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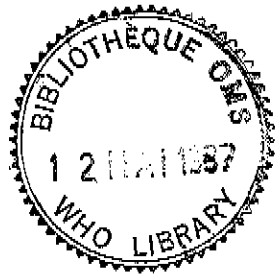
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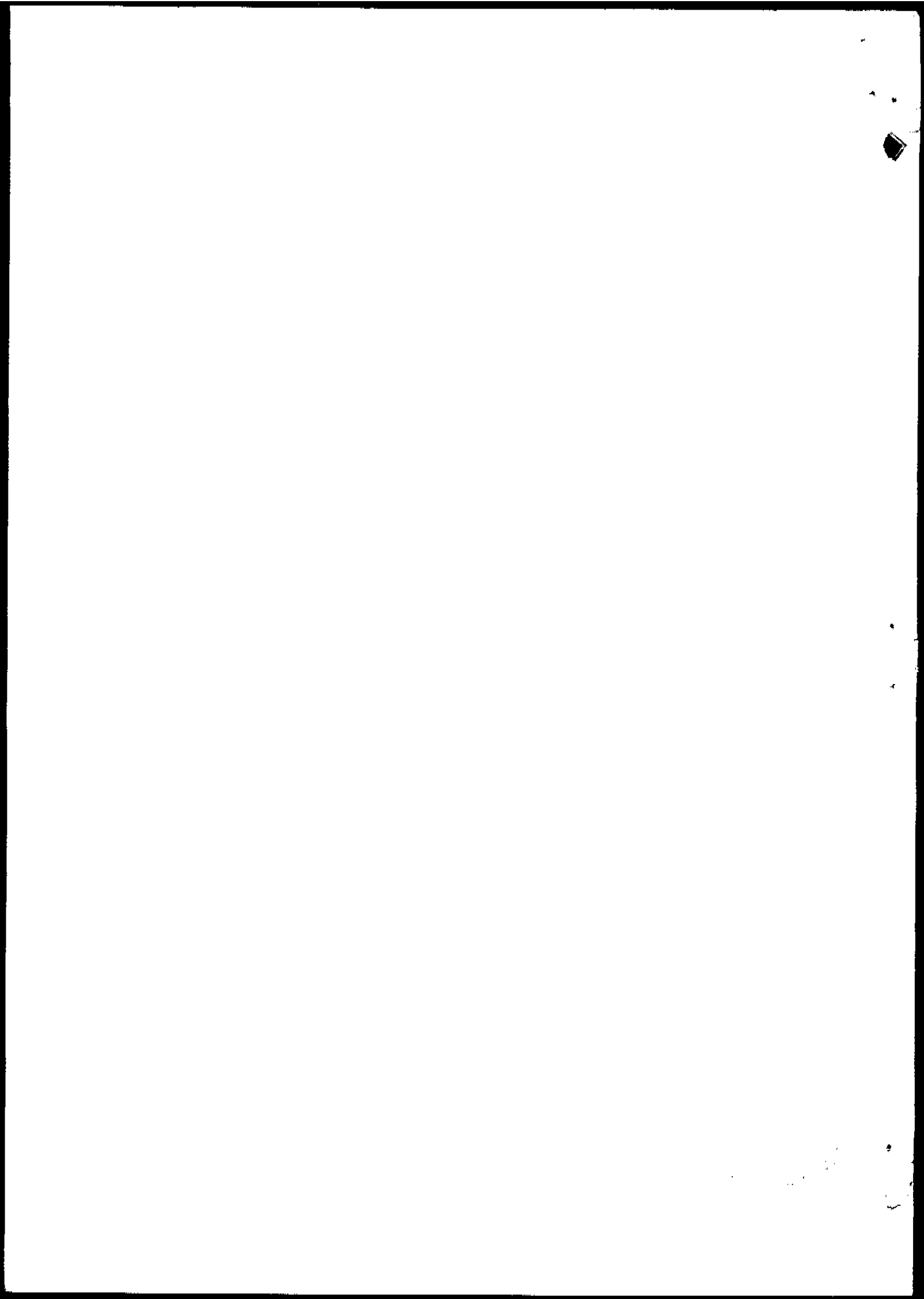
COORDINATED ACTION ON AGING

Report of the fifth meeting
of the NGO/WHO collaborative group on aging

Geneva
8-9 May 1986



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE
ORGANIZACION MUNDIAL DE LA SALUD



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Note

The issue of this document does not constitute formal publication. It has been prepared by an NGO representative for distribution to all who participated in the meeting and for other persons concerned with the care of the elderly.

The views expressed are those of participants in the meeting and do not necessarily reflect the policy of the World Health Organization.

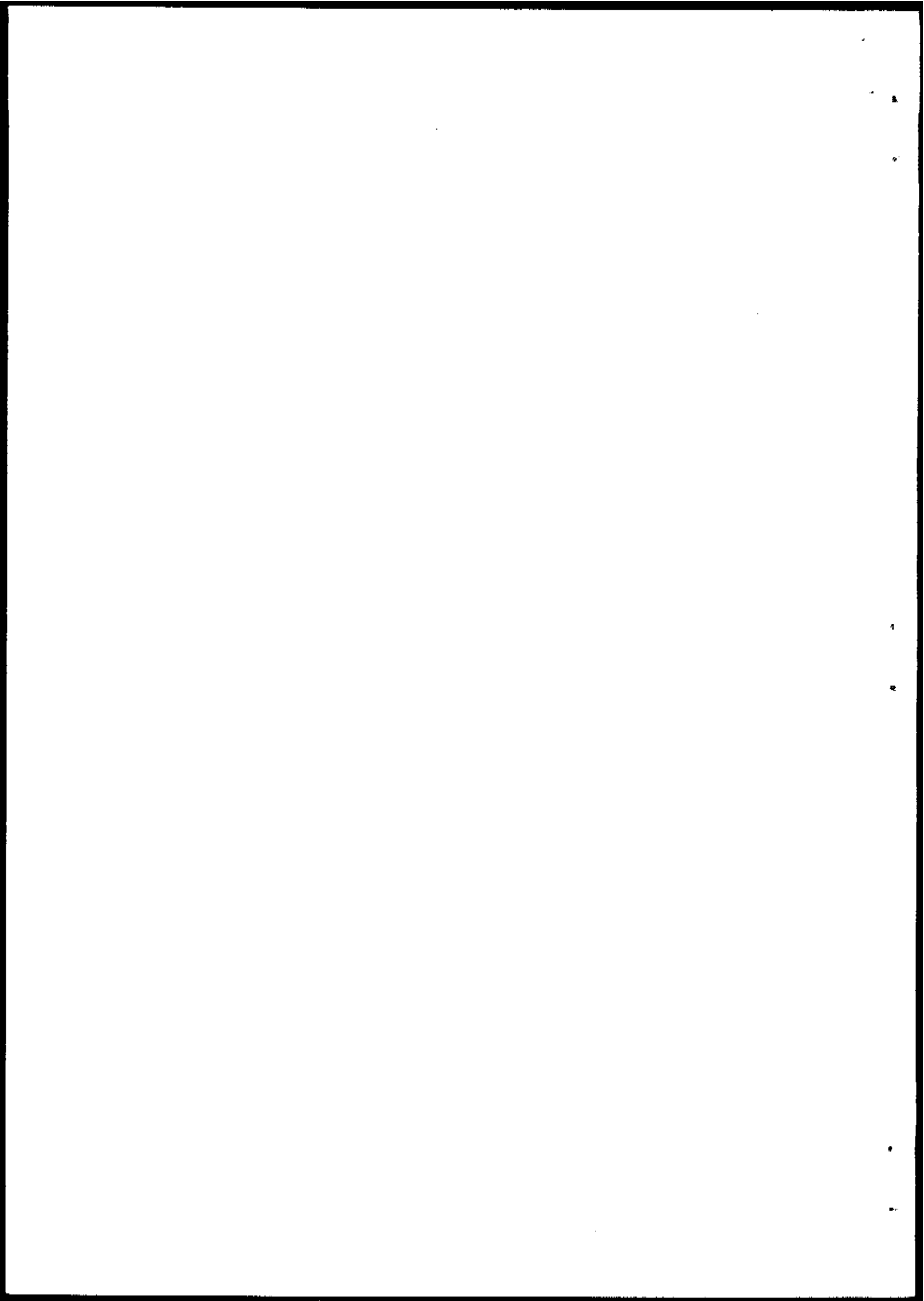
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1. Introduction

