, Malaysian Reinsurance Berhad released the Malaysian Insurance Highlight 2019, which provides an in-depth look at the current opportunities and threats facing Malaysia's general insurance industry. Digitalisation and how technology has actively reshaped the market is one of the developments discussed. However,

according to MIH estimates, 84 percent of respondents believe that observable impacts from insurance-related ecosystems are insignificant (Hanis, 2017).

In October 2019, Malaysian Reinsurance Berhad released its third version of ASEAN Insurance Pulse 2019. The third edition emphasises the effects of digitalisation, with one of the main results being that 50 percent of ASEAN insurers involved in the survey spent just 1 to 2% of their total premiums on digitalisation initiatives (excluding general IT expenditures).

According to the findings of both Pulse and MIH, a significant number of insurers in the area are still hampered by outdated systems and therefore unable to satisfy the data demands necessary for a meaningful transfer to sophisticated technologies. Even more worrying is the fact that it seems that a large amount of insurance executives in the area are already stuck in the legacy mentality and are unable to spend more in technology. Malaysian Reinsurance Berhad believes that adequate investment in 5G technologies would allow insurers to profitably monetise their customers increasingly digitally formed conduct, with potential for better customisation and scaling up product offerings (Code & Published, 2021). As such, the use of digital applications can attract greater interest on palliative care packages among Malaysians.

4.2 DISTRIBUTION CHANNEL

FWD Takaful distribution channel should utilize a centralized information system that gather care givers, customers and FWD Takaful in a single platform. This acts as a one stop centre that houses all relevant information of palliative care takaful packages and palliative care services, as well as its providers, pricing, and mechanism for easy access. Technology, especially in apps-based technology should be utilized to its max as it is able to attract more prospective clients due to its wide range of access.

5.0 PROPOSED TAKAFUL CONTRACT

Based on the respondent's opinions, there is a huge gap and business opportunities that can be explored in palliative market segment. This is because not all hospitals employ specialists palliative care positions even if they do, they are known as specialized palliative care services. It is important to be noted, that some district hospitals do provide basic palliative care, but the main aim is not to treat the symptoms. Therefore, they are focusing on nursing services at the hospitals. However, due to the limitation of space, not everyone could be placed for palliative treatment in general hospitals. As a result, many of the patients that

are bedridden at home will receive treatment from the NGO or registered caretakers or namely caregivers. The respondents also mentioned that most of the patients are preferred to be at home, unless if they have enough financial resources to hire private nurse. The interview responses can be concluded to suggest there is a crucial need to offer package for home-based palliative care for those who prefer to be at home along with family members.

Older people will not accept that they are suffering because they do not want their freedom to be compromised. One of the key advantages of home healthcare service is that it allows elderly people to continue doing regular activities such as exercising, washing, dressing, and cooking meals. In this way, they will survive, if possible, at home independently.

FWD Takaful in current time is already using Wakalah Model to establish the contracts for most of its products. However, based on our findings, we propose that the Mudharabah model is more appropriate for palliative care product. Mudharabah model is based on partnership principle, which would better suit the requirements for palliative care which brings up the need for long-term investment. The Islamic Financial Services Act 2013 is applied for takaful contracts (as an Islamic finance product).

6.0 PROPOSED PACKAGES

Based on all findings reported from this study, this study proposes two packages which only contain the main and necessary needed services by clients. The proposed packages are as follows:

Package 1: Hospital-based

Package 2: Community-based

The current study had found that the major costs that would be prevalent when it comes to palliative care in various healthcare providers worldwide would include human resources, medical equipment, medication, and social support. If clients subscribe either of our proposed package, they will be eligible to receive all the mentioned services for each selected package by them. Other than that, it has also been found that there are other costs that would be relevant to be packaged together with the main costs. Hence, services such as transportation, surgery, and laboratory will be dependent on their selection. The costs and services will be changed based on the client demands or purchases. Costs component for both packages are described in Table 22.

Table 22: Components of Related Costs

Packages Type	Components of Cost
Hospital	Inpatient hospital admissions/bed days
	Personnel costs/ Human Resource
	Medical supplies, equipment, and aids
	Inpatient procedures (surgery, chemotherapy, etc.)
	Investigations, laboratory & diagnostic costs
	Drugs & medications
	Outpatient hospital admissions
	Emergency room visits
	Ambulatory costs & transport
	Hospital day care
	Outpatient procedures (chemotherapy etc.)
	Overhead costs (building costs & capital depreciation)
	Palliative care unit admission
	Palliative care outpatient clinics
Community/home-based	General practitioner/family physician surgery visits
	Medical & nursing home visits
	Allied health home visits (physiotherapy, mental health)
	Other home visits (social services, home care, other cares)
	Drugs & medications
	Medical equipment, aids and adaptations
	Day care services
	Stays in long-term care homes, nursing homes, skilled nursing facilities
	Transportations
	Diagnostic tests, laboratory tests
	Personal support (bathing, feeding, dressing, home help)
	Other social services (meals on wheels, etc.)
	Nutritional counselling
	Dental services
	Communication costs
	Residential respite care and rehabilitation
	Overhead costs

6.1 PACKAGE 1: HOSPITAL-BASED

Table 23: Hospital-Based Package - Cost Estimation

	CLINICAL PROCEDURE	CONSULTATION CHARGES	HALF DAYS SERVICE	FULL DAYS SERVICE
DESCRIPTION	Minimum cap of one hour per session	50 hours in 25 sessions with experts and nurses who has personal professional qualification	10 sessions (5 hours per session)	5 sessions (10 hours per session)
PRICE	RM120 per session	RM3,000	RM1,500	RM1,300
AVERAGE COST PER HOUR	Not available	RM60	RM30	RM26
COST OF EXTENSIONS	RM50 per extra hour	RM50 per extra hour	RM150 per extra hour	RM255 per extra hour

Assumptions:

1. Costs are assumed to be up to recovery, based on maximum trajectory periods of illness – 8 years.
2. Cost of extensions starts from RM9,000 – 12 weeks of suggested reablement period.
3. Cost increased by 10% each year.
4. Risk of occurrence is 10%.
5. Analysis is made on break-even: cost equals income, no profit obtained.

Analysis:

1. Cost Estimation Per Year

Table 24: Hospital-based Package – Cost Estimation Per Year

Cost Estimation Per Year		
Cost/Year@10 Qualifying Patients	MYR	56,360
Cost/Year@50 Qualifying Patients	MYR	281,800
Cost/Year@100 Qualifying Patients	MYR	563,600
Cost/Year@1000 Qualifying Patients	MYR	5,636,000
Cost/Year@2500 Qualifying Patients	MYR	14,090,000

2. Estimated Increase in Cost Per Year

Table 25: Hospital-based Package - Estimated Increase in Cost Per Year

Year	Estimated Increase in Cost	Year	Estimated Increase in Cost	Year	Estimated Increase in Cost
1	MYR 5,636.00	11	MYR 14,618.33	21	MYR 37,916.19
2	MYR 6,199.60	12	MYR 16,080.17	22	MYR 41,707.81
3	MYR 6,819.56	13	MYR 17,688.18	23	MYR 45,878.59
4	MYR 7,501.52	14	MYR 19,457.00	24	MYR 50,466.45
5	MYR 8,251.67	15	MYR 21,402.70	25	MYR 55,513.09
6	MYR 9,076.83	16	MYR 23,542.97	26	MYR 61,064.40
7	MYR 9,984.52	17	MYR 25,897.27	27	MYR 67,170.84
8	MYR 10,982.97	18	MYR 28,486.99	28	MYR 73,887.93
9	MYR 12,081.27	19	MYR 31,335.69	29	MYR 81,276.72
10	MYR 13,289.39	20	MYR 34,469.26	30	MYR 89,404.39

3. Customer Charges Per Year

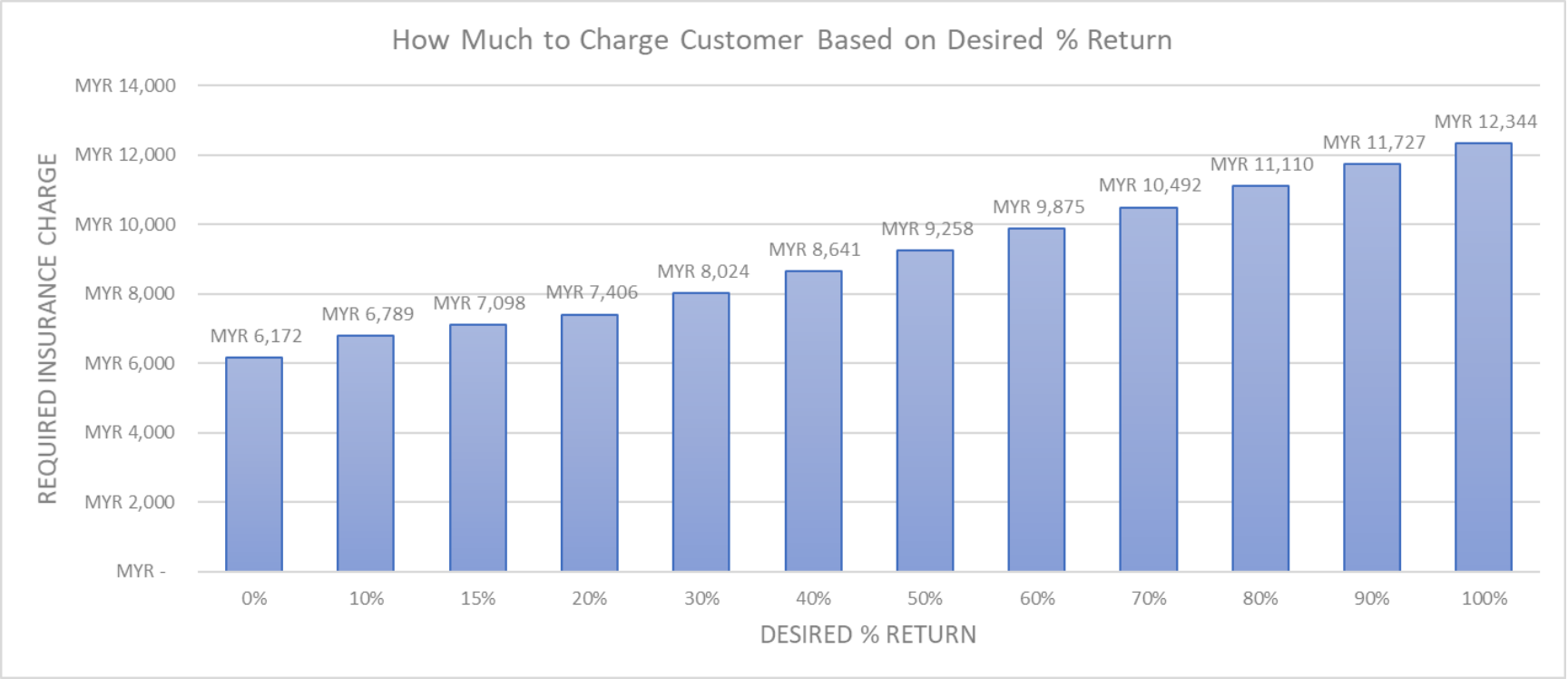

Figure 44: Hospital-based Package - Proposed Customer Charges Per Year

6.2 PACKAGE 2: COMMUNITY-BASED

Table 26: Community-based Package – Cost Estimation

	CLINICAL PROCEDURE	CONSULTATION CHARGES	HALF DAYS SERVICE	FULL DAYS SERVICE
DESCRIPTION	Minimum cap of one hour per session	50 hours in 25 sessions with in-house caregivers	10 sessions (5 hours per session)	5 sessions (10 hours per session)
PRICE	RM240 per session	RM2,500	RM2,000	RM1,850
AVERAGE COST PER HOUR	Not available	RM50	RM40	RM37
COST OF EXTENSIONS	RM50 per extra hour	RM50 per extra hour	RM150 per extra hour	RM255 per extra hour

