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Programme Advisory Group
on Health of the Elderly

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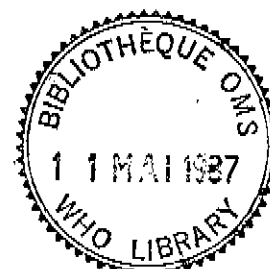
ORIGINAL ENGLISH

Age d

REPORT*

OF

PROGRAMME ADVISORY GROUP



The Medium Term Programme for 1984-1989 commits the Health of the Elderly Programme to a review every two years and to evaluation by an independent external review group. The previous review of 9-10 January 1984 (IRP/HEE 100-01) was a terminal evaluation, that is to say one conducted at the end of a six year work cycle. The present review is part of a process of continuing evaluation and is conducted after the completion of two years of the current six year work cycle.

INDEX

1. Scope and purpose of the Meeting
2. Introductory session
3. Review of the progress of the Programme
4. Comments on future programme and proposals for 1988-1899
5. General comment and recommendation

- Annex I List of Participants
Annex 2 What the Programme Advisory Group is asked to evaluate
Annex 3 Proposed additional elements of national profiles on health of the elderly
Annex 4 Preliminary calendar of NGO meetings in health of the elderly 1986-1989

Review documents (not attached):

Framework for Evaluation Review (IRP/HEE 100-02/7)
WHO Planned Activities, 1986-87 and Proposals for 1988-89 (IRP/HEE 100-02/8)

* Submitted to Dr Jo E. Asvall, Regional Director for Europe, who acts for the WHO Director-General, Dr H.T. Mahler with respect to the Organization's Global Programme on Health of the Elderly

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1. Scope and purpose of the meeting

The function of the Programme Advisory Group is to ensure that the WHO Programme on Health of the Elderly is responding to the needs of the world's elders; to plan conjoint implementation of activities with WHO at country, regional and global level; and to support the planning, management, evaluation and development of the Programme.

A list of participants is attached as Annex I.

2. Introductory session

The Group reviewed the recent activities of their own organizations relevant to the WHO Programme on Health of the Elderly.

The President of the International Association of Gerontology, Dr E. Busse, had recently visited Colombia and Peru as part of the preparations being made, together with Dr Gonzalez Aragon of the Mexican Society of Gerontology and Mr Steve Brummel of the Elvirita Lewis Foundation, for the 1989 International Congress of Gerontology to be held in Mexico - the first ever international congress to be held in a developing country.

The President of the International Centre for Social Gerontology, Mr J. Flesch, described the activities of the Centre in the followup of the First African Congress of Gerontology held in Dakar in December 1984. To fill in gaps in information, social surveys of the condition of the elderly were being conducted - the first in Mali. Education and training courses will be conducted in Morocco in 1986. In Latin America, a conference will take place in Bogota on 9-14 June 1986, at the invitation of the Colombian government. In Buenos Aires, training programmes had been conducted for 170 persons. Similar courses will take place in Ecuador in April 1986 and in Peru. In Asia, an agreement has been made to conduct a congress in China in 1988.

Dr Gonzalez Aragon, President of the Mexican Society of Gerontology and author of a manual on self-health care for elderly people outlined a medico-social investigation of the elderly in Mexico carried out in 1982. He commented on the particular problems affecting the elderly in Latin America as a result of economic crisis. Poverty is widespread and the extended family, the traditional milieu providing care for the aged, is experiencing increasing economic and social stress.

The Director of Help Age International, Mr John Mayo, described the extent of grant aid. This extends to 70 countries and, as a result, a federation of indigenous organizations has been established. Organizations exist in Belize, Colombia, Dominica, Hong Kong, India, Kenya and Sri Lanka. Local committees also exist in Bolivia. The organization has been particularly active in support of elderly refugees in Africa, where ophthalmic programmes have been highly effective. The low cost technology periodical, Ageways, is distributed to 75 countries and mobile services to the elders are provided to rural areas of North West India.