The Fifth Meeting of the NGO/WHO Collaborative Group on Aging was held in Geneva on 8-9 May 1986 during the Thirty-ninth World Health Assembly. Representatives of nongovernmental organizations (NGOs) participated in this meeting (Annex 3), which was jointly organized by a member of staff of an associate member of one of the NGOs, the International Federation on Ageing (EGV Dane Care, Denmark), and WHO's global programme on health of the elderly.

Dr J.E. Asvall, Director, WHO Regional Office for Europe, acting for the Director-General with respect to WHO's global programme for health of the elderly, opened the Meeting. He reiterated that, since the onset, the emphasis of the group's discussions had been on action, not words. This had brought the voluntary organizations into the mainstream of planning, executing and evaluating WHO's programme on health of the elderly. A copy of Dr Asvall's complete speech is attached (Annex 1).

2. Purpose

The Meeting concentrated on the following agenda items:

- (1) reports from NGOs;
- (2) quality assurance in long-term care (International Centre of Social Gerontology);
- (3) information on current newsletters and current status of collection of material on self-care (International Federation on Ageing);
- (4) proposal for an international newsletter (International Association of Gerontology);
- (5) skills' exchange programmes;
- (6) bilateral support for cooperation between NGOs;
- (7) collaboration with the United Nations - new initiatives;
- (8) collaborative activities in the field of senile dementia (Alzheimer's Disease International);
- (9) updating of NGO/WHO calendar of activities.

3. Reports from NGOs

3.1 International Association of Gerontology (IAG)

The International Association of Gerontology is the oldest international organization devoted to work for the elderly. It was founded in 1950 at Liège (Belgium) by scientists from the East and West as an interdisciplinary society covering all fields related to aging: biology, medicine, behavioural and social sciences and those related to planning and practice. The main work of IAG is to disseminate information on national member societies, to organize regional meetings and prepare international congresses which took place at three-year intervals until the XII Congress (Hamburg, Federal Republic of Germany, 1981) and, since 1981, at four-year intervals.

At the XI International Congress (Tokyo, 1978), the Council decided to add an Asian-Oceanian regional committee and a Latin-American regional committee to the regional committees established in 1950 for Europe and North America.

IAG decided very early to assist in the preparation of the World Assembly on Aging (Vienna, 1982). In consultation with approximately 250 colleagues from all areas of gerontology, coming from all continents, a message to the delegations of the World Assembly on Aging was prepared summarizing findings in biology, medicine, behavioural and social sciences relevant to designing a policy for the elderly in the 1980s and thereafter.

The state-of-the-art of gerontology was presented in many lectures, symposia and other presentations during the XIII International Congress on Gerontology (New York, July 1985) organized by Professor E. Busse, President, IAG. The same congress served also as a means of investment for communication between gerontology and decision-makers at the international level as well as the national level and between gerontologists from developing and developed countries. Present activities of IAG include, among other items, cooperation with people preparing international

glossaries of scientific terms in gerontology. Two regional committees are preparing congresses for 1987. The European Region will convene its sections for biology, medicine and social research for a first European congress at Brighton (United Kingdom) in September. The Asian-Oceanian Region, which has met already in different countries of its area, will have its next congress at Bangkok (Thailand) in November.

The Executive Committee is assisting with the preparation of the XIV International Congress (Acapulco, Mexico, 18-24 June 1989).

3.2 International Council of Nurses (ICN)

The International Council of Nurses, a federation of 97 national nurses' associations, holds an international congress every four years. The last congress was held in June 1985 in Tel Aviv (Israel). At that time, in collaboration with WHO, ICN organized a presentation in the form of a panel followed by discussions on "Aging: implications for nursing". The purpose of the session was "to exchange knowledge about the situation resulting from an increasingly elderly population and to examine the implications this will have on nursing". After presenting the overall situation, the discussion focused on identifying the current needs of the elderly and the implications and responsibilities for nurses.

A monograph based on the presentations and discussion during this session has been prepared. ICN expects that publication of the document in English, French and Spanish will soon be possible. Because of financial cutbacks within WHO, funds must now be located from external sources.

3.3 Christian Medical Commission (CMC)

CMC's role is largely one of encouraging alternative ways of providing health care, through community-based health care and self-care, throughout the life span. Primary health care and promotion and preventive aspects are stressed.

One way this is done is through commissioners who come from many different countries. One of these is the Reverend John (Al) Murdock, who was the CMC representative at the NGO/WHO meeting last year. He is one of several participants in the NGO/WHO group who followed up the meeting in 1985 by planning with NGOs and PAHO for a regional NGO/WHO group in North America that will meet on 16-17 June 1986.

The magazine Contact has had several contributions on the integration of the handicapped and the elderly in society.

Problems faced by the elderly differ to some degree in various countries depending on the social standing of the elderly. Those whose extended family system is still strong are not in the same position as those whose nuclear family is strong, as in most developed countries. However, a changing societal pattern and urbanization are bringing new situations where other ways of caring for the elderly must be found.

CMC believes that Christian churches can and should be doing much more as congregations and individuals to carry out the healing mission of the church. A ten-year study carried out through a series of conferences in various regions of the world on the Christian concept of health, healing and wholeness has confirmed this. The CMC idea of health has broadened to include the importance of relationships between family members and others in the community, and this includes the elderly as well as others who are homeless, poor and dispossessed. The next conference will be for the European Region, to be held in Hungary in September this year. As might be expected, care of the elderly is one of the questions that will be considered. This involves the whole question of improving the quality of life and the prevention of unnecessary suffering.

There are many examples of "healing churches" that find many ways to act as advocates, to give services to those who are in need and, through caring "networks" of people, to help the elderly to help themselves.

3.4 World Federation of Occupational Therapists (WFOT)

WFOT is an international organization with members all over the world. A council meeting is held every two years and a congress every four years. Occupational therapists actually work with patients/clients of all ages and with various conditions. Their services could be briefly described as fitting the man to the job and fitting the job to the man.

