Republic of Mauritius

World Health Organization

NATIONAL INTEGRATED CARE FOR OLDER PEOPLE (ICOPE) STRATEGIC AND ACTION PLAN

2022 - 2026

Ministry of Health and Wellness

in collaboration with

Ministry of Social Integration, Social Security and National Solidarity

Prime Minister
Republic of Mauritius

FOREWORD

The National Integrated Care for Older People (ICOPE) Strategic and Action Plan 2022-2026 addresses the challenges facing the ageing population in Mauritius. It responds to the changing needs of elderly persons in terms of health and social care.

This four-year strategic plan has been developed in consultation with several stakeholders and in line with guidelines formulated by the World Health Organization.

Demographic data show that health care and support for older people will play an increasingly important role in the future. The proportion of people aged 60 and above, as a percentage of total population, was 9% in year 2000, 18.7% in year 2021, and it is estimated that it will increase to 36.5% by 2061.

Government is committed to promote the health and wellbeing of all our Senior citizens. Our elderly deserve all our support in order to age healthily. In addition, they should always be treated with respect and dignity.

We have adapted key policies to ensure that our health and social security systems are putting in place robust mechanisms for healthy and active ageing.

The ICOPE Strategic and Action Plan caters for person-centred care for our elderly. The overarching objective of this Action Plan is to help, prevent or slow down a decline in the physical and mental capacities of older people and assist all Seniors with a good quality of life.

It is a key strategy document that will guide us as we continue to plan for the future in promoting the health, safety, stability and inclusiveness of our elders.

The ICOPE Strategic and Action Plan offers care pathways to manage priority health conditions associated with declines in intrinsic capacities such as loss of mobility, malnutrition, visual impairment, hearing loss, and cognitive decline.

A broad range of measures will be progressively implemented under the National ICOPE Strategic and Action Plan. For instance, a Carnet de Santé has been developed for each Mauritian aged 60 years and above. This document will be a game-changer in how we care for each of our 260 000 elderly loved ones. It will provide invaluable healthcare advice on a range of topics pertinent to the health of our Seniors, promoting a state of health and wellness at every stage of the ageing process while facilitating the delivery of a yearly comprehensive medical checkup for the elders.

It is essential that all relevant services work together to provide a greater level of support to the elders and foster well-being as well as physical and mental health in the Elderly.

Pravind Kumar Jugnauth
Prime Minister

09 March 2023

Message

Government recognises that good health of citizens is essential to achieving a good quality of life and eventually a happy life. Relentless effort has and is being made to provide universal, accessible and quality health services, free of cost with emphasis on customer satisfaction. Likewise, improving healthcare for the elderly, across every stage of the ageing process, is one of the priorities of the Government.

It is widely acknowledged that large reductions in fertility rate and equally dramatic increases in life expectancy have led to rapid changes in the demographics of populations around the world. The percentage of older people in general populations has increased significantly within a relatively short period of time and Mauritius is no exception. Over the past few decades, Mauritius has been experiencing a rapid ageing of its population. Hence, addressing the unmet care and support needs of an ageing population, and designing services and solutions oriented towards what older people need or want, is becoming a public health priority.

With the ambition to implement health and wellness projects enumerated in the Government Programme 2020-2024, the Ministry of Health and Wellness (MoHW) has set up a clear direction for healthy ageing in the Health Sector Strategic Plan (HSSP) 2020-2024 by adopting the WHO Integrated Care of Older People (ICOPE) as a key approach to build integrated care for older people in Mauritius.

My Ministry has, in response to World Health Organisation (WHO) guidelines, elaborated a four-year Strategic and Action Plan to improve the health and wellbeing of older people. The document, based around a framework of seven strategic objectives, will be an essential tool in ensuring the inclusion of older people's health needs in Primary Health Care, using a person-centred and integrated approach, besides refining healthcare for the elderly across its other manifold aspects. Health and social services will be optimised to respond to older people's unique, varied and complex needs and maximize their functional ability while detecting and managing declines in their physical and mental abilities.

I seize this opportunity to thank my colleague Hon. Fazila Jeewa-Daureeawoo, Minister of Social Integration, Social Security and National Solidarity, for her unflinching support in the elaboration of this Strategic and Action Plan.

A partnership involving the older person, treating physician, primary healthcare workers, family and community as envisaged in ICOPE will sustain people's wellbeing as they age. ICOPE will contribute significantly to achieving the decade's goals of healthy ageing. Delivering ICOPE can support a transformation in the way health systems are designed and operated.

Dr Kailesh Kumar Singh JAGUTPAL
Minister of Health and Wellness

Table of Contents

FOREWORD i

MESSAGE ii

ACKNOWLEDGEMENTS v

LIST OF ABBREVIATIONS vi

LIST OF FIGURES vii

LIST OF TABLES vii

EXECUTIVE SUMMARY viii

1.0 INTRODUCTION 01

1.1 Geography and Population 01

1.2 Governance and Socio-Economic Development 01

2.0 SITUATION ANALYSIS 02

2.1 Demographic Change and Population Ageing 02

2.2 Health Status of Older People 03

2.3 Non-Communicable Diseases 03

2.4 Mental Health 04

2.4.1 Dementia 04

2.4.2 Disabilities Among Older People 05

2.5 Determinants of Healthy Ageing 05

2.5.1 Older People and the Workforce 06

2.5.2 Housing and Living Arrangements of Older People 06

2.6 Healthcare System 07

2.7 Social Care System 09

2.7.1 Overarching Social Security Legal Framework 09

2.7.2 Leisure and Recreational Facilities for Older People 10

2.7.2.1 Network of Senior Citizens 10

2.7.2.2 Residential Recreational Centres 11

2.7.2.3 Elderly Day Care Centres 11

2.7.2.4 Elderly Residence 11

2.7.2.5 Get-Together Programme 11

2.7.2.6 Centenarians Programme 11

2.8 Rodrigues: The Commission for Health and Social Security 11

2.9 Protection against Elder Abuse 12

2.10 Long-Term Care 12

2.11 Community-Level and Home-Based Care 13

2.12 Gap Analysis: Weaknesses and Challenges in Health and Social Services for Older People 13

2.12.1 Weaknesses 13

2.12.2 Challenges 14

Table of Contents

3.0 INTEGRATED CARE FOR OLDER PEOPLE APPROACH **15**
3.1. Development Context 15
3.1.1 Challenges in Health and Social Care for Older People in Mauritius 15
3.1.2 UN Decade of Healthy Ageing (2021-2030) and ICOPE Approach 15
3.2 Methodology and Processes 16
3.3 Guiding Principles 17
3.4 Vision, Mission, Goal 17
3.5 Strategic Objectives 17
Strategic Objective 1 18
Strategic Objective 2 19
Strategic Objective 3 20
Strategic Objective 4 20
Strategic Objective 5 22
Strategic Objective 6 22
Strategic Objective 7 22

4.0 LOGICAL FRAMEWORK **23**
Table 9: Strategic Objective 1 23
Table 10: Strategic Objective 2 24
Table 11: Strategic Objective 3 26
Table 12: Strategic Objective 4 27
Table 13: Strategic Objective 5 30
Table 14: Strategic Objective 6 31
Table 15: Strategic Objective 7 32

5.0 COSTING AND BUDGET **33**

6.0 IMPLEMENTATION STRATEGIES AND APPROACHES **34**
6.1 Coordination and Partnerships 34
6.2 National ICOPE Steering Committee 34
6.3 ICOPE Technical Committee 34
6.4 Geriatric Healthcare Unit 34
6.5 Implementation at National and Regional Levels 35

7.0 MONITORING AND EVALUATION **36**
7.1 Indicators and Targets 36
7.2 Monitoring Mechanisms 36
7.3 Evaluation Mechanisms 37
7.4 Core Indicators and Performance Targets 37
7.5 Stakeholders involved 38

8.0 REFERENCES **39**

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At the very outset, we wish to express our sincere thanks to Dr the Hon. Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness, for his support and guidance in the development of this landmark project to raise the standard of care for the elderly, with a holistic and integrated approach.

We remain thankful to Mrs Devi Chand Anandi Rye Seewooruthun, Senior Chief Executive, Dr Bhooshun Ori, Director General Health Services, and Mrs Zaheda Begum Lallmahomed, Permanent Secretary for having given us the opportunity to formulate this first National Integrated Care for Older People (ICOPE) Strategic and Action Plan (2022-2026).

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We would like to salute the dynamic contribution of Mr Jumoondar Sunkur, Chief Demographer; Ms Kanishka Gopal, Assistant Permanent Secretary; Ms Toolsi Loderchand, Office Management Assistant, the supporting staff of the Primary Health Care Unit, and Mrs Hema Bhunjun-Kassee, Lead Health Analyst and her team, besides all members of the technical working group.

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List of Abbreviations

AHC	Area Health Centre
BRP	Basic Retirement Pension
CADL	Community Activity of Daily Living
CEB	Central Electricity Board
CSO	Central Statistics Office
CWA	Central Water Authority
DADL	Domestic Activity of Daily Living
GCR	Global Competitiveness Report
GDG	Guideline Development Group
GDP	Gross Domestic Product
GGE	General Government Expenditure
GHU	Geriatric Healthcare Unit
GNI	Gross National Income
HDI	Human Development Index
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
ICOPE	Integrated Care for Older People
ICT	Information and Communication Technologies
LCS	Living Conditions Survey
MACOSS	Mauritius Council of Social Services
MBC	Mauritius Broadcasting Corporation
M&E	Monitoring and Evaluation
METEST	Ministry of Education, Tertiary Education, Science and Technology
MGEFW	Ministry of Gender Equality and Family Welfare
MIH	Mauritius Institute of Health
MITCI	Ministry of Information Technology, Communication and Innovation
MITD	Mauritius Institute of Training and Development
MLHRDT	Ministry of Labour, Human Resource Development and Training
MLTLR	Ministry of Land Transport and Light Rail
MNICD	Ministry of National Infrastructure and Community Development
MoHW	Ministry of Health and Wellness
MPF	Mauritius Police Force
MQA	Mauritius Qualifications Authority
MSISSNS	Ministry of Social Integration, Social Security and National Solidarity
NCDs	Non-Communicable Diseases
NPA	National Pensions Act
PADL	Personal Activity of Daily Living
PEPA	Protection of Elderly Persons Act
PHC	Primary Health Care
PDVA	Protection Against Domestic Violence Act
RHD	Regional Health Directors
RHCA	Residence Home Care Act
SDG	Sustainable Development Goal
AGO	Attorney General's Office
SCC	Senior Citizens Clubs
SWC	Social Welfare Centres
WEPPU	Welfare and Elderly Persons' Protection Unit
WCO	World Health Organization Country Office
WHO	World Health Organization

List of Figures

	Page Number
Figure 1: Percentage distribution of the population aged 60 years and above by broad age group, 2021 & 2061 – Republic of Mauritius	02
Figure 2: Percentage of persons who reported having difficulties in performing day-to-day activities by age group and sex, 2018/19	05
Figure 3: Population structure by age, sex and economic activity, 2020	06

List of Tables

	Page Number
Table 1: Trends in age structure of the population 2021-2061	03
Table 2: Trends in specific causes of mortality	03
Table 3: Standardised prevalence of Type 2 diabetes, hypertension and obesity in the population aged 25-74 years	04
Table 4: Government spending on health 2010-2020	07
Table 5: Human resources for health, Mauritius	08
Table 6: Beneficiaries of Basic Retirement Pension by island, January 2022	09
Table 7: Expenditure on social protection as a % of Total Government Expenditure (2015-2023)	10
Table 8: HSSP Strategic Goal 14 – Enhance the health and well-being of the elderly	16
Table 9: Strategic Objective 1 – Promote person-centred integrated care (ICOPE) and long-term care and support for older people and across health and social services at community level, towards early identification of losses in physical and mental capacities (intrinsic capacity) and provision of appropriate care	23
Table 10: Strategic Objective 2 – Engage and mobilize the community, including older people, towards ensuring aged-friendly environments that compensate for loss of capacity, promote participation of older people and support their carers	24
Table 11: Strategic Objective 3 – Coordinate health and social services, with the single goal of maintaining intrinsic capacity of older people through primary and community-based care and facilitating appropriate and timely referral when needed	26
Table 12: Strategic Objective 4 – Develop capacity of health and social care workers in the community at the primary care level for integrated and person-centred approach to assessment and management of decline in capacity in older age	27
Table 13: Strategic Objective 5 – Establish digital innovations and electronic record systems in order to record, store and transmit data on intrinsic capacity and functional ability, and self-management of older people	30
Table 14: Strategic Objective 6 – Strengthen governance and accountability systems	31
Table 15: Strategic objective 7 – Update legislations, policies, and regulations to support integrated care and protect older persons against abuse and ageism	32

Executive Summary

Over the past few decades, Mauritius has been experiencing a rapid ageing of its population. The percentage of people aged 60 years and above was 9% in the year 2000, 18.7% in the year 2021 and the figure is projected to increase to 36.5% in the year 2061.The “oldest, old people”, i.e. the population aged 80 years and above, is projected to increase more than twofold from 26,432 in 2021 to 65,461 in 2061.