The President of the International Federation of Ageing (IFA), Mr David Hobman described a skills exchange programme between the 50 IFA member countries. Exchanges have been undertaken with Kenya, Nigeria, India and Bangladesh. The Federation was also following a policy of coordinated effort

with other nongovernmental organizations, and similar skills exchange programmes are being conducted in Colombia, Belize and Brazil, together with Help Age International. Manuals have been produced on low cost Day Care centres, in English, French and Spanish. Further manuals are being produced on older people and children, on mental health in old age and on physical health in old age. The promotion of self health care is a primary concern to the Federation.

Dr Doris Krebs, Nurse Adviser of the International Council of Nurses commented that, in some countries, training programmes preparing health care personnel for work in primary health care had not been associated with the creation of appropriate posts in primary health care systems. Another problem was that, in some countries, undue reliance on volunteer community health workers had led to the neglect of developing prepared health personnel, with unfavourable consequences for the quality of primary health care. The International Council of Nurses was trying to draw the attention of professional nursing associations in 97 countries to the role of nursing in health care of the elderly and had produced a monograph jointly with WHO.

The Secretary-General of the International Federation of Retired Persons (FIAPA), Mr X. Dinh, described the activities of this organization of elderly persons associations in 22 countries. The Association also collaborates with other organizations, such as Médecin du Monde in a project in Mali. Annual colloquia are attended by elected representatives of the different national associations and regularly by WHO. The policy of the Association is to encourage active participation of elderly people in health education programmes and a current activity is to support international sports programmes and competition for the elderly under the responsibility of Age Libre.

3. Comments on the progress of the Programme (Document IRP/HEE 100-02/7)

Paragraph 8 of the WHO global medium-term programme on Health of the Elderly (MTP/HEE 83.1) states that the programme is to be monitored in terms of its achievements of the targets set out in Paragraph 6 of the same document and reproduced in Annex 2. This has, however, to be viewed in the context of WHO's approach to review and evaluation of its programmes as specified in document EB 73/PC/WP/4. The programme achievements have, therefore, to be evaluated in terms of their relevance, adequacy, progress, efficiency, effectiveness and impact. The Programme Advisory Group (PAG) reviewed the targets under three broad headings of Epidemiology, National Health Development and Technology Development.

Activities undertaken by WHO to facilitate and stimulate the compilation of national demographic and health profiles of the elderly include the publication of a Technical Report (Series No. 706) on the Uses of Epidemiology in the Study of the Elderly, which includes a valuable and significant Annex of practical guidelines for surveys of the elderly in countries where little or no information is available. A number of preparatory documents was reviewed by the WHO Scientific Group which prepared the Technical Report and some of the documents have been circulated or published (for example, WHO Offset Publication No 84 on Approaches to Multidimensional Assessment of the Wellbeing of the Elderly), as valuable sources for those concerned with teaching or research on demography and health surveys of the elderly.

The Report of the Advisory Group meeting on the compilation of national demographic and health profiles of the elderly (IRP/HEE 115-02) has presented a structural outline for a relevant data base. The standardized data base, formed by the collection of widely scattered information will, in the opinion of the Programme Advisory Group, provide an invaluable resource both for

comparative purposes and for teaching. It is however possible that some Regions or countries may have specific social or medical features related to the elderly that merit focussed supplementary data. The need for such data could be identified by an intra Regional prioritisation process. The World Health Organization has provided encouragement to focussed surveys of the elderly, in its support for the publication and evaluation of studies in a number of countries, for example in Asia and Oceania and in its contribution of support and counsel to such enterprises as the internationally orientated course on the epidemiology of aging at the London School of Hygiene and Tropical Medicine.

WHO has developed active working cooperation with a number of nongovernmental organizations (NGOs) concerned with the wellbeing of elderly people and has encouraged greater cooperation between the NGOs themselves. Among these activities are the meetings of the NGO/WHO collaborative group on aging (document IRP/HEE 116-02).

The effectiveness of the 46 National Advisory Committees created with encouragement from the WHO regions seems likely to prove variable in the long term and, in those countries where advisory bodies have not been created or where they are ineffective, some other means of providing WHO with input to the national planning process concerned with health of the elderly should be sought.