Assumptions:

1. Costs are assumed to be up to recovery, based on maximum trajectory periods of illness – 8 years.
2. Cost of extensions starts from RM9,000 – 12 weeks of suggested reablement period.
3. Cost increased by 10% each year.
4. Risk of occurrence is 10%.
5. Analysis is made on break-even: cost equals income, no profit obtained.

Analysis:

1. Cost Estimation Per Year

Table 27: Community-based Package – Cost Estimation Per Year

Cost Estimation Per Year		
Cost/Year@10 Qualifying Patients	MYR	61,720
Cost/Year@50 Qualifying Patients	MYR	308,600
Cost/Year@100 Qualifying Patients	MYR	617,200
Cost/Year@1000 Qualifying Patients	MYR	6,172,000
Cost/Year@2500 Qualifying Patients	MYR	15,430,000

2. Estimated Increase in Cost Per Year

Table 28: Community-based Package - Estimated Increase in Cost Per Year

Year	Estimated Increase in Cost	Year	Estimated Increase in Cost	Year	Estimated Increase in Cost
1	MYR 6,172.00	11	MYR 16,008.58	21	MYR 41,522.13
2	MYR 6,789.20	12	MYR 17,609.44	22	MYR 45,674.34
3	MYR 7,468.12	13	MYR 19,370.38	23	MYR 50,241.78
4	MYR 8,214.93	14	MYR 21,307.42	24	MYR 55,265.95
5	MYR 9,036.43	15	MYR 23,438.16	25	MYR 60,792.55
6	MYR 9,940.07	16	MYR 25,781.98	26	MYR 66,871.81
7	MYR 10,934.07	17	MYR 28,360.17	27	MYR 73,558.99
8	MYR 12,027.48	18	MYR 31,196.19	28	MYR 80,914.88
9	MYR 13,230.23	19	MYR 34,315.81	29	MYR 89,006.37
10	MYR 14,553.25	20	MYR 37,747.39	30	MYR 97,907.01

3. Customer Charges Per Year

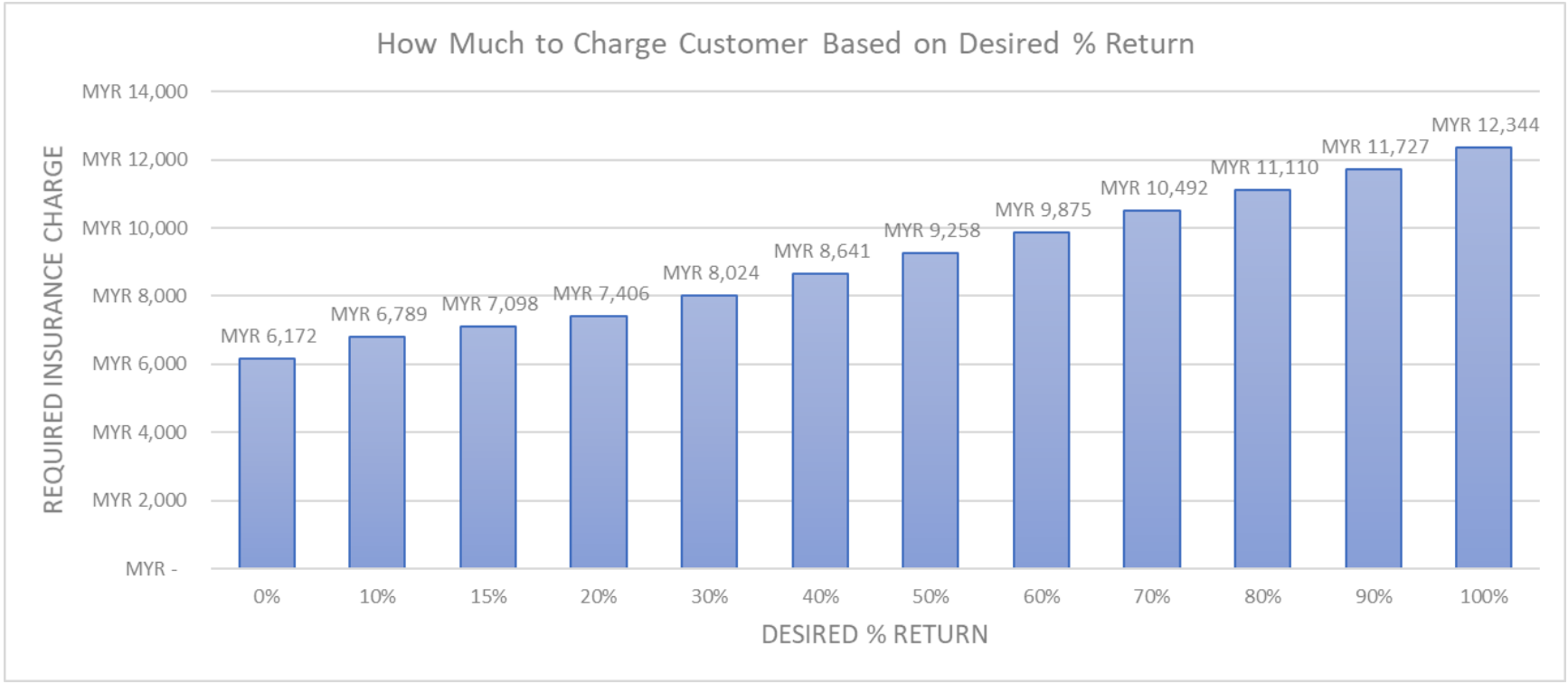

Figure 45: Community-based Package - Proposed Customer Charges Per Year

7.0 CONCLUSION

Based on our research, we managed to explore six important suggestions for FWD Takaful:

- There is a huge potential growth for the medical segment in Takaful industry, especially for palliative care.
- Awareness and knowledge on palliative care and takaful packages must be increased especially among the younger generation so that they are willing to purchase takaful from an early age.
- Malaysians prefer to get palliative care services at their home rather than at a hospital.
- There is no insurance company that provides specific palliative care takaful packages, particularly home-based; there is also a gap in the lower premium segment for hospital-based.
- Having palliative care takaful package will help customers to ease their financial burden in paying for palliative care services when the need arises.
- Apart from agents, digital applications can attract greater interest on palliative care takaful packages in Malaysia.

8.0 RECOMMENDATIONS

In Malaysia there is very limited information on the handphone application that can give access at their fingertips to their insurance clients for claiming their insurance on palliative care services. Hence, recommended that FWD takaful to establish this application to attract the customers to subscribe FWD Takaful's product.

Due to this, we encourage FWD takaful to invest in creating a phone application. This application will be the first and most exclusive app that will give service for their insurance client to have a better direct accessibility for them to choose their palliative care that cater to their needs. In the app, it will have services like basic nursing, companionship, meal preparation,

basic housekeeping, dispensing medication, grooming hygiene, basic physiotherapy, and mind stimulation activity.

Also, the application will liaise with their potential partner home care-based services like my Careconcierge, Homage, Homecareasia, Doctor House, Calitycare and Metro Elder. With the application, it can increase the network and business activity with all this home care services. Through this app, FWD takaful insurance clients they can do their claims and check their insurance status directly, this will help their client to find better service that fits with their needs.

Mobile app development is the creation of computer programs for usage on mobile devices such as smart phones, smart watches, and tablets. Mobile apps are developed for various OS such as Android, iOS, and Window Mobile that is connected to the products or services that they want to use. Presently globally they are more than 1 billion phone users, this give the FWD takaful the advantage on connecting their clients online. Even in our survey, 72.6% agree that mobile application is useful to cater the palliative service through phone application. Mobile apps can be used as one of the biggest marketing tools to reach out to FWD Takaful's clients.

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APPENDICES

APPENDIX A: INTERVIEW ANALYSIS

No	Centre	PIC	Job Position	Research Objective	Interview Input	Outcome of the Input
1	City Heart Care: Johor Bahru Nursing Home	Mrs Aubithabegum P. Mohamed Dawood	Operation Manager	To examine the current package, offer by Takaful operator/company	**1.What kind treatment that you provide in the care centre?** Provide nursing for old folks, disable and sick people. Most of them are bedridden.	Get the latest benefit, product, and services
				To ask on area of improvement	2. **How the patient's emotion, when you (stranger to them) are treating them?** They don't treat, but only take care. Nursing care such as bathing, feeding, and toileting. Most of them are fine with the staff.	Be able to construct suitable element to put in our palliative package.
				To investigate the possibility palliative care offer.	**3.What are the standard range of age?** No standard age. Even the accident case they take. Youngest is 9-year-old. Oldest 100+	Able to examine what is lacking in palliative market.
				To know cost Services provided specifically for palliative care	4. **How much is the cost to provide the nursing?** Depends to the case. It could be rm2,000 to rm3,000. The services could reach rm6,000 to rm7,000	Come out with a draft profit estimation on the new package

				To survey any current issue or challenges relevant to fill the market gap	5. **What are the challenges or obstacle to take care of the patients?** Manpower, Malaysian don't really into such work. Licensing, Capital, Permit, hard to get permit under such sector as government had freeze the permit.	Manage to know market demand and support on developing the mobile application to cater e-service.
				To know if there is any insurance offer palliative insurance.	6. **Are the inmates use out-of-pocket money or insurance coverage?** No specific insurance for such palliative. No insurance cover for nursing home. The family members have to cover on their own.	Getting information on market gap analysis.
2	Hospice Melaka	Mr Krishnan	Manager	To check latest benefit, product, and services	**1. How frequent is the visit?** On average is once a week but it's all depend on condition and request. Some of them ask for earlier visit. Minimum once a week.	Get the idea of market gap analysis
				To know cost Services provided specifically for palliative care	**2. How much is the cost?** The cost per visit is rm75 per visit. Medicine is excluded. Its is include nurse treatment. Dressing and etc. they don't provide any medication. Have good relay with hospital Melaka. The DR hospice have good relay with hospital also.	Able to do profit estimation on the new package

				To know if there is any insurance offer palliative insurance.	**3. Is there any insurance?** I don't think its cover palliative care but I strongly insurance cover for palliative care. USA have already started to cover palliative care.	Able to identify the information of market gap analysis
				To investigate the possibility palliative care offer.	**4. How insurance should cover?** The patient not only need medication but also nutrition. They need food formula which is expensive. For the DR, for more comprehensive care and treatment. Insurance should cover any other illness (36 critical illness + palliative care)	Received many information related to the palliative market
				To investigate the possibility palliative care offer.	**5. Would you prefer cover home or hospital?** I think they should cover both. Especially terminal ill. Most of the patient want to be care at home with among beloved one.	Able to come out on plan on the home-based palliative care package
				To ask on area of improvement	**6. Any idea to improve?** Malaysia has an umbrella which is hospice council Malaysia.	Able to know what is lacking in palliative market.