In Mauritius, Non-Communicable Diseases account for 80% of the disease burden and 85% of mortality. The country has a high prevalence of diabetes and hypertension. Consequently, there is a growing number of older people with complex healthcare and social care needs, and rising expectations for more patient-centred and improved quality of care.

At present, a wide range of healthcare and social care services are offered. However, information gaps resulting in duplication of services lead at times to unnecessary hospitalisation and higher care costs. There is thus the need to improve the healthcare system so as to promote an integrated care and a person-centred approach.

WHO recommends an integrated care for older people (ICOPE) approach where healthcare and social care are facilitated by continuous, multidisciplinary collaboration and coordination among various care providers. Integrated care pathways for older people facilitate screening for decline in intrinsic capacity, enable comprehensive person-centred assessments and tailored care plans, including prevention of declines in intrinsic capacity with multidisciplinary care teams and enhance case management, including monitoring and follow-up.

In line with the Government Vision 2030, the Ministry of Health and Wellness (MoHW) has set a clear direction for a healthy ageing in the Health Sector Strategic Plan (HSSP) 2020-2024, which identified the WHO ICOPE as a key approach to building integrated care for older people in Mauritius.

The National ICOPE Strategic and Action Plan 2022-2026 has been developed through an intensive consultative process to address the likely challenges and existing weaknesses in the provision of health and social services for older people in the Republic of Mauritius. This four-year strategic and action plan will be an essential tool in ensuring the inclusion of older people’s health and care needs in Primary Health Care. Health and social services will be optimised to respond to older people’s unique, varied and complex needs and maximize their intrinsic capacity and functional ability while detecting and managing declines in their physical and mental capacities.

This National ICOPE Strategic and Action Plan 2022-2026 aims at improving health and wellness of older people through prevention, protection and reduction of care dependency, and, promotion of dignity of life, through community engagement, capacity-building of the workforce and legislative and regulatory improvements.

1.0 Introduction

1.1 Geography and Population

The main island of the Republic of Mauritius is located approximately 2,400 kilometres off the southeast coast of the African continent in the Indian Ocean, covering an area of 1,865 square kilometres. The estimated resident population of the Republic of Mauritius was 1,266,060 as at 1st July 2021. The female population was 640,057, compared to a male population of 626,003. Between 1972 and 2021, the population aged 60+ years has grown substantially from 50,434 to 237,195. The Republic of Mauritius had a population density of 640 persons per square kilometre as at mid-year 2021.

The Republic of Mauritius is facing population ageing, that is, older individuals are representing a larger segment of the total population. As per the UN definition, in Mauritius, older persons commonly referred to as the elderly are those aged 60 years and above.

1.2 Governance and Socio-Economic Development

The Republic of Mauritius holds free and fair national elections every five years, with the last general elections held in November 2019. Since Independence in 1968, elections have been rated as free, fair and competitive. Successive governments, under a shared development vision, have sustained democratic values, good governance and social inclusion. The strong democratic institutions, the well-developed multi-party system and the high level of social development make Mauritius a politically and socially stable country.

The World Economic Forum's Global Competitiveness Report (GCR) 2019 ranked Mauritius as the most competitive country in Africa, at the 52nd place worldwide out of 141 countries. The country, over the past decades, has undergone a remarkable economic transformation from a low-income, agriculture-based economy to a diversified, high-income country in 2020. Mauritius' GNI per capita for 2020 was estimated at $10,230. However, the country experienced a 20.6% decline over the 2019 figure, driven by a 15% contraction in GDP and net foreign income due to the COVID-19 pandemic, which impacted the whole world economy.

The rapid economic growth in Mauritius has been accompanied by an overall improvement in social development. The country has made constant progress in its Human Development Index (HDI), from 0.654 in 1980 to 0.720 in 1990, and to 0.779 in 2001. As per the United Nations' annual HDI published in 2020, Mauritius stood first in the African region with a score of 0.804 (66th Global Rank).

Mauritius has a strong, resilient and equitable health system which is founded on the WHO Health System Framework with a dual-tiered system of healthcare services, comprising a government-led and funded public sector, and a thriving private sector. In year 2020 Government's allocation to health as a percentage of General Government Expenditure (GGE) was 7.3%, representing around 2.6% of GDP.

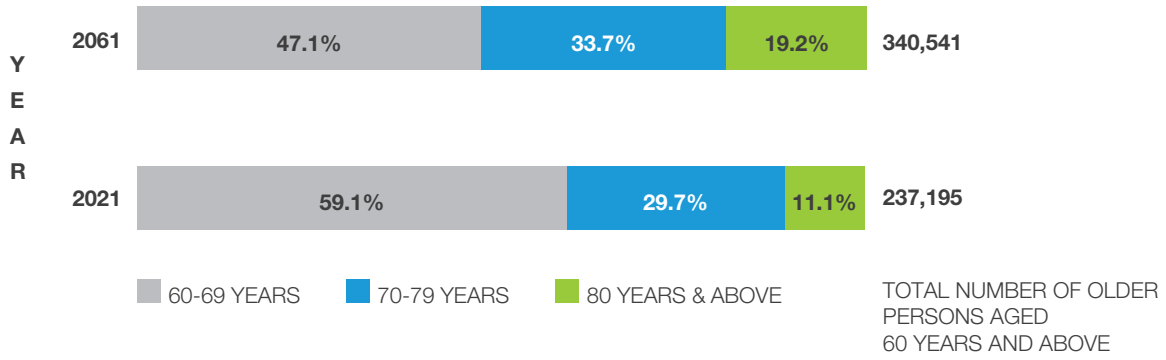
2.0 Situation Analysis

2.1 Demographic Change and Population Ageing

The population of older persons is increasing both in numbers and as a share of the total population. The number of people aged 60 years and older is projected to grow by 44%, from 237,195 in 2021 to 340,541 in 2061. The share of the population aged 60 years or above in the total population is projected to increase from 18.7% in 2021 to 36.5% in 2061 while the share of the population aged 15-59 years is projected to decrease from 64.6% in 2021 to 51.9% in 2061. Despite the remarkable health achievements, the Republic of Mauritius faces many challenges for older people.

Mauritius is also witnessing a progressive ageing of its older population. The number of people aged 80 years and older will grow by 148%, from 26,432 in 2021 to 65,461 in 2061. The share of persons aged 80 years and above in the population aged 60 years and above is projected to increase from 11.1% in 2021 to 19.2% in 2061.

Figure 1: Percentage distribution of the population aged 60 years and above by broad age group, 2021 & 2061 – Republic of Mauritius



Life expectancy at birth has improved considerably over the years. Male life expectancy at birth has increased from 59 years in 1962 to 70.3 years in 2020 and that of females has increased from 62 years in 1962 to 77.2 years in 2020. Due to the 'female survival advantage' in life expectancy, there are more females in the older age groups than in the younger age groups and the gap increases with age. For instance, in 2020, there were 80.7 men per 100 women in the age group 60 and above and 54.6 men per 100 women in the age group 80 and above.

Changes in the age structure are also reflected in the median age of the population. The median age has increased from 17.6 years in 1962 to 37.7 years in 2021. The ongoing downward trend in fertility rates (from 2.3 in 1990 to 1.41 in 2021) further contributes to the ageing of the Mauritian population.

As per the projection demonstrated in Table 1, a decrease in the age group 0-14 is expected while the age group 60+ will increase significantly. From 2021 to 2061, the age group 60-79 is expected to double on average.

Table 1: Trend in Age Structure of the population 2015-2055

Age group	2021		2041		2061	
	Number	%	Number	%	Number	%
Total population	1,220,060		1,163,362		933,951	
0-14	210,563	16.6	159,792	13.7	108,818	11.7
15-59	818,302	64.6	671,963	57.8	484,592	51.9
60+	237,195	18.7	331,607	28.5	340,541	36.5
60-79	210,763	16.6	274,386	23.6	275,080	29.5
80 and above	26,432	2.1	57,221	4.9	65,461	7.0

Source: Digest of Demographic Statistics 2021

2.2 Health Status of Older People

Table 2 depicts the trends in specific causes of mortality.

Table 2: Trends in specific causes of mortality

	ICD-10										
Year	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Total Deaths	8,891	8,951	9,103	9,231	9,438	9,496	9,920	9,914	10,521	10,911	10,768
CAUSE:											
Heart Diseases (%)	*18.1*	*17.2*	*17.9*	*17.7*	*19.3*	*19.9*	*19.5*	*18.7*	*19.8*	*17.8*	*19.1*
Cerebrovascular Diseases (%)	*8.4*	*8.4*	*7.5*	*8.1*	*7.9*	*8.6*	*10*	*8.2*	*8.9*	*8.3*	*8.6*
Other Diseases of Circulatory system (%)	*5.7*	*5.5*	*5.9*	*5.2*	*4.6*	*5*	*5.7*	*5.4*	*6.4*	*5.4*	*5.0*
All Circulatory (%)	**32.2**	**31.1**	**31.4**	**31**	**31.8**	**33.5**	**35.2**	**32.3**	**35.1**	**31.5**	**32.7**
Diabetes Mellitus (%)	*23.6*	*25.4*	*26.5*	*24.6*	*25.1*	*24.1*	*23.5*	*23.2*	*20.6*	*22.1*	*21.1*
Total Circulatory and DM (%)	**55.8**	**56.5**	**57.9**	**55.6**	**56.9**	**57.6**	**58.7**	**55.5**	**55.7**	**53.6**	**53.8**

Source: Health Statistics Report 2020, Ministry of Health and Wellness

2.3 Non-Communicable Diseases

According to the Health Statistics Report 2020, diabetes mellitus and heart diseases were the first two principal underlying causes of mortality in 2020, with 2,269 (21.1%) and 2,056 (19.1%) deaths respectively; cancer and other neoplasms of all sites taken together was in third position with 1,378 (12.8%) deaths. Deaths due to cerebrovascular diseases amounting to 924 (8.6%) were in fourth position, followed by hypertensive diseases with 497 deaths (4.6%).

From 1987 to 2015, the prevalence of diabetes mellitus has increased from 14.3% to 25.8%, representing an 80% rise. Hypertension and obesity prevalence is also high. The prevalence of hypertension (linked mainly to heart diseases, strokes, and renal conditions) remained high over the years, particularly in 2009, when it peaked at 42.3%.

The prevalence of obesity increased more than threefold from 6.3% in 1987 to 19.1% in 2015. The Mauritius NCD Survey 2021 reveals that the standardised prevalence of Type 2 diabetes in the Mauritian population aged 25-74 years was 19.9, i.e. 21.6% in men and 18.5% in women. (Table 3)

Table 3: Standardised prevalence of Type 2 diabetes, hypertension and obesity in the population aged 25-74 years

	Diabetes	Hypertension	Obesity
Men	21.6%	26.9%	29.9%
Women	18.5%	27.5%	41.6%
Total	19.9%	27.2%	36.2%

Source: Mauritius NCD Survey 2021

2.4 Mental Health

According to a 2016 WHO report, 28·4 out of every 1,000 Mauritians have severe mental or substance abuse disorders, and severe psychiatric conditions have high prevalence, for example 2.6 out of every 1,000 people have schizophrenia and 7.9 out of every 1,000 have severe depressive disorders. Despite significant improvements in mental healthcare over the past few decades, people may still be reluctant to seek treatment and support.

2.4.1 Dementia

Currently, WHO and Alzheimer's Disease International figures demonstrate that at least 91 % of all people with dementia are aged 65 years or above, with advancing age being the main risk factor for dementia.

Dementia in all its forms is characterised by progressive neurocognitive and functional impairment, affecting not only memory, cognition and behaviour, but also one's ability to perform activities necessary for daily living, such as feeding, personal hygiene care, household cleaning and managing personal finances, among others, resulting in a progressive loss of independence.

Observations from multidisciplinary clinical practice in Mauritius suggest that some misconceived notions about dementia need to be addressed among the general public. For example, several people misunderstand dementia as being a disease purely concerning "memory", while it in fact impacts upon several other aspects of health, such as falling tendency and incontinence, among others. Besides, many misconstrue the terms "dementia" and "Alzheimer's" to be equivalent, while in fact Alzheimer's disease is a subset of dementia, which can also exist in other forms.

An Early Dementia Diagnosis Clinic (EDDC) is operational for the catchment area of Victoria Hospital since 2018, providing multidisciplinary and longitudinal care to patients and carers, by specialists in Psychiatry, Geriatrics, and Neurology, a Social Worker and a Clinical Psychologist, besides nursing staff. The model will be revisited in order to facilitate the extension of services offering early dementia diagnosis and multidisciplinary management across the country.

