WORLD HEALTH DAY 2015
Food Safety and Healthy Ageing in Nepal
This paper is based on the series of discussions with the stakeholders on developing NHSP III, Nepal. During the process, HelpAge, Ageing Nepal and NASCIF have actively contributed and provided input. We believe that this document can be a stepping stone in addressing the issues of the Healthy Ageing – reference future programmes.
The average life expectancy of Nepali people is currently at 68 years and the elderly citizens constitute 8.13% of Nepal's population. This proportion is expected to rise as the life expectancy increases and accompanied by the rise in need of primary, secondary and tertiary level of healthcare services. Moreover, increasing urbanization and socio-cultural transitions from joint to nuclear families, migration and increase in working class couples have brought feelings of loneliness, exclusion, powerlessness and increased household and social burden among the elderly.

Nepal suffers from double burden of (communicable and non-communicable) diseases among the elderly population. Common diseases among the elderly include NCDs such as hypertension, diabetes, loss of vision, loss of hearing, dental problems, disability due to old age, mental illness, etc. as well as communicable disease such as respiratory infection. There has been rise in NCDs among the urban population while the healthcare services to monitor and treat diseases among the elderly in rural areas are grossly inadequate. Nepal ranked 70 out of 96 countries in the Global Age Watch Index\(^1\), a list that aimed to show overall situation of elderly population in a country (Helpage).

Nepal government, Ministry of Health and Population (MoHP) in 2014 came up with policy and program for the establishment of geriatric wards. Similarly, Nepal Ageing Survey is also nearing its completion. While such initiatives are well appreciated, they are grossly inadequate to address the broad spectrum of health issues that the older population faces. Implementation of the existing plans and programmes are less effective than desired. At present a few hospitals offer free services or offer subsidized rate for the elderly. However, a life-course approach for healthy aging requires access to appropriate and affordable information and healthcare services that include preventive, promotive, curative, and rehabilitative and Long Term Care (LTC) as well as policies to promote healthy lifestyle for primordial prevention.
Major gaps and challenges

Policy level gaps and challenges

The existing national policies and programmes for geriatric care need further strengthening. There is no provision of geriatric healthcare specialists and inadequate geriatric care training for health care providers (mid-level providers) at all levels of health facilities/training programs. Research and data on any health issues of elderly Nepali population is very limited. A multi-sectoral approach to promote healthy life course is missing.

Implementation level

The current provision on financial reimbursement for health services for the elderly is too complicated. Adults and elderly living in urban areas do not have appropriate physical environments to adequately engage in lifestyle activities that promote healthy aging. There has been a poor endorsement of official guidelines on elderly care homes and inadequate monitoring from the government.

1 Elderly citizens defined as those 60 years old and older
Objectives
To provide a defined level of promotive, preventive, curative, rehabilitative and Long Term Care services to elderly citizens at all levels with health financing schemes.

Recommended Response

Strategies:

- Conduct a preliminary situation analysis and utilizes disintegrated data from latest censuses, Nepal Ageing Survey and include standard data collection on elderly care in NDHS and DoHS Annual Report.
- Human Resource development in geriatric health care.
- Ensure necessary infrastructure, logistics and service delivery is present in all levels of health facilities for geriatric care.
- Explore and formulate appropriate health financing/health insurance schemes for LTC.
- Co-ordinate with other line Ministries and stakeholders for policy, planning and program on elderly citizens in Public-Private Partnership model.