				To survey any current issue or challenges relevant to fill the market gap	**7. Have any significant difficulty to this kind of services?** I don't think there a difficulty. Just have to make them understand and start early. Explain the detail regarding the policies.	Able to search the information on market demand and support on developing the mobile application to cater e-service.
3	Hospice Pahang			To examine the current package, offer by Takaful operator/company	**1. In your opinion, what is palliative care?** Take care of patients who are terminally ill, so that the last days of life is as comfortable as possible.	Can develop suitable package for FWD Takaful
				To get to know latest benefit or services in hospital	**2. In hospital bas. palliative care in total there are 3 levels which are basic, intermediate and specialist. What are the special features which was imposed in each and every category?** They should have a comfortable and pain free life while living.	Can identify element that has its unique selling proposition
				To know cost Services provided specifically for palliative care	**3. How much of the cost needed for each level of palliative care? (min/max)** This varies from case to case.	Able to draft profit estimation on the new package
				To ask on area of improvement	**4. In future. what type services needed or to be catered for this palliative care?** Also need to look into caregiver's health.	Able to gain information what is lacking in palliative market.

				To survey any current issue or challenges relevant to fill the market gap	**5. In your opinion, do you think home based palliative care can be implemented in the future?** Yes	Can identify element that has its unique selling proposition
				To know cost Services provided specifically for palliative care	**6. what is the minimum or maximum range of cost needed for home based palliative care, if it has been approve.?** Varies from case to case.	Able to draft profit estimation on the new package
				To survey any current issue or challenges relevant to fill the market gap	**7. what are the challenges and obstacles to be encountered in order to embark on home based palliative care?** Education of care giver and their health issues.	Able to gain information what is lacking in palliative market.
				To know if there is any insurance offer palliative insurance.	**8. Is there any insurance company which has catered this palliative care?** Not that I know off	Can explore market gap analysis
				To survey any current issue or challenges relevant to fill the market gap	**9.Are there any special suggestions or recommendations which you would like to highlight in regards with this palliative care?** Care givers physical and mental well-being.	Can check market demand and support on developing the mobile application to cater e-service.
4	Palliative care association of Miri	Ms Melissa	Nursing Coordinator	To know if there is any insurance offer palliative insurance.	**1. Is there any insurance package for palliative care?** -They never come across about insurance for cancer patient. -Not sure how insurance works for patients.	Can explore market gap analysis

				To check latest benefit, product, and services	**2.Does your institution is like inmates or day care service?** - They go to the patients' house, the programme called Palliative Care Home Programme. - These patients sometimes are receiving financial support from welfare centre such EPF and SOCSO, to buy necessities like diapers and special milk for patients. Basically, no insurance ever involved.	Can develop suitable element to put in our palliative package.
				To know cost Services provided specifically for palliative care	**3.What will be the cost incurred for the home services?** -For bedridden patients that have family members to take care of them are lucky enough, but those who are having no one around, then they have to out-pocket money (EPF or SOCSO) to hire a private nurse or caretaker to take care of them. **-Private nurse** (qualified nurse), will cost approximately RM1,800 to RM2,000 per month. **-For medication cost**, their institution is collaborating with Miri General Hospital. All medicine needed will be supplied by the Hospital. Unless, if the patient is wealthy	Able to draft profit estimation on the new package

					enough, they could get medicine from other private hospital. But most of their patients are preferred medicine supplied by Miri General Hospital.	
				To investigate the possibility palliative care offer.	**4. In your opinion, do you think there is opportunity for insurance company to offer any package for them (patients).** -The patients are definitely need the insurance package, especially when they need to hire a private care taker or private nurses to take care of them. Therefore, care taker or private nurses could be included in the package. Besides that, for supplement. Sometime patient has to out-pocket money to buy the supplement. Because hospital will only provide the supplement for 2 times, then the patients have to buy on their own. If the patient is dependent on EPF or SOCSO, as they have to wait for 3 to 6 months for the financial support to be approved.	Able to gain idea on how to develop suitable element to put in our palliative package.

				To ask on area of improvement	**5. Anything from your point of view, you would like to add-on?** - Most of the patients are preferred to be at home, unless if they have no enough money to hire private nurse or have no choice, then they have to the hospital.	Can examine what is lacking in palliative market.
5	Sahana Old Folks' Home	Mr Thana	Manager	To get to know latest benefit or services in hospital	**1.What kind treatment that you provide in the care centre?** - Semi nursing centre - They don't provide full nursing service - They have 18 patients, most of them are physically disable, some bedridden. - They take care of them, such bath, provide medicine, feed, diaper changing, change urine bag.	Can develop suitable element that has its unique selling proposition
				To know cost Services provided specifically for palliative care	**2. What kind of equipment would you usually need in the care centre?** - Main equipment is wheelchair. Two types, normal and lift-wheelchair. - Bathing equipment, such commode chairs, special carry beg to lift them. - Thermometer, pressure machine, oxy meter, oxygen machine.	Able to explore market gap analysis

				To survey any current issue or challenges relevant to fill the market gap	**3. How the patient's emotion, when you (stranger to them) treating them?** - Mix emotion. - Old folks are usually feeling lonely as they felt being abandon. - To overcome the emotion, they conducted a gathering with the patient's family member at least once in a month. Weekly gathering with the staff, and patients. The activities are playing games, talk one-to-one, and storytelling. - Basically, they give a moral support for the patient. - They also provide television, for them to watch favourite program.	Can examine and develop suitable element to put in our palliative package.
				To investigate the possibility palliative care offer.	**4. What are the standard range of age?** 60 – 80	Can examine what is lacking in palliative market.
				To know cost Services provided specifically for palliative care.	**5.How much is the cost to provide the nursing?** - Medium rate is RM1500 – RM1800 - Cost running centre, RM1300 – RM1400 - Approximately RM43/day – RM50/day	Able to draft profit estimation on the new package
				To know many hospital / centres provide palliative	**6.Does your care centre accept critical illnesses?**	Can plan our home-based

				treatment	- They accept critical illnesses patient. - They even have an in-house physiotherapist coming every week. - Their staffs were trained by nurse and doctor. - Sometimes nurses are volunteered.	palliative care package
				To survey any current issue or challenges relevant to fill the market gap	**7.What are the challenges or obstacle to take care of the patients?** - Emotional barrier, hard to convince the patients to stay in a new place. - Hardly get professional support, such a doctor and nurses. - Insufficient of equipment such as carrying bag, standing-up wheelchair, and diapers. They are non-profit organization. It's hard to sustain the place facilities.	Able to examine what is lacking in palliative market.
					8.Are the inmates use out-of-pocket money or insurance coverage? - All out-of-pocket money. Only one person covered by SOCSO. - **No specific insurance for such coverage**.	
6.	Hospice Penang	**Dato Sri Dr Devaraj**	CEO	To know cost Services provided specifically for palliative care	**1. How much is the cost?** The cost to run in Penang is roughly is 1 million Malaysian Ringgit.	Able to draft profit estimation on the new package

				To examine the current package, offer by Takaful operator/company	**2. What is the services that been provide?** our is home program, the patient will be visited at home and our staff and volunteer will visit at their home and will handle all handle all medical problem. Such as any critical illness.	Able to construct suitable package for FWD Takaful
				To know cost Services provided specifically for palliative care	**3. Is it costly?** The operational cost rm1 million. Including all expenses such as utilities and salary. Any suggestion for palliative care?? As palliative care in Malaysia. there is huge gap with patient and hospital. The number of palliative care patient. One of the ways is about 80 percent die in Malaysia that need palliative care in Malaysia. The other 20 percent is death in accidentally. Not sure about the policies for palliative care but have critical illness. Malaysia umbrella hospice counsel	Can plan our home based palliative care package

7	Perak Palliative Care Society	**Dr Ziaudin**		To examine the current package, offer by Takaful operator/company	1. **In your opinion, what is palliative care?** Palliative care is a care of people who had illnesses that cannot be cured, the illness can be treated but can't be cured and basically when they don't have a lot money and when they go to hospital there is no … management. So, they opt for best supportive care. So, they patient most of them are cancer patient. But palliative care	Able to develop suitable package for FWD Takaful
				To get to know latest benefit or services in hospital	2.**In hospital based palliative care in total there are 3 levels which are basic, intermediate and specialist. What are the special features which was imposed in each and every category?** In hospital, not all hospitals have specialist palliative care position. If they do, then they called it specialized palliative care services. But most hospital they have … Who form the intermediate palliative care, and on our side, we are actually, intermediate palliative care but we're doing it at home. The hospital based, basic palliative care is given in some district hospital, where there is no specialist that medical doctor and their main aim is to	Able to draft suitable element that has its unique selling proposition

					treat to symptom. And train their family and caregiver some basic nursing care skill, after they learnt, they can go home and continue their basic nursing care skills. Basic palliative care is usually available at home care or day care. Intermediate and specialist are available at Hospitals. All the three level are having the same motive, which to treat the patient, but the patient will be place upon his severeness. Light patient would be placed at basic palliative care, but if the patient needs a precise and special care, then the patient will be place at Hospital directly.	
				To know cost Services provided specifically for palliative care	3. How much of the cost needed for each level of palliative care? (min/max) Hospital palliative care (specialist), expensive but no specific cost. Roughly, RM250/day. If it is at home palliative care, estimated RM70/day for the palliative care team. Intermediate palliative care, roughly RM120 – RM150/day.	Able to draft profit estimation on the new package