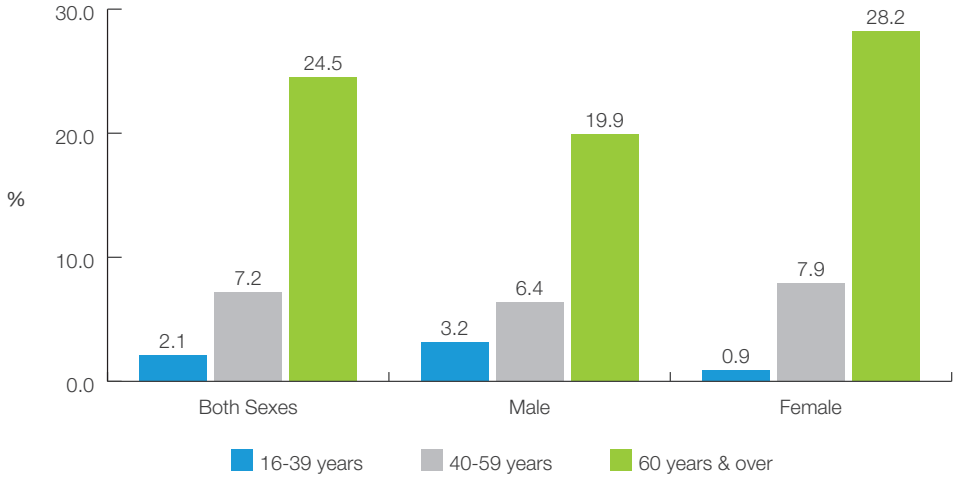
There is a need for dementia planning to promote better knowledge of the illness across the population at large in order to address misconceived notions and stigma. There is also a need for integration of dementia care into care for older people, in order to ensure healthcare and social services are accessed with ease and consistency of approach to best support patients with dementia, their families and carers.

Dementia and its complications usually result in situations where 24/7 care and support are required from family members and/or paid carers. Societal changes in the past decades have resulted in lengthier lifespan for patients, a mode of living more oriented towards the "nuclear family" and a higher proportion of adults joining the workforce and thus being away from home during the day. Therefore, integrated care planning for dementia will also aim at improving carer support and care enhancement in long-term care facilities, which are often resorted to in cases where 24/7 family support at home becomes hard to organise and maintain. Dementia care under the National ICOPE Strategic and Action Plan will ensure harmonisation of services and simplification of care pathways for the benefit of patients with dementia and their families, in line with the objectives of the National Health Sector Strategic Plan (HSSP) 2020-2024 and the Global Comprehensive Mental Health Action Plan 2013-2030.

2.4.2 Disabilities Among Older People

Data disaggregated by sex and age shows that the prevalence of having difficulties in performing daily activities due to health problem(s) is higher among women (9.8%) than men (7.7%). It increases with age, i.e. 10% among women aged below 60 years versus 24% among elderly aged 60 years and over.

Figure 2: Percentage of persons who reported having difficulties in performing day-to-day activities by age group and sex, 2018/19



Source: HOW DO MAURITIANS FEEL ABOUT THEIR HEALTH? Statistics Mauritius, 2020

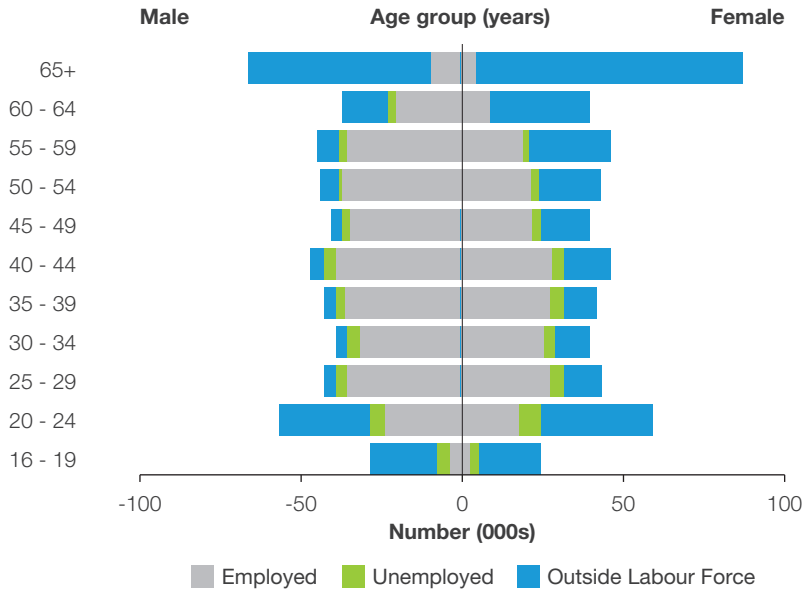
2.5 Determinants of Healthy Ageing

To foster healthy ageing as well as to improve the lives of older people and their families and communities, domains such as level of education, participation in the workforce, housing and living arrangements, level of physical activity, and situations of social isolation and loneliness of elderly people will also need to be taken into consideration.

2.5.1 Older People and the Workforce

In Mauritian society, it is noted (Figure 3) that compared to other age groups, a higher percentage of those above 60 years, especially women, are likely to be outside the workforce.

Figure 3: Population structure by age, sex and economic activity, 2020



Source: Statistics Mauritius, Labour Force, Employment and Unemployment Year 2020

2.5.2 Housing and Living Arrangements of Older People

A comparison of living arrangements between 2000 and 2011 shows that as at 2011, 31% of older adults lived independently, either alone or with their spouse, which indicates a 22% increase from 2000. More than two-thirds of older people lived in mixed households as of 2011 but this living arrangement is now decreasing in frequency. The average household size decreased from 3.9 to 3.5 due to increased incidence of single-parent households and persons living alone.

In 2011, 98.7% of old people lived in private households and 1.3% resided in institutions like infirmaries and retirement homes. A Grant-in-Aid is provided by Government to 22 charitable institutions caring for the elderly, whereby no fee is paid by the inmates. The number of licensed private homes is on the rise, from 34 in 2016 to 52 in 2022.

In 2011, among the elderly who lived in private households, 11% were on their own. Older women were more likely than older men to live alone. Higher female life expectancy, combined with the fact that men are generally older than their spouses, contributes to the higher proportions of women living alone in this age group. In 2011, the proportion of elderly women living alone was 15%; compared to a lower proportion of 6% among elderly men.

2.6 Healthcare System

Mauritius is committed to attaining the Sustainable Development Goals (SDGs) by 2030. The HSSP 2020-2024 provides a clear direction for a healthier future for its population and describes the strategic directions and initiatives that the country will pursue to attain its vision and sustain progress to further improve the 17 targets related to SDG 3. The mission of MoHW *'to provide the highest attainable standard of health to its citizens'* is upheld by several legislations, including the Public Health Act 1925, the Private Health Institutions Act 1989, the Pharmacy Act 2013, the Food Act 2022, the Environment Protection Act 2002 and the Building Control Act 2019.

The Public Health Act covers a wide range of fields and activities that fall under the domain of public health. The Act is divided into several parts, namely into substantive issues such as sanitation, infectious or communicable diseases, dangerous epidemic diseases, leprosy and protection of food. It is also an important law with regard to the administrative aspects of health in Mauritius with sections dealing with certificates of death, food and water supply, cemeteries, cremation and hospitals and dispensaries.

The Pharmacy Act provides the main framework for regulating the manufacturing, importation, distribution and sale of pharmaceutical products in Mauritius. The Food Act 2022 provides for new sanitary measures in terms of food products. The changes brought through this new piece of legislation compared to previously relate to labelling, the quality of packaging, the importation of products and their safe consumption in the country. The Building Control Act 2019 provides for enhanced accessibility to public infrastructure by disabled persons.

The budget of the MoHW for the financial year 2022-2023 is around Rs 14.7 billion, representing around 7.1% of Government expenditure.The trend of Government spending on health has significantly increased over the past ten years as indicated in Table 4.

Table 4: Government spending on health 2010-2020

Year	2010	2011	2012	2013	2014	2015 (Jan-Jun)	2015/ 2016	2016/ 2017	2017/ 2018	2018/ 2019	2019/ 2020
GDP at market prices (Rs billion)	306.83	329.48	349.4	371.05	390.69	204.15	422.55	451.4	459.6	482.6	508.96
GDP Growth Rate (%)	4.4	4.1	3.5	3.4	3.6	-	3.4	4.1	3.8	3.8	3.9
Total Govt Expenditure on Health (TGEH) (Rs billion)	7.56	7.06	7.62	8.71	9.2	4.45	9.69	10.9	11.13	12.17	13.1
TGEH as a % of Total Govt Expenditure	9.46	8.04	8.55	8.31	8.6	7.61	8.56	7.69	7.9	8.1	7.3
TGEH as a % of GDP	2.46	2.14	2.18	2.35	2.36	2.18	2.29	2.41	2.4	2.5	2.6
Per Capita TGEH (Rs)	5,888	5,475	5,893	6,911	7,292	3,524	7,670	8,631	8,794	9,616	10,351

Source: Health Sector Strategic Plan 2020-2024

In line with the Budget Speech 2020-2021, a new five-year Health Sector Strategic Plan (HSSP) 2020-2024 has been developed and is being implemented to ensure that the national health services can cope with new challenges such as the growing burden of Non-Communicable Diseases (NCDs) and the complex health needs of the ageing population.

In the year 2021, the Primary Health Care (PHC) network in the country comprised 1 Community Hospital, 6 Medi-Clinics, 21 Area Health Centres and 115 Community Health Centres.

Each of these peripheral healthcare delivery points, which are located within a radius of only 1.5km to 3km of the residence of people, caters for some 9,000 members of the community. Secondary and specialised healthcare services in the public sector are delivered through five regional hospitals, three district hospitals, and specialised hospitals such as an ophthalmology hospital, an ENT(ear/nose/throat) hospital, a mental health care institution, a chest diseases hospital and a cardiac centre. The country's private health system infrastructure consists of 19 private hospitals.

The health workforce in Mauritius is composed of medical practitioners, including specialists, nurses and midwives, dentists, pharmacists and other paramedical and allied health professionals. In addition, non-medical staff provide administrative support for the day-to-day running of the health services. Some 16,000 officers in 375 different grades are employed by MoHW, 85% of whom are technical staff responsible for the delivery of services and 15% are support staff. Skilled personnel are available in a variety of medical specialities. Table 6 gives an indication of the human resources for health in Mauritius.

Table 5: Human resources for health, Mauritius

SELECTED HEALTH MANPOWER STATISTICS AS AT END OF YEAR 2013-2020

Year	2013		2014		2015		2016		2017		2018		2019		2020	
GRADE	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION	NUMBER	PER 10,000 POPULATION
DOCTOR																
Employed by																
Mins. of Health[@]	1,054	8.4	1,077	8.5	1,111	8.8	1,155	9.1	1,514	12.0	1,525	12.0	1,568	12.4	1,546	12.2
- of which specialists	*(290)*		*(300)*		*(301)*		*(314)*		*(326)*		*(341)*		*(354)*		*(365)*	
In private practice	992		1,352		1,439		1,614		1,413		1,685		1,722		1,904	
TOTAL	**2,046**	**16.2**	**2,429**	**19.3**	**2,550**	**20.2**	**2,769**	**21.9**	**2,927**	**23.1**	**3,210**	**25.4**	**3,290**	**26.0**	**3,450**	**27.3**
*Of which specialist**	*(718)*		*(734)*		*(788)*		*(813)*		*(858)*		*(895)*		*(980)*		*(1033)*	
DENTIST[#]																
Employed by																
Mins. of Health	58	0.5	58	0.5	58	0.5	69	0.5	68	0.5	66	0.5	66	0.5	67	0.5
In private practice	293		308		322		316		333		345		346		361	
TOTAL	**351**	**2.8**	**366**	**2.9**	**380**	**3.0**	**385**	**3.0**	**401**	**3.2**	**411**	**3.2**	**412**	**3.3**	**428**	**3.4**
PHARMACIST																
Employed by																
Mins. of Health	23	0.2	27	0.2	27	0.2	27	0.2	37	0.3	38	0.3	36[£]	0.3	35	0.3
In private practice	437		467		470		487		494		498		512[£]		525	
TOTAL	**460**	**3.7**	**494**	**3.9**	**497**	**3.9**	**514**	**4.1**	**531**	**4.2**	**536**	**4.2**	**548**	**4.3**	**560**	**4.4**
NURSE & MIDWIFE**																
Employed by																
Mins. of Health	3,202	25.4	3,331	26.4	3,461	27.4	3,686	29.2	3,710[£]	29.3	3,727[£]	29.4	3,770[£]	29.8	3,798	30.0
In private practice	761		794		669		448		429		493		536		602	
TOTAL	**3,963**	**31.5**	**4,125**	**32.7**	**4,130**	**32.7**	**4,134**	**32.7**	**4,139[£]**	**32.7**	**4,220[£]**	**33.3**	**4,306[£]**	**34.1**	**4,400**	**34.8**

[@] excluding doctors (included in figure in private practice) working under the "Bank of Doctors" scheme and Pre-Registration House Officers

[#] including dental specialists

* including those employed by the Ministry of Health & Wellness

** excluding trainees

[£] revised

Source: Health Statistics Report 2020

In the period 2014-2021, the number of (public and private sector) healthcare workers has continuously increased. For example, the number of doctors operating in the public sector, including specialists, increased from 1,077 to 1,681. The number of specialists in both the public and private sectors increased from 734 to 1,073. Similarly, the number of dentists has risen from 366 in 2014 to 449 in 2021. With regard to nurses and midwives, the number has also gone up from 3,331 to 3,711.

