

KINGDOM OF CAMBODIA
Nation Religion King



MINISTRY OF HEALTH



PREVENTIVE MEDICINE DEPARTMENT

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FOREWORD

Over the last decades Cambodia has seen a significant increase in life expectancy. This increase was largely due to significant improvements in health outcomes of the population, brought about by a strong political commitment to improve health system performance and increase access to health services, including through the implementation of social health protection schemes. Also, considerable economic growth and poverty reduction contributed to these improving health outcomes in the Cambodian population.

As a result of these changes Cambodia is experiencing both a demographic and epidemiologic transition. This is seen in the steady growth in the percentage of people age 60 years and over and in the increase in the proportion of non-communicable diseases in adults.

This policy and strategy supports the health system to evolve towards a system with integrated primary, secondary and tertiary health care for older people. This will require a combination of short, mid- and long-term strategies that consider inclusion of a number of additional health services; the development of related legal frameworks and implementation guidelines; as well as making available sufficient operational resources.

Strengthening outreach and community-based care models that take into account the needs of older people living in both urban and rural populations will be key to an efficient continuum of care. Accreditation in training and implementation of minimum norms and standards will be essential to ensure effectiveness of an integrated approach.

This policy and strategy supports the National Policy for Older People and the Health Sector Strategic Plan of the Ministry of Health. It builds on the first policy and strategy on Elderly People Health Care as developed by the Ministry of Health in 1999 and is in line with international goals and guidelines such as the Sustainable Development Goals and the World Report on Ageing (WHO 2015).

The Ministry of Health is proud to present this National Policy and Strategy for Older People Health Care and looks forward to its translation in strategic and action plans towards the realisation of improved health in older people.

The Ministry of Health is grateful for the contribution of all involved in its realisation and contributing civil servants of the Ministry of Health representatives of colleague Ministries and development partners, The World Health Organisation, and participating members of civil society. *M. B. H.*

Phnom Penh, *13, September* 2016

MINISTER OF HEALTH



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Glossary

ABBREVIATIONS AND ACRONYMS

ADL	activities of daily living
ASEAN	Association of South East Asian Nations
CBR	community-based rehabilitation
CC	Commune Council
CD/IP	Commune Development / Investment Plan
CDB	Commune Data Base
CPA	Complementary Package of Activities
CSES	Cambodia Social Economic Survey
DHS	Demographic Health Survey
DPM	Department of Preventive Medicine
ESCAP	Economic and Social Commission for Asia and the Pacific
HCMC	Health Centre Management Committee
HEF	Health Equity Fund
HIS	Health Information System
HSSP	Health Sector Strategic Plan
IEC	information education communication
IO	international organisation
KAP	knowledge, attitude and practice
LTC	long-term care
M&E	monitoring and evaluation
MoH	Ministry of Health
MoLVT	Ministry of Labour and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MPA	Minimum Package of Activities
NCD	non-communicable diseases
NGO	non governmental organisations
NIS	National Institute of Statistics
NSPI	National Social Protection Insurance
OPA	older people associations
PRC	Physical Rehabilitation Centres
PSC	Population Studies Centre
PwD	People with disabilities
RGC	Royal Government of Cambodia
SDG	Sustainable Development Goals
SEDP	Social Economic Development Plan
SMART	specific, measurable, achievable, relevant, time-bound
UN	United Nations
VHSG	village health support groups
VHV	village health volunteers
WHO	World Health Organisation

1) INTRODUCTION

World wide, a steady increase in the number of older people and their proportion in the population is reported. This is a success story for health and development efforts. Improved living conditions and health care decrease child and early mortality and increase life expectancy, together with lower fertility rates these factors contribute to a global unprecedented demographic revolution.

In Cambodia, a similar demographic trend can be noted. In 2015, the population aged 60 years and above was estimated at 1.3 million presenting 8.3% of the total population; it is forecasted that by 2050, the number of older people will reach about 5 million, representing 21% of the total Cambodian population (NIS 2013). In 1990, life expectancy at birth in women and men was estimated at 62.6 and 54.2 respectively and reached 70.1 years in women and 67.1 years in men, by 2013. (NIS 2013).