Applied to elderly patients, this means assessing a person's limitations or physical/mental impairments that prevent him/her from coping with daily life tasks or interacting with the environment. WFOT members administer treatment programmes or teach patients ways of making optimal use of their existing potential by breaking down and adapting the practical demands of his/her daily life tasks into manageable portions. It is a crucial therapeutic principle:

- to stimulate a patient's awareness of his own needs, as well as the diversity of his still existing and untapped resources;
- to develop and combine these as well as to encourage him/her to make use of human and technical assistance available in the area.

Coping with daily life and enjoying it in old age often comes down to overcoming an extensive amount of small technical obstacles that are to be faced during the course of a day despite stiffness, pain, functional impairments, fear and isolation. At odd times, there are well meaning helping hands around, but what is often missing is active encouragement and practical guidance as to where, when and how a person could go about achieving the goal himself.

Apart from offering professional expertise, these programmes are based on the conviction that being in charge of one's own daily life management is a major influencing factor for health.

In 1985, an occupational therapist from Portugal was employed by WHO to assist in designing community-based rehabilitation programmes for the elderly and in compiling a manual on self-care for guidance of community health workers.

3.5 HelpAge and Help the Aged (HPA)

HelpAge International is becoming increasingly active and now has 11 affiliated members: Help the Aged (United Kingdom), Help the Aged (Canada), AAIL (United States), HelpAge India, HelpAge Sri Lanka, Helping Hand Hong Kong, HelpAge Korea, HelpAge Kenya, HelpAge Belize, Pro Vida Colombia and REACH (Dominica).

Within the United Kingdom, the emphasis of HPA has been on developing self-care programmes, developing and sustaining day centres and day hospitals, assisting in the provision of minibuses to local age support groups, and providing for the extension of electronic alarm and communication systems.

In developing countries, HelpAge has now proceeded with Phase 2 of its ophthalmic programme in north-western Somalia in collaboration with the Somali Government. Ophthalmic work is also conducted in Central America, India and Kenya and has concentrated on the training of local personnel and delivery of care direct to the elderly. Other health programmes include the development of a rural primary health care programme in western Ghana and, through HelpAge India, the promise of a medical unit in the poorer areas of Delhi. HelpAge agencies maintain and support a variety of health programmes in their respective countries. HelpAge works with elderly refugees in Sudan, where a team of nurses and physicians provides medical support in camps in the east of the country to refugees. Other programmes support the development of health schemes for elderly refugees in Hong Kong and Thailand. Support has also been provided to elderly victims of natural disasters, the most recent example of which is a programme mounted by Pro Vida Colombia to assist elderly victims of the Armero volcanic eruption.

Training programmes have been organized and/or funded in Central America (based on Pro Vida Colombia), India and Zimbabwe.

HPA seeks the development of similar age care agencies in countries where such do not exist, and advises not only on the delivery of service but also on matters such as fund-raising, which will enable such agencies to be self-sufficient. HelpAge agencies perform advisory functions within their own countries.

HPA seeks implementation of successful projects in other areas and countries and publishes the quarterly Age ways with a view to disseminating practical information of use to those working in voluntary age care agencies in developing countries.

Recently, HelpAge has been pleased to support WHO and the London School of Hygiene and Tropical Medicine, in particular its new unit on the epidemiology of aging. HelpAge (United Kingdom) has grant-funded the work of the unit this year, and it is hoped that an increased focus in this neglected area will be of value to programmes for the elderly worldwide.

3.6 American Association of Retired Persons (AARP)

AARP has over 22 million members. Affordable quality health care is very important to the members. This is very difficult to obtain, as the rising health costs over the past two decades have hollowed out health care programmes.

The AARP health care campaign is approaching the problem along two separate but complementary paths: legislative changes and consumer activism.

AARP was also instrumental in winning health insurance continuation for widows, divorced persons and dependent children and extending regulatory protection for nursing home reimbursements.

AARP has 14 older volunteers who serve on the boards of peer review organizations, the watchdog agencies who are empowered to monitor appropriateness and quality of care under the new Medicare payment system. The reason this is significant is that in all of the 50 peer review organizations, only in these 14 are there any consumer members. The remaining 36 are comprised entirely of physicians.

No matter how successful AARP might be in state capitals and in Washington, they are aware that health care consumers will be asked to bear an even heavier burden in paying for medical care. With that in mind, AARP has sought ways to make its members, as well as other older people, more informed consumers.

Consumer activism is promoted through the efforts of the AARP network of volunteer health advocates and the 5500 chapters and units. These volunteers are involved in a variety of health action projects, e.g. conducting drug price surveys in their communities and publishing the results. These volunteers are also developing directories of what long-term care services are available in their local areas.

Another activity in the health care area is the publication of numerous booklets, e.g. one detailing a patient's rights under the new Medicare payment system. That system is so complicated that not only is AARP finding patients who do not understand it, but many physicians and hospital administrators have not quite figured it out. AARP was well ahead of the government agency that administers Medicare in publishing its patients' rights booklet. In less than a year, AARP has filled over 0.75 million requests from consumers and their families for this free publication.

In 1985, AARP distributed over 3.5 million health publications free of charge, topics including the safe use of medication, home health care, strategies for good health and wise consumerism in health care, and health promotion material.

AARP is sponsoring many health promotion activities. Among those activities is a programme that is aimed at keeping older citizens healthy and independent by providing them with up-to-date health information and skills.

Volunteers throughout the country are organizing walking clubs in their communities, and hundreds of older people will join in a "Walk for Fitness" to demonstrate the benefits of exercise.

3.7 International Eye Foundation (IEF)

IEF was established 25 years ago to fight preventable and curable blindness and eye disease. Over the past 25 years, IEF has provided assistance to nearly 60 countries. This has involved direct "people-to-people" contact between IEF's field personnel and the people of the countries assisted.

During the last year, there has been a major project in collaboration with the Government of Malawi. The project combines a variety of interventions to reduce blindness and, at the same time, to reduce childhood mortality. Funds are given from a number of private voluntary agencies.

IEF was founded to examine the problems of "river blindness", a major cause of blindness among people living along the Volta River Basin in West Africa. This project is established in collaboration with WHO. IEF is now admitted to formal relations with WHO.

IEF has made a short documentary film that will be used in fund-raising and public information efforts.

3.8 Association of Schools of Public Health in Europe (ASPHER)

ASPHER has recently stressed the importance of teaching gerontology to medical students. The Jerusalem Medical School has started a successful course on gerontology, and ASPHER encourages the European medical schools to include this subject in students' training.

In collaboration with WHO, the Brookdale Institute of Gerontology, Jerusalem, has established comprehensive services for the elderly in Jerusalem. The elderly themselves participate in the group work together with volunteers. The group work includes subjects such as housing problems, pension politics, acute care and long-term care.

3.9 League of Red Cross and Red Crescent Societies

As a federation of 137 national societies, the League of Red Cross and Red Crescent Societies is not itself operational and is not specialized in the area of the elderly. Nevertheless, some of its members are active in the areas of services and promotion of self-care.

3.9.1 Services

The national Red Cross and Red Crescent Societies provide a range of what may be said to be traditional services to meet the needs of the elderly in the home and in institutions. Other services meet the needs of families that look after their own elderly members so as to ease their burden. A further category of services calls for a new approach requiring the participation of the elderly: programmes of physical activities, encouragement of participation in community activities and, lastly, self-defence programmes that give a feeling of security in addition to providing the means for dealing with an assault.