2.7 Social Care System

In Mauritius, a comprehensive social protection system, made up mainly of universal pensions and social assistance for those in need, already exists.

2.7.1 Overarching Social Security Legal Framework

In terms of social policy for older people, the National Pensions Act 1976 (as subsequently amended), is the backbone of the Mauritian universal social protection system, governing most of its programmes, including those for persons with disabilities.

Means-Tested Social Aid programmes are regulated by the Social Aid Act and unemployment benefits are regulated by the Unemployment Hardship Relief Act – both adopted in 1983.

The Old Age Ordinance and Pensions Act, adopted in 1950, introduced the tax-financed universal pension, the Basic Retirement Pension (BRP) forming the basis for the multi-tiered system that exists today: a universal non-contributory basic old-age pension, a mandatory income-related pension scheme (Occupational Compulsory Pensions) and a voluntary private pension scheme.

The National Pensions Scheme introduced in 1976 provides for non-contributory and contributory benefits. The Basic Retirement Pension is provided to all elderly persons aged 60 years and above.

Table 6: Beneficiaries of Basic Retirement Pension by island, July 2022

	Republic of Mauritius	Island of Mauritius	Island of Rodrigues	Monthly Rate (Rs)
Beneficiaries	249,873	244,210	5,663	-
- (60-89) years	244,959	239,428	5,531	10,000
The Government had announced an increase of Rs 1,000 in old-age pension for those aged 60-64 years, and an additional increase of Rs 1,000 for those aged 65 and over under the Social Contribution and Social Benefits Act.				
- (90-99) years	4,737	4,616	121	17,710
100 years and above	177	166	11	22,710

Source: Statistics Mauritius

There are various social protection schemes for the elderly in Mauritius. People who are bedridden or severely disabled, including older people, benefit from monthly domiciliary visits by a doctor. As per the National Pensions Act 1976, a monthly carer's allowance of Rs 3,500 is provided to any person who is bedridden or severely disabled needing personal care and special attention of another person. The Government provides grants of up to Rs 10,000 for the purchase of assistive devices such as wheelchairs and hearing aids and Rs 5,000 for spectacles. Other institutions such as the National Solidarity Fund provide financial assistance on a means-tested basis, except for cancer cases.

Other forms of financial assistance provided to elderly persons as per the Social Aid Act 1983 include:

(a) incontinence allowance to any person who is bedridden and suffers from incontinence, including the elderly;

(b) rent allowance to elderly persons living alone and paying rent;

(c) allowances for dentures, income support, funeral grants in respect of beneficiary or any of his/her dependent and grant for the purchase of medicines for centenarians.

In Mauritius, free public transport is provided to older people to facilitate their travel and mobility.

Table 7 below depicts trends in Government spending on social protection over the years 2015/16 to 2019/20.

Table 7: Expenditure on social protection as a percentage of total Government expenditure (2015-2023)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total Government expenditure (Rs million)	92,000	104,400	116,200	121,100	123,700	144,300	145,700	152,000
Government spending on Social Security and National Solidarity Division (Rs million)	18,730	21,235	22,780	24,630	26,927	36,770	38,600	46,425
Expenditure on SP as a % of total Government expenditure	20.4	20.3	19.6	20.3	21.8	25.5	26.5	30.5

2.7.2 Leisure and Recreational Facilities for Older People

Leisure and recreational facilities for older people are provided by the Ministry of Social Integration, Social Security and National Solidarity (MSISSNS). Below are the activities organised by the MSISSNS in various settings.

2.7.2.1 Network of Senior Citizens

The Senior Citizens Council is established under the Senior Citizens Council Act 1995 and under the aegis of the MSISSNS. The Senior Citizens Council, which regroups some 825 Regional Senior Citizens Associations, comprising about 103,100 members, is responsible for advising the Government on policy matters relating to the elderly and their well-being. In accordance with the Senior Citizens Act, membership to the Council is open to any voluntary organisation catering for senior citizens aged 55 and above and registered with the Registrar of Associations. The Council organises various educational, leisure and recreational activities for the benefit of members of Senior Citizens Associations.

In Rodrigues, there are some 72 senior citizens' clubs comprising some 2,500 members. They are grouped under the Senior Citizen Federation of Rodrigues which organises outings, seminars on elderly rights, and sensitisation campaigns. A Respite Care Centre exists and makes provision for short stays of one day up to 2 months. The objective of the centre is to provide some rest for the carers and some time to re-energise. The centre is administered by a religious body and benefits from an operational grant by the Commission for Health and Social Security of the Rodrigues Regional Assembly. A token of Rs 100 per night for complete boarding is payable by each person.

2.7.2.2 Residential Recreational Centres

The MSISSNS operates three Residential Recreational Centres in Mauritius, where elderly people and Persons with Disabilities are able to enjoy two-night stays in a hotel- type environment at a highly subsidised rate. The total capacity for the three Recreation Centres is 34,000 residents yearly. The following activities are organised in the Residential Recreational Centres: talks on the protection of the elderly, swimming sessions, indoor & outdoor games/leisure activities, popular musical activities, 'Soirées Dansantes' and professional cultural shows. In addition, free internet and IT facilities are provided.

2.7.2.3 Elderly Day Care Centres

Elderly Day Care Centres are run by the MSISSNS, where educational, adult literacy, IT literacy, handicraft and embroidery classes, healthy cooking methods, group counselling sessions and leisure activities are organised with a view to ensuring that older people remain active, productive and healthy.

2.7.2.4 Elderly Residence

The elderly residential facility known as "Résidence Bois Savon" consists of 24 living units constructed in 2001 with the financial help of the Luxembourg authorities and is meant for widows aged 60 years and above living alone and paying rent, and who are self-dependent. A living unit consists of one bedroom, incorporating toilet and bathroom, and a kitchenette. One unit is occupied by a single person. They are entitled to the payment of Basic Retirement Pension. The CEB and telephone bills are settled by the residents individually whereas the CWA bill is settled by the MSISSNS. The compound has an elderly day care centre, a pétanque court and a green space with fruit trees. Medical Officers of the MSISSNS conduct monthly visits. Social Security Officers as well as Psychologists make regular visits. The security services and maintenance works are contracted out by the Ministry.

2.7.2.5 Get-Together Programme

The Senior Citizens Council, which operates under the aegis of the MSISSNS, organises Get Together Programmes on a regularly basis for elderly persons living alone to enable them to socialise around a meal. The get-togethers are organised at the Recreation Centres in collaboration with the regional Senior Citizens Associations and Welfare and Elderly Persons' Protection Unit (WEPPU) officers.

2.7.2.6 Centenarians Programme

As at September 2022, there were 155 centenarians, 134 of whom were females and 21 males. The MSISSNS participates in 100th birthday celebrations and offers gifts in cash and in kind to the centenarians. They are also offered a medal for joining the centenarian club.

Under the aegis of the MSISSNS, an *"Adopt a Centenarian"* programme started in 2014, whereby the Senior Citizens Associations of the region are called upon to visit the centenarians to provide them some psychosocial support.

2.8 Rodrigues: The Commission for Health and Social Security

In Rodrigues, the Commission and the relevant families join hands to celebrate centenarians' birthdays with great enthusiasm.

The Commission has implemented a project in 2017, where it has recruited four "formal carers" who have had intensive training in homes in Mauritius. Their responsibilities are to carry out visits to all elder persons in receipt of a Carer's Allowance from the Commission for Health and Social Security. They train the "beneficiary's carers" and family members in elderly care. In case of signs of abuse, referrals are made to the WEPPU. The assistance of Community Health Agents is also provided.

2.9 Protection Against Elder Abuse

Older people in the Republic of Mauritius are protected against any form of abuse under the Protection of Elderly Persons Act 2005. In addition, a network of 20 Elderly Watch organisations in Mauritius, run by volunteers from the Senior Citizens Associations, operates at the level of the community. Furthermore, at the level of the MSISSNS, a WEPPU, a Monitoring Committee and hotlines have been set up to look into reported cases of abuse.

The Protection of the Elderly Network set up across the island seeks to ensure, promote and sustain the physical, psychological, emotional, social and economic protection and well-being of older persons. Cases requiring the issue of a protection order are referred to the Family Protection Unit of the Ministry of Gender Equality and Family Welfare (MGEFW) in accordance with the Protection from Domestic Violence Act 1997. It also arranges for the admission of an older person to a residential care home, where required. The unit further organises public awareness-raising campaigns on the rights of older persons.

Counselling services are also provided by the Family Welfare Protection Unit of the MGEFW to elderly persons who are victims of domestic violence perpetrated by family member/s living under the same roof. These include family counselling, psychological support, legal assistance for the application of orders under the Protection from Domestic Violence Act 2016 at the level of District Courts. However, it has been noted that older people are sometimes victimized by people not living under the same roof. The Protection from Domestic of Violence Act 2016 may need to be amended to cater for such cases.

2.10 Long-Term Care

Long-term care in Mauritius is viewed as a family responsibility, although this practice is changing as society undergoes change. The Government of Mauritius acknowledges that family caregivers require support and gives a monthly allowance to caregivers of older people experiencing significant declines in capacity. Besides, capacity-building programmes have been organised by several stakeholders over the past 15 years to provide practical training to family caregivers with a view to standardizing training for informal care.

The number of residential care homes has increased in recent years. As at year 2020, 52 private homes were operating in the country. Currently, 22 charitable institutions funded by the Government, providing on-site nursing and medical care, are operated by non-governmental organisations. Overall, the demand for admission into these homes far outweighs their bed capacity, which is one of the challenges of population ageing. The Government of Mauritius foresees rising rates of dementia and disability and an increasing overall demand for long-term care in the future and is thus planning for a 52% increase in publicly-funded residential bed capacity by 2030.

The Residential Care Homes Act 2003 was enacted to establish standards and codes of practice and to monitor the quality of care delivered in homes. The Act makes provision for regular inspections of both public and private homes to ensure residents receive adequate care.

Changes in family structure are leading to fewer family caregivers. Older people rely on informal kinship networks, but the efficacy of these informal systems may decrease over time due to changes in lifestyle

patterns. The demand for senior living residences and elderly care services is expected to grow rapidly in the coming decades as the proportion of older persons in the country increases. The synergy among service providers should be improved. Capacity-building programmes should be developed and reinforced at the level of families, paid carers, service providers and community-based organisations.

2.11 Community-Level and Home-Based Care

The MoHW offers, besides the health services provided in Area and Community Health Centres, the Mobile Clinic Services, also known as the Caravane de la Santé, in each of the five health regions. The main activities carried out by the Mobile Clinic Services are: screening for diabetes, obesity, high blood pressure, vision defect and breast and cervical cancer; and dispensing health education. Enhancing health promotion is carried out through regular health intervention programmes/activities and sensitisation campaigns in social welfare centres, community centres, village halls, social centres and municipal halls for the community at large to prevent and control NCDs and other risk factors. The programmes aim at promoting healthy eating habits, encouraging physical activity, reducing alcohol abuse and stopping smoking. These are also supported by social mobilization and community participation. In addition, regular TV and radio programmes are organised to increase national awareness on different health issues.

The MSISSNS provides a whole set of services to the elderly both in cash and in kind. Services such as payment of pensions, social assistance, and equipment like hearing aids, wheelchairs and spectacles are provided to vulnerable groups. The MSISSNS:

- provides free monthly domiciliary medical visits for severely disabled and bedridden persons;
- carries out anti-influenza vaccination campaigns for the elderly and severely disabled children in close collaboration with the MoHW;
- provides medical and paramedical care to the inmates of charitable institutions; and
- helps promote preventive healthcare.

The 57 Social Welfare Centres throughout the island under the aegis of the MGEFW are equipped with sports and other related facilities that are put at the disposal of different age groups. 22 Elderly Day Care Centres under the aegis of the MSISSNS for older persons are provided with physical fitness equipment to encourage physical activity among this age group while 20 Health and Nutrition Clubs operate in Social Welfare Centres.

2.12 Gap Analysis: Weaknesses and Challenges in Health and Social Services for Older People

2.12.1 Weaknesses

At present, a wide range of healthcare and social care services are offered in both the public and private sectors. However, at times, information gaps and duplication of services lead to unnecessary hospitalisation and higher care costs. This will be addressed through implementation of an integrated person-centred approach, whereby individual proactive care is facilitated by continuous, multidisciplinary collaboration and coordination of various care providers. Integrated care for older people will provide for comprehensive assessments, tailored care plans, multidisciplinary care teams, case management, and proactive and patient-centred care.

Healthcare and social care services are provided free of cost to the older population. The setting up of a coordinating mechanism with a focal structure will ensure that healthcare and social care services to the

older section of the population are provided in an adequate and timely manner, and are accessible at all levels of the healthcare system. A National ICOPE Steering Committee, a Technical ICOPE Committee and a Geriatric Healthcare Unit will provide for the governance mechanism required.