				To ask on area of improvement	4.In future, what type of services needed or to be catered for this palliative care? N/A	Able to know the area of lacking in palliative market.
				To survey any current issue or challenges relevant to fill the market gap	5.In your opinion, do you think home based palliative care can be implemented in the future? It's already implemented by now, there about 26 hospice society (NGO) that for home base services and gov ministry of health also started a final project is for all patient. It is already started as mentioned and it's not the whole team and it's not all country. There still a hole. All palliative care love to spent time at home but there's no management that covered there. In my opinion every town must have the palliative team.	Can check market demand and support on developing the mobile application to cater e-service.
				To know cost Services provided specifically for palliative care	6. What is the minimum or maximum range of cost needed for home based palliative care, if it has been approved? The min and max cost are the average is rm70 per visit/patient. And every Patient if they end of life, they need 6-7 visit. It's on average.	Able to draft profit estimation on the new package

				To survey any current issue or challenges relevant to fill the market gap	7. What are the challenges and obstacles to be encountered in order to embark on home based palliative care? - Obstacles are, when the doctor inform the patient need the palliative care, they refuse as they thought palliative care is when you're in end-of-life stage. Despite indeed they are in the last stage of life. ☹ - The patient doesn't welcome or trust the palliative care team. They don't accept any advice from the palliative care team, they rather go to the hospital and listen from a figure called doctor.	Able to examine what is lacking in palliative market.
				To know if there is any insurance offer palliative insurance.	8. Is there any insurance company which has catered this palliative care? - Insurance company does cover the patient medical expenses, if only if the patient was hospitalized. But if the patient doesn't admit, then they have to commute often. This is not good for the patient's condition and patient's family as well, as they might wasted their time and money.	Can explore market gap analysis

				To investigate the possibility palliative care offer.	9. In your opinion, how should the insurance company cater in regards with this palliative care? - If the insurance company could provide equipment for the patient at home, then it would be more save money and time for the patient	Can get any information related to the palliative market.
				To investigate the possibility palliative care offer.	10. What type of services should the insurance company provide for this palliative care? N/A	Able to develop suitable package for FWD Takaful
				To ask on area of improvement	11.Are there any special suggestions or recommendations which you would like to highlight in regards with this palliative care? N/A	Can examine what is lacking in palliative market.

APPENDIX B: CUSTOMER ACCEPTANCE SURVEY

Demographic

Age of Respondents : Total 208	
Age range	**Percentage**
20-24 years old	**14.9%**
25-35 years old	**53.4%**
36-45 years old	**16.8%**
46- 55 years old	**9.1%**
55 and above	**5.8%**

Gender

Gender of Respondents : Total 208	
Gender	**Percentage**
Male	**34.6%**
Female	**65.4%**

Level of education

Level of Education : Total 208	
Level of education	**Percentage**
High School/Foundation	**%**

Diploma	**14.9%**
Bachelor Degree	**38.5%**
Master Degree	**32.7%**
Phd	**10%**
Prefer not to say	**%**

Race

Race : Total 208	
Race	**Percentage**
Malay	**83.7%**
Chinese	**7.1%**
Indian	**6.1%**
Others	**0.3%**

Employment Status

Employment Status : Total 208	
Employment Status	**Percentage**
Full time	**71.2%**
Part time	**11.5%**
Self employed	**14.4%**

Retired	**9.1%**

Marital Status

Marital Status : Total 208	
Marital Status	**Percentage**
Single	**48.1%**
Divorced	**1.4%**
Married	**50.5%**

Household Income Per Year

Household Income per year : Total 208	
Household Income per year	**Percentage**
Less than RM25,000	**40.9%**
RM25,000-RM50,000	**24%**
RM50,000-RM100,000	**22.1%**
RM100,000-RM200,000	**11.1%**
More than RM200,000	**1.9%**

PART B (CUSTOMER ANALYSIS)

Question 1

Q1. I understand what palliative care insurance/takaful is	
Level of Agreement	**Percentage**
Strongly disagree	**8.2%**
Disagree	**12.5%**
Natural	**29.3%**
Agree	**26.4%**
Strongly agree	**23.6%**

Question 2

Q2. I prefer dying at home rather than in hospital	
Level of Agreement	**Percentage**
Strongly disagree	**13.9%**
Disagree	**13%**
Natural	**30.3%**
Agree	**18.3%**
Strongly agree	**24.5%**

Question 3

Q3. I agree to apply if there is palliative care insurance takaful available	
Level of Agreement	**Percentage**
Strongly disagree	**1%**
Disagree	**4.3%**
Natural	**26%**
Agree	**38%**
Strongly agree	**30.8%**

Question 4

Q4. I agree palliative care insurance takaful will be helpful for my future nursing case	
Level of Agreement	**Percentage**
Strongly disagree	**0.5%**
Disagree	**1.9%**
Natural	**24.5%**
Agree	**39.4%**
Strongly agree	**33.7%**

Question 7

Q7. I prefer nursing care at home	
Level of Agreement	**Percentage**
Strongly disagree	**3.4%**
Disagree	**7.2%**
Natural	**34.1%**
Agree	**25%**
Strongly agree	**30.3%**

Question 5

Q5. I prefer not to burden anyone for nursing care	
Level of Agreement	**Percentage**
Strongly disagree	**3.4%**
Disagree	**2.4%**
Natural	**24.5%**
Agree	**28.8%**
Strongly agree	**40.9%**

Question 6

Q6. I prefer to use palliative care insurance takaful rather than asking for charity	
Level of Agreement	**Percentage**
Strongly disagree	**0%**
Disagree	**1%**
Natural	**19.2%**
Agree	**27.4%**
Strongly agree	**52.4%**

Question 7

Q7. I am willing to pay more for the Palliative insurance takaful for home care service	
Level of Agreement	**Percentage**
Strongly disagree	**0.5%**
Disagree	**4.3%**
Natural	**35.1%**
Agree	**34.1%**
Strongly agree	**26%**

Question 8

Q8. Mobile Application service for palliative care would trigger my interest to sign up in this Palliative insurance takaful	
Level of Agreement	**Percentage**
Strongly disagree	**1.9%**
Disagree	**3.8%**
Natural	**34.6%**
Agree	**34.1%**
Strongly agree	**25.5%**

Question 9

Q9. Mobile application service is very helpful on assisting patient and home care	
Level of Agreement	**Percentage**
Strongly disagree	**0.5%**
Disagree	**2.4%**
Natural	**24.5%**
Agree	**37%**
Strongly agree	**35.6%**

APPENDIX C: AVAILABLE PALLIATIVE AND HOSPICE CARE PACKAGES AROUND THE WORLD

Palliative Care provider (Hospice Services) at Africa

No.	Country	Palliative care centers	Email	Website	Telephone
1	Botswana	Botswana Hospice Palliative Care Association.	bhpcaassociation@gmail.com	https://www.facebook.com/Botswana Hospice-Palliative-Care Association-766289516744104/about	+267 74 352 273
2	Botswana	Holycross Hospice Center	holycrosshospice@gmail.com	https://www.holycrosshospice.org/	(267) 395-2115
3	Botswana	Ramotswa Hospice at Home.		https://www.facebook.com/RamotswaHospiceatHome/about	+267 538 1699
4	Cameroon	SANTO DOMINGO-SEG CAMEROON ASSOCIATION.	contact@domingo-seg.org	http://domingo-seg.org/index.php	(+237) 674 48 86 24
5	Cameroon	Banso Baptist Hospital Integrated Palliative Care Unit.	piustih@cbchealthservices.org	https://cbchealthservices.org/	+237 677 76 47 81
6	Cameroon	Centre de Sante Catholique de Bikop			
7	Cameroon	Council of Heirs International Missions"CHIMISSIONS"	infochimimpact@gmail.com	https://www.facebook.com/Council-of-Heirs-International-MissionsCHIMISSIONS-212992828862060/about/?ref=page_internal	+1 438-777-1589
8	Cameroon	Hospice and Palliative Care Asspciation Cameroon (HPCAC)			
9	Cameroon	Integrated Development Foundation	idfbamenda@gmail.com	https://idfbamenda.wordpress.com/	(237) 70 23 65 62
10	Cameroon	Protestant Hospital Ngaoundere, Palliative Care Unit		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/936/	00237778581 68/ 00237970803

					22
11	Cameroon	Regional Hospital Bamenda		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/932/	23777839428
12	Cameroon	Saint Raphael Unit of Palliative Care. Dominican Hospital Saint Martin Porres		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/989/	
13	Cameroon	St Mary's Soledad		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/925/	23777013329
14	Cameroon	UPHEALTH FOUNDATION	uphealthfoundation@gmail.com	https://uphealthfoundation.wordpress.com/	+237 677605420
15	Democratic Republic of the Congo	Association AZUR Development		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/395/	
16	Democratic Republic of the Congo	Palliafamilli		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/850/	
17	Eswatini	SWD Hospice	swdhospice@gmail.com	https://hospicecare.com/global-directory-of-providers-organizations/listings/details/1897/	+268 7806 0221 | +268 2518 4485
18	Ethiopia	Hawassa University Comprehensive Specialized Hospital Palliative Care Unit		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2363/	
19	Gambia			http://fch.50webs.com/index.html	
20	Ghana	Ghana Palliative Care Association (GPCA)	gpca.info4u@gmail.com, mopare@yahoo.com	http://ghanapalliativecare.blogspot.com/p/contact-us.html	+233 50 0323520, +233 24 4263678

21	Ghana	Komfo Anokye Teaching Hospital	info@kathhsp.org	http://www.kathhsp.org/	+233 266 083 585 +233 556 490 029
22	Ghana	Ripples Health Care		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2154/	
23	Kenya	Hospice Care Kenya	cad@kijabehospital.org	http://www.hospicecarekenya.com/	01723 890283
24	Kenya	AIC Kijabe Hospital		https://kijabehospital.org/	70 9728200
25	Kenya	The Aga Khan Hospitals		https://www.agakhanhospitals.org/nairobi	
26	Kenya	KENYATTA NATIONAL HOSPITAL	knhadmin@knh.or.ke	https://knh.or.ke/	020-2726300
27	Kenya	P.C.E.A kikuyu hospital	Kikuyu@pceakikuyuhospital.org	http://www.pceakikuyuhospital.org/	
28	Kenya	Meru Hospice	info@meruhospice.or.ke	http://www.meruhospice.or.ke/#	705095259
29	Kenya	ONPACC organization	info@onpacc.org	https://www.onpacc.org/	254733809526
30	Kenya	PCEA Chogoria Hospital	info@pceachogoriahospital.org	http://www.pceachogoriahospital.org/	+254 020 5146700 / +254 734 192 208 / +254 713 656 186
31	Kenya	TENWEK hospital	customer.experience@tenwekhosp.org	https://www.tenwekhosp.org/	+254-728-091-900+254 20 204 55 42
32	Malawi	Malawi Home Based Care	kate@malawihbc.org	http://www.malawihbc.org/#contact	01297 34985
33	Malawi	ndi moyo the place giving life	info@ndimoyo.org	http://www.ndimoyo.org/	00 + 265 (0) 1 262 644
34	Malawi	Palliative care association of Malawi	lameck.pacam@gmail.com	https://palliativecareassociationofmalawi.org/	+(265)991587 188 / +(265)888868 087