At international level, programme initiation is either bilateral (control of blindness: Switzerland/Nepal) or multilateral (programmes for the elderly in refugee camps).

Mention may also be made of other forms of mutual aid that are most often sponsored by the League of Red Cross and Red Crescent Societies for the benefit of member societies in developing countries.

3.9.2 Promotion of self-care

The national Red Cross and Red Crescent Societies pay special attention to health promotion and organize courses on disease prevention (general hygiene and food hygiene), accident prevention, home care, etc.

Although its member societies retain the greatest autonomy, the League of Red Cross and Red Crescent Societies provides them with information and advice, especially to enable them to identify the problems of the elderly at local level and formulate them for action.

Internationally, the League makes its contribution on the basis of the activities of its members in working parties and meetings of experts. Some national societies are called on to play an important role in international meetings such as the conference on the physical activities of the elderly held in West Point (United States) in July 1985.

3.10 Hellenic Association of Gerontology (HAG)

HAG was founded in 1977 as a specialized multidisciplinary body, similar to those that function in other countries. A basic goal of HAG is to ascertain and publicize the needs of Greece in the field of aging and to sensitize public opinion with a view to meeting those needs urgently. HAG relies for the achievement of its objectives on the experience and on the voluntary assistance of its members, as well as of all those who are interested in the problems of the elderly. HAG's resources are derived from the membership dues of its members and from small donations. It maintains close cooperation with organizations and agencies, both public and private, as well as with competent research agencies.

The publication Lectures and meetings constitutes HAG's first publication in English. In the last years, four meetings were held in Athens, with the kind participation of the WHO Regional Office for Europe and distinguished foreign and Greek scientists, and were attended by a wide circle of interested persons. The members of HAG also participate in the activities of other research agencies with a view to the dissemination of information on subjects concerning the elderly and the systematic solution of their problems.

Other efforts of HAG are to promote the recognition of geriatrics as a specialty, because the care of the elderly is currently given by specialists in internal medicine, and to include special provision for care of the elderly under the new national health system (1983) through a network of health centres in urban and rural areas.

3.11 International Committee of Catholic Nurses (CICIAMS)

CICIAMS unites 65 national associations of nurses in countries throughout the world.

Care of the elderly is a problem that has always been a concern of CICIAMS and is included in the programme of all its activities.

We are seeking to make member associations aware not only of the health problems of the elderly but also of their social and human problems, so that they may organize activities specifically in support of this sector of society.

Internationally, a round-table discussion on the health problems of the elderly was held at a seminar on the theme of nursing care in the community organized in Singapore in 1985. The next world congress will take place in Portugal in October; its topic will be health manpower and human rights. Round-table discussions have been planned for that meeting, and the problem of the elderly and their rights will be included.

An example that may be cited is that of nurses' associations that organize a voluntary service with retired nurses to carry out health education among the elderly and to give them support and provide activities for health.

CICIAMS also encourages the activities and initiatives of international Catholic organizations and, consequently, the study of the problems of the elderly.

3.12 International Federation of Elderly Persons Associations (FIAPA)

3.12.1 The activities of FIAPA, 1985-1986

FIAPA, which has been in existence for six years, now unites many associations of the elderly in 22 countries, representing more than 10 million people.

FIAPA is run by a governing council made up of elderly persons elected by their associations. Consequently, it is the retired people themselves who define their needs and suggest activities to meet them.

Beside the governing council, there is an international scientific council responsible for handling requests for FIAPA studies and research. The members of the council are geriatricians, sociologists, psychologists, demographers, economists, lawyers, and officials of pension funds, treatment facilities and accommodation.

3.12.1.1 Institution of a programme of health projects in the context of WHO's health for all programme

Aim: to maintain independence under good living conditions

Although the health sciences provide valuable assistance, they cannot take on everything, and it is a basic requirement that the retired should take part in the general project and administer their own aging. Such is the role of FIAPA.

Programme

The programme includes:

- direct projects carried out in the field among members: to arouse awareness, inform and educate for purposes of prevention; to educate educators (Professor Choussat) and to work with non-members; to adapt projects to the needs of each country;
- indirect projects: to promote government projects with decision-takers; to work with other generations - those approaching retirement, the young, etc.

- Means at the disposal of the programme

The organization of FIAPA. The structure of FIAPA is such that messages from the international governing council can reach down to the members.

Voluntary assistance. In the absence of voluntary assistance, nothing would be possible. It is the elderly themselves who act at all levels of the structure.

The Scientific Council. The Scientific Council is the body responsible for preparing the projects to be disseminated among the elderly.

Means of dissemination: annual gatherings of 1500-2000 officers of federations, associations and clubs of the retired; presence at large international fora; a contact-keeping bulletin for all member associations; publication (soon to be in five languages) of the magazine Senior international to give the public news about FIAPA, the associations, international fora, etc.

3.12.1.2 Projects, 1985-1986

- Participation in various meetings: WHO, European Parliament, UNO, ISSA, UNESCO.
- Contract with UNO in the context of the "United Nations' Volunteers".
- Report on the elderly woman, presented to the Nairobi Conference, 1985.
- Collaboration with "Médecins du Monde" for various projects in Mali.
- Preparation for the next colloquium in Las Palmas (Canary Islands) on the topic of the old and the future, 1-7 December 1986.
- Participation in the "games of the future" in Paris, 4-5 October 1985.
- Regular publication of many articles on preventive medical care in bulletins and magazines.
- Projects directed towards others: assistance in the home, support for the elderly sick, development of security, etc., all of which are projects relying on voluntary assistance.
- Specific preventive activities: promotion of influenza and tetanus immunization campaigns, preparation of health files available to associations, etc.

3.12.2 OAREIL/URIATLA

The Aquitainian Office for Research, Study, Information and Liaison regarding the Elderly (OAREIL) is a federated association that is a member of FIAPA, while the Aquitainian Regional University for Spare-Time Mature Students (URIATLA) is a part of OAREIL.

3.12.2.1 Old young people and young old people

What must be avoided at all costs is to consign old people to a ghetto. There are two essential reasons why this should not be done: firstly, because the definition of an elderly person is bound to be arbitrary and, secondly, because the elderly person must be reinstated in the general context of the society to which he or she belongs, precisely because of the way in which aging must be seen. Aging is not a state that the human being reaches at a certain time of life but an evolving process, a transformation occurring essentially under the influence of the passage of time. Thus understood, aging begins with life itself, i.e. at the time of conception.

Briefly stated, what we mean by aging is advancing age whatever the time of life under consideration.

It was, moreover, on these grounds that FIAPA adopted "Old young people and young old people" as one of the study topics for its next colloquium, to be held in Las Palmas (1-7 December 1986), to stress how intricately the generations are interlinked.

3.12.2.2 Training

It is in this spirit that FIAPA are attempting to train all social workers and health workers to serve the elderly.

More particularly, FIAPA have included how to approach major illnesses and the dying in this training (whether for educators or directly for the elderly themselves), and we have brought to this training the results of a year's work at the Ministry of Social Security and National Assistance by a group set up to study assistance to the dying and palliative care. Arising from its work, an official circular has been produced and distributed to all the sociomedical institutions in France.