Interventions

Strategy 1: Conduct a preliminary situation analysis and utilizes disintegrated data from latest censuses and Nepal Ageing Survey, include standard data collection on elderly care in NDHS and DoHS Annual Report.
- Include indicators related to geriatric healthcare service in HMIS

- Incorporate Geriatric healthcare in the pre-service training curricula and in-service training of all level of health workers including training and promotion of self-care, home-based care and community-based care for elderly citizens.
- Develop adequate human resource for all levels of geriatric healthcare service provision and policy-making.
Strategy 3: Ensure necessary infrastructure, logistics and service delivery is present in all levels of health facilities for geriatric care. Introduce counseling and referral mechanisms of geriatric healthcare at existing Outreach Services and other health facilities. Essential logistics for elderly healthcare, service priority and elderly-care friendly infrastructure at all levels of health facilities. (see annex-2 for details)

Strategy 4: Explore and formulate appropriate health financing/health insurance schemes for LTC. Ensure adequate health financing mechanisms for elderly and long term care. Identify and partner with other stakeholders for insurance schemes.

Strategy 5: Co-ordinate with other line Ministries and stakeholders for policy, planning and program on elderly citizens in Public-Private Partnership model. Partner with the private sector to establish Geriatric care homes and hospitals at the central, regional, district and sub-district levels. Incorporate health issues in the elderly in other health programs (e.g. nutrition, reproductive health, urban planning to promote healthy physical activity and infrastructures in the lifestyle of urban population and prevention of NCDs) Define and standardize service provision and quality assurance of public and private elderly homes. Ensure participation/representation of elderly citizens in community activities as well as health facility management committee. Advocacy for Geriatric healthcare in all levels of health policy and program and celebration of “Elderly Health Day” for promotion and awareness of elderly care.

Inter-linkage with other areas

HRH, Health financing, NCDs, drugs and logistics, RH, gender and age based violence, nutrition, education, communication, women and social welfare, local development, urban planning, child health.
## Annex-1: Indicators

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicators/targets for 2020</th>
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<tr>
<td>To provide a defined level of promotive, preventive, curative and rehabilitative and Long Term Care services to elderly citizens at the community, district and regional/central levels with health financing schemes</td>
<td>50% of HP will offer free promotive geriatric care services. 80% of PHCC will offer free promotive geriatric care services. 100% of HP and PHCC will provide free clinical services including blood sugar test for the elderly. 100% of district hospitals will reserve at least 2 beds for the elderly (in a 25 bed hospital). 100% of district hospitals will provide free OPD services for the elderly and routine services: routine blood test, blood sugar test, Urine test, Chest X-ray, ECG. 100% of zonal, regional and central hospitals will reserve 10 beds for elderly patients. 100% of zonal, regional and central hospitals will treat selected services free of the cost: Sugar test, Urine test, Chest X-ray, ECG, routine blood test. Each province/region will have at least 1 geriatric care home. Number of elderly citizens benefitting from free or subsidized healthcare services from the government health facilities by 2020.</td>
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## Annex 2: provision of services and appliances/equipment at different HF levels

<table>
<thead>
<tr>
<th>Health facility level</th>
<th>Services</th>
<th>Appliances</th>
</tr>
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</table>
| Health Post           | Eye care – vision  
Oral health promotion  
Blood sugar            | Walking stick  
Wheel-chair  
Glucometer             |
| PHCC                  | Eye care – vision  
Oral health promotion  
Blood sugar  
Blood pressure check  
Routine blood test    | Wheel-chair  
Walker  
Walking stick  
Glucometer  
Nebulizer  
sphygmanomanometer    |
| District              | Eye care – vision  
Oral health promotion  
Blood sugar  
Routine blood test  
ECG  
Chest x-ray           | Wheelchair  
Walker  
Walking stick  
Stretcher  
sphygmanomanometer  
Pulse Oximeter  
ECG machine  
Glucometer  
Ultrasound  
Nebulizer            |
| Zonal, Regional, Central | Eye care – vision  
Oral health promotion  
Blood sugar  
Routine blood test  
ECG  
Chest x-ray  
Eye, ENT, dental services  
mental illness drugs  
Ultra Sound          | In addition to those above:  
Adjustable walker  
Invasive ventilator  
Aero beds  
Emergency trolleys  
Portable xray units  
Portable ultrasound  
Multi-channel monitor  
Non-invasive ventilator  
Shortwave diathermy  
Cervical traction  
Pelvic traction |
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