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ORGANIZATION OF MEDICAL CARE FOR THE OLDER PERSONS. A REVIEW OF INTERNATIONAL EXPERIENCE.

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Summary

Introduction. The global trend of population ageing is a significant issue, equally relevant to all countries. The World Health Organization predicts that the number of people aged 80 years and over will triple between 2020 and 2050, reaching 426 million. The increase in the elderly population poses serious challenges to national health systems, as it leads to higher health care costs and reduced access to medical care for other age groups. The increasing number of chronic diseases and the expected aging of the population requires clear planning and responsible actions. To this end, we conducted a literature review to examine what countries around the world are doing to address the challenges of caring for older people while adapting to the needs of their aging populations.

Aim: study of international experience in organizing medical care for the older persons in different countries of the world.

Search strategy. The material of the publication was prepared on the basis of searches in databases: Scopus, PubMed, Web of Science, Google Scholar, BMC, digital scientific library CyberLeninka, data from official administrative internet resources. A total of 421 sources were found, from which 74 sources were selected, relevant both to the studied issue and satisfying the search depth of 10 years, published in Russian and English languages. *Inclusion criteria:* full-text open access publications appropriate to the research topic and depth of search. *Exclusion criteria:* publications that do not match the search criteria, short communications, advertising and newspaper articles, conference abstracts.

Results. Analysis of international experience has shown that the organization of care for people aged 60 years and older varies depending on the cultural, social and economic conditions of each country and reflects the specific characteristics of different countries. Consequently, the model of primary health care organization for older patients should include not only medical, but also other aspects, primarily social, and be based on interagency cooperation.

Conclusion. Health systems around the world are facing new challenges in the context of inevitable demographic ageing. Recognizing the importance of the advancement of geriatric medicine, there is a need to focus on the development of programs and policies specifically adapted for older persons in the context of a globally ageing population.

Keywords: *geriatric medicine, integrated care, older people, community health services, geriatric assessment.*

Резюме

ОРГАНИЗАЦИЯ МЕДИЦИНСКОЙ ПОМОЩИ ПОЖИЛЫМ ЛЮДЯМ. ОБЗОР МЕЖДУНАРОДНОГО ОПЫТА.

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Введение. Глобальная тенденция старения населения является значимой проблемой, в равной степени актуальной для всех стран. Согласно прогнозу Всемирной организации здравоохранения количество людей в возрасте 80 лет и старше утроится в период с 2020 по 2050 год, достигнув 426 миллионов. Увеличение численности пожилого населения создает серьезные вызовы для национальных систем здравоохранения, так как это приводит к росту расходов на здравоохранение и уменьшению доступности медицинской помощи для других возрастных групп.

Рост количества хронических заболеваний и ожидаемого старения населения требует четкого планирования и принятия ответственных мер. С этой целью мы провели литературный обзор для того, чтобы изучить какие меры предпринимают страны мира для решения проблем по уходу за пожилыми людьми, адаптируясь к потребностям своего стареющего населения.

Цель исследования: изучение международного опыта организации медицинской помощи пожилым людям в различных странах мира.

Стратегия поиска. Материал публикации подготовлен на основе поисковых работ в базах данных: Scopus, PubMed, Web of Science, Google Scholar, BMC, электронная научная библиотека CyberLeninka, данные официальных административных интернет-ресурсов. Всего было найдено 421 источник, из которых отобраны 74 источника, релевантные, как по изучаемой проблеме, так и удовлетворяющие глубине поиска 10 лет, опубликованные на русском и английском языках. *Критерии включения:* полнотекстовые публикации в открытом доступе, соответствующие теме исследования и глубине поиска. *Критерии исключения:* публикации, не соответствующие критериям поиска, краткие сообщения, рекламные и газетные статьи, тезисы конференций.

Результаты. Анализ международного опыта показал, что организация помощи людям в возрасте 60 лет и старше имеет различия в зависимости от культурных, социальных и экономических условий каждой страны и отражает конкретные особенности различных стран. Следовательно, модель организации первичной медико-санитарной помощи пациентам пожилого возраста должна включать не только медицинские, но и другие аспекты, прежде всего социальные, и строиться на основе межведомственного взаимодействия.