These numbers highlight the potential for an active and productive role of older people in Cambodia, a role already taken up by many older Cambodians as an estimated more than one third of the population aged 60 years is economically active (2005, J Knodel et al.).

Yet, as people grow older, their vulnerability increases. They are at increased risk of social, economic and health challenges, such as widowhood, lower productivity and a fragile health status. Cambodian older people additionally face the challenges of a rapidly changing society. Employment driven urban migration in the younger generation leaves an increasing number of older people outside the traditional safety net of being cared for by their children, with many having to care for their left behind grandchildren.

From a health perspective, ageing is often characterised by generalised impairment in body functions, increased vulnerability to environmental challenges and growing risk of morbidity and mortality, such as: vision, hearing, mobility, intellectual and mental impairments. These may include less defense in infectious diseases, such as flu; and increased risk of non-communicable diseases such as hypertension, Type 2 diabetes, osteoporosis, cancer and dementia. Consequently, the demand for old age specific prevention, treatment, rehabilitation and palliative care services grows.

The World Health Organisation defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition highlights the importance of a comprehensive approach that exploits the synergy of multi-sector collaboration to ensure people enjoy a most healthy ageing process through adequate prevention, care and support services. Such continuum of care helps older people stay healthy, benefit quality health care when needed and live dignified lives. Furthermore, as the health situation of older people is highly influenced by factors from child, youth and adulthood, healthy ageing will be most effective when a life course approach is adopted.

Cambodia values its older people population and the importance of allowing for a healthy ageing process. Herein, it acknowledges the guidance of a number of relevant international and regional frameworks that protect the wellbeing of the older population. Including: *the United Nations (UN) Declaration of Human Rights (1948)*;

the UN Convention on the Rights of People with Disabilities (2006); Sustainable Development Goals 2016-2030 (e.g. SDGs 1,3,5,10 on poverty, health and well being, gender equality and reduced inequality respectively); the UN Political Declaration and Madrid International Plan of Action on Ageing (2002) and the World Report on Ageing and Health (2015); the Association of South-East Asian Nations (ASEAN): Forging Ahead Together (2015); the Declaration on Strengthening Social Protection (2014 ASEAN); the ASEAN Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Older People (2010); the UN Economic and Social Commission for Asia and the Pacific (ESCAP) Ischeon Strategy “Make the Right Real” (2012) and; the Regional Framework for Action on Ageing and Health in the Western Pacific 2014-2019 by the World Health Organisation (WHO). These are further reflected in national legal frameworks, including in the Rectangular Strategy Phase III, Samdech Techo Hun Sen (2013) by the Royal Government of Cambodia (RGC); the Cambodia National Population Policy (2003 RGC); the National Strategic Development Plan 2014-2018 by the RGC, the Law on Social Security (2002 RGC), the Law on the Protection of the Rights of People with Disabilities (2009 RGC) and more specifically, the National Policy for the Older people (2003) by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the National Policy and Strategy for Older people Health Care (1999) by the Ministry of Health that is updated by this present policy.

Through these frameworks, the RGC is guided to promote the establishment of an age friendly environment in which the health system safeguards intrinsic capacity and functional ability through effective health interventions.

This policy builds on the legal framework in place. It takes into account current socio-economic and demographic trends so to support the development of a health system that responds effectively to the health needs of ageing Cambodians and promotes an age friendly environment in which older people can live healthy and active lives with dignity.

2) VISION

Cambodian older people have equitable access to a comprehensive package of quality health services that promotes healthy, active, productive and dignified ageing.

3) GOALS AND OBJECTIVES

3.1. Goals

To *promote* healthy ageing founded on a holistic, multi- sector, life course approach with adequate:

- prevention;
- care, and;
- support services.

To *establish* an accessible, responsive health system that ensures an integrated package of quality health services for older people, including:

- prevention;
- treatment;
- rehabilitation, and;
- palliative care services.