The availability of patients' information is essential in the healthcare setting. Several limitations of the traditional paper-based method of recording information have been identified, such as incomplete data, sub-optimal data sharing across healthcare and social care sites and data fragmentation. An e-Health system will enable intelligent flow of patient information among healthcare and social care professionals who will be empowered to better serve patients. It will facilitate the design and delivery of personalised care plans and improved follow-up.

There is a need to further strengthen the collaboration between NGOs and civil society at large and the healthcare and social care sectors to provide for a more comprehensive package to meet the needs of older people. In view thereof, the World Health Organization Country Office had mobilised resources in 2019-2020 to strengthen capacity and partnership building among NGOs in collaboration with the MACOSS. However, the coordination mechanism should be further strengthened at community level to provide for a comprehensive continuum of healthcare and social care services to older people.

Elderly people are more likely to suffer from disabilities related to sight, hearing and communication, alongside physical impairments. Older people also generally have lower levels of access to technology and limited digital literacy.

Screening for disabilities is done in health sites. However, the scale and number of older people targeted need to be increased.

In view of the ageing population and changing demographic trends, there is a need to improve data collection on the healthcare and social needs of the elderly. Health data is collected at national level by the Central Statistics Office and at the level of various ministries including the MoHW. However, there is limited age-disaggregated data on older people for certain medical issues such as dementia, falls and osteoporosis and hence, data disaggregated by age is a priority for informed policy-making. Research, including age- and gender-sensitive data collection and analysis, is equally important.

2.12.2 Challenges

The ageing of our society, reflecting the rapidly increasing proportion of older people in relation to the rest of the population implies that at societal level, greater pressure will be felt on our healthcare system, social protection policies and other supports for older persons.

Delivery of the required high-quality services to the growing older population remains a challenge. More geriatricians, nurses trained in geriatric nursing, carers, physiotherapists, social workers and occupational therapists, among others, would be needed.

The number of older people with mental disorders, including depression and dementia, is expected to increase, given the rising population of older persons. There is a need for the development of comprehensive mental healthcare services at the primary healthcare level.

The COVID-19 pandemic has emphasised the need for ensuring coordination and continuity of care.

The change in the housing patterns in Mauritian society, whereby older people are increasingly living alone, entails that long-term care and support systems need to be strengthened to provide quality care for older people.

3.0 Integrated Care for Older People Approach

3.1. Development Context

3.1.1 Challenges in Healthcare and Social Care for Older People in Mauritius

Despite remarkable health achievements, Mauritius is facing many challenges for older people, including the burden of NCDs, the complex healthcare needs of the ageing population and the need for care with higher emphasis on patient-centredness, among others.

In the past, healthcare services were often structured around diagnosing and curing acute health issues, using a biomedical "find it and fix it" approach. This worked well when communicable diseases were the most prevalent healthcare issue. Today, population demographics have shifted and a more holistic approach is required.

Another challenge is improving coordination among healthcare and social care providers in different settings. The involvement of numerous health professionals and the use of multiple clinical interventions call for a high degree of coordination, both between social care and health professionals.

Legislative amendments and strengthening of the law enforcement structure may be required for better protection of older people in cases of abuse and ill-treatment across various settings, for example at home or in residential care homes. Similarly, aged-friendly environments need to be promoted, including improvement of infrastructure and processes to meet the needs of older people.

Finally, the evolution of a system to promote healthy ageing cannot occur without effective integration of health and social services within long-term care. The successful reorientation of the approach to older persons requires a more holistic, interdisciplinary, and coordinated model of care. Health services, health training institutions, social care services, community-based organisations, formal and informal support networks and families should work together to care for the needs of older people.

3.1.2 UN Decade of Healthy Ageing (2021-2030) and ICOPE Approach

To foster healthy ageing and improve the lives of older people and their families and communities, fundamental shifts will be required. The UN Decade of healthy ageing recommends four action areas:

- change how we think, feel and act towards age and ageing;
- ensure that communities foster the abilities of older people;
- deliver person-centred integrated care and primary health services responsive to older people; and
- provide access to long-term care for older people who need it.

In 2017, WHO formulated the "Integrated Care for Older People (ICOPE) guidelines on community-level interventions to manage declines in intrinsic capacity". The ICOPE approach aims at supporting the transformation of health and social care systems to deliver integrated and person-centred care for older people. The ICOPE implementation tools offer care pathways to manage priority health conditions associated with declines in intrinsic capacity such as loss of mobility, malnutrition, visual impairment, hearing loss, cognitive decline, depressive symptoms.

These pathways start with a screening test by health and social care workers in the community where the older person and caregivers live, followed by a more in-depth person-centred assessment and the development of personalised care plans by trained health professionals in the primary healthcare setting. The care plan aims to reverse, slow down or prevent further declines in capacity, treat diseases and meet the social care needs of an older person. Besides comprehensive clinical evaluation, the ICOPE approach emphasises the need to support social care and caregivers.

A partnership involving the older person, primary healthcare workers including physician, family and community will sustain people's well-being as they age. Thus, the National ICOPE Strategic and Action Plan 2022-2026 will contribute significantly to achieving the vision for healthy ageing.

The National HSSP 2020-2024 identifies several strategic objectives related to healthy ageing of older people. Strategic Goal 14 (Enhance the health and well-being of the elderly) of the Plan envisages four strategic actions (Table 8):

Table 8: Strategic Goal 14 – Enhance the health and well-being of the elderly

Strategic Objectives	Strategic Action
Strategic Objective 14.1 Improve access to quality services for the elderly.	• Develop and implement policy on Integrated Care for Older People (ICOPE). • Prevent and manage geriatric diseases in a holistic way and improve patient dependency. • Mainstream routine screening for visual and auditory impairment, depression and other common conditions associated with ageing. • Building capacity of healthcare professional in geriatric medicine.

Source: Health Sector Strategic Plan (HSSP) 2020-2024

The National ICOPE Strategic and Action Plan 2022-2026 will be an essential tool in ensuring the inclusion of older people's health needs in PHC, using a person-centred and integrated approach. Health and social services will be optimised to respond to older people's unique, varied and complex needs and maximise their intrinsic capacity and functional ability while detecting and managing declines in their physical and mental capacities. The National ICOPE Strategic and Action Plan 2022-2026 will address the weaknesses and challenges in the provision of health and social services for older people in Mauritius.

3.2 Methodology and Processes

A National ICOPE Technical Committee has been set up comprising relevant stakeholders since early 2022. This Committee met regularly to work on the development of the National ICOPE Strategic and Action Plan. A national Consultant was recruited to collaborate with the National Technical Committee and a team of experts from WHO. The WHO team of experts conducted a one-week country mission, including two-day field visits in selected health facilities, social welfare centres and nursing homes. A three-day multi-sectoral participatory workshop was conducted by the MoHW in close collaboration with WHO. Staff from the MoHW, high-level officers from several Ministries/Departments, representatives from the Senior Citizens Council, the MACOSS, private nursing homes and the Private Medical Practitioners Association participated in the workshop. At the end of the workshop, the strategic priorities for ICOPE were identified. Several working sessions were organised at the MoHW and virtual meetings were held regularly with the WHO expert team to finalise the document. Finally, a one-day workshop was held to validate the National Strategic and Action Plan for Older People 2022-2026.

3.3 Guiding Principles

The following principles underpin this Strategy and Plan of Action:

- Older people have the right to the best possible health and well-being.
- Older people have equal opportunity to access the determinants of healthy ageing, regardless of social or economic status, place of birth or residence or other social factors.
- Care has to be provided equally to all, without discrimination, particularly based on gender or age.
- Older people have the right to age with respect and dignity and to have their human rights protected.
- Meaningful engagement of older people and shared decision-making in all matters involving health and care are core to their health and well-being.
- Partnership and multi-sectoral participation to ensure inclusion for the health and well-being of older people in all policies and sectoral plans.

3.4 Vision, Mission, Goal

Vision:

All older people in Mauritius age healthily, with respect and dignity, and enjoy their human rights.

Mission:

To provide older people with person-centred care using integrated healthcare and social care services and pathways through a holistic approach, by promoting the delivery of care towards community-based, planned and coordinated services.

Goal:

To improve the health and wellness of older people through provision of integrated care and upholding their rights and dignity.

Targets

- Primary Health Centres implementing ICOPE by 2026
- Health and social care providers trained on ICOPE by 2026
- Regional health areas have a functioning multidisciplinary ICOPE coordinating committee by 2026
- Aged-friendly environment framework developed and implemented in healthcare and social care settings by 2026
- Communities implementing carer support initiatives by 2026

3.5 Strategic Objectives

The ICOPE approach is underpinned by the principle that intrinsic capacity and functional ability can be maximised when services and systems integrate healthcare and social care for older people, in a manner that responds to their unique needs. Evidence shows that service-delivery models need the following features for the ICOPE approach:

- community-level and home-based interventions;
- person-centred assessments and integrated care plans;

- shared decision-making and goal-setting;
- support for self-management;
- multidisciplinary care teams;
- unified information or data-sharing systems; and
- community engagement and caregiver support.

Based on the ICOPE approach, 7 strategic objectives have been identified to address the threats and weaknesses of the healthcare system in the provision of Integrated Care for Older People across the country.

Strategic Objective 1: To promote person-centred integrated care and long-term care and support for older people across health and social services at community level, towards early identification of losses in physical and mental capacities (intrinsic capacity) and provision of appropriate care

Personal care and support planning will be enhanced, addressing all the person's physical, mental and social care needs and based in primary care, with a multidisciplinary team that brings together a range of skills and disciplines.

In person-centred care, health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and healthcare. It is coordinated and tailored to the needs of the individual. It ensures people are always treated with dignity, compassion and respect.

Care coordination agreements with standardised pathways and referral forms, such as clearly defined pathways for multidisciplinary rehabilitative care, are effective tools for outlining the responsibilities of the participating providers, facilities and services. These agreements ensure responsibilities for care and service transitions are in order and promote the highest quality of care possible. Agreements also include protocols and procedures on information-sharing among organisations.

This specific objective will ensure the use of protocols for early identification of losses in physical and mental capacities, preventing and managing geriatric issues among older persons in all healthcare settings and in the community. Older people's health issues will be managed in a more coordinated way among social care and health professionals, community settings, family members and patients.

Early screening for common diseases and loss of functional intrinsic capacity affecting the elderly, with clear referral pathways for screening, diagnosis and management will be implemented by the MoHW. In addition to early screening for dementia, common healthcare issues affecting patients aged 60+ years such as osteoporosis, falling tendency, vision loss, hearing loss, dentition issues, urinary and faecal incontinence, polypharmacy, poor nutrition, bed sores, among others will also be screened for, with clear pathways for diagnosis and management. The use of clear and well-defined referral pathways for accessing support together with the WHO ICOPE screening tools will ensure that not only common diseases are screened for, but also overall loss of intrinsic capacity such as inability to do own cooking, own shopping, own bathing and showering. There will be harmonisation and integration with existing screening programmes for NCDs such as diabetes, hypertension, heart disease and cancer, where services are provided to older people.

To promote well-coordinated and personalised care, and empower older people to look after their healthcare needs, a range of activities will be carried out, including the development and implementation of a ***"Carnet de Santé"*** for people aged 60+ years. This document will be a user-friendly

communication tool to serve as an “aide-mémoire” for older patients, their family members and carers at various stages of healthcare. It will include key healthcare advice, besides information such as past medical and surgical history, name and contact details of main carer, allergies, vaccinations, medications, etc. It will also provide healthcare information relating to ICOPE screening tools for vision loss, hearing loss, cognitive deficits, mobility issues, among others.

Strategic Objective 2: To engage and mobilize the community, including older people towards ensuring aged-friendly environment that compensate for loss of capacity, promote participation of older people and support their carers

Empowering and engaging communities comprises a range of methods and means for harnessing community assets to strengthen cohesion and connectedness, and to improve health and well-being. “Community” includes individuals, groups, organisations and associations or informal networks that share common characteristics and interests based on place, issue or identity. Effective engagement with older people involves actively listening and genuinely responding to what matters to them most. It is open, inclusive and supports a dynamic dialogue between Government and the community. While healthcare services such as Community Health Centres, Medi-Clinics and Area Health Centres share their expertise with other services and other resources within the community through this process, the community (Senior Citizens Council clubs, the network on elderly abuse – Elderly Watch Committees, health clubs for the elderly) can share their own wisdom and experiences to help guide public health programme efforts for older people.

Safe driving for the elderly: In collaboration with the Ministry of Land Transport and Light Rail (MLTLR), guidelines will be elaborated as driving, with advancing age, is statistically associated with higher accident risks due to decreased vision and hearing, slowing reflexes and decreased coordination. At the same time, driving, with advancing age, is often a central part of maintaining one’s independence and social networks by facilitating shopping, bill-paying, going to social functions, among others, and therefore the right balance will be achieved between driving and the need to adhere to safety measures.

Inter-generational involvement: Programmes under the lead of the MSISSNS in collaboration with the MGEFW and the Ministry of Education, Tertiary Education, Science and Technology (METEST), will be designed and implemented. Students at school will be inculcated values of respect, care and compassion for older people, including planned visits to residential care homes and inclusion of the non-examinable topic in school curricula.