The aspect of the programme aimed at technology development is well established and impressive. Only minor delays have occurred in the publication process and in translation. The PAG discussed problems that might emerge in the future to constrain the effectiveness and impact of programmes of technology development and deployment. These include choice of the most relevant level of technology for a particular country's requirements and in the need for "hard" technology in the form of equipment to be associated with appropriate "soft" technology in the form, for example, of triage procedures to ensure effective and efficient deployment (see paragraph 4.3 below).

Overall the Programme Advisory Group considered that it had reviewed an active and relevant programme and was impressed by the progress made with modest global funding. It is too early in the programme to assess its ultimate effectiveness and impact upon countries but there can be no doubt that the increasing flow of resources in support of regional and country activities will be effective in catalyzing and coordinating rational approaches to improving the lives of the world's aged people.

4. Comments on 1986-87 programme and tentative proposals for 1988-89 (Document IRP/HEE 100-02/8)

4.1 Epidemiology

Future directions should include exploration of the applicability of epidemiological methods to health problems of aging - eye problems, falls, iatrogenic disease, obesity, mobility etc. One objective of these investigations should be to help countries derive their own specific order of priorities which would allow for the best return on the health resources invested.

A word of caution was expressed on performance indicators. It is tempting to identify indicators which describe resource provision rather than resource utilization, which is more difficult to measure. Indicators of health and health care performance may need to be derived for specific cultural settings.

Where there is little or no routine data available, survey research may provide information which challenges planners' assumptions. Appropriately conceived surveys therefore provide a valuable tool. Problems of cultural acceptability of surveys may be encountered as well as the general methodological difficulties of epidemiological studies of aging population. Dissemination of basic expertise through research training in epidemiology and its companion social sciences is an important need. Collaboration between NGOs and academic centres, for example the link between HelpAge International and the London School of Hygiene and Tropical Medicine, is a promising venture.

The Group discussed possible extensions to the data base developed by the WHO programme. The main purpose of the database is to provide a structured and uniform set of data for comparative purposes between countries. Inclusion of survey data in this same set would present problems of formatting and comparability. Nonetheless, the Group recognized the potential value of some reference repository of survey data. Annex 3 lists some of the variables that might usefully be included in such surveys.

4.2 National health development

As noted in the review of the Programme's progress, National Committees on Aging are proving of variable effectiveness. Some developing countries such as Thailand and Colombia have made more efforts to maintain their National Committees than have developed nations. New initiatives to provide WHO Programme input to national planning processes need exploration.

Country visits by the programme manager, and consultants, need to be organized to maximize the value of these to the host nations. Other senior WHO staff, with access to the different organs of national government, should carry the policy messages contained in the World Assembly on Aging resolutions and generate the "will" to make health provision for elderly citizens.

Successful projects which NGOs have established need to be replicated - especially low cost outreach programmes, such as in Bolivia.

The proposals for 1988-89 ignore the financial issues in non-governmental provision of health care to elderly citizens. Refugee health is another area which the programme should not neglect.

The feasibility of training traditional healers to care for problems of the elderly should be explored, in view of the success of this approach in family health. Indeed family health programmes in developing countries typically neither use elders nor provide for them.

4.3 Technology development

Technology is a complex concept which has two important dimensions. "Technology" may imply equipment or material devices ("hard" technology) and knowledge or organizational systems ("soft" technology). The second dimension is the degree of complexity, ranging from "low" (for example home safety) to "high" (for example CT scanners).

Old people should have access to the most advanced technology which their society deploys.

The future development of AGEWAYS, the low-technology practical guide issued by HELPAGE International should be discussed with users in Latin America, and WHO assistance offered if required. Future issues might be aimed at producing a compendium of tools that assist every day life in different cultural settings.

Particular needs are for "in home" technology that permit frail elderly people to remain independent, and, in developing countries, to maintain the working ability of elderly people, upon which their economic capacity for survival depends.

5. General comment and recommendation

5.1 Collaboration within WHO and UN agencies

Collaboration does not happen by chance. It requires a system which is committed to joint action between appropriate agencies and within them.

It is now accepted that the health of older people, in common with those of all ages, depends upon their economic and social circumstances, their environment and their sense of self-worth.