3.2. Policy

- Inform and advocate about the importance and benefit of promoting healthy ageing
- Promote multi-sector collaboration for healthy ageing at all levels
- Reinforce the capacity of the health system to provide adequate primary, secondary and tertiary health services for older people
- Enable equitable access to and use of quality essential health care for older people

3.3 Policy objectives

- To advocate and raise awareness on healthy ageing to policy makers
- To improve awareness about basic measures for healthy ageing in the population and more specifically among older people, caregivers and service providers
- To promote an age-friendly environment through multi-sector collaboration in regard to prevention, care and support services
- To strengthen the health system to meet the health needs of older people through an integrated approach of adequate preventive, treatment, rehabilitation and palliative care services at all levels
- To enable equitable access to and use of an essential package of quality preventive, treatment, rehabilitation and palliative care services for older people

- To foster research and manage information to guide policy review and adjustment towards the most effective interventions

4) STRATEGY

Ensure equitable access to a continuum of quality health care through a system that adequately meets the health needs of older people.

- 1) Improve advocacy, awareness raising and information sharing towards the integration of older people health issues at all levels
- 2) Promote multi-sector collaboration and public-private partnerships towards integrated health services for older people in a continuum of care
- 3) Health system strengthening to respond to the health needs of older people
 - i. adequate services provision
 - ii. norms & standards, accreditation
 - iii. M&E
- 4) Research and knowledge management
- 5) Human resources development
- 6) Social protection schemes

4.1 Strategic objectives

4.1.1 Improved advocacy, awareness raising and information sharing towards the integration of older people issues at all levels

Appropriate messages need to be shared about the needs of older people, but, also about the actual and potential contributions of older people at home and in society. Messages will promote healthy ageing and disease prevention through (i) the adoption of a life-course perspective to healthy ageing; and (ii) by addressing specific needs of/interventions for older people. They will build on cultural and traditional norms of looking after older people and will include messages that target younger people, for example through the incorporation of messages in school curriculum; adults, for example through the incorporation of messages on the importance of maintaining physical activity; and for older people themselves through messages on how to manage a balanced diet. Messages aimed at high-level policy makers, health managers, health partners and other stakeholders will raise the profile of older people issues in plans and programmes at all levels.

Move up to just under the strategic objective.

- To advocate and raise awareness so as to promote the integration of older people issues in plans and programmes at all levels
- To introduce a life course approach to healthy ageing and disease prevention through the introduction of educative messages for the population, older people, caregivers and health service providers, including the importance of physical activity, good hygiene, a balanced diet and existing social security schemes

Targets:

- *Improved awareness about basic measures for healthy ageing in older people, caregivers, relevant civil society, service providers, development partners and government authorities*
- *Key older people health issues are integrated in relevant national and decentralised development and health plans. e.g. Social Economic Development Plan (SEDP), Health Sector Strategic Plan (HSSP), Community Development and Investment Plans (CD/IP)*

4.1.2. Promoted multi-sector, public-private partnerships towards comprehensive health services for older people in a continuum of care.

A healthy ageing process requires interventions well beyond the traditional health system. Multi-sectoral and public/private collaboration and partnerships will be required to ensure a most effective continuum of care for older people. At the higher level, close collaboration with the National Committee for Older People, a multi-sector committee under the umbrella of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) will facilitate multi-sector coordination and collaboration among concerned ministries and stakeholders. In addition, extended private sector collaboration opportunities should be explored to complement and support the public services system with relevant community-based health interventions, including: health education and preventative interventions, screening, home-based care, community-based rehabilitation and treatment follow-up for a number of chronic illnesses, e.g. hypertension and Type 2 diabetes.

- To contribute to a coordinated continuum of quality services to foster healthy ageing in an age friendly environment
- To strengthen cooperation with public and private service providers as well as civil society, in prevention, care and support health services for older people

Targets

- *Increased high-level support for strengthening a continuum of older people health care, e.g. integration of older people health issues in national and decentralised development plans; activities and budget on older people health interventions made available through commune development and investment plans*
- *Strengthened collaboration with community-based public and private for and not-for-profit service providers, including civil society (e.g. Older People's Associations, peer support, village health volunteers) and religious groups (e.g. pagodas) that strive for improved older people health and well-being (e.g. physical activity, screening, home-based care, treatment follow-up)*

4.1.3 Strengthened health systems to respond to the health needs of older people

a. Adequate health services for older people

Population ageing is accompanied by a higher exposure to health risks and a

biological decline in the structure and function of various organ systems which render older people vulnerable to a larger burden of disease, leading in some cases to a need for long-term care. Health service providers are encouraged to integrate services that respond adequately to the health needs of older people; e.g. dental care, eye care, mental health services and long-term care.