Young Volunteer Programme for older persons: In collaboration with the Ministry of Labour, Human Resource Development and Training (MLHRDT), young adults will be encouraged to contribute towards care of the elderly. It may involve simple yet powerful actions such as sharing and spending time with the elderly to relate their experiences. Standard clearance processes will be respected. Participants might be rewarded for their input with a certification of having completed activities, which would be a positive factor in accessing the job market. This programme would be institutionalised and made sustainable.

Productive ageing: Several elderly Mauritians feel they can be productive in one or more ways after retirement age, and may be formally qualified for certain occupations or have experience in certain fields. Staying productive after retirement age is not only good in general for the mental and physical health of the elderly, but may also help the economy and society at large. A two-way register may be kept, at a demand-and-supply matching facility covering each region, to record details of potential service-providers and service seekers.

Strategic Objective 3: To coordinate health and social services, with the single goal of maintaining intrinsic capacity of older people through primary and community-based care and facilitating appropriate and timely referral

As age advances, one's physical capabilities as well as self-care abilities gradually decline. The ability to live independently may also decrease. Although the majority of old persons prefer to age in their home setting, many will find performing daily tasks and activities challenging. Older people need support to care for themselves, to maintain mobility, to sustain communication and to stay safe. Care services can be provided by family members, paid caregivers, healthcare professionals such as nurses, home healthcare aides, therapists, and homemakers. A supportive environment for older persons can be enhanced by improving the coordination and quality of community-based care. This can be done by fostering a holistic approach, the strengthening of health and social support through the collaboration of formal and informal support networks and service providers. To facilitate appropriate and timely referral, information on services available to older people, their families and carers should be provided.

An aged-friendly healthcare and social care facilities framework will be developed and implemented by the MoHW and the MSISSNS, with the collaboration of other stakeholders. Gradual modifications will be brought in healthcare and social care facilities to ensure aged-care friendly environments, and protocols designed for geriatric care are used. All healthcare facilities will adopt incremental changes in infrastructure and service design in order to suit the needs of the ageing population, for example use of ripple mattresses to prevent bed sores, handrails to prevent falls and signage for older people with poor distant vision, among others. A clinical auditing system shall be applied to ensure quality assurance. These changes will be introduced and implemented through the setting up of regional committees and development of guidelines for ensuring aged-friendly environments.

Improved care coordination among healthcare services for geriatric patients using methods such as standardised communication tools will be developed and implemented to ensure smooth transition of older patients leaving hospital and cared for in the community, or admitted from the community to hospital, with clear information in relation to their healthcare issues, functional capacity, e.g. capacity for self-toileting, bathing, feeding, and family and social supports at home, as healthcare outcomes in this age group are dependent upon all these factors. Such standardised communication tools will include, inter alia, standardised discharge summaries and referral forms adapted to the complex needs of elderly patients will provide well-coordinated care across various healthcare points. In the longer term, such standardised tools may also be integrated into e-Health programmes and services.

Strategic Objective 4: To develop capacity of health and social care workers in the community at the primary care level for integrated and person-centred approach for assessment and management of decline in capacity in older age

Collaboration of academia is essential in developing new professional curricula and training programmes for the healthcare workforce as well as conducting research. Healthcare providers include community healthcare workers, social care workers, nurses, physicians, physiotherapists, occupational therapists, nutritionists, and dentists, formal and informal caregivers, among others.

The *WHO Handbook on Integrated Care for Older People (ICOPE): Guidance for person-centred assessment and pathways in primary care (2019)* will help community healthcare workers to put the ICOPE recommendations into practice. This guidance describes how to set person-centred goals, support self-management, develop a care plan that includes multiple interventions to manage conditions associated with losses in intrinsic capacity, screen for loss in intrinsic capacity and assess healthcare and social care needs, support caregivers and develop a personalised care plan. The training and capacity-building programme will

mainly target medical practitioners, nurses, carers, healthcare assistants, community-based rehabilitation workers, social workers, and paramedical staff, including speech & audio therapists, physiotherapists, occupational therapists, psychologists, dieticians and dental care workers.

Inclusion of core modules in Geriatrics at undergraduate level in the curriculum of all medical schools in Mauritius: With population ageing, it is essential to ensure that all tertiary institutions teaching Medicine at an undergraduate level in Mauritius train doctors in basic medical care for diseases such as dementia, osteoporosis, recurrent falling tendency, etc. In collaboration with the METEST and other relevant authorities and stakeholders, all medical schools and universities in Mauritius will include core modules in geriatrics in their undergraduate curriculum for Medicine.

Standardised curricula and training pathways for nursing staff and informal carers including family members in geriatric care will be developed and implemented. This will help ensure service delivery to patients above 60 years of age matches a high standard of care across all healthcare facilities and nursing homes, and in home setting.

Development of clinical guidelines for inclusion of novel, alternative and complementary therapies in geriatric healthcare: Medical research and innovation gradually results in a broadening of treatment modalities for a wide range of diseases via novel therapies such as medicinal cannabis or complementary and alternative therapies such as Ayurvedic Medicine, among others. Via multidisciplinary collaboration, the roles and specific indications for novel, alternative and complementary therapies in geriatric healthcare within the Mauritian context will be defined in order to guide public policy and inform elderly Mauritians and families about the best possible use of emerging therapies for their healthcare.

Rehabilitative care pathways for the elderly will be clearly defined through multi-stakeholder collaboration in order to ensure that multidisciplinary care following an episode of acute illness, for example following a fall with fracture, is delivered in a coordinated, aged-friendly manner.

Palliative care in the context of population ageing is an increasingly significant public health component. For diseases at a stage where a cure cannot be achieved despite the highest standard of medical care available based on latest research, palliative care focuses on improving symptoms, ensuring dignity and quality of life of people approaching the end of their lives and supporting their families emotionally. In the past, palliative care was mostly offered to people with cancer in hospital settings while nowadays, some residential care homes are also providing palliative care in some aspects to older people. There is a need to extend palliative care services and to integrate them across healthcare services. Palliative care may be improved in various settings such as in hospitals, in residential care homes and in the home setting. Necessary support should be provided to family caregivers to help them provide palliative care in all its aspects, such as its physical and emotional components.

Sexual and Reproductive Health issues in the elderly can be stigmatised in certain contexts. However, the human rights of the elderly in relation to sexuality and reproduction need to be respected, with support provided where necessary. Adult men and women of any age, including 60 years or above, may wish to engage in consensual sexual activity, which needs to be safe from sexually transmissible infections and other forms of harm or disease. Measures will be undertaken to ensure that the sexual and reproductive health of the elderly is given due consideration. In line with the National Sexual and Reproductive Health Policy 2022 and the Sexual and Reproductive Health Implementation Plan 2022-2027, support will be given to any elderly patients concerned in a manner ensuring privacy and dignity.

Strategic Objective 5: To establish digital innovations and electronic record systems to record, store and transmit data on intrinsic capacity and functional ability, and self-management of older people

Integrated care implies facilitating data/information sharing and communication. Care systems should therefore shift from conventional models towards ones where the person's needs are addressed through an approach that provides these services seamlessly across settings and among multidisciplinary health and social care workers. This will enable better monitoring of biological, clinical and social changes among older people.

A website for geriatric healthcare information and education for older people, families and carers will be developed and updated by the MoHW. Patients, families and carers will be able to access online information and education modules in simple, non-technical language on a wide range of common illnesses affecting the elderly. In addition, the geriatric healthcare information and education website will include clear pathways through which help can be accessed for prevention and screening on specific healthcare issues. Multimedia formats, such as animated clips, will be used to facilitate explanation of key concepts in prevention, screening and management.

Disaggregated data sets will be constituted at the level of healthcare facilities and updated on a continuous basis to clearly define prevalence and trends among the elderly for a range of conditions affecting their health, well-being and capacity to function independently. Where necessary, the use of point-prevalence surveys will be considered to assess the prevalence of certain conditions, for instance osteoporosis and dementia.

Development and integration of e-Health. The potential for e-health to improve geriatric healthcare will be harnessed through enhanced service coordination and improved epidemiological data collection to best inform and guide public healthcare policy for the elderly. E-Health will help to record the medical history, functional capacity and social support mechanisms for the elderly.

Strategic Objective 6: To strengthen governance and accountability systems

A dedicated administrative structure is required to strengthen governance and accountability concerning the health services provided to older patients to achieve a comprehensive and holistic care approach to all geriatric patients. The setting up of a Geriatric Healthcare Unit at the MoHW will contribute significantly to ensure proper management and coordination of healthcare services provided to older people.

Strengthening of clinical auditing in elderly healthcare will be undertaken for quality assurance. This will help keep track of clinical indicators such as the percentage of patients with a fracture who are assessed and treated for osteoporosis, the percentage of patients who are referred for a rehabilitation programme where necessary to facilitate regain of independence after an acute illness. These audits will guide quality assurance improvements at the level of healthcare facilities and will serve to inform and guide public health policy in relation to geriatric healthcare.

Strategic Objective 7: To update legislations, policies, and regulations to support integrated care and protect older persons against abuse and ageism

To help improve care and to further protect older people in the context of societal changes, legislative amendments may be considered as required and/or improvements in the law enforcement structure. Various pieces of legislation will have to be harmonised and strengthened as far as possible to enhance care and protection of the elderly.

According to WHO, ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. In the context of the elderly, an example of ageism would be an older person being called *"demented"* simply if he/she is repeating the same question because of difficulty hearing.

4.0 Logical Framework

Table 9: Strategic Objective 1

Strategic Objective 1: To promote person-centred integrated care (ICOPE) and long-term care and support for older people and across health and social services at the community level, towards early identification of losses in capacities and provision of appropriate care

Strategic Priority 1: Establish service delivery mechanisms based on person-centred care approach

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
1.1	Review and revise care coordination agreements, and develop and implement standardised communication tools for: - hospital admission and discharge; - communication of key health and social care information to and from community-based healthcare and social care services, in order to facilitate smooth transition across settings; and - rehabilitation programmes for the elderly after acute illness					Multidisciplinary teams providing inpatient and community-based care to meet in order to design standardised referral pathways, coordination mechanisms and forms for use at the point of referral to hospital for admission, and at the point of discharge from hospital	Agreements and tools that support care coordination within and across organizations developed	MoHW	MSISSNS MIH	**1,288,000**	
1.2	Develop and implement a "Carnet de Santé" for each older person above 60 years of age					Carnet de Santé developed and implemented using electronic and/or paper-based platforms	Carnet de Santé developed and implemented	MoHW	MSISSNS MIH	**11,480,000**	
1.3	Conduct screening for older persons on geriatric syndromes, and domains of intrinsic capacity					Screening carried out at primary and community-based care level	Screening carried out	MoHW	MSISSNS MIH	**0**	Existing resources
1.4	Develop a minimum package for healthcare and social care services to meet the needs of older people					Healthcare and social care service package developed	Healthcare and social care service package developed and managed	MoHW	MSISSNS MIH	**0**	Existing resources
1.5	Strengthen social and clinical audits to monitor the implementation and quality of integrated care for older people					Data collection on social and clinical determinants Annual social and clinical audit reports produced	Annual social and clinical audit reports produced	MoHW	MSISSNS Other stakeholders	**0**	Existing resources

Table 10: Strategic Objective 2

Strategic Objective 2: To engage and mobilize the community, including older people towards ensuring aged-friendly environments that compensate for loss of capacity, promote participation of older people and support their carers

Strategic Priority 2: Engage and empower older persons, families, and communities

Priority actions		Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
2.1	Develop a strategy to engage local health committees in healthcare and social care service delivery					Multi-stakeholder meetings to develop a strategy to engage local health committees	Strategy endorsed by stakeholders	MoHW	MSISSNS MGEFW Other stakeholders	**0**	Existing resources
2.2	Develop information and communication platforms to provide information and education for patients, families and carers, e.g. animated clips, awareness campaigns					Information and communication platforms designed and implemented	Information and Communication platforms developed	MoHW	MSISSNS MoHW (MIH)	**288,000**	
2.3	Set up and implement monitoring mechanisms to identify and update living status and care provision status of older people					Multi-stakeholder meetings to develop and implement a data collection mechanism on living status and care provision status	Mechanism set up	MoHW	MSISSNS MoHW (MIH)	**0**	Existing resources
2.4	Identify informal carers' needs for training and support					Multi-stakeholder meetings to identify and quantify training needs for informal carers	Training needs identified	MSISSNS	MoHW MGEFW METEST (MITD)	**0**	Existing resources
2.5	Training of formal carers on day-to-day care (emotional, psychological, nutritional, etc.) and support of the elderly					Multi-stakeholder meetings to develop training plan 100 formal carers trained each year	100 formal carers trained each year	MoHW	MSISSNS MGEFW METEST (MITD) Other stakeholders	**0**	Existing resources
2.6	Set up carer supporting mechanisms for informal carers					Multi-stakeholder meetings to develop and implement carer support mechanism	Carer support mechanism developed and operational	MSISSNS	MoHW MIH Other stakeholders	**0**	Existing resources