Effective health care therefore depends upon a multidisciplinary approach able to deploy a variety of skills and resources including those of manpower, finance, technology and, of the greatest importance, of old people themselves, their families and other people within their community.

The use of resources will differ according to their availability within Member States, but the principle of extending distribution to the elderly remain constant. Another critical factor in the effective use of resources is the balance between preventive medicine, health promotion, and care in both the short and long term. If a proper balance is to exist between these elements, it must be integral to the planning and implementation of programmes within the UN family, designed to support the policies of Member States.

Intersectoral collaboration depends upon recognition of the mandate and areas of expertise of different agencies, so that the benefit of available resources can be maximized and tasks carried out by those best equipped to do so. The Group recognises that a variety of effective mechanisms for collaboration already exist, but believes that a more dynamic approach is required to secure the implementation of the United Nations International Plan of Action on Aging. Leadership in intersectoral cooperation from international agencies is likely to stimulate the adoption of similar initiatives within Member States, where such mechanisms for cooperation often do not exist.

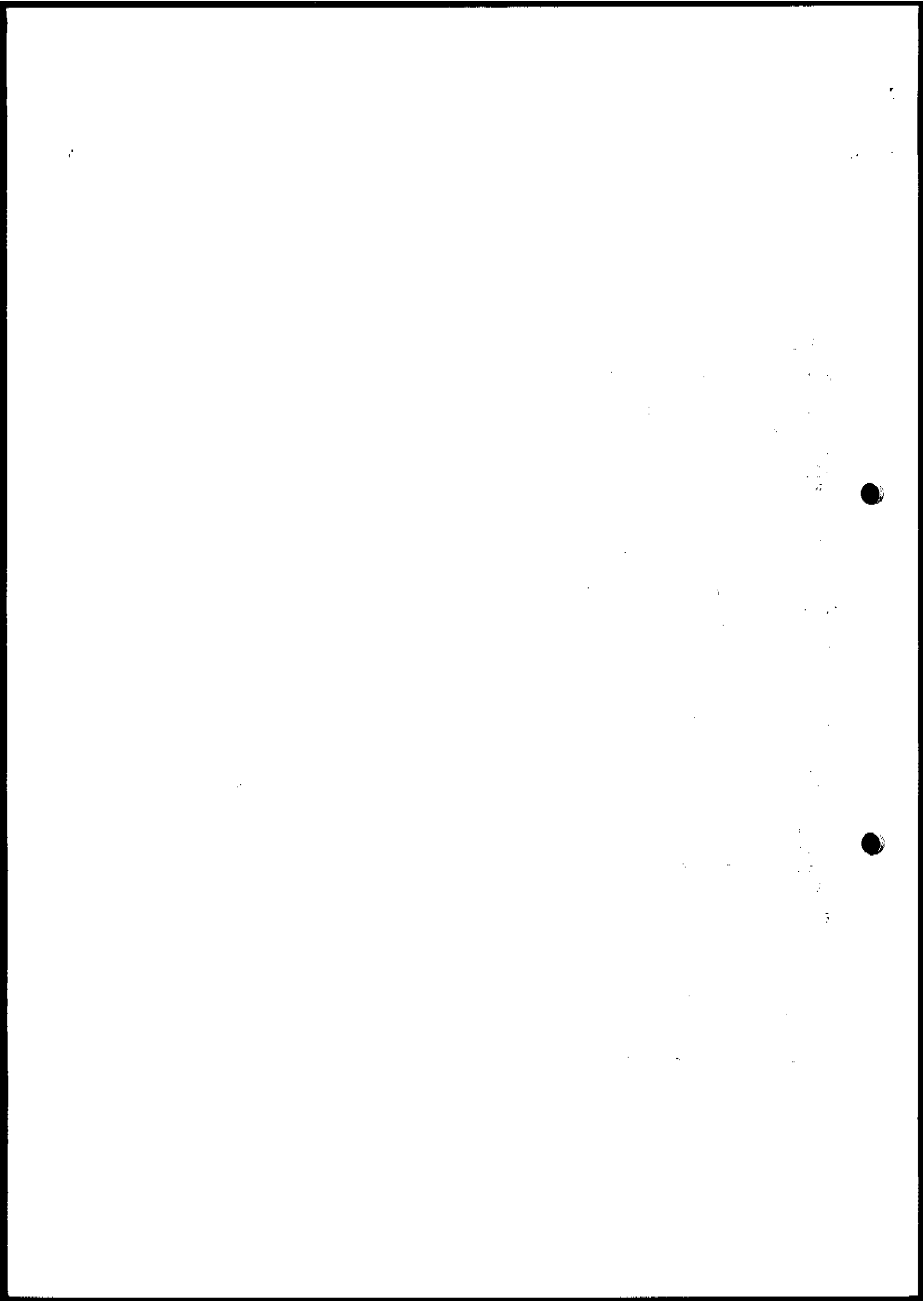
If the principle of collaboration is also to be achieved between International Nongovernmental Agencies, it is also important that they should be provided with a clear example of good practice within the UN family.