- To strengthen effective health care for older people by integrating adequate prevention, treatment, rehabilitation and palliative care services in health services delivery systems at all levels
- To ensure health facilities are staffed and supplied with medicines, health commodities, equipment and amenities to meet older people health needs including for the prevention and management of chronic disease, impairment and long-term care

Targets:

- *Adequate older people health services included in existing MPA and CPA packages and regularly up-dated*
- *One national centre of excellence that serves as a reference on older people health and is tasked with providing pre- and in-services training for HR development at all levels, as well as to support research towards sharing information and formulating recommendations for most effective older people health services and policy development*
- *One medical doctor and nurse acting as focal points for older people health care at provincial referral hospital level (in-patient and out-patient services) to facilitate linkages to different types of needed services*
- *All health facilities adequately staffed and equipped to provide basic health services for older people, including referral and follow-up*

b. Norms and standards

Effectiveness of services will require quality assurance and accessibility to services, and the development and enforcement of norms and standards for these services. This will guide monitoring and enforce the control of health services and ensure safety of users by means of the health services system and relevant supporting structures within different categories of health establishments to provide safe quality services to citizens.

- To develop, adopt and implement norms and standards for older people health care at all levels; including on human resources development, health services, and referral and follow-up of older people with relevant services (e.g. rehabilitation, social services)

Targets:

- *Norms and standards developed, adopted and implemented on infrastructure, human resources, health services and referral processes in line with existing relevant cross-sector policies and guidelines (e.g. accessible infrastructure for people with disabilities; National Policy on Older people - MoSVY)*

c. Monitoring and evaluation (M&E)

Monitoring and evaluation are critical to build evidence to assess the diverse range of interventions that promote healthy ageing. They allow to track implementation and outputs systematically and measure the effectiveness of programmes. Monitoring and evaluation help managers, planners, implementers, policy makers and donors to acquire information to make informed decisions about programme operations.

- Ensure a mechanism, structure and process to measure and demonstrate accountability for results
- Integrate basic information on older people health in the health information system (HIS)

- Harmonize indicators, including disaggregation of data by key social stratifiers (e.g. age, sex, income, rural/urban residence) and methods for collection and analysis across sectors

Targets:

- *Older people health-related disaggregated data are collected through a number of reliable sources, including the HIS, facility-based reporting and specific assessments, e.g. Community Data Base (CDB), Demographic Health Survey (DHS), Cambodia Social and Economic Survey (CSES)*

4.1.4 Ensure research and knowledge management

In depth research will help to get a better understanding of and build evidence on older people health issues. It is recommended to ensure research on major risk factors in diseases with high disease burden, e.g. cardio-vascular diseases, diabetes, cancers and chronic respiratory diseases; as well as studies like knowledge, attitude and practice (KAP) surveys on health seeking behaviour in older people, nutritional status and feeding practices and lifestyle in older people; and secondary analysis of data related to older people available from existing national surveys like CDHS.

- Research major risk factors that lead to morbidity and premature mortality in older people within a life course approach; including effectiveness of preventive, care, rehabilitative and palliative care interventions
- Disseminate and use information to inform policy-making and promote more effective health interventions

Targets:

- *Information gathered, analyzed and used to improve development, planning and implementation of older people health interventions*
- *Relevant older people health indicators are integrated in HIS and harmonized across sectors*
- *Centre of excellence established and operational to support, execute and coordinate research on older people health*

4.1.5 Develop human resources

Training of health professionals at all levels in providing good quality health care to older people (primary, secondary, tertiary), at both the pre-qualification stage (in medical school, nursing school, etc.) and in-service (primary care physicians, community health workers, etc.) will be required to ensure a competent workforce capable to provide quality ambulatory and home-based care as well as short- and long-term institutional care. Training inputs for each of these are distinct and need to be developed taking cultural and social diversity into account. It will be useful to train some doctor-specialists in gerontology and geriatrics to upgrade the academic level in the country and more particularly at the level of the national center of excellence. Improving the health of older people through training caregivers and community-based service providers on activities of daily living, exercising, basic first aid and recognizing signs of common diseases of ageing for referral to health services will help to ensure an effective continuum of care.