Through the Aquitainian Regional University for Mature Students, which is a branch of OAREIL, a member of FIAPA, an attempt is being made to comply with the general policy of FIAPA aimed at maintaining and realizing in various ways the potential of human beings.

In essence, some 40 activities are being proposed to our members, namely physical and cultural activities ranging from gymnastics to Chinese and including yoga, oenology, data processing, journeys into the Sahara, etc.

3.12.2.3 Research

Two types of research, which to the best of our knowledge have not been seriously pursued in France hitherto, have been carried out, e.g. the average duration of the dependent state on the one hand and an epidemiological study of bed sores, based on an analysis of 10 000 case histories, on the other.

3.12.2.4 Health education

"The development of prevention through specially adapted mass health education." What has to be done is to introduce the general public to simple ideas of day-to-day hygiene and prevention through officials of various bodies responsible for them, who have themselves had preliminary training for the purpose. Thus, for example, if these ideas are explained to 100 officials in the course of a single three-hour meeting and if each of them has an average of 100 people in his or her group, these ideas can be passed on to $100 \times 100 = 10\ 000$ people.

This plan has been approved and supported by the Aquitainian Regional Directorate of Health and Welfare and by the National Union of Rural Clubs.

3.12.3 Conclusion

FIAPA, which is established in 22 countries and in four continents as a direct representative of the elderly, can be a special link between WHO and the elderly populations of its constituent nations in developing health education and preventive action.

3.13 Information Gérontologique Internationale (IGI)

IGI is an information service that was set up in Switzerland in 1982.

Aims: to inform, to train, to instruct.

Means: bi-monthly bulletin (editorial on a subject of current interest; information on courses, seminars and congresses; national and international news items; reports; lists of publications; bibliographies; miscellaneous notices); courses in preparation for retirement; conferences; courses for staff providing care; press articles; radio and television broadcasts; archives.

Dissemination: Switzerland, Europe, United States/Central America, the USSR, international associations.

Finance: bulletin subscriptions (much voluntary help is received for publication).

3.14 Rotary International

Rotary International is a worldwide association of men who as members of their club have agreed to dedicate their activities to help and serve others. Rotary International counts one million members in 20 thousand clubs in 160 different countries.

Their programme of assistance, whether at club or district level or internationally, consists in a number of activities, among which are those aimed at helping aging people:

- the creation of clubs;
- the creation of and visits to homes;
- the creation of programmes of entertainment to fight loneliness and solitude;
- the dissemination of advice;
- the publication of a monthly magazine, The rotarian, in 50 000 copies.

In many instances, financing comes from donations or from the Rotary Foundation. Today, it is one of the world's largest foundations which yields annually some \$20 million, of which one part goes to the financing of scholarships, student exchanges and world community services, one part to financing of the "3 H"^a programmes, and one part to fight polio throughout the world. In close collaboration with WHO, Rotary International hopes to eliminate infantile paralysis by the year 2000.

3.15 Canadian Public Health Association (CPHA)

CPHA is a multidisciplinary professional association. Members of the general public with an interest in public health may also join. There are a number of special interest divisions, the newest of which is the gerontology division, the primary objectives of which are:

- dissemination of current scientific information on gerontological issues;
- review of existing policy and advocacy for progressive policy change;
- organization of educational seminars and conferences.

CPHA also has a strong international health programme that collaborates with public health NGOs in developing countries to strengthen their organizational capacity and activities in support of the global strategy for health for all by year 2000.

In Costa Rica, CPHA is working with the Costa Rican Public Health Association (ACOSAP) in a project on integration of the urban elderly into the community.

Costa Rica is a unique country in Central America. For many years, it has developed an extensive network of social services, which has included compulsory education resulting in a literacy rate of 92% and a system of health care hospitals, community centres and maternal and child health and nutrition programmes that have contributed greatly to a life expectancy that has increased from 56 years in 1950 to 74.5 at present. In addition, the birth rate has decreased from 48 per 1000 population in 1960 to 30 per 1000 population in 1981.

ACOSAP selected the growing needs of the elderly and the increasing demands being placed on the health care system as priority areas for its activities. Beginning from the fundamental value of the strength of the Costa Rican family, the ACOSAP programme was designed to assist the family with the care of their elderly members and to improve services for the elderly who require specialized care.

The major accomplishments of ACOSAP have been:

- coordination and collaboration among official and non-official agencies acting in the area of health services for the elderly;
- influencing the creation of health policy favourable to the elderly;
- training of front-line health personnel caring for the elderly and their families;
- strengthening of existing health services and facilities to expand programmes for the elderly.

For CPHA, this project has been a model showing how a Canadian NGO can support an NGO counterpart in carrying out a programme. Through the support of the Canadian International Development Agency, CPHA was able to provide financial assistance to increase ACOSAP's organizational capacity and to provide training programmes and materials. In addition, members of the gerontology division have provided technical assistance in specific components of the project. This experience has also strengthened the gerontology division, and there has been a marked increase in interest and support for international activities.

^a Health, Hunger, Humanity.

3.16 Cyprus Nurses Association

Family bonds in Cyprus are very strong, and the elderly enjoy life in an extended family environment. These bonds have been weakened during the last ten years due to:

- the refugee problem (too many elderly people found themselves living alone in strange homes);
- urbanization (the young moved into towns, leaving the elderly alone in the villages);
- nuclear families with few children.

3.16.1 Strategies and plan of action

- Revision of existing legislation regarding old people's homes.
- Building of old people's houses near refugee camps, with regular visits by health teams.
- Supportive action plan to stop the movement of young people to the cities, e.g. establishment of factories near villages, additional economic support to farmers and improvement of roads.
- Increase of pension funds.
- Sensitizing NGOs to the need of the elderly within the community, e.g. churches and women's organizations.
- Home visits by neighbours (paid by the Welfare Department).

The Cyprus Nurses Association collaborates with the Government and other NGOs to meet the needs of the elderly population.

3.17 International Federation on Ageing (IFA)

In the past year, IFA has worked towards the promotion of self-care through its existing day centre projects as part of the skills exchange programme.

Also through the skills exchange programme, IFA is continuing to supply the manual Focus on day centres, and a second manual is now being produced on intergenerational work, in particular on old people working with very young children.

Follow-up funding for the skills exchange programme has been provided by the Dutch Government through the United Nations Trust Fund, from WHO, UNESCO, a British trust and an American foundation.

IFA has strengthened its links with other bodies, and several of its member organizations have represented it at meetings that have included the subject of self-care.

IFA works closely with several international organizations, including the United Nations in New York and Vienna.

IFA sent delegates to the Nairobi Conference on the Decade of Women and was represented at various meetings in the past year.

The Secretary-General of IFA has been appointed Coordinator of Projects for Elderly People as part of the European Community's second programme to combat poverty. This time (as opposed to the previous programme) the elderly will benefit directly by an allocation of approximately 20% of the funds being made available and through integrated projects. Some of the projects under the heading "Elderly people" are in the field of self-care and health promotion, and initial reports on these projects are available from IFA headquarters in London. Progress reports will be shared with IFA member organizations and other interested NGOs on request.