Заключение. Системы здравоохранения по всему миру сталкиваются с новыми вызовами в условиях неизбежного демографического старения. Признавая важность развития гериатрической медицины необходимо сосредоточиться на разработке программ и политики, специально адаптированных для пожилых людей в условиях глобального старения населения.

Ключевые слова: гериатрическая медицина, интегрированный уход, пожилые люди, общественные медицинские службы, гериатрическая оценка.

Түйіндеме

ҚАРТ АДАМДАРҒА МЕДИЦИНАЛЫҚ КӨМЕК КӨРСЕТУДІ ҰЙЫМДАСТЫРУ. ХАЛЫҚАРАЛЫҚ ТӘЖІРИБЕГЕ ШОЛУ.

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Кіріспе. Халықтың қартаюының жаһандық үрдісі барлық елдер үшін бірдей өзекті мәселе болып табылады. Дүниежүзілік денсаулық сақтау ұйымының болжамына сәйкес, 80 жастан асқан адамдар саны 2020-2050 жылдар аралығында үш есеге артып, 426 миллионға жетеді. Егде жастағы халық санының өсуі ұлттық денсаулық сақтау жүйелеріне үлкен қиындықтар туғызады, өйткені бұл денсаулық сақтау шығындарының өсуіне және басқа жас топтары үшін медициналық көмектің қолжетімділігінің төмендеуіне әкеледі. Созылмалы аурулардың көбеюі және халықтың күтілетін қартаюы нақты жоспарлауды және жауапты шараларды қажет етеді. Осы мақсатта біз қартайған халықтың қажеттіліктеріне бейімделе отырып, қарт адамдарға күтім жасау мәселелерін шешу үшін әлем елдері қандай шаралар қабылдап жатқанын зерттеу үшін әдеби шолу жасадық.

Зерттеудің мақсаты: әлемнің әртүрлі елдеріндегі қарт адамдарға медициналық көмек көрсетуді ұйымдастырудың халықаралық тәжірибесін зерттеу.

Іздеу стратегиясы. Жарияланым материалы мәліметтер базасындағы іздеу жұмыстары негізінде дайындалған: Scopus, PubMed, Web of Science, Google Scholar, BMC, Cyberleninka электрондық ғылыми кітапханасы, ресми әкімшілік интернет-ресурстардың деректері. Барлығы 421 дереккөз табылды, олардың ішінен зерттелетін мәселе бойынша да, орыс және ағылшын тілдерінде жарияланған 10 жылды іздеу тереңдігіне сәйкес келетін 74 дереккөз таңдалды. *Іріктеу критерийлері:* зерттеу тақырыбына және іздеу тереңдігіне сәйкес келетін толық мәтінді жарияланымдар. *Ерекшелік критерийлері:* іздеу критерийлеріне сәйкес келмейтін жарияланымдар, қысқаша хабарламалар, жарнамалық және газет мақалалары, конференция тезистері.

Нәтижелері. Халықаралық тәжірибені талдау 60 жастан асқан адамдарға көмек көрсетуді ұйымдастырудың әр елдің мәдени, әлеуметтік және экономикалық жағдайларына байланысты айырмашылықтары бар екенін және әртүрлі елдердің нақты ерекшеліктерін көрсететінін анықтады. Демек, егде жастағы пациенттерге алғашқы

медициналық көмек көрсетуді ұйымдастыру моделі медициналық ғана емес, сонымен қатар басқа аспектілерді, ең алдымен әлеуметтік аспектілерді қамтуы керек және ведомстволарлық өзара әрекеттесу негізінде құрылуы керек.

Қорытынды. Дүние жүзіндегі денсаулық сақтау жүйелері сөзсіз демографиялық қартаю жағдайында жаңа қиындықтарға тап болады. Гериатриялық медицинаны дамытудың маңыздылығын мойындай отырып, халықтың жаһандық қартаюы жағдайында егде жастағы адамдарға арнайы бейімделген бағдарламалар мен саясатты әзірлеуге назар аудару қажет.

Түйінді сөздер: гериатриялық медицина, интеграцияланған күтім, қарт адамдар, қоғамдық денсаулық сақтау қызметтері, гериатриялық бағалау.