- Ensure understanding on how to best respond to and meet the health needs of older people among all health workers by including relevant contents in health science curricula for pre-service education and on the job training

- Improve the attractiveness of relevant specialties (such as gerontology and geriatrics) and providing health care to older people, through marketing, recognition, incentives and career opportunities
- Promote training for home- and community-based care on specific basic health needs in older people in regard to prevention, care seeking, rehabilitation and palliative care

Targets:

- *Curricula developed adopted and implemented with accreditation*
- *Health workers have basic knowledge and skills to meet the health needs of older people*
- *Adequate number of competent specialised health workforce at relevant levels of the health system*

4.1.6 Enhance social protection schemes

To ensure equity in access to essential health services, social protection schemes will need to expand to include the health needs of the older population. Financial arrangements will need to be explored to ensure that older people can access needed services without financial hardship, including transport, social services, medication and assistive technology.

- Define essential health services for older people in regard to prevention, treatment, rehabilitation and palliative care; including long-term care
- Promote accessibility to essential older people health services through their inclusion in social protection schemes, such as Health Equity Fund, National Social Protection Insurance and private insurances

Targets:

- *Improved risk protection with older people benefiting from comprehensive social protection, including access to essential health services*

5) ACTION PLAN

5.1 Organisational mechanism

The Ministry of health is mandated to develop the normative framework for health system development, health services management and M&E as well as for the provision of public health services.

The proposed organizational mechanism for older people health services provision, includes:

One national center of excellence used as a reference for older people health care. This centre will integrate care, training and research services and will look at short, mid and long-term implications of ageing on health systems towards increased life expectancy and improved quality of life in older people. This will include looking at different aspects of long-term care and community-based care training.

National hospitals will provide comprehensive health services for older people, including a number of screening, diagnosis, treatment and rehabilitation services.

Referral hospitals will perform secondary prevention through screening, of common health issues in older people, so as to ensure early diagnosis and treatment and prevent complications. Services will include counselling and education on various risk factors

and basic measures in relation to prevention and care in common diseases and impairment in older people.

Health centres and health posts will perform primary prevention health services for older people in their catchment area through the implementation of the minimum package of activities (MPA) that includes: health promotion, screening, counselling, medical check-up, information, referral and follow-up services of treatment initiated at the referral hospital. Health centres and posts will link with and build on other initiatives to expand health services for older people beyond the MPA, e.g. through the expansion of health promotion, outreach and community-based services. Health centres and posts also record and report on older people health issues and death.

At all levels, the health system will collaborate with relevant governmental institutions and private sector entities to promote a continuum of care and improved welfare and well being in older Cambodians, such as: central and decentralised offices of the Ministry of Social Affairs, Veterans and Youth Rehabilitation, e.g. physical rehabilitation centres (PRC) and community-based rehabilitation (CBR); the Ministry of Labour and Vocational Training; local authorities, e.g. the commune council (CC) and its health centre management committee (HCMC), village health support groups and volunteers (VHSPG / VHV); civil society, e.g. Older People Associations (OPA), peer support groups; and development partners, e.g. non-governmental organisations and international organisations.

5.2 Legal framework

This policy operates within the legal frameworks and national plans as defined by the Royal Government of Cambodia (RGC); the Inter-Ministerial Committee for Older People in Cambodia (MoSVY) of which MoH is a member, the National Health Strategic Plan (NHSP) and additional relevant specific policies and guidelines, such as the Strategy on NCD and the Management Guidelines on Stroke.

This policy and strategy will guide the development of strategic and action plans for the implementation of effective health interventions for older people.