IFA is trying, through its members, to collect material on self-care. This has so far been slow in coming in, although quite a lot has come from the United States and some from Latin America. IFA would like more material and invites NGOs to send whatever they can.

One of the British IFA member organizations, Age Concern England, is collaborating with the British Health Education Council in a major campaign, "Agewell", as part of the Council's five-year programme on health and older people. Examples of the material now being used are available from IFA headquarters.

A major new initiative of IFA is the establishment of "GLOW", a global link of mid-life and older women administered by the Publications Division in Washington. A copy of its first bulletin

is available, and an advisory group from many countries has been formed. The aims of the network include the exchange of information and research findings on the situation of older women, the organization of meetings and seminars in members' countries on these issues, exchange visits and campaigning for better conditions.

3.18 International Centre of Social Gerontology (ICSG)

In view of the need to create a receptive atmosphere and to train people locally to introduce policies and projects for the elderly, ICSG has developed a multisectoral and multidisciplinary training programme in six Latin American countries and has organized a Latin American conference on aging.

The training of the various kinds of staff (medical, welfare and administrative) is carried out in France jointly with a number of universities.

An international course on the epidemiology of aging is being prepared for 1987.

Regarding development of the technical facilities for maintenance in the home, a critical examination has been made of various remote monitoring systems and, arising therefrom, a report on the biological monitoring of the elderly at home has been published.

The work of a joint WHO/ICSG group has also resulted in a publication on "falls".

Further publications include:

- the proceedings of the XI International Gerontological Congress in Rome, "More life";
- a work on the aging of man and of society;
- the report of the first African Conference on Gerontology (Dakar) and a quarterly African bulletin on gerontology.

Several study groups have been set up to examine drugs and the elderly, cardiovascular norms and age, and immunology, neurosciences and age.

In November 1986, an international conference of French-speaking countries on the anthropology of aging will be held in Paris, and an international colloquium on the study of accidents in the elderly is planned for June 1987.

The future prospects for maintenance in the home will be examined at a European meeting in October 1986 in Toulouse, France.

3.19 International Council of Women (ICW)

ICW, an umbrella organization of councils of women from over 70 developed and developing countries, has over the past year urged its national affiliates to initiate and increase health services for the elderly.

ICW, through its newsletter and in special reports, has disseminated information to its affiliates on the NGO/WHO collaborative group and on the growing needs of the elderly.

ICW's affiliates have continued their activities of providing meals-on-wheels, have established drug centres and have organized volunteer visitors to help the elderly in their homes and in institutions and to help them in carrying out different responsibilities inside and outside their homes (paying bills, shopping, etc.). In addition, a large number of affiliates have acted as pressure groups on their respective governments in order to institute laws for long-term care for the elderly, based on a social security system and health insurance programme.

A number of self-help projects have been initiated by national councils and supported by ICW.

ICW has always given special assignments to members of its Committee of Honour, thereby making it possible for its older members to assert their diverse qualities and continue to contribute to the organization.

ICW values the NGO/WHO collaboration on aging as an important agent to improve the quality of life of the elderly.

4. Quality assurance in long-term care

Attention was drawn to the report of last year's NGO/WHO meeting on the same subject.

ICSG is publishing, jointly with WHO, a report on this topic, which deals with all aspects of long-term care, not only the medical aspects (by L. Chambers, Canada). It would be helpful if NGOs could assist in distributing the report and/or information about this report. The report is also being translated into French. Some 100 copies of the report will be available from WHO free of charge.

In order to inform the members of NGOs about this, a leaflet will be prepared giving a short summary and the price of the report.

Dr Macfadyen agreed to take care of this.

5. Information on current newsletters and current status of material on self-care

As mentioned in the IFA report, NGOs were asked to provide IFA with newsletters and material on self-care. It was recalled that IFA acts as a repository for this on behalf of WHO.

A discussion followed in which the participants regretted the apparent waste of resources as a result of lack of coordination, in the collection and dissemination of information, but it was stressed that one of the purposes of meetings such as the present one was to help coordinate all NGO activities. IFA would be contacted by WHO and requested to make a catalogue on the newsletters and the self-care material.

6. Proposal for an international newsletter

The Executive Committee of IAG had had discussions on a proposed international newsletter on aging, but as this would have consumed one third of IAG's budget, the project had been reduced to a newsletter on IAG activities for their own members.

Ageways, published by Help the Aged, is not a traditional newsletter; it gives practical information to those who work in the field.

It was obvious that a newsletter to present the activities to a broader audience would be useful, and it was suggested that NGOs use the already existing IFA newsletter to inform each other.

As another way to help solve the general problem of lack of coordination and waste of time and other resources, it was suggested that collaboration be established with one NGO to update the 1979 book on NGOs published by the United Nations.

7. Skills exchange programmes

IFA has skills exchange programmes in Indonesia, Kenya, Nigeria and the Philippines. The skills exchange programmes focus on day centres. The manual Focus on day centres has been supplied and a second manual is now being produced on intergenerational work, in particular on old people working with very young children. Funding has been provided by the United Nations Trust Fund, WHO, UNESCO, a British trust and an American foundation.

Help the Aged has tried to move away from the traditional pattern where the headquarters have all the right solutions to the problems in developing countries. Programmes have been established on a more equal basis as an interchange "south to south". As an example, the representative mentioned that staff from HelpAge Kenya is trained in India by HelpAge India in fund-raising techniques, etc.

This model has been successful as it has provided not only an exchange of skills but also a sense of quality of the programme.

Similar programmes have been launched in Sri Lanka and the Fiji Islands. HAI supports programmes in Columbia, Central America and the Caribbean and hopes in the near future to extend the programmes to Zimbabwe. Video programmes proved to be excellent tools, not only to tell old people in the United Kingdom about alarm systems but also in fund-raising to tell the donors how their contributions are spent, to give but two examples.

It is thus important to understand that skills exchange is a two-way process.

ICSG has a training programme in Latin America that teaches trainees to recognize the local problems and to find ways of solving them.

The ICW representative hoped that a way could be found to communicate the NGO activities so that they could support each other and not overlap or compete with the same kinds of programme in the same countries.

The competition or overlapping of NGO programmes was seen as a key problem by the Group. There is not one single organization to coordinate efforts. National committees on aging, which are established in many countries, might be useful. NGOs could also stimulate countries to make inventories on the programmes. WHO does not have the resources to coordinate or register all NGO programmes.

8. Bilateral support for NGO-to-NGO cooperation

The representative of CPHA reported on its cooperation with other NGOs in several developing countries.

A description was provided on the project in Costa Rica on community integration of urban elderly. The project coordinates the activities of several national agencies caring for the elderly, provides training for health centres and community health personnel on the needs of the elderly, and strengthens family support for the elderly.

A coordinating body has been formed to give advice on the elderly living in urban areas, such as pre-pension programmes, nutrition centres and health training through the media. The most important factors for the success of this project are that for the first time all the eight agencies concerned with the elderly in Costa Rica have been brought together to discuss the problems, existing networks have been used, and that the focus has been put on the local policy, in collaboration with the Ministry of Health.

The CIDA representative pointed out that the Agency gives support in three areas: multilateral, bilateral and special programmes; he would speak of the last. About 600 NGOs participate in special programmes overseas, in which CIDA gives corresponding grants to the local NGO.