35	Malawi	Palliative care support trust		http://www.pcst.org.mw/index.php	+265 999 374 103
36	Morocco	Moroccan Society of Palliative Care and Study of Pain		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/990/	
37	Mozambique	(MOPCA) Associação Moçambicana de Cuidados Paliativos		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2293/	
38	Namibia	Catholic AIDS Action	info@caa.org.na	http://www.caa.org.na/contacts.php	061 276 350
39	Nigeria	Center for palliative care	enquiries@cpcn-ng.org	https://cpcn-ng.org/	2348025780732
40	Nigeria	EKO hospital		https://fmcabeokuta.net/services/	
41	Nigeria	Federal Medical Centre, Abeokuta			
42	Nigeria	Hearts of Gold Hospice	info@hoghospice.org, lajaadedoyin@gmail.com	https://hoghospice.org/contact-us/	+234 803 318 4840, +234 805 540 1244
43	Nigeria	The Pain and Palliative Care Unit (UNTH)	epacresearchteam@gmail.com	https://www.unnepacteamunth.com/	+234 816 928 3030
44	Nigeria	University of port harcourt teaching hopsital		https://upthng.com/palliative-care-unit/	
45	Rawanda	Rwanda Palliative Care & Hospice Organization	rpcho2013@yahoo.com	http://www.rpcho14.org/	+250 788 30 27 55
46	Senegal	Alliance pour les Soins Palliatifs au Sénégal - Aspasen	contact@aspasen.org	https://www.facebook.com/ASPASEN/about/?ref=page_internal	+221 77 139 36 36
47	Sierra Leone	Shepherd's Hospice Sierra Leone	shepherdshospice@yahoo.com	https://theshepherdshospice.com/contact/	+232 76620441
48	South Africa	Abundant Life Palliative Care	abundantlife.victoria@gmail.com	https://www.abundantlifevic.org/contact-details	021 761 8341

		Victoria Hospital			
49	South Africa	AORTIC OAREC	info@aortic-africa.org	https://aortic-africa.org/get-in-touch/	+27 21 689 5359
50	South Africa	Bethesda Medical and Relief Services	adminstrator@bethesdageorge.org.za	http://www.bethesdageorge.org.za/contacts/	+27 44 875 8088
51	South Africa	Breede River Hospice	info@hospicebreederiver.org.za	https://www.hospicebreederiver.org.za/contact	023 626 5710
52	South Africa	The Cancer Association of South Africa	info@cansa.org.za	https://cansa.org.za/	072 197 9305
53	South Africa	Chatsworth Hospice	admin@chatshospice.co.za	https://chatshospice.co.za/contact/	031 403 2273 | 031 403 2285
54	South Africa	University of the Witwatersrand, Johannesburg.	Info.palliative@wits.ac.za	https://www.wits.ac.za/palliativecare/contact-us/	+27 (0)11 717 1000
55	South Africa	Golden gateway Hospice		http://www.goldengatewayhospice.org.za/	
56	South Africa	Helderberg Hospice		https://helderberghospice.org.za/contact-us/	+27 (0)21 852 4608
57	South Africa	Highway Hospice	info@hospice.co.za admissions@hospice.co.za info@charityshops.co.za fundraising@hospice.co.za	http://highwayhospice.co.za/	+27 31 208 6110
58	South Africa	HospiceWits	info@hospicewits.co.za	https://hospicewits.co.za/our-services/	
59	South Africa	HOSPICE EAST RAND	info@hospiceeastrand.co.za	http://hospiceeastrand.co.za/contact-us/	
60	South Africa	HPCA care & support	info@hpca.co.za	https://hpca.co.za/	
61	South Africa	Knysna Sedgefield Hospice	info@hospiceknysna.org.za	https://www.hospiceknysna.org.za/contact/	+27 (0) 44 384 0593 /1459

62	South Africa	LADYBRAND HOSPICE		http://ladybrandhospice.co.za/	
63	South Africa	Msunduzi Hospice Association	hospice@hospicekzn.co.za	https://hospicekzn.co.za/contact	
64	South Africa	Patch South Africa	info@patchsa.org	http://patchsa.org/#about-us	082 374 4632
65	South Africa	Steppingstone hospice & care services	info@steppingstonehospice.co.za	https://www.steppingstonehospice.co.za/index.php/contact-us	010 442 5059
66	South Africa	Sungardens hospice share the care	info@sungardens.org.za	http://www.sungardens.org.za/about-us/	+27 (0) 12 348 1934
67	South Africa	Stellenbosch Hospice	stelhosp@iafrica.com	http://www.stellenboschhospice.org.za/	(021) 886 5994
68	South Africa	Umduduzi hospice care center	tracey@umduduzi.co.za	http://www.umduduzi.co.za/who-are-we/	836595164
69	South Africa		ermaperkins@me.com	http://www.zululandhospice.com/	
70	Sudan	Palliative Care Unit at Radiation and Isotope Centre of Khartoum (RICK)	nahla.gafer@yahoo.com	https://hospicecare.com/global-directory-of-providers-organizations/listings/details/862/	+249-122320000
71	Togo	IAHPC Institutional Member Organisation Jeunesse pour le Développement Communautaire (ORJEDEC)		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/950/	
72	Tunsia	Association Tunisienne de Soins Palliatifs (ATSP)		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/948/	
73	Uganda	CARITAS MADDO	caritasmaddo.info@gmail.com	www.caritasmaddo.org	
74	Uganda	Faith Action Development Organisation-Teso - FADO-T	ngocoord@uwasnet.org	https://uwasnet.org/contact-us/	(+256) 772 617710

75	Uganda	Hospice Africa Uganda	mhm@hospiceafrica.or.ug	http://www.hospiceafrica.or.ug	
76	Uganda	Kawempe Home Care	info@kawempehomecare.org	https://kawempehomecare.org/contact/	
77	Uganda	Palliative Care Association Of Uganda		https://pcauganda.org/	
78	Uganda	Hospice Jinja Uganda	info@hospicejinja.org	http://hospicejinja.org/contact/	
79	Uganda	Hospice Jinja Uganda			
80	Uganda	Uganda Cancer Institute	emailus@uci.or.ug	https://www.uci.or.ug/	
81	Tanzania	Bugando medical Centre	hospbugando@gmail.com	www.bugandomedicalcentre.or.tz	
82	Tanzania	Faraja CBHC in Singida		http://www.farajacbhcsingida.com/about-us/	
83	Tanzania	Ocean Road Cancer Institute.	info@orci.or.tz researchclubs@orci.or.tz		
84	Tanzania	Privides Palliative Care Service to AIDS patients and Training on Child Palliative Care. It is beacon center for palliative care.		http://www.pasada.or.tz/#	
85	Tanzania	Tanzania Palliative Care Association		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2201/	
86	Zambia	MOTHER OF MERCY HOSPICE AND HEALTH CENTRE, ZAMBIA	momhospice@gmail.com	https://momhospice.wixsite.com/motherofmercyhospice	
87	Zambia	Palliative CARE Alliance Zambia	pcaz@pcaz.org.zm	https://www.facebook.com/Palliative-CARE-Alliance-Zambia-867192953347834/about/?ref=page_internal	

88	Zimbabwe	Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)	information@hospaz.co.zw	http://www.hospaz.co.zw/contact-us/	
89	Barbados	Barbados Association of Palliative Care		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/856/	

APPENDIX D: PALLIATIVE CARE PROVIDER (HOSPICE SERVICES) IN ASIA

No.	Country	Palliative care centres	Email	Website	Telephone
1	Afghanistan	Silk Road Development		https://www.silkroaddev.org/	
2	Armenia	AVA MED Centre for Health and Palliative Care	info@hospice.am	https://hospice.a m/	(+37410) 208600, (+37410) 206800, (+37495) 206800, (+37496) 208601
3	Bangladesh	Bangladesh Institute of Health Science (BIHS)	info@buhs.ac.bd	http://buhs.ac.bd/	8.80174E+12
4	Bangladesh	Bangladesh Palliative & Supportive Care Foundation	bdpallcare@gmail.com	http://bdpallcare.com/new/	8.80174E+12
5	Bhutan	Jigme Dorji Wangchuck National Referral Hospital	tara.devi@fnph.edu.bt	https://www.jdwnrh.gov.bt/	975322496
6	Brunei Darussalam	RIPAS Hospital Palliative Care Service		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/1055/	
7	China	Active Global Specialized Caregivers	hk@activeglobalcaregiver.com	https://www.activeglobalcaregiver.hk/	852 3426 2909
8	China	Beijing Wanming Hospital	shengming2005@qq.com	http://www.818wm.com/	010-60220766, 010-60220122
9	China	Haven of Hope Hospital	info@hohcs.org.hk	https://www.hohcs.org.hk/	2701 9019
10	Cyprus			https://butterflyhospice.org/	
11	Hong kong				
12	India	Aastha	enquiry@hospiceindia.org	http://www.hospiceindia.org/	830-3210000
13	India	Ansar Hospital Pain & Palliative Care Clinic	ansarhospital@yahoo.co.in	http://ansarhospital.com/	04885 289042
14	India	Caritas Hospital Pain and Palliative Care Clinic	mail@caritashospital.org	https://caritashospital.org/	0481-2790025 to 29