5.2 The location of the WHO Programme on Health of the Elderly

Historically, concern for the health problems of aging populations originated in those countries of North Western Europe that had been first to undergo industrialization and the so-called demographic transition. The location of the WHO programme on Health of the Elderly in the European Office was therefore a rational placement reflecting recognition of aging-associated problems and early initiatives in responding to them. It is now recognized

that the aging of populations is a worldwide phenomenon and that already elderly citizens of developing countries are experiencing hardship due to age-associated disease and disabilities and the difficulties in providing appropriate social, medical and economic care for them.

It is therefore now appropriate for the Health of the Elderly Programme to be dynamically linked to other WHO and UN programmes, often of a more generalist nature, and this linkage could be greatly facilitated if the Health of the Elderly Programme were based in Geneva. Moreover, the retention of the global programme in Copenhagen, the identified centre for the European Region with 33 Member States might imply, wrongly, an emphasis on aging within Europe rather than in the world as a whole where WHO's constituency comprises all Member States.



ANNEX I

LIST OF PARTICIPANTS

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I. WHAT THE PROGRAMME ADVISORY GROUP IS ASKED TO EVALUATE

In essence, the review group will compare what the Organization has actually done with what the Organization said it would do, before programme activities were initiated.

1.1 The evaluation is set against the objective and targets to which the Organization as a whole committed itself in 1983¹, namely:

"To support the continuous evolution and adaptation of technologies and approaches aimed at protecting the health of elderly people".

"by 1985, WHO will have established advisory bodies to identify priority health problems of the elderly and to promote relevant and humane policies and programmes for their health and social welfare";

"by 1987, those countries that have identified the care of the elderly as an important issue will have formulated such policies and programmes";

"between 1984 and 1989, technical guides, specifically relating to the elderly will be produced in collaboration with the other programmes concerned in the following areas: life-style, nutrition, accident prevention, prevention and treatment of mental disorders, essential drugs and vaccines, rehabilitation, cardiovascular diseases and blindness".

The quantified targets relating to the specific activities of the programme are:

"Compilation of national demographic and health profiles of the elderly in 50% of Member States by 1987 and in 75% of Member States by 1989";

"Support to policy analysis and planning for health of the elderly in 16 countries by 1987 and in another 12 countries by 1989";

"model programmes for healthy aging as an integral part of PHC in at least one country in each region by 1987 and extension to a maximum number of countries by 1989".

Preparation of 4 technical guides per biennium.

II. INFORMATION BASE FOR EVALUATION

The information base for the evaluation is a country-by-country description of 9 elements of a programme profile. Illustrative printouts from the information base are available, and members of the group are free to request information on specific countries. This programme profile is designed to serve as a benchmark for evaluating the impact of the programme over the whole period of the Seventh General Programme of Work.

Annex II - describes the current status of implementation of projects (produced by the routine monitoring system).