It is the experience of League of Red Cross and Red Crescent Societies that low-budget programmes can have great effect in developing countries, e.g. a Red Cross programme in Costa Rica where a day care centre has been established.

HelpAge and CMC support NGOs in organizing and establishing an administration, since administrative problems can be overwhelming in a developing country.

9. Collaboration with the United Nations - new initiatives

Participants agreed that a new United Nations agency might mean more bureaucracy. Everyone agreed that the small WHO unit on the elderly, established at the time of the World Assembly on Aging in Vienna in 1982, is very effective. Existing resources should be built upon in any international effort for the elderly.

9.1 Plans for the WHO/NGO Collaborative Group on Aging for the Americas

A small group of American NGOs, including the AARP, is now planning (in collaboration with the Pan American Health Organization) a meeting on 16-17 June in Washington, to create a regional model of mutual assistance among NGOs in the Americas interested in health and aging issues. The first planning meeting for this activity took place last October at the request of WHO.

The meeting will be attended by representatives of NGOs in Central and South America, the Caribbean area, Canada and the United States. NGOs from the south will be asked to inform about needs at the local level and, specifically, to come with project proposals. The participants have been carefully chosen so that the NGOs from the north will be able to respond in a positive way to the proposals received, and so that the NGOs from the south will be capable of implementing projects upon returning home.

A fund of US \$10 000 from NGOs helped defray the costs of travel to enable a maximum number of NGOs from the south to participate.

Realizing that only a few NGOs from Central and South America and the Caribbean can participate directly in the meeting, it is hoped that the outcome will be "products" that can be

disseminated widely to NGOs throughout the Americas. One suggestion is that a resource directory be published, listing the many NGOs interested in health and aging issues and their particular areas of expertise. This meeting is only a beginning to what is hoped will be a continuing and fruitful relationship between NGOs from the north and south.

10. Collaborative activities in the field of senile dementia

Alzheimer's Disease International (ADI) was founded in 1984 for the purpose of improving:

- better information on Alzheimer's disease;
- public awareness of the disease;
- mutual support among the families affected by Alzheimer's disease;
- treatment and prevention;
- research and promotion of political pressure.

The first meeting of ADI was held in September 1985 in Louvain, Belgium. Following the initiative of the United States, where family groups are very strong, similar family groups were formed in Belgium and in the neighbouring countries.

ADI has already created so much public awareness that the Government of Belgium has given top priority to research on Alzheimer's disease. In the United States, funds for research on Alzheimer's disease is second to research on AIDS.

Some groups in the United States have made an excellent self-help book, which is now adapted to the "old Europe".

WHO is very interested in ADI's work and participates in all its meetings.

The number of patients will increase by 50% over the next 20 years. The lifetime of Alzheimer's disease sufferers is normal, and as many of them live at home, the families' willingness to take care of them is crucial.

The next ADI meeting is to be held in Paris, 4-5 September 1986.

11. Information on future activities and updating of calendar

Participants expressed the wish for better coordination of activities, and all NGOs were asked to give information about their activities so that a calendar (Annex 2) could be circulated.

The participants found the duration of this meeting (one and a half days) to be adequate. The duration and the agenda of the meeting next year should be considered according to the questions to be discussed. Suggestions for the meeting of May 1987 can be sent to the WHO Regional Office for Europe in Copenhagen.

Annex 1

OPENING REMARKS ON BEHALF OF THE WHO DIRECTOR-GENERAL^a

This fifth meeting of our Collaborative Group is an occasion for retrospect and prospect. Collaborative efforts began as a result of NGO initiatives in 1982, in connection with the Vienna World Assembly on Aging. From the outset, the emphasis has been on action, not words. This has brought the voluntary organizations which you represent into the mainstream of planning, executing and evaluating the World Health Organization's programme for health of the elderly. For example, in January of this year, a programme advisory group, made up almost exclusively of international NGOs, reviewed global programme activities planned for the period 1986-1989 and evaluated the work undertaken to date. In addition, three manuals - on policy and programme development on self-care, on quality assurance in long-term care, and on the role of nursing - have emerged as a result of collaboration on programme implementation.

It has been our aim in drawing up the lengthy agenda for this meeting to take stock of these and all other initiatives generated by our annual meetings - the experience of the skills exchange projects and of family support groups; the inventories of self-care material and of newsletters; the progress made in regional NGO/WHO collaboration.

The purposes behind this retrospective assessment are twofold. First, we are not satisfied that WHO has moved far enough in the direction proposed by me at this meeting last year. NGO involvement could be greater in helping WHO and its Member States to secure a decent and fulfilling life for the senior citizens of the world. It is for this reason that we have invited Canadian participants to share with us their experience of NGO-to-NGO cooperation.

This innovative approach to technical cooperation between developed and developing countries appears to be an effective and economic way of supporting practical projects that benefit local communities.

The second purpose in reviewing the outputs of past collaboration is to make sure that the WHO Expert Committee on Aging, which meets next year, can draw upon the experience and wisdom of those organizations that know most about the situation of the world's elders. The remit of this important committee is to prepare a report on the technologies that can be applied, in different economic situations, to improve the social, mental and physical wellbeing of the world's elders. Today's meeting therefore opens the opportunity for interested NGOs to submit relevant material for consideration by the Committee.

As always, the occasion is being used to ensure that future activities are well coordinated. This task is especially important in a year in which WHO dollars are being stretched to an extent that was never envisaged. I am therefore very pleased to see that you are producing a consolidated Calendar of worldwide activities in the field of aging and that the economical practice of grafting WHO activities on to NGO activities will continue in the future. As you see from the calendar, we are seeing more and more activities on aging in the WHO regions. Regional NGO meetings are planned or have taken place in Africa, Asia and Latin America, and we look forward in 1989 to the first international congress of gerontology to be held in a developing country.

I am particularly grateful to the NGOs organizing these meetings and other activities for their close collaboration with WHO, especially the International Association of Gerontology (IAG), the International Centre of Social Gerontology (ICSG), the International Federation on Ageing (IFA), HelpAge International and the International Federation of Elderly Associations (FIAPA).

The present series of meetings have been organized, not as WHO activities, but as a forum for NGOs. This has been facilitated by the participation of NGOs in helping to plan, organize and report on each meeting. I hope this cooperation should go further and we should look forward to NGO staff being attached to WHO to help accelerate programme implementation. We must find mechanisms by which NGOs can support activities within the countries of WHO's six regions.

On behalf of WHO, I thank you for your continuing support to the Organization's programme of cooperation with Member States on the health of the elderly and hope that our collaboration will continue to be fruitful at country, regional and global levels.

^a The Regional-Director for Europe acts for the Director-General with respect to the WHO programme for health of the elderly.