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
2.7	Facilitate community meeting sessions to build capacity of older people and their families and communities on self-care and management of their health and care needs, and to increase health/digital literacy					Multi-stakeholder meetings to organise Self-Management Support programmes in SWC every month	Self-Management Support programmes organised in SWC every month	MSISSNS	MoHW MGEFW MIH Other stakeholders	**0**	Existing resources
2.8	Sensitisation of NGOs and other Community-Based Organisations (including Senior Citizen Clubs) on local healthcare and social care services					One session organised each month in SWC	One session organised each month in SWC	MoHW	MSISSNS MGEFW MIH	**0**	Existing resources
2.9	Conduct awareness campaigns through the media to inform older persons on services delivered in health settings and encourage them to participate in community health programmes					One sensitisation programme each month	One sensitisation programme each month	MoHW	MSISSNS MIH MBC	**0**	Existing resources
2.10	Sensitisation of essential workers serving older people on positive attitudes and supporting mechanisms (e.g. bus drivers)					Ongoing sensitisation programme	Ongoing sensitisation programme	MSISSNS	MoHW MNICD MLTLR MIH	**0**	Existing resources
2.11	Develop and disseminate guidelines for safe driving for the elderly					Multi-stakeholder meetings to develop and disseminate guidelines for safe driving among the elderly	Guidelines for safe driving in elderly developed and disseminated	MLTLT	MSISSNS MoHW MIH Other stakeholders	**0**	Existing resources
2.12	Review school curricula/activities to promote intergenerational understanding and care for the elderly					Multi-stakeholder meetings to review curricula and organise extra-curricular activities	Curricula reviewed and extra-curricular activities organised	METEST	MSISSNS MIE Other stakeholders	**0**	Existing resources
2.13	Develop and set up a Young Volunteer Programme to promote intergenerational sharing of time and experience					Multi-stakeholder meetings to develop and set up a Young Volunteer Programme	Young Volunteer Programme developed and set up	MSISSNS	MoHW MIH Other stakeholders	**0**	Existing resources
2.14	Set up a productive ageing data bank to match service providers and service seekers					Multi-stakeholder meetings to set up data bank	Data bank set up	MLHRDT	MoHW MIH Other stakeholders	**0**	Existing resources

Table 11: Strategic Objective 3

Strategic Objective 3: To coordinate health and social services, with the single goal of maintaining intrinsic capacity of older people through primary and community-based care and facilitating appropriate referral when needed

Strategic Priority 3: Strengthen available and accessible care settings and infrastructure to support safe and effective care and aged-friendly environments in the community.

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
3.1	Adapt WHO resources to the Mauritian context in order to develop an appropriate aged-friendly environment framework for healthcare and social care settings (e.g. signage, proper lighting, grab bars, friendly toilets, non-slippery floors, adequate seating facilities)					Multi-stakeholder meetings to develop an aged-friendly environment framework for healthcare and social care settings	Aged-friendly environment framework for healthcare and social care settings developed	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
3.2	Upgrade the existing environment in healthcare and social care settings to match the aged-friendly framework					Multi-stakeholder meetings and technical assessments to assess and improve environments in healthcare and social care settings	Environment improved towards aged-friendliness in healthcare and social care settings, corresponding to developed framework	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
3.3	Review, update and integrate clinical care protocols in geriatric healthcare to ensure clinical assessment and treatment adapted to the needs of elderly patients					Collaborative working sessions to review, update and integrate clinical care protocols in geriatric healthcare	Clinical care protocols in geriatric healthcare reviewed, updated and integrated	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
3.4	Provide guidance about using the ICOPE approach to representatives of private residential care and healthcare facilities who wish to use the ICOPE approach for their patients					Yearly guidance session for representatives of private residential care and healthcare facilities on the ICOPE approach	ICOPE approach understood, adapted and adopted by private residential care and healthcare facilities wishing to use it for their patients	MoHW	MSISSNS Other stakeholders	**0**	Existing resources

Table 12: Strategic Objective 4

Strategic Objective 4: To develop capacity of health and social care workers in the community at the primary care level for integrated and person-centred approach to assessment and management of decline in capacity in older age

Strategic Priority 4: Develop capacity of the current and emerging workforce to deliver integrated care, including health and social workers, informal caregivers

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
4.1	Adapt training materials from WHO ICOPE resources					Joint working sessions to adapt training materials	Training materials adapted	MoHW	MSISSNS MIH	**0**	Existing resources
4.2	Develop standardised curricula and training programmes for healthcare workers on the ICOPE approach to elderly care					Multi-stakeholder meetings to develop curricula and programmes	Curriculum and programmes developed	MoHW MITD	MSISSNS MIH MQA MITD	**0**	Existing resources
4.3	Include core modules in geriatric care into the curricula of medical and health education programmes					Multi-stakeholder meetings to review and upgrade curricula	Curricula revisited	METEST	MoHW Academia MITD Polytechnic MIH School of Nursing	**80,000**	
4.4	Develop a comprehensive training plan to ensure ongoing regular capacity building for the healthcare workforce on the ICOPE approach to elderly care					Multi-stakeholder meetings to develop comprehensive training plan	Training plan developed	MoHW	MSISSNS MIH	**0**	Existing resources
4.5	Hold training of trainers' workshops on the ICOPE approach to elderly care					Workshop organised and conducted	40 resource persons trained to run training sessions	MoHW	MIH MITD MACOSS	**80,000**	
4.6	Cascade training of healthcare workforce on the ICOPE approach to elderly care					600 healthcare workers trained yearly	600 healthcare workers trained yearly	MoHW	MIH MITD MACOSS	**0**	Existing resources
4.7	Capacity-building including a monitoring mechanism set up to ensure training plans are enforced and training applied					Multi-stakeholder meetings conducted for enforcement of training plans and application of training received	Training plans enforced and training applied	MoHW		**0**	Existing resources

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
4.8	Extend early dementia diagnosis services across different health regions					Multi-stakeholder meetings conducted to review and upgrade existing model and extend early dementia diagnosis services	Early dementia diagnosis services operational at regional level	MoHW MITD	MSISSNS Other stakeholders	**0**	Existing resources
4.9	Develop and implement measures such as awareness campaigns for population education on the terms “dementia” and “Alzheimer’s”, explaining the relationship and distinction between the two, in order to raise awareness about other forms of dementia as well as Alzheimer’s					Multi-stakeholder meetings conducted to develop and implement measures for population education on the terms “dementia” and “Alzheimer’s”	Terms “dementia” and “Alzheimer’s” widely understood by population, including distinction between the two terms; awareness raised about other forms of dementia	MoHW	MSISSNS NGOs Other stakeholders	**0**	Existing resources
4.10	Develop and implement measures such as awareness campaigns to sensitise the population about the long-term physical, emotional and behavioural complications of dementia, resulting in general decline, increased dependency and carer stress					Multi-stakeholder meetings conducted to develop and implement measures to sensitise the population about the long-term physical, emotional and behavioural complications of dementia	Population-level sensitization conducted about long term effects of dementia on health and carer stress	MoHW	MSISSNS NGOs Other stakeholders	**0**	Existing resources
4.11	Develop standardized training modules for healthcare staff on dementia, its complications and management					Multi-stakeholder meetings conducted to develop standardized training modules for healthcare staff on dementia	Standardised training modules for healthcare staff on dementia developed	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
4.12	Hold training of trainers’ workshop on dementia					Workshop organised and conducted	40 resource persons trained to run training sessions	MoHW	MSISSNS Other stakeholders	**80,000**	
4.13	Cascade training of healthcare workforce on dementia					600 healthcare workers trained yearly	600 healthcare workers trained yearly	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
4.14	Therapeutic use of medicinal cannabis developed and implemented in the healthcare system					As per activities carried out under Therapeutic use of medicinal cannabis project	Therapeutic use of medicinal cannabis project developed and implemented	MoHW MITD	MSISSNS Other stakeholders	**0**	Included in the budget for Therapeutic. Use of Medicinal Cannabis project

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
4.15	Ayurvedic Medicine referral guidelines for elderly developed					Ayurvedic Medicine referral guidelines for elderly developed via multi-disciplinary collaboration sessions	Ayurvedic Medicine referral guidelines for elderly developed	MoHW MITD	MSISSNS Other stakeholders	**0**	Existing resources
4.16	Rehabilitation referral pathways for elderly clarified and improved to ensure rehabilitation needs are met following an episode of acute illness					Rehabilitation referral pathways clarified and improved via multi-disciplinary collaboration sessions	Rehabilitation pathways for elderly clarified and improved	MoHW	MSISSNS Other stakeholders		Existing resources
4.17	Extend and integrate palliative care services across healthcare sites					Multi-stakeholder workshop and meetings held in order to facilitate planning for extension and integration of palliative care services	Plan for extension and integration of palliative care services devised, and Initiatives to extend palliative care services undertaken	MoHW MITD	MSISSNS Other stakeholders	**80,000**	
4.18	Develop and implement care and support structure for Sexual and Reproductive Health issues in elderly					As per National Sexual and Reproductive Health Policy 2022 and Implementation Plan 2022-2027	Care and support structure for Sexual and Reproductive Health issues in elderly developed and implemented	MoHW	Other stakeholders	**0**	Included in budget for National SRH Policy 2022 and Implementation Plan 2022-2027

Table 13: Strategic Objective 5

Strategic Objective 5: To establish digital innovations and electronic record systems in order to record, store and transmit data on intrinsic capacity and functional ability, and self-management of older people

Strategic Priority 5: Strengthen health information and facilitate access to digital technologies to manage intrinsic capacity and functional ability, and support self-management

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
5.1	Develop and implement ICOPE screening application					Joint working sessions to adapt software to national context	Adaptation of software to national context	MoHW	WHO MITCI MSISSNS MIH	**0**	Existing resources
5.2	Set up a website for geriatric healthcare information and education					Multi-stakeholder meetings to design, set up and regularly update website	Website setup	MoHW	MITCI MSISSNS MIH Other stakeholders	**0**	Existing resources
5.3	Set up systems for collection of disaggregated data sets for conditions affecting the health and social care needs of the elderly during the various stages of the ageing process, with creation and regular updating of a computerised record					Multi-stakeholder meetings to design, setup and regularly update and report computerised data sets on conditions affecting health and social care needs of elderly	Computerised data sets regularly constituted, updated and reported	MoHW	MSISSNS MITCI Other stakeholders	**0**	Existing resources
5.4	Ensure integration of processes and healthcare data pertaining to the National ICOPE Strategic and Action Plan with the e-Health programme					Collaborative working sessions to ensure integration of processes and healthcare data	Processes and healthcare data pertaining to the National ICOPE Strategic and Action Plan integrated with the e-Health programme	MoHW	MITCI MSISSNS Other stakeholders	**0**	Existing resources

Table 14: Strategic Objective 6

Strategic Objective 6: To strengthen governance and accountability systems

Strategic Priority 6: To strengthen governance and accountability systems in order to ensure day-to-day progress in the implementation of activities under the National ICOPE Strategic and Action Plan, and to facilitate monitoring, evaluation and future planning in geriatric care

Priority actions		Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
6.1	Set up a National Steering Committee (NSC) as a multi-sectoral coordinating body and a National Technical Committee (NTC)					NSC and NCTC set up	NSC and NCTC set up	MoHW	MSISSNS MIH Other stakeholders	**0**	Existing resources
6.2	Set up a Geriatric Healthcare Unit under the MoHW to organise, manage and monitor the day-to-day implementation of the National ICOPE Strategic Action Plan, and support other existing and future projects for the enhancement of geriatric healthcare					Geriatric Healthcare Unit set up	Geriatric Healthcare Unit operational	MoHW	MSISSNS Other stakeholders	**2,000,424**	
6.3	Establish and define set of indicators to be used to monitor the implementation of the National ICOPE Strategic and Action Plan					Multi-stakeholder meetings to establish and define set of indicators	Set of indicators established	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
6.4	Integrate the indicators set up into the operational framework of services to monitor the implementation of activities under the National ICOPE Strategic and Action Plan					Multi-stakeholder meetings to integrate the indicators set up into the operational framework of services	Indicators integrated into the operational framework of services	MoHW	MSISSNS Other stakeholders	**0**	Existing resources
6.5	Elaborate a monitoring and evaluation framework including reporting mechanisms to monitor the activities implemented					Multi-stakeholder meetings to design M&E Framework and set up reporting mechanism	M&E Framework, reporting mechanism set up	MoHW	MSISSNS Other stakeholders	**0**	Existing resources.
6.6	Assess long-term care needs at a population level including identification of any major health, social and gender issues and barriers					Multi-stakeholder meetings to assess and report on long term care needs and barriers	Report on long-term care needs	MoHW	MSISSNS, MIH Academia Other stakeholders	**0**	Existing resources

Table 15: Strategic Objective 7

Strategic Objective 7: To update legislations, policies, and regulations to support integrated care and protect older persons against abuse and ageism

Strategic Priority 7: To review and update where required legislations, policies, and regulations to support integrated care and protect older persons against abuse and ageism

