



**First International Forum FIAPA – CommonAge in collaboration with  
Ministry of Social integration, social security and National Solidarity**

**A. Workshop LEGAL PROTECTION FOR ELDERLY AND  
LEGISLATION (MR VIJAY NARAIDOO – DIS MOI NGO/MRS  
CATHERINE NALLETAMBY MAURITIAN NOTARY)**

Despite the fact that the law exists the following recommendations are made:

- 1- Repeated proposition from 2014 Indian Ocean FIAPA charters on Rights and Well-Being of elderly to have an OMBUDSPERSON for elderly people
- 2- Raise awareness – regular campaigns concerning the RIGHTS of older persons – RADIO, AUDIO VISUAL
- 3- Raise awareness regarding the ill-treatment acts commuted against older persons – MEDIA
- 4- Elderly watch – to promote the function and how to get access to elderly watch unit
- 5- To proclaim the remaining section of The protection from elderly Act 2005
- 6- Actual Lack of medicines in respect of chronic diseases such as Hypertension and dyslipidaemia and diabetes for older persons
- 7- Dedicated queues in clinics and hospitals for the elderly patients
- 8- Offences: inform the public about types of sentences and fines in case of acts of abuse on older persons

**B. Workshop DEMENTIA (MRS JACQUELINE WONG CommonAge expert BRUNEI DARUSSALAM/DR A SOREFAN Chairperson ASSOCIATION ALZHEIMER MAURITIUS)**

Situation in Brunei and Malaysia

- 1- Training on dementia care skill programs for different type of professionals in elderly care. Get more young people involved for transmission of knowledge. With dementia many families can fall apart not being able to manage.
- 2- Different types of dementia exist with different types of neuropsychological disorders so management is different. A precise diagnosis is necessary to be done by specialists (geriatrician, neurologist, psychiatrist)
- 3- If you get dementia right you get healthy ageing right

Situation in Mauritius

- 4- Training of carers and professionals was in the FIAPA 2014 charters on rights and well-being of the elderly so it has to be implemented.
- 5- A NATIONAL DEMENTIA PLAN must be written and put in action as it exists in so many countries forming part of Alzheimer Disease International of which Mauritian Republic form's part.
- 6- Disability act should include dementia, a disease with a very socio-economic impact and health cost and priority.
- 7- Families must be informed about the different steps of legal protection like "mise sous tutelle" and interaction between the legal sector and the medical practitioner be made known
- 8- Different types of geriatric institutions are needed in link with post diagnosis care of dementia: day care centres, early diagnosis day care centres actually in the north, south and Candos hospital to be regionalised widely, rehabilitation services, palliative care services
- 9- Advance will legal document (formulaire de directives anticipées) having a legal recognition

**C-Workshop HEALTHY AGEING (DR PASCALE DINAN chairperson  
FIAPA/ MR ANDREW LARPENT CommonAge expert UK)**

1. The need to define what we understand by health ageing (“the process of developing and maintaining the functional ability that enables well-being in older age” WHO 2015) to be able to assess our level of health amongst the elderly and to set up measurable action plans to improve healthcare.
2. Assessment of the level of fitness in the population and prescription of physical exercise adapted to the abilities of the patient, motivational coaching and regular sessions of fitness needed
3. To promote regular physical exercise: Adequate technology, gyms and physical educator and physiotherapists/occupational therapists needed in each residential care home but also in the cities and communities for wellbeing of the elderly
4. Regular screening for various diseases like depression, dementia etc to assess level and severity of diseases among the elderly.
- 5- Excess of drugs (iatrogenia) has to be reassessed by the medical practitioners to enable the elderly to exercise and maintain good health
- 6- Educational programs on healthy ageing needed through different ages in primary, secondary schools and tertiary institutions. Awareness about healthy ageing has to be raised : education about the functioning of our own body is important, to understand the importance of exercise and different types of activities such as Yoga, stretching, dancing, breathing exercises...One has to take responsibility for his own health. MSC (Mauritius sports council) with the help of paramedics is currently doing this type of awareness in schools, residential homes and tertiary educations.
- 7- Socio economic factors : healthy ageing will help people live healthily for longer and be able to work for longer decreasing the economic burden on pension payments and healthcare costs of the elderly as there is a diminishing population workforce in our ageing society
- 8- Results of our actions : we need to have baseline values of the health status of the elderly to be able to measure the outcome of

our actions towards healthy ageing. Develop research, figure facts and monitor the process of evaluation in the field of healthy ageing

- 9- A NATIONWIDE HEALTHY AGEING COMMUNITY PROGRAM has to be set up so that government and also civil society understands the responsibility to be taken by each and every one to implement healthy ageing programs

**D- Workshop RAISING THE BAR ON SENIOR CARE AND LIVING STANDARDS (Mr Mansur DALAL CommonAge expert India/Mr David STEVENS CommonAge expert Australia)**

- 1- Better health care needed – high expectations, respect for elders, get a positive resident engagement
- 2- Older persons are vulnerable – promote policies, procedures and guidelines
- 3- Proper design, engagement of the residents to: promote their well-being, to limit risk of falls
- 4- Standards are an envelope to deliver healthy ageing
- 5- Standards documents practices in a well thought manner
- 6- STANDARDS IS THE KEY VEHICULE TO DELIVER QUALITY CARE AND HEALTHY AGEING
- 7- The drive/impetus for implementing standards at national level for health care providers must come from the citizen councils and NGOs
- 8- The genuineness to raise the bar by the providers must be there
- 9- Standards have to be documented, measurable, assessed, audited
- 10- No standards means that the industry's reputation is at stake

**E- Workshop TECHNOLOGY AND ARTIFICIAL INTELLIGENCE FOR THE ELDERLY (Mr Dan LEVITT- CommonAge expert CANADA/ Mr Nicolas TADEBOIS director of SERENITY ltd)**

- 1- Problems arising in elderly population:
  - a. security needed
  - b. prevention of health falls
  - c. Lack of resources from human care givers and human errors in administration of drugs
  - d. Loneliness
  - e. Need for early health screenings

- f. Length of stay in hospitals
- g. Convenience for shopping
- h. Safe environment
- i. Help for Mobility and freedom of movement
- j. Help in decision making
- k. Ill treatment and bullying
- l. Communication difficulties
- m. Wish of staying at home as long as possible

2- GEROTECH SOLUTIONS:

- a. Camera surveillance
- b. Smart phones
- c. Panic button wearables
- d. Fire sensors
- e. Connected devices and GPS trackers

3- Health watch applications

- a. Biometric indicators for heart rate, blood pressure
- b. Preventive physical exercises
- c. Prevention of accidents
- d. Brain stimulation exercise

4- Next steps

- a. Promote intergenerational solidarity
- b. Expand security apps
- c. Promote healthy living apps
- d. Mauritius telecom free WIFI slow proceed to improve quality of WIFI network
- e. Digital appliances, smartphones available for 60 aged + persons