15	India	Department of Pain & Palliative Medicine	director@gcriindia.org	http://www.gcriindia.org/	91-79- 2268 8000
16	India	Indian Association for Palliative Care (IAPC)	iapcaiims@gmail.com	http://www.palliativecare.in/	91 11 26595209
17	India	Institute of Geriatric Medicine and Palliative Care	drramachandranck@gmail.com	doctorshomecarealleppey.com	9447 114 130
18	India	Institute of Palliative Medicine (IPM)	palliativecare@gmail.com	https://www.instituteofpalliativemedicine.org/	91 495 2354166
19	India	Lakshmi Sundaravadanan Hospital - Lakshmi Pain & Palliative Care Trust	lakshmipaincare@gmail.com	http://lakshmitrust.org/	91 7305625469
20	India	Palliative Care Unit Christian Medical College & Hospital	callcentre@cmcvellore.ac.in	https://www.cmch-vellore.edu/	91 9498760000
21	India	Sharon Palliative Care Center	sharonhospital94@gmail.com	https://www.facebook.com/pg/Sharon-Palliative-Care	
22	India	Snehaadan Community Care Centre for PLHIV	info@snehacare.com	https://www.snehacare.org/	9808645023
23	India	Pallium India Trust	info@palliumindia.org	https://palliumindia.org/	
24	India	Sparsh Hospice Centre for Palliative Care	info@sparshhospice.org	http://www.sparshhospice.org/	91 9963504253
25	India	Swami Vivekananda Youth Movement	mab@svym.org.in	http://www.svym.org/	91 9686666313
26	India	Trivandrum Institute of Palliative Sciences	info@palliumindia.org	http://www.palliumindia.org/	91 9387296889
27	Indonesia	Cipto Mangunkusumo Hospital Pain & Palliative Care Clinic	info@rscm.co.id	https://www.rscm.co.id/	1500135
28	Iran	Palliative Care &Support Foundation	amidhazini@libero.it	http://www.palliativeiran.ir	17- 32355211 - 031

29	Iran	Palliative Medicine Unit, Cancer Institute	mamaktahma@yahoo.com		
30	Iraq	Oncology & Nuclear Medicine Hospital-Mosul University Medical College	lmulahussain@aol.com		
31	Japan	Fukui-Ken Saiseikai Hospital		https://www.fukui-saiseikai.com/	776231111
32	Japan	Akiru Municipal Medical Center	info@akiru-med.jp	https://www.akiru-med.jp/	425580321
33	Japan	Department of Palliative Care. Ashiya Municipal Hospital	byouin_soumu@city.ashiya.lg.jp	http://www.ashiya-hosp.com/kakuka/kanwacare_naika/index.html	
34	Japan	Department of Palliative Medicine. Tohoku University- School of Medicine	akinoue@idac.tohoku.ac.jp	https://www.med.tohoku.ac.jp/english/about/laboratory/037.html	81-22-717-7366
35	Japan	Gratia Hospital		http://www.gratia.or.jp/	072-729-2345
36	Japan	Hinohara Memorial Peace House Hospital		https://www.peacehouse.jp/info.html	0465-81-8900
37	Japan	Japanese Society for Palliative Medicine	info@jspm.ne.jp	http://www.jspm.ne.jp/jspm_eng/index.html	81-6-6479-1031
38	Japan	Tsukuba Medical Center Hospital - Department of Palliative Medicine		http://www.tmch.or.jp/hosp/examination/department/16.html	029-851-3511
39	Japan	Yokatsu Hospital		http://yokatsu-hp.jp/	098-978-5235
40	Jordan	Department of Palliative Care/King Hussein Cancer Center	info@khcc.jo	https://www.khcc.jo/	96265300460
41	Kazakhstan	Kazakhstan Palliative Care Association	PALLIATIVE.KZ@GMAIL.COM	http://www.palliative.kz/	8 (727) 973 03 03

42	Kuwait	Global Directory of Palliative Care Institutions and Organizations		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/1329/	
43	Kyrgystan	Association for Palliative and Hospice Care in Kyrgyzstan		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2005/	
44	Lebanon	Balsam - Lebanese Centre for Palliative Care	h.osman@balsam-lb.org	http://www.balsam-lb.org/	961 1 748 574
45	Lebanon	National Committee for Pain Relief and Palliative Care		https://www.stgeorgehospital.org/	961 1 441 000
46	Lebanon	Pain Relief and Palliative Care Group		https://www.stgeorgehospital.org/	961 1 441 000
47	Mongolia	Mothers Earth' NGO	info@eejii.org	https://www.eejii.org/	976 8811 3977
48	Mongolia	Mongolian Palliative Care Society	odontuya@mongolianpalliativecare.com	http://mongolianpalliativecare.com/	976- 99128147
49	Myanmar	Uhlatun Hospice		https://uhlatunhospicemyanmar.org/	951-2585134
50	Nepal	Green Pastures Hospital, International Nepal Fellowship	palliative@nepal.inf.org	http://www.inf.org	977 61430342
51	Nepal	Nepalese Association of Palliative Care	bisnupaudel@hotmail.com	http://www.napcare.org.np	
52	Nepal	The Binaytara Foundation Cancer Center - Hospice & Palliative Care Program		https://cancer.binayfoundation.org/	977 9800856555
53	Pakistan	Shaukat Khanum Memorial Cancer Hospital and Research Centre	fundraising@skm.org.pk	http://shaukatkhanum.org.pk	92 91 588 5000

54	Pakistan	St. Elizabeth Hospital		https://www.facebook.com/pages/category/Hospital/St-Elizabeth-Hospital-7-Latifabad-Hyderabad-114268130028675/	92 22 3821785
55	Philippines	Nightingale Nursing Services Inc	cheryl@nightingalenursingservices.com	http://nightingalenursingservices.com/	632-812.0721
56	Philippines	Southern Philippines Medical Center - Section of Palliative Medicine	info@spmc.com.ph	www.spmc.doh.gov.ph	(082) 227-2731
57	Philippines	Supportive, Palliative and Hospice Care Program		http://www.pgh.gov.ph/familymedicine/	
58	Qatar	National Center for Cancer Care and Research	Nesmaak@hamad.qa	https://www.hamad.qa	(+974) 4439 5777
59	Republic of Korea	Daegu Veterans Hospital Hospice & Palliative Care Team		http://daegu.bohun.or.kr/000main/index.php	536307000
60	Republic of Korea	Bobath Memorial Hospital Palliative Care and Hospice Center	km.kim1@lottebobath.net	http://www.bobath.co.kr/	82.31.8039.2177
61	Republic of Korea	Catholic University of Korea, Bucheon St. Mary's Hospital, Hospice & Palliative Care Team		https://www.cmcbucheon.or.kr/page/main	1577-0675
62	Republic of Korea	Catholic University of Korea, Seoul St Mary's Hospital, Hospice & Palliative Care Center		https://www.cmcseoul.or.kr/page/main	82-2-2258-1511
63	Republic of Korea	Catholic University of Korea, St. Vincent's Hospital, Hospice & Palliative Care Team		https://www.cmcvincent.or.kr/page/main	1577-8588

64	Saudi Arabia	King Fahad Medical City (KFMC)	drsamiayed@gmail.com	https://www.kfmc.med.sa	
65	Singapore	Active Global Specialized Caregivers	singapore@activeglobalcaregiver.com	https://www.activeglobalcaregiver.sg/	65 6536 0086
66	Singapore	Alexandra Hospital - Palliative Care Programme	AH_Enquiries@nuhs.edu.sg.	https://www.ah.com.sg/Pages/Home.aspx	6472 2000
67	Singapore	Assisi Hospice		https://www.assisihospice.org.sg/	6832 2650
68	Singapore	Changi General Hospital - Palliative Care Service		https://www.cgh.com.sg/Pages/Home.aspx	(65) 6788 8833
69	Singapore	Duke-NUS Graduate Medical School, Lien Centre for Palliative Care		https://www.duke-nus.edu.sg/	65 6516 7666
70	Singapore	Khoo Teck Puat Hospital Palliative Care Service		https://www.ktph.com.sg/main/home	65 6555 8000
71	Singapore	The Palliative Care Centre for Excellence in Research and Education (PalC)	enquiries@palc.org.sg	https://www.palc.org.sg/	(65) 6500 7269
72	Sri Lanka	Palliative Care Association of Sri Lanka	palliativecaresl@gmail.com	http://palcaresrilanka.com/	94 11 2683253
73	Sri Lanka	Cancer Care Association Sri Lanka	samadhirajapaksa@gmail.com	http://www.cancercaresl.com	
74	Taiwan	Buddhist Taichung Tzu Chi Hospital	tcmail@tzuchi.com.tw	https://taichung.tzuchi.com.tw/	04-3606-0666
75	Taiwan	E-Da Hospital	ed103221@edah.org.tw	http://www.edahealthcare.com/Default.aspx	886-7-615001
76	Taiwan	Hospice & Palliative Care Unit, National Taiwan University Hospital		https://www.ntuh.gov.tw/ntuh/Index.action?l=en_US	8.86223E+11
77	Taiwan	Kuang Tien General Hospital Dajia Branch	ihsc@ktgh.com.tw	http://www.ktgh.com.tw/web/english/	886-4-2665-1900

78	Taiwan	Mackay Hospice Palliative Care Center - Memorial Hospital -Tamshui Branch		https://post.mmh.org.tw/english/	886-2-2809-4661
79	Taiwan	National Taiwan University Hospital (NTUH). Department of Family Medicine		https://www.ntuh.gov.tw/ntuh/Index.action	886-2-2312-3456
80	Thailand	Karunruk Palliative Care Center	srivieng@kku.ac.th	https://karunruk.org/	66 81 7087909
81	Thailand	King Chulalongkorn Memorial Hospital		http://www.chulalongkornhospital.go.th/	02-256-4000
82	Thailand	Ramathibodi Hospital, Palliative Care Center		https://med.mahidol.ac.th/palliative/	02-201-2569
83	Thailand	Songklanagarind Hospital, Palliative Care Unit	pr@medicine.psu.ac.th	http://hospital.psu.ac.th/	0-7445-5000
84	Thailand	Thai Palliative Care Society	thapsocie@gmail.com	http://www.thaps.or.th/	094-0184301
85	Turkey	Hacettepe University, Faculty of Nursing	akyar@hacettepe.edu.tr	http://www.hemsirelik.hacettepe.edu.tr/en	9.03123E+11
86	Vietnam	Cho Ray Hospital		http://www.choray.org.vn/trangchu_eng.asp	
87	Vietnam	Hue Central Hospital	bvtwhue1894@gmail.com	http://bvtwhue.com.vn/	84 - 234 - 3822325