Annex III - WHO's contribution to Review by the Commission for Social Development of implementation of International Plan of Action on Aging (1984)

Annex IV - Contribution to Biennial Report of the Director General (1984-85)

¹ Seventh General Programme of Work Covering a Specific Period, 1984-89. World Health Organization, Geneva, 1982 - (HFA series No. 8)

Proposed additional elements of national
profiles on health of the elderly

1. Policy bases

- training programmes to an undergraduate and/or post graduate level in
- graduate level in geriatrics or gerontology
- Geriatric services in general hospitals
- Day centres, clubs
- home visit services

2. Situation analyses

- percent of elderly below poverty level
- life expectancy at sixty years
- over sixty participation in labour force
- unemployment status/income
- underemployment status
- housing and number of residents
- family structure widows/married/single
- population free of chronic disease
- percentage taking two or more drugs
- disabilities
- nutrition - diet - availability of nutrients (number of day for protein, carbohydrates, fats)
- lifestyles, smoking, drinking
- rural status
- vision and hearing problems
- number of visits to dentist, ophthalmologist
- number of visits to general practitioner
- accidents
- more frequent place for accidents
- preference for activities - education, sports, recreation

3. Institutions, both official or NGOs, working for the benefit of the elderly.

PRELIMINARY CALENDAR OF NGO MEETINGS IN HEALTH OF THE ELDERLY *
1986-1989

DATES	Countries	Activities	NGOs
<u>1986</u>			
January	Kenya/Sri Lanka	Establish Regional Field Officers	HPA
"	Somalia/Ghana	Initiate new eyecare Programme. Rehabilitation of hospital as base for pilot domiciliary care project.	"
March	India/Sri Lanka Kenya	Develop programme for elderly rural and urban institutions	"
March	Sudan	Initiate New Primary Health Care Programme, Red Sea Hills	"
April	Ecuador	Training Course	ICGS
April	Peru	" "	
date not fixed	SEA-EA	Complete report on accommodation for the elderly to present to council for international year of sheltered housing	HPA
February-December	Western Europe	Research on Problems of aging political refugees	"
dates not fixed	India	Establish training centre in New Delhi	"
June	Colombia	Regional Conference Latin America	ICGS

* to be reviewed by NGO/WHO Collaborative Group on Aging, Geneva, 8-9 May 1986.

May-June	Paris	Falls in the elderly	ICGS
May-June	Mali	Medical-Social Survey	ICGS
Second half		Publication of Second Manual - Older People working with Children	IFA
dates not fixed	Belize	Establish domiciliary and PHC scheme	HPA
"	Jamaica	Establish first hospice in Jamaica for terminally ill	"
"	Brazil	Establish visiting scheme in Sao Paulo province to include PHC	"
October	Mali	Training Course	ICGS
October/November	Brazil	" "	
4-5 October	Paris	International Games for elderly persons	FIAPA
October	Las Palmas	VI Colloquium Int'l	"
<u>1987</u>			
Spring	Bangkok	Regional Congress Asia Oceania	IAG
not fixed	Dakar	African Seminar on aging	FIAPA
"	Ottawa	Int'l Games for elderly people	"
"	not fixed	International Colloquium	"
September	Brighton	European Group Int'l Congress of Gerontology	IFA
<u>1987/88</u>			
not fixed	China	Regional Conf. for Asia	ICGS
"	France	Survey on very old	"
"	"	Training Course jointly with Universities	"
"	Africa and Latin America	Training Courses	"

Second half 1987		Publication Third IFA Manual Mental Health or rehabilitation	IFA
Second half 1988		Publication of 4th IFA Manual, Rehabilitation or Mental Health	"
<u>1988/89</u>			
not fixed	not fixed	International Colloquium FIAPA	
<u>1989</u>			
May	Seoul, Korea	19th Congress, Int'l Council of Nurses	ICN
July	Acapulco	XIV International Congress of Gerontology	IAG
<u>1986-1989</u>			
	Jamaica	Develop PHC scheme	HPA
	Northern Andean countries	Expand training progr. based in Bogota to include training in PHC for voluntary organizations	"
	Bolivia/Brazil	Training experience for Bolivian Geriatricians in Brazil	"
	Africa/India/Latin America	Stimulation and support research programmes	"
	West Germany/Netherlands/Norway/Denmark/ Caribbean (Jamaica)	Assist indigenous voluntary groups in establishing Helpage organizations	"
	India/Sri Lanka/Bangladesh/Kenya	Continue programme for water or sanitation schemes	"

DISTRIBUTION

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