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Introduction

Among the problems caused by demographic processes is the rapid ageing of humanity. This is particularly pronounced in developed countries [6]. Population ageing is one of the features of current demographic trends. It contains not only a forecast for the future, but also a basis for setting goals for the health care system. The older generation has its own peculiarities and requires special measures to maintain health and participate in the social life of the country. The growing number of chronic diseases and the expected aging of the population require clear planning and responsible measures [54].

Currently, the basis of medical care for elderly patients is outpatient care provided by general practitioners. Consequently, the improvement of health care for the elderly population should focus on the development of primary care and take into account the age-specific characteristics and individual needs of patients. Health systems around the world are struggling to provide high-quality medical care at a time when population ageing is becoming an increasingly acute issue [24].

According to the Human Development Report, starting from 2018, Kazakhstan belongs to the countries with a very high value of the Human Development Index (0.825), ranking 51st among 189 countries in 2019. Active Longevity Centers have been established in the Republic of Kazakhstan in accordance with the Action Plan for improving the situation of senior citizens «Active Longevity» until 2025. Active research activities are under way to improve medical and preventive care for the elderly population. [50].

The global trend of population ageing is a significant issue, equally relevant to all countries [11]. To this end, we conducted a literature review to examine what countries around the world are doing to address the challenges of caring for older people while adapting to the needs of their aging populations.

Purpose of the research: study of international experience in organizing medical care for the older persons in different countries of the world.

Materials and methods of research:

The material of the publication was prepared on the basis of searches in databases: Scopus, PubMed, Web of Science, Google Scholar, BMC, digital scientific library CyberLeninka, data from official administrative internet resources. A total of 421 sources were found, from which 74 sources were selected, relevant both to the studied issue and satisfying the search depth of 10 years, published in russian and english languages.

The key points of search query generation for literature searches were represented by the following elements: geriatric medicine, integrated care, older people, community health services, geriatric assessment.

Research method: informational and analytical.

Inclusion criteria: full-text open access publications appropriate to the research topic and depth of search.

Exclusion criteria: publications that do not match the search criteria, short communications, advertising and newspaper articles, conference abstracts, reports.

Results and discussion.

The increasing size of the older population poses serious challenges to national health systems, as it increases health-care costs and reduces access to care for other age groups, undermining their sustainability [39].

Data from the World Health Organization predicts that by 2030, one in six people on the planet will be aged 60 or older: the proportion of people aged 60 or older has increased from 1 billion in 2020 to 1.4 billion. By 2050, the number of people aged 60 and over worldwide will double to 2.1 billion. The World Health Organization's prediction indicates that the number of people aged 80 and older will triple between 2020 and 2050, reaching 426 million [18].

According to the United Nations, the world population could reach 8.5 billion by 2030, 9.7 billion by 2050 and 10.4 billion by 2100. In the next decades, many countries will face the major challenge of providing decent levels of health care, pensions and social protection for their older citizens [67].

The age limits of old age are not strictly defined and may vary from country to country. The United Nations (UN) considers the age of 60 to be the beginning of old age [66].

The World Health Organization (WHO) also defines the starting point of old age at 60 years of age, noting that in developing countries, older age is associated not so much with a specific age but with the loss of previous roles, the acquisition of new ones and a decline in the ability to participate actively in social life [70, 26]. WHO divides older people into three groups: from 60 to 74 years old - old age, from 75 to 90 years old - senile age, and long-livers over 90 years old [28].

Policies for healthy ageing.

The issue of aging is actively discussed among WHO member states. The strategies and action plans adopted by WHO for the coming years, including the European policy «Health 2020», are based on a number of relevant resolutions and the outcomes of previous work carried out at the global and European regional levels [48, 57, 74, 17]. The WHO concept of «Healthy Aging» has sparked a global discussion on the need to shift paradigms in order to reorient medical and social services toward person-centered and coordinated care models [19,36].

The basic report «Decade of Healthy Aging» emphasizes the need for the implementation of a highly effective, evidence-based transformative process that will be jointly applied by all key stakeholders in care systems to optimize the functional abilities of older adults. Government actions to ensure the well-being of older individuals must be based on continuous person-centered care. Efforts are required at the micro, meso, and systemic levels to improve the coordination and integration of services, as well as to support healthy aging [71].