APPENDIX E: PALLIATIVE CARE PROVIDER (HOSPICE SERVICES) IN EUROPE

No.	Country	Palliative care centres	Email	Website	Telephone
1	Albania	Mary Poter Hospice Albania	korcapalliativecare @yahoo.com`	http://marypotterhospice.al/#/home#footer	3.55082E+11
2	Austria	Austrian Palliative Society (OPG)	office [at] palliativ.at	https://www.palliativ.at/	
3	Austria	Caritas Vorarlberg		https://www.caritas-vorarlberg.at/kontakt-ueber-uns/kontakt/	
4	Belgium	Federation Palliative Care Flanders- VZW	info@palliatief.be	http://www.palliatief.be/template.asp?f=index.htm	
5	Belgium	Federation Palliative Care Flanders- VZW	federation@fbsp.be	https://nl.fbsp-bfpz.org/	
6	Belgium	Bulgarian Long Term and Palliative Care Society		https://en.palliamed.org/	
7	Belgium	Bulgarian Pediatrician Association (BPA)	pediatria.bg@gmail .com	https://pediatria-bg.eu/	+359 2 944 17 99
8	Croatia	Croatian Society for Hospice & Palliative Care	palijativnaskrb@g mail.com	http://palijativa.com/kontakt/	
9	Czech Republic	Association of Hospice and Palliative Care Providers (APHPP)	kancelar@asociace hospicu.cz	https://www.asociacehospicu.cz/	
10	Czech Republic	Center for Palliative Care	office@paliativnice ntrum.cz	https://paliativnicentrum.cz/	
11	Czech Republic	Cesta Domu	lenka.vanova@cest adomu.cz	https://www.cestadomu.cz/kontakt	
12	Czech Republic	Czech Society of Palliative Medicine ((ČSPM)	info@paliativnime dicina.cz	https://www.paliativnimedicina.cz/	
13	Denmark	Danish Society of Palliative Medicine	anette.hygum@rsy d.dk	http://www.palliativmedicin.dk/	
14	Finland	Finnish Association for Palliative Medicine	reino.poyhia@helsi nki.fi	https://www.palliatiivisenlaaketieteenyhdistys.fi/yhteystiedot/	

15	Finland	Siun Sote Palliative Care Center	kirjaamo@siunsote.fi	https://www.siunsote.fi/yhteystiedot	
16	France	Lyon-Sud Hospital Center	marilene.filbet@chu-lyon.fr	https://www.chu-lyon.fr/fr/consulter-medecin	
17	France	Maison Médicale Jeanne Garnier		marilene.filbet@chu-lyon.fr	
18	France	Société Française d'Accompagnement de Soins Palliatifs [SFAP]	sfap@sfap.org	http://www.sfap.org/	
19	Georgia	Georgian National Association for Palliative Care	info@childrenshospice.org.ge	http://www.childrenshospice.org.ge/geo/contact	(+995) 570 707 757
20	Germany	Akademie Waldschlosschen	info@waldschloesschen.org	https://www.waldschloesschen.org/en/	
21	Germany	Akademie am Johannes-Hospiz	mail@johannes-hospiz.de	mail@johannes-hospiz.de	
22	Germany	Department of Palliative Medicine - University Hospital Bonn	verena.graefe@ukbonn.de	https://hospicecare.com/global-directory-of- providers-organizations/listings/details/1791/	
23	Germany	Department of Palliative Medicine - Malteser Hospital Seliger Gerhard		https://www.malteser-krankenhaus-bonn.de/kontakt-und-service/ihre-nachricht-an-uns.html	
24	Germany	German Hospice and Palliative Association (DHPV)		https://hospicecare.com/global-directory-of-providers-organizations/listings/details/2192/	
25	Germany	LAG Hospiz Berlin e.V.		https://www.hospiz-berlin.de/index.php?id=12	
26	Germany	Palliative care team-multiprofessionsal home based care for terminally ill people (SAPV)		http://www.leuchtturm-gg.de	
27	Germany	Munich University Hospital-Department of		http://www.klinikum.uni-muenchen.de/Klinik-und-Poliklinik-fuer-Palliativmedizin/de/index.html	

		Palliative Medicine			
28	Greece	"Jenny Karezi" Palliative Care Unit - National and Kapodistrian University	monadaanakoufisis@jkf.gr	http://www.monadaanakoufisis.gr/gr/en/home/	
29	Greece	Galilee Palliative Care Unit	galilee@galilee.gr	https://galilee.gr/en/	3.02107E+11
30	Greece	Greek Society for Pediatric Palliative Care		https://ppc.org.gr/	
31	Hungry	HELLENIC ASSOCIATION FOR PAIN CONTROL AND PALLIATIVE CARE (HAPCPC	monadaanakoufisis@jkf.gr	http://www.monadaanakoufisis.gr/	210 7707669
32	Hungry	Hellenic Society for Pain Management and Palliative Care	info@grpalliative.gr	https://grpalliative.gr/	
33	Hungry	Gondoskodás 2000 Ápolási Szolgálat		http://gondos2000.fw.hu	
34	Hungry	Hungarian Hospice-Palliative Association	iroda@hospice.hu	https://hospicecare.com/global-directory-of-providers-organizations/listings/details/1172/	
35	Ireland	All Ireland Institute of Hospice and Palliative Care (AIIHPC)	info@aiihpc.org	http://www.aiihpc.org	
36	Ireland	Irish Association for Palliative Care (IAPC)	info@palliativecare.ie	http://www.iapc.ie/index.php	
37	Ireland	Milford Care Centre	info@palliativecare.ie	http://www.iapc.ie/	
38	Ireland	Tallaght University Hospital - Department of Age-Related Health Care		https://www.tuh.ie/	
39	Italy	Antea Associazione	warehouse@antea.	http://www.antea.net	

		ONLUS	net		
40	Italy	Associazione Nazionale per la Lotta contro l'AIDS (ANLAIDS)	info@anlaidsonlus.it	http://www.anlaids.it/	
41	Italy	Comitato per l'etica di fine vita (CEF)	info@comitato-finevita.it	http://www.comitato-finevita.it	
42	Italy	Federazione Cure Palliative		http://www.fedcp.org/	
43	Italy	Fermo Murri Hospital - Medical Oncology Unit		http://www.asurmarche4.it/uoc.asp?id=12	
44	Italy	Fondazione Maruzza Lefebvre D'Ovidio Onlus	info@maruzza.org	https://www.fondazionemaruzza.org/en/contacts/	
45	Italy	Hospice Asmepa	segreteria@asmepa.org	http://www.asmepa.org/	
46	Italy	Hospice Montegranaro ASUR Marche		https://www.asur.marche.it/documents/20182/88532/AV4_GUIDA_HOSPICE_MONTEGRANARO.pdf/6f81d0b0-79c7-4d57-8bd4-2a6178f04849	
47	italy	Italian Society of Palliative Care	segreteria.operativa@sicp.it	https://www.sicp.it/	
48	Italy	Medical Oncology Department, S. Maria Hospital, Terni		https://www.esmo.org/Patients/Designated-Centres-of-Integrated-Oncology-and-Palliative-Care/S.-Maria-Hospital-Italy	
49	Italy	Oncology-Supportive Care in Cancer Unit Fondazione IRCCS, Istituto Nazionale dei Tumori, Milano	carla.ripamonti@istitutotumori.mi.it	https://www.istitutotumori.mi.it/	+39 02 23903644
50	Latvia	Children's Palliative Care Society	hospis@bkus.lv	http://www.palliative.lv/en/	
51	Lithuania	Baltic Palliative Care Association (BPCA)	info@balticpca.com	http://balticpca.com	00370 671 80633
52	Netherland	Hospice Bardo	info@hospicebardo.nl	http://www.hospicebardo.nl	

53	Netherland	Hospice De Vier Vogels	info@hospicerotterdam.nl	http://www.hospicerotterdam.nl/	010 - 2449552
54	Netherland	Hospice Kuria	j.gootjes@kuria.nl	http://www.kuria.nl	
55	Netherland	St. Joods Hospice Immanuel		https://www.joodshospiceimmanuel.nl/	
56	Netherland	Hospice het Veerhuis	info@hospiceveerhuis.nl	https://www.hospiceveerhuis.nl/contact/	
57	Netherland	Veerhuis Hospice	info@hospiceveerhuis.nl	https://www.hospiceveerhuis.nl/	
58	Norway	Sunniva Senter for Palliative Care	hds@haraldsplass.no	https://www.haraldsplass.no/avdelinger/medisinsk-klinikk/medisin-1	
59	Norway	The Norwegian Association for Children's Palliative Care (Foreningen for Barnepalliasjon – FFB)	kontakt@barnepalliasjon.no	https://barnepalliasjon.no/	
60	Poland	Polish Society of Palliative Medicine		http://www.medycynapaliatywna.org/	

APPENDIX F: PALLIATIVE CARE PROVIDER (HOSPICE SERVICES) IN NORTH AMERICA

No.	Country	Palliative care centres	Email	Website	Telephone
1	North America - Bermuda	Bermuda Hospitals Board	info@bhb.bm	https://bermudahospitals.bm/	(441) 239-2025
2	North America - Bermuda	Friends of Hospice	info@hospice.bm // angela.young@hospice.bm	https://www.friendsofhospice.bm/	(441) 232 0859
3	North America - Bermuda	P.A.L.S. Cancer Care	info@pals.bm	https://www.pals.bm	(441) 236 - 7257
4	North America - Canada	Alberta Hospice Palliative Care Association Alberta Cancer Board	communications@ahpca.ca	http://www.ahpca.ca	(403)206 - 9938
5	North America - Canada	Bethell Hospice	info@bethellhospice.org	https://bethellhospice.org	(905) 838-3534
6	North America - Canada	British Columbia Hospice	office@bchpca.org	https://bchpca.org/	(604) 267-7024

		Palliative Care Association (BCHPCA)			
7	North America - Canada	Bruyère Continuing Care Ottawa	communications@bruyere.org.	https://www.bruyere.org/en/palliative-care	(613) 562-6262
8	North America - Canada	Canadian Hospice Palliative Care Association	info@chpca.net	http://www.chpca.net/	(613) 241-3663
9	North America - Canada	Canadian Society of Palliative Care Physicians (CSPCP)	office@cspcp.ca	http://www.cspcp.ca/	(604) 341-3174
10	North America - Canada	Casey House	info@caseyhouse.ca	https://www.caseyhouse.com	416-962-7600
11	North America - Canada	Emily's House // Philip Aziz	info@philipazizcentre.ca	http://www.philipazizcentre.ca/emilys-house	416 363 9196