	Priority actions	Time frame				Activities	Output(s)	Lead stakeholder	Collaborating stakeholders	Estimated budget (Rs)	Source of funding
		2022-2023	2023-2024	2024-2025	2025-2026						
7.1	Review the relevant legislative framework and propose any necessary amendments in order to enhance care of the elderly and strengthen protection of the elderly against abuse in all its forms, and ageism					Multi-stakeholder meetings to review the legislative framework in relation to the elderly	Legislative framework reviewed	MoHW	AGO MSISSNS MGEFW Other stakeholders	**0**	Existing resources
7.2	Review the law enforcement structure and implement any necessary improvements in order to enhance care of the elderly and strengthen protection of the elderly against abuse in all its forms, and ageism					Multi-stakeholder meetings to review the law enforcement structure in relation to elderly	Law enforcement structure reviewed	MoHW	AGO MSISSNS MGEFW MPF Other stakeholders	**0**	Existing resources
7.3	Conduct sensitisation on legal counselling services for the elderly					Sensitise the elderly on legal counselling services	Elderly sensitised on legal counselling services	MSISSNS	AGO Other stakeholders	**0**	Existing resources
7.4	Improve coordination with the Office of the Ombudsman in relation to matters relating to the elderly					Multi-stakeholder meetings setup with the Office of the Ombudsman	Coordination with the Office of the Ombudsman improved	MoHW	MSISSNS Office of the Ombudsman	**0**	Existing resources
									Total (Rs) Total (USD)	**15,376,424** **340,186**	

5.0 Costing and Budget

SUMMARISED COSTING

RECAP OF THE INDICATIVE ESTIMATED COSTS FOR 2022-2023 to 2025-2026				
Details of main activities under the National Integrated Care for Older People (ICOPE) Plan 2022-2023 to 2025-2026	**Short-Term Estimated Cost for 2022-2023 (Rs)**	**Medium-Term Estimated Cost for 2023-2024 to 2024-2025 (Rs)**	**Long-Term Estimated Cost for 2025-2026 (Rs)**	**Total Estimated Cost for 2022-2023 to 2025-2026 (Rs)**
Strategic Objective 1: To promote person-centred integrated care (ICOPE) and long-term care and support for older people and across health and social services at community level, towards early identification of losses in capacities and provision of appropriate care	**10,180,000**	**2,244,000**	**344,000**	**12,768,000**
Strategic Objective 2: To engage and mobilize the community, including older people towards ensuring aged-friendly environments that compensate for loss of capacity, promote participation of older people and support their carers	**70,000**	**144,000**	**74,000**	**288,000**
Strategic Objective 3: To coordinate health and social services, with the single goal of maintaining intrinsic capacity of older people through primary and community-based care and facilitating appropriate and timely referral when needed	**0**	**0**	**0**	**0**
Strategic Objective 4: To develop capacity of health and social care workers in the community at the primary care level for integrated and person-centred approach to assessment and management of decline in capacity in older age	**0**	**320,000**	**0**	**320,000**
Strategic Objective 5: To establish digital innovations and electronic systems to record, store and transmit data on intrinsic capacity and functional ability, and self-management of older people	**0**	**0**	**0**	**0**
Strategic Objective 6: To strengthen governance and accountability systems	**902,106**	**732,212**	**366,106**	**2,000,424**
Strategic Objective 7: To update legislations, policies, regulations to support integrated care and protect older persons against abuse and ageism	**0**	**0**	**0**	**0**
TOTAL ESTIMATED COSTS (RS)	**11,152,106**	**3,440,212**	**784,106**	**15,376,424**
TOTAL ESTIMATED COSTS (USD)	**246,728**	**76,111**	**17,347**	**340,186**

Average Estimated Cost per year: Rs 3,844,106
Average Estimated Cost per year: USD 85,047

6.0 Implementation Strategies and Approaches

The implementation framework of the National ICOPE Strategic and Action Plan 2022-2026 provides a comprehensive overview of key components, principles and way forward, as services aim to integrate care for older people, their carers and families through collaborative service design and delivery across sectors.

6.1. Coordination and Partnerships

The implementation framework of the National ICOPE Strategic and Action Plan 2022-2026 will require a concerted and coordinated effort among all relevant partners in the field of healthcare and social care. The engagement of all key ministries will be essential. In order to coordinate these different actors and to ensure the effective implementation of activities, the establishment of a National ICOPE Steering Committee and an ICOPE Technical Committee becomes imperative. Both committees will fall under the direct purview of the MoHW, the principal custodian for the implementation of the National ICOPE Strategic and Action Plan 2022-2026.

6.2 National ICOPE Steering Committee

The National ICOPE Steering Committee shall include high-level representatives of all Ministries involved in the implementation of the National ICOPE Strategic and Action Plan 2022-2026.

The Steering Committee, chaired by a high-level officer of the MoHW, will oversee and provide direction in the implementation of the National ICOPE Strategic and Action Plan 2022-2026.

6.3 ICOPE Technical Committee

A multi-stakeholder ICOPE Technical Committee that is reflective of the expertise required for the implementation of the National ICOPE Strategic and Action Plan 2022-2026 will be constituted by the National ICOPE Steering Committee. This Committee shall be chaired by a high-level officer of the MoHW.

The ICOPE Technical Committee shall provide technical support on the implementation of strategic priorities included in the National ICOPE Strategic and Action Plan 2022-2026.

The membership of the ICOPE Technical Committee shall seek to include sources of expertise in key areas of relevance, such as epidemiology, geriatrics, demography, community development, gender, nutrition, ICT and statistics in relation to challenges in care caused by population ageing. The ICOPE Technical Committee shall be able to co-opt/invite external individuals as may be required, to attend the work sessions of the technical advisory group. External individuals may be invited either in their personal capacity or as representatives of governmental institutions, private organisations, academia or other relevant entities.

6.4 Geriatric Healthcare Unit

A Geriatric Healthcare Unit (GHU) shall be set up at the MoHW in view of facilitating the day-to-day implementation, management and monitoring of the National ICOPE Strategic and Action Plan 2022-2026, and to support other existing and future projects in the enhancement of geriatric healthcare. It will provide technical support and coordination in addressing the complex healthcare challenges caused by population ageing and will implement projects under the National ICOPE Strategic and Action Plan 2022-2026 in collaboration with key stakeholders.

6.5 Implementation at National and Regional Levels

The MoHW will be responsible for policy dissemination, stakeholder dialogue, capacity-building, planning and coordination in respect of the implementation of health policies and programmes through the National ICOPE Steering Committee.

The MoHW in collaboration with the MSISSNS will rope in organisations and services falling under their aegis at both national and local levels to implement the activities planned in the National ICOPE Strategic and Action Plan 2022-2026. Other ministries will also be required to participate in specific activities. Where relevant, stakeholders in the private sector as well as NGOs, Senior Citizens Clubs and community-based organisations will form part of the coordinating mechanism set up at grass-roots level to organise and deliver the planned activities.

7.0 Monitoring and Evaluation

The implementation of ICOPE requires a comprehensive and participatory monitoring and evaluation strategy with active involvement of community stakeholders, including older people to ensure accountability in assessing progress, performance and impact of interventions. This will ensure all stakeholders are aware of progress in the implementation of priority healthcare and social care interventions outlined in the strategy and that they are being implemented as intended in order to achieve the strategic objectives and desired results. Monitoring and evaluation of the National ICOPE Strategic and Action Plan 2022-2026 will be guided by the monitoring and evaluation direction in the HSSP 2020-2024 and will be in alignment with the key indicators across the results framework which reflects the country's commitment to Sustainable Development Goals (SDGs), Vision 2030 and regional reporting requirements.

The systematic tracking of progress against interventions outlined in this strategy will facilitate availability of timely information for decision-making, including revision or scaling up of efforts where progress is slow. Evaluation of this strategy will consolidate intelligence on how well implemented interventions have worked both at mid-term and end-term. Mid-term evaluation would inform any need to revise both targets and interventions where necessary, and end-term evaluation will enable stakeholders to take stock of the overall achievements of this strategy against its intended objectives and targets, and inform planning for the consecutive cycle.

This section outlines key elements of the monitoring and evaluation of the National ICOPE Strategic and Action Plan 2022-2026, including system indicators, targets and data sources. It also elaborates on data collection methods, roles and responsibilities, organisational structures to support Monitoring and Evaluation (M&E), partnership arrangements, data analytics plans, information dissemination and data quality plans. In addition, it presents monitoring and evaluation of the logical framework which is highlighting the interplay between the strategy indicators from inputs to the overall impact, estimated annual targets and sources of data for the metrics.

7.1 Indicators and Targets

The indicators identified for monitoring and evaluating implementation of the National ICOPE Strategic and Action Plan 2022-2026 serve more than one strategic objective. They are arranged according to the hierarchy of results, tracking inputs, related outputs and processes for integrated services and care; they emphasize outcome measures including coverage of services and the ultimate goals at impact level. Mechanisms that will be used to monitor progress continuously, as well as to evaluate achievements at mid-term and end-line of the strategy and plan are highlighted. The responsibilities of relevant ministries and stakeholders in M&E and to enhance data quality and use across various levels are also outlined.

7.2 Monitoring Mechanisms

The monitoring and evaluation units at the national and regional levels will be responsible for the day-to-day conduct, coordination and monitoring of the implementation of the National ICOPE Strategic and Action Plan 2022-2026. The teams will collect, track and analyse data to determine what is happening, where and to whom. The key elements to be monitored are: resources (inputs); service statistics; service coverage; patient outcomes; access to services; and impact assessment. Monitoring will be done within the predetermined periods and will include regular review of indicators. The monitoring process will therefore be a system for keeping track of status of implementation of the strategy and ensuring agreed follow-up actions are taken up and implemented.

7.3 Evaluation Mechanisms

Evaluation of the strategy will be done at mid-term and end-term. The mid-term review and end-term evaluation will be used to determine the extent to which the strategic objectives have been met using the different indicator domains (inputs/processes, outputs and impact).

7.4 Core Indicators and Performance Targets

S/N	Indicators	Sources of data	Data availability (to be validated by the MoHW and national stakeholders)
1	**Impact Indicators**		
	Healthy life expectancy at age 60	WHO Global Health Estimates	Globally available data
2	**Outcome Indicators**		
	Prevalence of vision impairment	National survey	National survey to be conducted
	Prevalence of hearing impairment	National survey	National survey to be conducted
	Prevalence of cognitive impairment	National survey	National survey to be conducted
	Prevalence of malnutrition (including obesity, nutrient deficiency)	National survey	National survey to be conducted
	Prevalence of mobility limitation	National survey	National survey to be conducted
	Prevalence of falls	National survey	National survey to be conducted
	Prevalence of depression	National survey	National survey to be conducted
	Prevalence of urinary incontinence	National survey	National survey to be conducted
	Prevalence of PADL (Personal activity of daily living) difficulties	National survey	National survey to be conducted
	Prevalence of DADL (Domestic activity of daily living) difficulties	National survey	National survey to be conducted
	Prevalence of CADL (Community activity of daily living) difficulties	National survey	National survey to be conducted
	Number of cases of elder abuse reported	Administrative data	Administrative data to be collected
3	**Output Indicators**		
	Number of older persons screened for intrinsic capacity	National survey/ health facility data	National survey to be conducted/ health facility data to be collected
	Number of older persons who received screening for malnutrition	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of older persons who received screening for depression	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of older persons who received screening for cognitive impairment including dementia	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of older persons who received screening for cataract	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of older persons who received screening for hearing impairment	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of older persons who received multidisciplinary or rehabilitative care for mobility impairment	National survey/ health facility data	National survey to be conducted/health facility data to be collected
	Number of carers trained on care for older people	Administrative data	Administrative data to be collected
	Number of older persons who received Carnet de Santé	Administrative data	Administrative data to be collected

4	**Process Indicators**		
	Number and proportion of doctors trained on ICOPE	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Number and proportion of nurses trained on ICOPE	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Number and proportion of allied health professionals trained on ICOPE	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Number and proportion of community health workers trained on ICOPE	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Number and proportion of social workers trained on ICOPE	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Proportion of PHCs delivering ICOPE interventions	Administrative data/ health facility survey	Administrative data to be collected/health facility data to be collected
	Number of family carers who access respite care services	Administrative data	Administrative data to be collected

7.5 Stakeholders involved

- Ministry of Education, Tertiary Education, Science and Technology
- Ministry of Housing and Land Use Planning
- Ministry of Social Integration, Social Security and National Solidarity
- Ministry of Land Transport and Light Rail
- Ministry of Information Technology, Communication and Innovation
- Ministry of Labour, Human Resource Development and Training
- Ministry of Gender Equality and Family Welfare
- Bureau of Statistics Mauritius
- Local Government Authorities
- Social care and long-term care facilities (e.g. nursing homes)
- NGOs/Community-based organisations/Senior Citizens Council/MACOSS
- Academia (University of Mauritius, Open University, University of Technology Mauritius and Mauritius Institute of Health and others)
- Commission for Health and Social Security (Rodrigues)
- Mauritius Police Force
- Attorney General's Office
- Other relevant ministries and departments

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