The Department of Preventive Medicine is responsible to develop and implement action plans on older people health in collaboration with other departments within the Ministry of Health, hospitals at different levels, relevant colleague ministries, local authorities, development partners, NGOs and civil society, e.g. Older People Associations, peer support initiatives, village health volunteers.

5.3 Financial support

Effective financing is important in the provision of equitable universal health coverage to all older people, in Cambodia. Costed operational plans will be developed by relevant Departments of MoH in close collaboration with partners to support funding requests for the implementation of this policy and strategy that guides prevention, treatment, rehabilitation and palliative care services for older people and related system management.

Inclusion of additional services to promote healthy ageing will require more budget investment and a larger proportion of public expenditure allocated towards improved older people health outcomes, e.g. increased demand for long-term care (LTC) services may be supported by financial incentives that encourage the integration of relevant services, improve responsiveness and avoid cost-shifting in health systems.

Funding will have to be sought from a variety of sources, including both the national budget and development partners.

5.4 Human resources development

To ensure effectiveness of this policy, implementing institutions should consider short and long-term implications of their programmes and promote adequate human resources development. A human resources development strategy should target both in-service and pre-service training. A needs based health workforce development plan should be developed with reference to accredited training curricula for different types of health professionals as well as training for community- and home-based care service providers such as village volunteers or relatives. Recognition of training should be done through accreditation.

5.5 Information, education and communication (IEC)

Target communication strategies will be developed for high-level advocacy, health professionals, stakeholders in community- and home-based care (older people, caregivers) and the general population. The MoH through the National Committee on Older People Well-being and its Department of Preventive Medicine will contribute to the development and distribution of IEC materials that promote healthy ageing in an age friendly environment.

5.6 Project implementation

Implementation of this policy and strategy is guided by institutional planning and implementation processes founded on a planning cycle that integrates the following components: a) a situational analysis that provides input for b) planning that will guide c) costing and support resources mobilisation towards d) implementation that will be subject to monitoring and evaluation (M&E) to ensure being on track toward achieving set objectives.

6) MONITORING AND EVALUATION

Monitoring and evaluation will be guided by specific, measurable, achievable, relevant and time bound (SMART) indicators that address both organizational and operational effectiveness. Tools will include regular reporting, specific in-depth assessments, internal and external audits.

As data on older people health status is limited, the integration of one indicator in a national strategic plan may lay the foundation to further develop more comprehensive data to be collected according to objectives, outcomes, activities and budget allocation in annual action plans at national and sub-national levels.

The selected indicator could reflect health service utilization by the older people (continue disaggregated data by 5year age groups and sex in older age groups). It could easily be collected for analysis at different levels of the health system and allow for continuous follow up towards improvement of actions.

Additional indicators may include those on human resources, services included in health benefit packages, older people information included in the health information system, communities with adequate home-based care for frail older people and the number of communities that received health promotion education and basic health care for older people.

GLOSSARY

Accessibility

describes the degree to which an environment, service or product allows access by as many people as possible

Active ageing

the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age

Activities of daily living (ADLs)

the basic activities necessary for daily life, such as bathing or showering, dressing, eating, getting in or out of bed or chairs, using the toilet, and getting around the home

Activity

the execution of a task or action by an individual

Age (chronological)

the time lived since birth

Age-friendly cities and communities

a city or community that fosters healthy and active ageing

Age-friendly environments

environments (such as in the home or community) that foster healthy and active ageing by building and maintaining intrinsic capacity across the life course and enabling greater functional ability in someone with a given level of capacity

Ageing

at a biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage that occurs over time

Assistive technologies

any device designed, made or adapted to maintain or improve an individual's functioning and well-being

Caregiver

a person who provides cares and support to someone else; such support may include helping with self-care, household tasks, mobility, social participation and other meaningful activities

Case management

a collaborative process of planning services and coordination of resources to meet an individual's needs through communication with the individual, close ones and service providers

Chronic condition

a disease, disorder, injury or trauma that is persistent or has long-lasting effects

Comprehensive health services

a combination of health services towards enhanced effectiveness

Continuum of care

the entire spectrum of specialized health, rehabilitative and residential services that focus on the medical, rehabilitative, residential, social and supportive needs of individuals