		Centre			
12	North America - Canada	Foothills Country Hospice Society	info@countryhospice.org	http://countryhospice.org/	403-995-4673
13	North America - Canada	Global Institute of Psychosocial, Palliative and End-of-Life Care - GIPPEC	ippec@uhn.ca	http://www.gippec.org	N/A
14	North America - Canada	Hospice Calgary - Rosadale	info@hospicecalgary.ca	http://www.hospicecalgary.com	403-263-4525
15	North America - Canada	Hospice Toronto	info@hospicetoronto.ca	https://hospicetoronto.ca	416-364-1666
16	North America - Canada	Institute for Life Course and Aging Univers	aging@utoronto.ca	http://www.grandparentfamily.com/	(416) 978-0377

		ity of Toronto			
17	North America - Canada	McNally House Hospice	info@mcnallyhousehospice.com	http://www.mcnallyhousehospice.com/	905-309-4013
18	North America - Canada	Near North Palliative Care Network	office@nnpcn.com	http://nnpcn.com/	705-497-9239
19	North America - Canada	PalCare Network	egureva@myhospice.ca	https://www.mypalcare.org/	905-967-1500 ext.115
20	North America - Canada	Palliative Care McGill	devon.phillips@mcgill.ca	http://www.mcgill.ca/palliativecare/	(514) 934-1934 ext. 42996
21	North America - Canada	Princess Margaret Cancer Centre. Department of Supportive Care. Division of	patientrelations@uhn.ca.	https://www.uhn.ca/PrincessMargaret/Health_Professionals/Programs_Departments/Department_Supportive_Care/Pages/about_us.aspx	416 946 2000

		Palliative Care			
22	North America - Canada	Roger's House	info@rogerneilsonhouse.ca	http://www.rogershouse.ca	613-523-6300 ext 4600
23	North America - Canada	Saskatchewan Hospice Palliative Care Association	info@saskpalliativecare.org	http://www.saskpalliativecare.org/	(306) 559-1838
24	North America - Canada	The West Island Palliative Care Residence	info@wipcr.ca	http://www.PalliativeCareResidence.com	514-693-1718
25	North America - Canada	University of Calgary - Department of Oncology - Division of Palliative Care	amanda.rozedesordons@ucalgary.ca	https://departmentofoncology.com/about-2/divisions/palliative-medicine/	N/A

26	North America - North Carolina	Accreditation Commission for Health Care Inc, (ACHC)	customerservice@achc.org	https://www.achc.org/	(919) 785-1214
27	North America - Illinois	American Academy of Hospice and Palliative Medicine (AAHPM)	info@aahpm.org	http://www.aahpm.org	847-375-4712
28	North America - Alabama	Aseracare Hospice - Hamilton	ask@aseracare.com	http://www.aseracare.com	1-888-868-1957
29	North America - New York	CareFirst	info@CareFirstNY.org	http://www.carefirstny.org	607-962-3100
30	North America - New York	Catskill Area Hospice & Palliati	info@helioscare.org	http://www.cahpc.org	607-432-2519

		ve Care - Cobles kill			

APPENDIX G: PALLIATIVE CARE PROVIDER (HOSPICE SERVICES) IN MALAYSIA

No	Country	Palliative care centres	email	website	Telephone
1	Malaysia	Assisi Palliative Care Berhad (ASPAC)	info@aspac.my	https://www.aspacmalaysia.org/	603-77838833
2	Malaysia	welcome to charis hospice	charishospice@gmail.com	http://www.charishospice.com/#/contactus	604-8279667
3	Malaysia	Hospice Home Care Service	mpms_sabah@yahoo.com	http://www.sabah.org.my/scss/cancer	
4	Malaysia	Hospice Klang	hpsklang@gmail.com	https://www.hospiceklang.org/contact-us	012-6223073
5	Malaysia	Clover Care Centre	management @ clovercarecentre.com	https://www.clovercarecentre.com/	607-513-0034
6	Malaysia	Hospis Malaysia	info@hospismalaysia.org	http://www.hospismalaysia.org/	603-9133 3936
7	Malaysia	Hospis Melaka	hospismelaka@gmail.com	https://www.hospismelaka.org/services.html	012-6235115
8	Malaysia	Penang Hospice Society	penanghospicesociety@gmail.com	http://penanghospice.org.my/contact_us/	
9	Malaysia	Perak Palliative Care Society (PPCS)			
10	Malaysia	Palliative Care Association of Johor Bahru (PCAJB)	tcs.johor@gmail.com	https://www.facebook.com/PalliativeCareAssociationOfJohorBahrupcajb/	07-222 9188
11	Malaysia	Malaysian Association of	mappacmalaysia@gmail.com	https://www.mappac.org/	(+60)16-223

		Paediatric Palliative Care			1357
12	Malaysia	Palliative Care Association of Kota Kinabalu Sabah	Pcakk2014@gmail.com	http://www.sabah.org.my/pcakks/	6088231505
13	Malaysia	Sarawak General Hospital Palliative Care Unit		http://www.sarawakhospicesociety.org	6012 88 66 090
14	Malaysia	University Malaya Medical Centre	ummc@ummc.edu.my	http://www.ummc.edu.my	03-79494422
15	Malaysia	Sarawak Hospice Society		http://www.sarawakhospicesociety.org/index.php?page=home-care-program	
16	Malaysia	Asia Pacific Hospice Palliative Care Network	aphn@aphn.org	https://aphn.org/services/taiping-palliative-society/	
17	Malaysia	University of Malaya Medical Centre	ummc@ummc.edu.my	https://www.ummc.edu.my/contact/contact.asp	03-79494422

APPENDIX H: TERMS AND CONDITIONS

PROPOSED PRODUCT: PALLIATIVE CARE
KEY TERMS AND CONDITION

What are some of the key terms and conditions that I should be aware of?

Disclosure

Important of disclosure: You must disclose all material facts and state your age and smoker status correctly.

Eligibility

Coverage Term	Yearly renewal up to Age XX years old
Entry Age	Person Covered : 0 – XX years old Participant : XX – no limit years
Minimum Modal Contribution	RMXX.XX for any payment mode

Free-Look Period

If this Certificate shall have been issued and for any reason whatsoever the Person Covered shall decide not to take up this certificate, the Person Covered may return the Takaful Certificate to the Takaful Operator for cancellation provided such request for cancellation is delivered by the Person Covered to the Takaful Operator within fifteen (15) days from the date of delivery of this Certificate. The Person Covered is entitled to the return of the full contribution paid less deduction of medical expenses incurred by the Takaful Operator in the issue of this Certificate.

Waiting Period

- No waiting period is applicable to the person covered.

• A waiting period of one (1) year is applicable to you. You will not receive any death/TPD benefit, if your death/TPD is due to non-accidental causes within one (1) year from the issue date or reinstatement date of certificate

Grace Period

A grace period of 60 days from each contribution due date is given for you to pay the respective contributions.

Limitation

We will not pay any death benefit if the death is due to:

• Suicide within one (1) year from the start of your certificate, or the date we last reinstated your certificate, regardless of your or the person covered mental state.

• Epidemic and pandemic (any communicable disease that requires quarantine by law)

Exclusion	Description
Attempted suicide or self-inflicted act	We will not pay any benefit under this certificate if the claims arise from attempted suicide or an intentional self-inflicted act by you within one year from the start of your certificate, or the date we last reinstated your certificate. This applies regardless of your mental state.
Unlawful acts	We will not pay any benefit under this certificate if the claim arises because you wilfully participated in an unlawful act, or unlawful failure to act.
War	We will not pay any benefit under this certificate if the claim is a result of an act of war (whether declared or not), coup, revolution, riot, or any similar event.

Exclusions

Conditions not covered by this Certificate shall include the following:

i. Any pre-existing conditions.

ii. Gender Specific Carcinoma in Situ (CIS) and cancer which are diagnosed within thirty (30) days from the certificate issue date as shown in the Certificate.
iii. All Carcinoma In Situ (CIS) except for Gender Specific Carcinoma In Situ;
iv. Papillary carcinoma of the Bladder.
v. All skin cancers except malignant melanoma.
vi. Stage 1 Hodgkin's disease.
vii. Tumors manifesting as complications of AIDS.
viii. Cervical Intraepithelial (CIN) Classification including CIN I, CIN II, CIN III (Severe Dysplasia without CIS).
(The limitations stated above are not exhaustive and participants are advised to refer to Certificate Contract for further information.)

Pre-Existing Condition

Pre-Existing Condition shall mean any illness or condition which existed before the effective date of cover and for which the Participant should have reasonably been aware of. A Participant may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
i. The Participant had received or is receiving treatment.
ii. Medical advice, diagnosis, care, or treatment has been recommended.
iii. Clear and distinct symptoms are or were evident; or
iv. Its existence would have been apparent to a reasonable person in the circumstances.

Surrender Value

There is no Surrender Value for the first two certificate years and the participant will be entitled to surrender benefit after certificate year 3 subject to the surrender charge. The Surrender Value is guaranteed.

Termination

The coverage of a Person Covered shall automatically terminate on the earliest happening of the following events:
a) upon receipt of the full payment of the Sum Covered attached to this certificate; or

b) upon full claim on the Cancer Benefit; or
c) if any contribution on this certificate remains unpaid at the end of the Grace Period; or
d) if the certificate becomes death claim, expires, or surrendered; or
e) at the next contribution due date when a written request for termination of the said certificate is submitted to the Takaful Operator to that effect.

Termination of this Certificate shall be without prejudice to any claim arising prior to such termination. The payment or acceptance of any contribution hereunder after termination of this certificate shall not create any liability but the Takaful Operator shall refund any such contribution.

No Claim Discount

If you do not make any claims in the current year, we will reward you with 20% no claim discount on the annual contributions payable on your next certificate anniversary.

Claim Submission

If you are required to pay in advance, all the necessary bills and charges and claim for reimbursement later in the event of hospitalization at a non-panel hospital or cashless is not granted as further investigation need to be carried out.

Please submit the Reimbursement Form together with original bills and receipts to FWD Takaful for us to process the claim accordingly.

Home Based Service

For the purpose of Home-Based Service, If patients required to make advance payment, NGO's must be registered Palliative Care service provider under FWD Takaful and a licensed Palliative Care provider.
Claim of the said service must be made together with Original bills and receipt

Takaful Regulations

The Takaful industry in Malaysia is regulated under Islamic Financial Services Act (IFSA) 2013 and is supervised by Bank Negara Malaysia. Takaful Operators are required to follow strict compliance with Shariah, Statutory and Regulations requirements.

a. This is a Takaful product, and the product is designed in line with Shariah principles.
b. You should satisfy yourself that this plan will best serve your needs and that the contribution payable under the certificate is an amount you can afford.
c. You are given a Grace Period of 31 days from the due date for payment of each subsequent contribution. If contribution remains unpaid at the end of this Grace Period, the certificate will lapse. Reinstatement of this certificate is allowed within 180 days from the lapse date and no reinstatement charge is applicable.
d. Death from suicide within one (1) year from the Issue Date or date of any reinstatement, whichever is later, whether the Person Covered is sane or insane, shall limit the Takaful Operator's liability to the return of contributions paid without interest, less any indebtedness and the
e. This brochure is for illustrative purposes only. For further details of terms and conditions, please refer to the certificate documents and sales illustration.
f. All contribution and fees shown in this document may be subject to tax or other government levies.