The integrated care for the older people (ICOPE) recommendations and strategies do follow in this direction, focusing on the issue of integrating the clinical level with the service/system level [36, 32, 69, 73].

WHO's integrated care for the older people program suggests that systems of care should shift from traditional models where services are delivered in isolation (fragmented) to models where a person's needs are met through an approach that ensures the seamless delivery of these services with the involvement of multidisciplinary health professionals. All health care workers and professionals involved in the care of older people should receive appropriate training to enhance their knowledge and skills to provide care in a multidisciplinary approach.

It is also mentioned that it is important to recognize the influential role that informal individuals (family members, friends, volunteers) play in providing long-term care [64,72].

International and domestic experience in the organization of geriatric care.

Almost all countries are experiencing an increase in the proportion of the older population relative to the total population. For this reason, many countries are taking action to develop a set of measures, programs, plans to improve the quality of life and improve care for the older and senile population [11].

The legislation of Belarus defines state control over the provision of services to elderly people. Healthcare institutions, ranging from nursing departments to specialized hospitals, provide medical assistance to the elderly and older adults. Assisting elderly individuals is a priority for all healthcare organizations and goes beyond purely medical care: non-governmental organizations,

volunteer groups, and public associations are actively involved in this effort, focusing on social aspects. In each region, there is a chief geriatrician practicing at the local level. Geriatricians work alongside other medical specialists, taking into account the age-related characteristics of their patients. The role of nursing staff is crucial in residential care facilities. Territorial social service centers meet the needs of elderly individuals outside of hospitals and have information about their specific needs. Additionally, the country has an active home care system – the «Mercy Sisters Service of the Belarusian Red Cross Society» [10,13].

In the UK, geriatrics is a distinct medical specialty. About 12% of doctors specialize in geriatric care and some of them are triple accredited. Geriatric clinics in the UK take a holistic, patient-centered approach that provides a continuum of care not only in clinics but also in settings such as emergency departments, hospitals and hospices [52]. The gold standard for assessing geriatric patients is the Comprehensive geriatric assessment. The standard includes a multidimensional, interdisciplinary assessment of the patient by doctors of different specialties. The purpose of such an assessment is to implement a set of measures aimed at treatment, rehabilitation, maintenance of the standard of living, further care, identification of needs and assistance in accordance with these needs. It is noted that comprehensive geriatric assessment was previously applied only to patients undergoing inpatient treatment, but in the future it was practiced in outpatient settings as well [22, 49, 21, 65, 14, 37].

In response to the challenges and difficulties associated with an aging population, Singapore has developed the «Health 2020» plan to improve the accessibility and quality of healthcare and to promote the vertical integration of services [33]. One of its key strategies was the reorganization of the state health care system into a regional health care system that includes a general emergency care hospital that works closely with community hospitals, nursing homes, hospices, home care and day rehabilitation providers, as well as state health clinics and private general practitioners. This reorganization was aimed at providing integrated care and creating a patient-centered and health-oriented health care system.

Singapore has Geriatric Service Hubs, a new model of care for frail people. This model involves comprehensive population-based screening and interventions for frail and infirm older adults, supported by a multidisciplinary hospital team. *L.F. Tan, J.Teng et al.* in their study identified high rates of frailty, sarcopenia and fear of falling in older adults through comprehensive screening that were not currently known to geriatric care services [62,63].

Particular attention is given to the creation of communities and public wellness centers, such as Wellness Kampung, which host various health-promoting programs (daily workouts, cooking demonstrations, and recipe exchanges), social activities (video games, conversational English, and calligraphy), and health-related events (medical check-ups, literacy training, and intervention programs).

When drawing up programs of activities, special attention was paid not only to the medical but also to the social sphere. For example, a community project «Share-a-

Pot» was implemented to improve the nutrition of older people living in the community. It is based on the principles of good nutrition combined with physical activity to «strengthen bones, muscles, brains» and «bonding» (social engagement and mutual support). These activities promote active participation in the community and build a sense of belonging and trust. Dementia-friendly communities «Forget Us Not» have also been established in Singapore [30], to support older people with dementia and their caregivers. Initiatives such as Project Care and Geriatric Surgical Services aim to reduce unnecessary hospitalizations and improve care for older patients [44,61].