Annex 2

PRELIMINARY CALENDAR OF NGO MEETINGS ON HEALTH OF THE ELDERLY
1986-1989

<u>Date</u>	<u>Location</u>	<u>Activity</u>	<u>NGOs^a</u>
<u>1986</u>			
January	Kenya/Sri Lanka	Establish regional field officers	HAI
January	Somalia	Initiate a new eye care programme	HAI
January	Ghana	Rehabilitation of a hospital as a base for a pilot domiciliary care project	HAI
March	Sudan	Initiate a new primary health care programme in Port Sudan	HAI
April	Ecuador	Training course	ICSG
April	Peru	Training course	ICSG
To be fixed	South-east Asia	Complete the report on accommodation for the elderly for the International Year of Shelter for the Homeless (IYSH)	HAI
February-December	Western Europe	Research on the problems of aging refugees with the British Refugee Council	HIA
June	Colombia	Regional conference for Latin America	ICSG
May-June	Paris	Falls in the elderly	ICSG
May-June	Mali	Medicosocial survey	ICSG
Second half		Publication of a second manual: older people working with children	IFA
4-5 September	Paris	Alzheimer's Disease International Scientific Congress	ADI
To be fixed	Belize	Establish a domiciliary and primary health care system	HAI
To be fixed	Jamaica	Establish the first hospice in Jamaica for the terminally ill	HAI
To be fixed	Brazil	Establish a visiting system in Sao Paulo province to include primary health care	HAI
October	Mali	Training course	ICSG
October/November	Brazil	Training course	ICSG
4-5 October	Paris	International Games for Elderly Persons	FIAPA
1-7 December	Las Palmas	Sixth International Colloquium	FIAPA
7-12 December	Lisbon	International Committee of Catholic Nurses	CICIAMS

^a See page 18 for an explanation of the abbreviations.

1987

April	London	Council of HelpAge International	HAI
22-26 November	Bangkok	Regional congress for Asia Oceania	IAG
To be fixed	Dakar	African seminar on Aging	FIAPA
To be fixed	Ottawa	International Games for Elderly People	FIAPA
To be fixed	Mexico	Sub-theme: services for the elderly	WFPHA
To be fixed	To be fixed	International colloquium	WFPHA
September	Brighton	European Group - International Congress of Gerontology	IAG
October	Cairo	Congress on Mental Health of the World Federation of Mental Health (covering domiciliary care of the elderly, the elderly and development, youth and the elderly in Egypt, pre-retirement and post-retirement)	WFMH

1987-1988

date not fixed	China	Regional conference for Asia	ICSG
date not fixed	France	Survey on the very old	ICSG
date not fixed	France	Training course in conjunction with universities	ICSG
date not fixed	Africa and Latin America	Training courses	ICSG
	India	Building of HelpAge India training centre in New Delhi	HAI
	Kenya	Establishment of a regional training centre in Nairobi	HAI
Second half 1987		Publication of the third IFA manual on mental health or rehabilitation	IFA
Second half 1988		Publication of the fourth IFA manual on rehabilitation or mental health	IFA

1988-1989

To be fixed	not fixed	International colloquium	FIAPA
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1989

May	Seoul	19th Congress of the International Council of Nurses	ICN
July	Acapulco	14th International Congress of Gerontology	IAG

1986-1989

	Northern Andes	Expand training programmes based in Bogota to include training in primary health care for voluntary organizations	HAI
	Bolivia/Brazil	Training experience for Bolivian geriatricians in Brazil	HAI

Abbreviations

ADI	Alzheimer's Disease International
CICIAMS	International Committee of Catholic Nurses
HAI	HelpAge International
IAG	International Association of Gerontology
ICN	International Council of Nurses
ICSG	International Centre of Social Gerontology
FIAPA	International Federation of Elderly Persons Associations
IFA	International Federation on Ageing
WFMH	World Federation of Mental Health
WFPHA	World Federation of Public Health Associations

Annex 3

LIST OF PARTICIPANTS

REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

Alzheimer's Disease International (ADI)

International Federation of Alzheimer's Disease and Related Disorders, Inc., Chicago, IL, USA

Dr F. Baro, Vice-President

American Association of Retired Persons (AARP)

Washington, DC, USA

Mrs C. Jones, Chairwoman of the Board

Mrs B. Quaintance, Manager of Health Advocacy

Association of Schools of Public Health in Europe (ASPHER)

Department of Public Health, University of Bristol, United Kingdom

Professor A.M. Davies, Chairman

Canadian International Development Agency (CIDA)

Ottawa, Canada

Dr B. Jeanes (part of the time)

Canadian Public Health Association

Ottawa, Canada

Dr M. Hilson, Programme Director, International Health Secretariat

Christian Medical Commission (CMC)

World Council of Churches, Geneva, Switzerland

Dr R.M. Harnar, Consultant (Nursing)

Cyprus Nurses Association

Nicosia, Cyprus

Mrs M. Antoniou (Secretary)

Nurse Teacher, School of Nursing, Nicosia, Cyprus

Hellenic Association of Gerontology

Athens, Greece

Dr M. Violaki-Paraskeva

Help the Aged (HPA)

London, United Kingdom

Mr C. Beer, Director, Overseas Operations

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Professor H. Thomae, Immediate Past President, IAG, Bonn, Federal Republic of Germany

International Centre of Social Gerontology (ICSG)
Paris, France

Professor G. Lambert

International Committee of Catholic Nurses (CICIAMS)
Vatican City, Italy

Mrs L. Fiori, Secretary-General

International Council of Nurses
Geneva, Switzerland

Mrs M. Kingma

International Council of Women (ICW)
Paris, France

Mrs P. Herzog

International Council on Jewish Social and Welfare Services
Geneva, Switzerland

Mr L. Leiberg

International Eye Foundation (IEF)
Bethesda, MD, USA

Dr M. Mayers

International Federation of Elderly Persons Associations (FIAFA)
Paris, France

Dr J. Deboise, Secretary, Scientific Council, Paris
Professor H. Choussat, Member, Council of Administration, Bordeaux

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Mrs M. Röpke, EGV Dane Care, Copenhagen, Denmark

League of Red Cross and Red Crescent Societies (LRCS)
Geneva, Switzerland

Mrs M. Eanard, Technical Adviser

Norwegian National Committee on Public Health
Oslo, Norway

Dr G. Vig, Chief Medical Officer, Hamar, Norway

Rotary International
Evanston, IL, USA

Mr C. Chesex, Switzerland

World Confederation for Physical Therapy (WCPT)
London, United Kingdom

Mrs E.M. McKay, Secretary-General

World Federation of Occupational Therapists
Gebenstorf, Switzerland

Mrs M. Schwarz, International Relations Committee

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Dr M. Kankienza
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UNITED NATIONS CENTRE FOR SOCIAL DEVELOPMENT AND HUMANITARIAN AFFAIRS^a
VIENNA, AUSTRIA

WORLD HEALTH ORGANIZATION

Dr J.E. Asvall (for the opening session only)
Regional Director, WHO Regional Office for Europe, Copenhagen (acting for the WHO
Director-General, Dr H.T. Mahler, with respect to the Organization's Global Programme on
Health of the Elderly)

Dr D.M. Macfadyen
Manager, Global Programme for Health of the Elderly, Copenhagen, Denmark

Mrs D. Halvorsen
Assistant, Global Programmes, Copenhagen, Denmark

Miss J. Gunby
Administrative Assistant, Collaboration with the United Nations System, Nongovernmental and
other Organizations, Geneva (part of the time)

COORDINATOR, NGO/WHO COLLABORATIVE GROUP ON AGING

Mrs M. Röpke
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^a Invited but unable to designate a representative.