Disability

an umbrella term for impairments, activity limitations and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)

Effectiveness

reaching the best result

Efficiency

reaching the best result with least investment

Environments

all the factors in the extrinsic world that form the context of an individual's life; these include home, communities and the broader society; within these environments are a range of factors, including the built environment, people and their relationships, attitudes and values, health and social policies, systems and services

Essential health services

Indispensable health services for the rational care of the vast majority of health concerns in a given population

Frailty (or frail older person)

extreme vulnerability to endogenous and exogenous stressors that exposes an individual to a higher risk of negative health related outcomes

Functional ability

the health-related attributes that enable people to be and to do what they have reason to value; it is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics

Functioning

an umbrella term for body functions, body structures, activities and participation; it denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)

Geriatrics

the branch of medicine specializing in the health and illnesses of older age and their appropriate care and services

Gerontology

the study of the social, psychological and biological aspects of ageing

Health

a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity

Health characteristics

underlying age-related changes, health-related behaviours, physiological risk factors (for example, high blood pressure), diseases, injuries, changes to homeostasis, and broader geriatric syndromes; the interaction among these health characteristics will ultimately determine the intrinsic capacity of an individual

Health condition

an umbrella term for acute or chronic disease, disorder, injury or trauma

Health inequality

differences in health status occurring among individuals or groups or, more formally, the total inter-individual variation in health for a population, which often considers differences in socioeconomic status or other demographic characteristics

Inequity

differences that are unnecessary, avoidable, unfair and unjust

Health promotion

the process of enabling people to increase control over and to improve their health

Healthy Ageing

the process of developing and maintaining the functional ability that enables wellbeing in older age

Home modifications

conversions or adaptations made to the permanent physical features of the home environment to improve safety, physical accessibility and comfort

Impairment

a loss or abnormality in body structure or physiological function (including mental functions)

Informal care

unpaid care provided by a family member, friend, neighbor or volunteer

Institutional care setting

refers to institutions in which long-term care is provided; these may include community centres, assisted living facilities, nursing homes, hospitals and other health facilities; institutional care settings are not defined only by their size

International Classification of Functioning, Disability and Health

a classification of health and health-related domains that describe body functions and structures, activities and participation; the domains are classified from different perspectives: body, individual and societal; because an individual's functioning and disability occur within a context, this classification includes a list of environmental factors

Intrinsic capacity

the composite of all the physical and mental capacities that an individual can draw on

Life-course approach

this considers the underlying biological, behavioural and psychosocial processes that operate across the life course, which are shaped by individual characteristics and by the environments in which we live

Life expectancy (at age 60)

the average number of years that a 60-yearold can expect to live if he or she is subject to the age-specific mortality rate during a given period

Life expectancy (at birth)

the average number of years that a newborn would be expected to live if he or she is subject to the age-specific mortality rate during a given period

Long-term care

the activities undertaken by others to ensure that people with a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity

Non-communicable diseases

diseases that are not passed from person to person; the four main types of non-communicable diseases are cardiovascular diseases (such as heart attacks and stroke), chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), cancers and diabetes

Older person

a person aged 60 years and over, and Older person has classified in to 3 categories:

- Young Old (60-69)
- Middle Old (70-79)
- Old Old (80 and over)

People-centered services

an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of health care and long-term-care systems that respond to their needs and preferences in humane and holistic ways; ensuring that people-centered carries delivered requires that people have the education and support they need to make decisions and participate in their own care; it is organized around the health needs and expectations of people rather than diseases

Population ageing

a shift in the population structure whereby the proportion of people in older age groups increases

Rehabilitation

Refer to a branch of medicine that aims to enhance, restore and maintain optimal functional ability in those with physical impairment

Resilience

the ability to maintain or improve a level of functional ability in the face of adversity through resistance, recovery or adaptation

Risk factor

a risk factor is an attribute or exposure that is causally associated with an increased probability of a disease or injury

Social protection

programmes to reduce deprivation that arises from conditions such as poverty, unemployment, old age and disability

Social security

includes all measures providing benefits, whether in cash or in kind, to secure social protection