The Government of Catalonia (Spain) has developed a strategic integrated care plan for older patients suffering from frailty and neglected diseases, with the aim of improving health and clinical management. A group of experts from the Catalan Society of Gerontology and Geriatrics defined the Comprehensive Geriatric Assessment «hospital-at-home» as a specialized hospital-at-home service, staffed by interdisciplinary teams, to provide person-centered home care services. Key benefits are the provision of an integrated health and social care approach to support caregivers and home adaptations [47].

Ellen Flaherty and co-authors in their study describe a multidisciplinary approach of implementing The Geriatric Interprofessional Team Transformation for Primary Care (GITT-PC) model. Researchers at the American Geriatrics Society believe that due to the current situation of changing demographics, there is a need to ensure the delivery of quality geriatric care by implementing a model that meets the needs of all stakeholders: patients, caregivers, funders, and providers. The GITT-PC- model is designed to provide collaborative team-based care for older adults in primary care organizations that includes nurses, physicians, extended practice nurses, paramedics, and social service providers. Thus, GITT-PC is an innovative concept for modernizing primary health care to ensure the delivery of high quality care to an aging population [29, 59, 20, 34].

The RubiN (Regional ununterbrochen betreut im Netz - Continuous care in a regional network) project was developed to provide comprehensive regional outpatient care for older people in German primary care organizations. *Denise Wilfling et al.* studied the experiences and attitudes of geriatric patients towards the recently developed integrated care intervention for older people «RubiN». The results showed that close collaboration between the general practice and the «care manager» is positively perceived by geriatric patients. Older patients experience a sense of security due to the integrated approach and care provided, which is bound to have an impact on their mental health [68].

Access to geriatric care in China has improved over the years with the launch of a social health insurance system at the national level. Over the past decade, the Chinese government has made progress in developing its geriatric departments [27]. Emphasizing the importance of geriatric development in China, the National Health and Family Planning Commission established a national center for geriatrics. In the consequence of which, the commission required a geriatric clinical program in state tertiary level hospitals. In 2017, the Ministry of Science and Technology supported and provided funding to six geriatrics research centers [43]. At the primary health care level, the

government has also developed measures to strengthen the capacity of its primary health care sector and provide geriatric training to primary health care staff [45].

Tai-Li Chen et al. based on a systematic review to evaluate the effectiveness of an integrated health care system in Taiwan concluded that integrated health care for Taiwan's older population provides benefits for survival, self-care ability, and reduced health care costs, emphasizing the importance of moving from fragmentation of health care services to integration [60].

While conducting a literature review, we found that in a number of countries the organization of care for older people has not made great strides, but the health systems of these countries recognize the need to develop geriatric medicine, taking into account the needs of the aging population.

For example, a state geriatric service was established in Russia to address the challenges of developing and creating a network of geriatric hospitals [5]. Nevertheless, there are problems with the training of geriatricians; such specialists are available only in large medical institutions and are not included in the staff schedule of polyclinics [12]. About 90% of older and senile people receive medical care in outpatient polyclinics. This means that polyclinics play an important role in the implementation of preventive and rehabilitative programs for older patients.

However, nowadays, in Russian polyclinics there is no unified approach to the treatment of older patients, who require special attention, complex examinations and the participation of specially trained physicians. The organization of medical care for the older people at the primary care level is ineffective and does not lead to the desired results [1, 9]. The authors recognize the need to find new approaches to improve primary health care for this age group. Collaboration between health and social care institutions providing care for older people should be strengthened, and primary health care should become more accessible and effective [3, 4, 8, 16].

Sunghwan Ji et al. provided information on the current status of geriatric medicine in Korea and an analysis of the work done over a 5-year period, suggesting measures for future development [58]. An analysis of the past five years starting in 2018 in Korea [38] showed that the system support for geriatric medicine in Korea has not kept pace with the rapidly growing wave of aging population. The health care system has still not shown a significant shift and development toward geriatric medicine. The World Health Organization's recommendations for comprehensive integrated care for the elderly emphasize the importance of patient-centered primary care [23]. Despite this, Korea has not developed a robust primary care system that addresses important issues regarding the health of the older adults, thereby having serious consequences such as earlier detection of serious diseases, increased health care costs and resources. Due to the increasing aging population, multimorbidity and polypragmasy are inevitable. Home visits to the older population as part of primary health care and follow-up care are also lacking [46].

