

**1. In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and service are covered?**

Long term care for older persons refers to services designed to provide assistance over prolonged periods to compensate for loss of function due to chronic diseases or physical or mental disability. Long term care is delivered in institutional settings like residential care homes, or community (home based care).

The Ministry of Health provides free health care services through and Regional Hospital, 5 Specialised Hospitals, 2 District Hospitals, Community Hospital, 1 Community hospital, 5 Medical Clinics, 20 Area Health Centres and 117 Community Health Centres.

Domiciliary Visits is provided to severely disabled or bedridden elderly over 75 years and those above 90 years by Medical Officers of this Ministry.

Service de Proximité, where elderly above 90 years who are bedridden or severely disabled benefits from the service of physiotherapist and occupational therapist at the domicile.

The elderly aged 60 years and above are vaccinated against influenza every year before winter. Those who are 60 bedridden in receipt of domiciliary visit are being vaccinated at their domicile Elderly who resides in residential care home also are being vaccinated against influenza in order to prevent complications to influenza.

Medical and paramedical services are provided to all charitable institutions all over the island physiotherapy, occupational therapist as well as mental rehabilitation programmes are provided regularly for all inmates with a view to improve both physical and mental activity.

Inputs from Medical Unit, Ministry of Social Security and Ministry of Health Mauritius<sup>1</sup>

The residential care homes are regulated by the residential care home act 2003.

Under the Social Aid Act 1983, grants are provided to charitable institutions.

## **2. What are the specific challenges faced by older persons in accessing long term care?**

One of the main challenges is ageing of population. Research shows that burden of Non Communicable Diseases increases with age where more resources will be required in the provision of health and care services to the future population of the elderly.

Another challenges are economic, fiscal and social impacts including the impact on the future growth in the living standards of Mauritians.

Lack of knowledge among family members, a carer is another challenge faced by older persons in accessing long term care.

In the future there is a risk for greater number of elderly people falling in poverty. Poverty is one of the main threats for the wellbeing of the elderly population. Private homes are costly and thus another challenge faced by the elder in a caring long term care.

## **3. What measures have been taken/are necessary to ensure high quality and sustainable long term care system, for older persons, including for example?**

Research has shown that the burden of diseases of non communicable diseases are increasing. Policies are needed to promote healthy life styles, assistive technology, medical research and rehabilitative care.

A life course perspective should include health promotion and diseases prevention activities that focus on independence, poverty and delaying disease and disability and providing treatment.

Training of care givers and health professionals is essential to make sure that those working with the elderly have access to information and basic training in the care of the elderly.

Ensuring that people, while living longer remain healthy which will result in greater opportunities and lower cost to elderly persons themselves, their families and the society.

As the number of elderly increases, living at home into very old age with the help of family member will be common. Home care and community services to assist informal care givers need to be available for all. It will be important to have a coordination of all actors involved in provision of affordable and good quality long term care. The private sectors, including the civil society should come with innovation that will help to meet the additional demands of social and health care that can be provided at home, at Day Care Centres or in formal institutions. Changing the attitudes of health and social service providers is vital to ensure that their practices improve and enables individual store main autonomous as long as possible.

An age friendly physical environment promoting the development and use of technologies that encourage active ageing is especially important as people grow older and experience dominated mobility as well as visual and hearing impairments.

**4. What other rights are essential for the enjoyment of the right to long term care by older persons or attended by the non-enjoyment of this right?**

The Right to information and right to education.

The right to access to health.

**5. In your country/Region, how is palliative care defined in legal and policy frameworks?**

The working definition for palliative care which defines it as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”

The palliative service is only on its early days and is currently offered to cancer patients only who meet the following criteria:

- (a) Stage IV malignancy with no active treatment
- (b) Patients not for (further) definitive treatment
- (c) Patient refusing treatment
- (d) Spend >50% of time in bed/bedridden

The palliative care service is currently hospital based and includes both inpatient and outpatient facilities. As the service will expand in the years to come, non-cancer patients will be included in our referral criteria.

**6. What are the specific needs and challenges facing older persons regarding end of life care? Are there studies, data and evidence available?**

Older persons with non-cancer illnesses do not receive specialised palliative care. End of life care is provided by their treating doctors. Respecting their preferred place of death is another major challenge. Though there are no studies in Mauritius to support this statement, most older people would prefer to die in the comfort of their home. However, very often the family is unable to provide end of life care at home as there is no home based palliative care.

Home based palliative care will be developed in the future as the palliative care service will expand. It will be part of our community palliative care services.

**7. To what extent is palliative care available to all older persons on a non-discriminatory basis?**

All cancer patients meeting the referral criteria are not denied specialist hospital based palliative care. However, for patients with non-cancer diagnoses the palliative care is provided by their treating doctors and the care can be quite unstructured and uncoordinated.

**8. How is palliative care provided, in relation to long-term care as described above and other support services for older persons?**

Palliative care is delivered through a multidisciplinary team that consists of an oncologist, medical and health officer with specialised training in palliative care, trained nurses, psychologists, dietician, medical social workers and health care assistants. The Outpatient Palliative care is currently being planned.

Older persons who resides in residential care home and facing problems with life threatening illness gets pain relief medication from medical offices.

This Ministry of Social Security provides medical and paramedical staff to all Charitable Institutions.

Elderly who above 75 years are bedridden or severely disabled and are in need of palliative care are being visited by doctor of this Ministry. The Doctor prescribes pain relief medication. Cases needing nursing care are being referred to the Community nurse of the Ministry of Health. The Doctors also provides psychological support and the family to cope during the patients' illness.

Family members or cares have been trained by this Ministry (informal carer training) to take care of the elderly during his illness.

**9. Are there good practices available in terms of long-term care and palliative care?**

**What are the lessons learned from human rights perspective?**

The palliative care team aim to give the best care possible to all cancer patients that are referred to the service. Through a holistic approach the teams aim to care for the physical, psychological, social and spiritual problems of our patients. The lessons learned are that firstly access to palliative care is a basic human right. Every human being has the right to have a dignified death and remain pain free throughout the disease trajectory.

Note: Palliative Care is a new service that has started since January 2017 in the Ministry of Health and Quality of Life. It is currently only offered to cancer patients. It consists of both Inpatient and Outpatient facilities. Expansion of the service is being planned to include community based (home based) palliative care and non-cancer patients as well.