These problems are not addressed by politicians at the republican level. Nevertheless, local authorities are trying to take action to develop geriatric medicine locally. For example, there is a project on management of

polypragmasy, which involves controlling the use of several medicines among the older people, and there is also a pilot project on paid home visits at the Primary Health Care level. Despite these individual initiatives and measures taken by local authorities, there remains a large gap at the primary care level in general and in meeting the health needs of older people.

Sunghwan Ji, Hee-Won Jung and others analyze the current situation and propose to implement a comprehensive training system for geriatric physicians and a series of reforms in the health care sector, thus urging the government to recognize the importance of geriatric medicine development in the current realities [58].

Australia's health care system has seen both policy-induced failures and successes in the development of geriatric medicine. The Royal Commission into the Quality and Safety of Aged Care in Australia identified deterioration in the quality of care for older people in residential care due to deregulation, multiple funders and providers, and the lack of a single structure that is coordinated and accountable at the national level. There are also significant challenges in supporting the health of older Aboriginal people who have unequal access to health care. Aboriginal people experience early onset of dementia and age-related diseases.

In addition to the challenges mentioned above, there are significant developments in geriatric medicine. Falls treatment and prevention clinics are popular in Australian hospitals. General practitioners are providing necessary care to the older people in Australia. Geriatric physicians play an important role in the expansion of medical services targeting problems such as dementia, polypragmasy and orthogeriatrics. The number of academic geriatricians and other health professionals in the care of older people is increasing every year. Australia has a Transitional aged care program which aims to provide short-term assistance to patients to return to their home environment after a hospital stay. This short-term rehabilitation is provided by a multidisciplinary team at home or in a residential setting until the patient returns home. The provision of Transitional aged care program services helps older patients to reduce the length of stay in the hospitals. Recently, there has been a focus on creating more coordinated care for older people in residential and community settings [42,25].

In Poland, the need to strengthen geriatric care has been recognized since 2000 and has been discussed at numerous seminars and conferences [51]. However, despite all efforts and measures taken, there is still a large gap in the development of geriatric care compared to other countries. Geriatrics has been excluded from the maps of health care needs in Poland. There is a lack of funding for comprehensive geriatric assessment, which is a key element of geriatric care. There is a shortage of human resources, only half of Polish doctors specializing in geriatrics work as geriatricians. In most cases, geriatrics is the second specialty of family physicians [41]. One of the most serious problems in caring for older patients encountered by primary care physicians is poor coordination of health and social care services, information exchange between different elements of the health care system [31].

A group of Polish experts, supported by the President of Poland and the Ministry of Health, has put forward a new

proposal to improve geriatric care and care for older people - the creation of a network of Health Centers 75+, providing outpatient services for older people as the first line of geriatric care [40].

The role of these centers is to cooperate with family physicians and social assistance institutions at the regional level. An interdisciplinary team is envisaged, not only diagnostic and treatment services are planned, but also social assistance and rehabilitation services, as well as the organization of the day care homes and home care. The model also envisages that the 75+ Health Centers will conduct training courses on basic old people's care and medical procedures for family members and other caregivers, with the involvement of experienced teachers from medical universities and practitioners. The new model also requires that every person aged 75+ should undergo a basic geriatric check-up at the Primary Health Care level to identify any existing health problems at an early stage.

The current mismatch between the capacity of the health care system to meet the needs of older Mexicans and the actual needs can be attributed to Mexico's limited financial and human resources, as well as the lack of infrastructure to care for the older population. According to a study conducted by Allison Squires and her team, health care providers working in public hospitals in Mexico do not have the necessary experience and practical skills in gerontology to care for older patients admitted to the hospital. Consequently, the researchers concluded that it is critical to increase the geriatric capacity of health care professionals to improve the level of care offered to Mexico's aging population [56].

Mexico is currently in the early stages of transforming its health care system from one focused primarily on the treatment of infectious diseases to one that prioritizes the long-term management of chronic diseases. The field of gerontology is still at an early stage of development [53].

Japan is facing unprecedented growth in its older population, ranking first in the global ranking of aging societies in terms of the proportion of the population over 65 years of age. To address this problem, the Japanese government plans to establish an «integrated public health system» aimed at providing comprehensive medical care, nursing care, preventive care, and support for the older population by 2025 [55]. *Iijima K.* in their report provided a vision for the future of the aging Japanese society and put forward suggestions for reforming and addressing the problems associated with an aging population. The authors report the need to motivate the younger generation of health care providers to specialize in geriatrics and continue training in comprehensive geriatric care. The approach to nutrition of the older population needs to be reconsidered. Particular attention should be paid to the phenomenon of polypragmasy in the pharmacotherapy of the older population, thereby developing cooperation between physicians and pharmacists. It is also crucial to develop health and long-term care insurance schemes [35].

Population ageing is a global process that does not bypass the Republic of Kazakhstan. To ensure decent aging, it is necessary to implement strategies aimed at active longevity and long-term care policies.

Kazakhstan's public policy on population ageing is based on sectoral approaches covering health care, social

security and social services. Relevant documents approved by the Government of Kazakhstan are being implemented in all of these sectors, with the issues of population ageing and the situation of older people being integral components of them. Thus, in accordance with the Action Plan to improve the situation of older citizens «Active Longevity» until 2025, the following measures are envisaged to improve the health care system: opening geriatric offices in polyclinics; improving the continuous training of medical workers in gerontology and geriatrics; organizing activities to maintain a healthy lifestyle and create a sustainable motivation for active longevity; engaging older citizens in physical culture; and improving the health care system.

In general, medical services for older people are available, but their quality is not high enough. There is a lack of necessary professionalism and specialization in solving specific problems of the older people. Insufficient practice of family physicians, lack of human resources, lack of geriatric offices, limited budget, lack of medicines within the guaranteed scope of free care represent actual problems in the provision of medical care for older people and need to be improved.

It is necessary to improve specialized care at the level of primary health care, starting with the development of the geriatric office. The multidisciplinary team should include a general practitioner, geriatrician, social worker, psychologist and nurse. Given the specifics of the older patient's age-related condition, specialized care is required, which is coordinated by the geriatrician in conjunction with subspecialists. The priority is to take into account the individual needs of each older patient [2].

Development of gerontological schools abroad

Successful ageing is ensured by maintaining the functionality of older people. In a number of countries there are «Health Schools» for older people, which are one of the effective forms of work with older citizens.

For example, schools for the older population in the UK are part of prevention programs to support the older population and provide advice on health promotion. In addition, there are recreational programs such as dance clubs, beauty salons, and travel clubs. The main focus of the clubs is to ensure that participants maintain their independence and maximize their adaptation to the environment.

France has a system of social support at home, which includes the services of «home helpers» who provide social and domestic comfort for older citizens, as well as nurses who provide medical care and educate each patient individually.

As the problem of an ageing population is becoming particularly acute in Japan, social insurance funds and the families of older citizens are being mobilized to ensure medical and social well-being. The focus is on early prevention of psycho-emotional and cognitive disorders. Publicly accessible sports grounds are being established in every part of the city, as well as support clubs where young people provide care and social support to the older generation.

The following health schools for the most significant pathologies are functioning in Russia: «School for Diabetes Mellitus», «School for Arterial Hypertension», School «Stop Stroke». Their activities are aimed at informing about the

mechanisms of diseases, carrying out preventive measures and cultural and educational work.

The creation of «Health Schools» for patients not only promotes health promotion and disease prevention, but is also a means of socialization and support for older people [15,7].

Conclusion

The current trend of increasing proportion of older persons leads to an increasing interest in the issue of organizing care aimed at improving the quality of life of the category of older and senior citizens. Thus, the organization of care for people aged 60 years and over varies according to the cultural, social and economic context of each country and reflects the specific characteristics of different countries. Improving care for older persons requires assessing not only their health but also their social well-being.

All countries recognize the inevitability of demographic ageing and the importance of reprioritizing and developing mechanisms to implement policies that promote geriatric medicine. Health systems around the world face new challenges and must focus on developing programs and policies specifically tailored for older persons in the context of a globally aging population.

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