

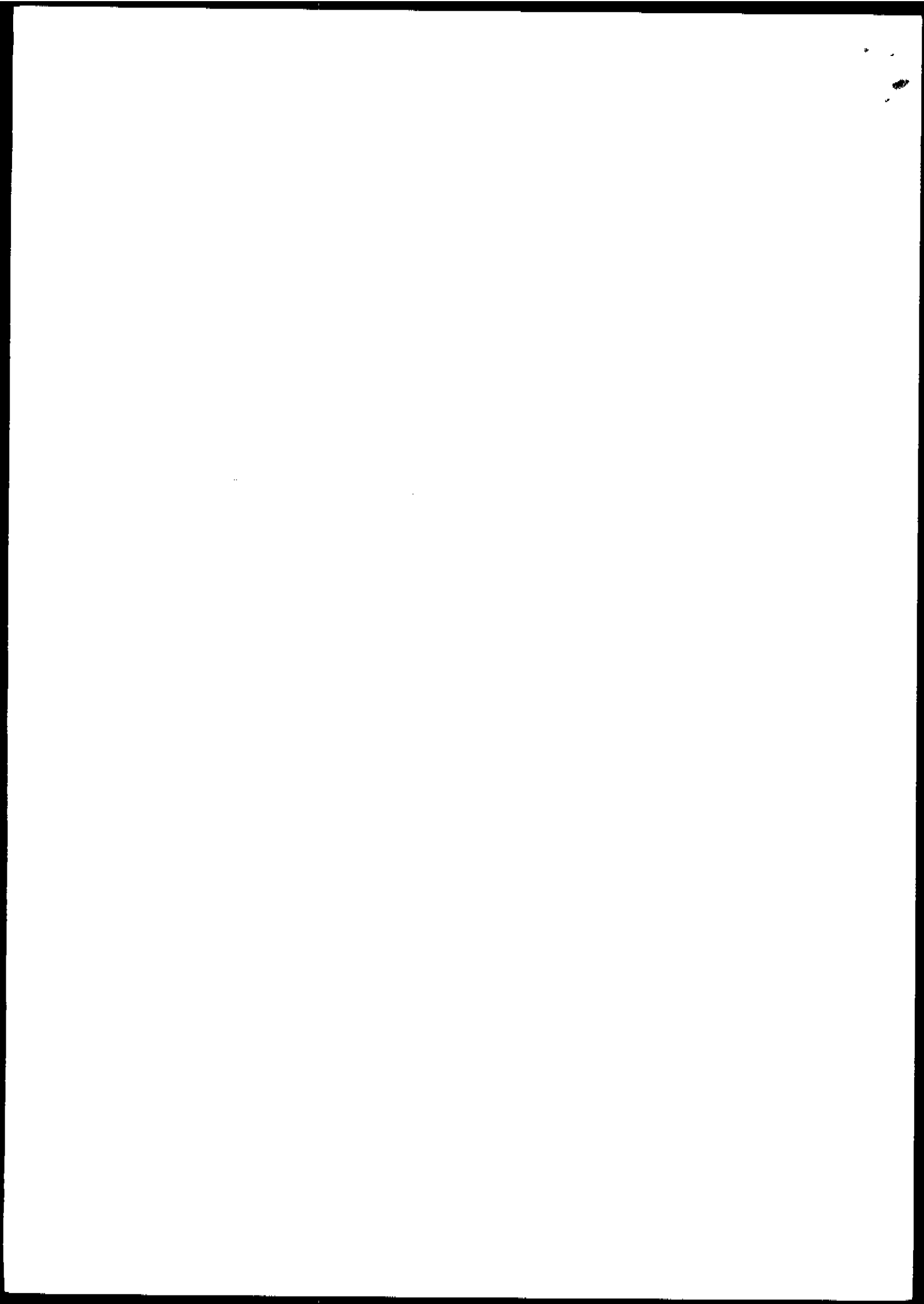
COORDINATED ACTION
ON AGING

Report of the Sixth Meeting of the
NGO/WHO Collaborative Group on Aging

Geneva
4-5 May 1987



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE



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1988

Note

The issue of this document does not constitute formal publication. It has been prepared by a 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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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be documented to ensure transparency and accountability. This is particularly crucial in financial reporting, where even minor discrepancies can lead to significant errors over time.

Next, the document outlines the various methods used to collect and analyze data. It highlights the need for consistent data collection procedures to ensure that the information gathered is reliable and comparable. The analysis phase involves identifying trends, patterns, and anomalies within the data set, which can provide valuable insights into the underlying processes and outcomes.

The document also addresses the challenges associated with data management, such as ensuring data security and privacy. It stresses the importance of implementing robust security measures to protect sensitive information from unauthorized access and breaches. Additionally, it discusses the need for regular data backups and disaster recovery plans to minimize the risk of data loss.

Finally, the document concludes by emphasizing the importance of continuous monitoring and evaluation. It suggests that organizations should regularly review their data management practices to ensure they remain effective and efficient. This involves staying up-to-date with the latest technologies and best practices in the field, as well as seeking feedback from stakeholders to identify areas for improvement.

1. Introduction

The Sixth Meeting of the NGO/WHO Collaborative Group on Aging was held in Geneva on 4 and 5 May 1987 during the Fortieth World Health Assembly. Representatives of nongovernmental organizations (NGOs) (Annex 3) attended the meeting which was organized by WHO's programme for health of the elderly.

Dr J.E. Asvall, Director, WHO Regional Office for Europe, acting for the Director-General with respect to the WHO programme for health of the elderly, opened the meeting. He reaffirmed the role of NGOs in WHO's overall strategy, and used the opportunity to review recent achievements, including:

- various joint projects
- joint country visits
- association with recent international meetings, including the First Latin American Congress on Gerontology
- joint publications
- establishment of NGO/WHO collaborative groups for the regions of the Americas and Africa.

Dr Asvall introduced Dr Alex Kalache, serving as a consultant to the programme while Dr Macfadyen was on leave. Dr Kalache served as Secretary of the meeting and Ms Sally Greengross and Dr Georges Lambert were elected as chairwoman and vice-chairman respectively.

The complete text of Dr Asvall's introduction is attached as Annex 1.

2. Purpose

The meeting concentrated on the following agenda items:

- (1) reports from NGOs;
- (2) update on progress of work of the International Centre of Social Gerontology, the International Federation on Ageing, and Help the Aged;
- (3) information about NGO/WHO groups for Africa and the Americas;
- (4) information about UNESCO's activities in the social and cultural aspects of aging;
- (5) the WHO International Research Programme on Aging; and
- (6) discussion of future agenda items.

3. Reports from NGOs

3.1 American Association of Retired Persons (AARP)

During the past year, AARP has been actively involved in working with volunteers in achieving the goals of its health care campaign. The campaign aims to improve the health care system through legislative and consumer action and through the promotion of healthier life-styles. Following are descriptions of some of the programmes being implemented:

3.1.1 The Medicare/Medicaid Assistance Program (MMAP) is one which was developed to help consumers understand the profusion of government regulations regarding eligibility, benefits and claims procedures related to these two government health programmes. Many older persons found filing a claim for Medicare/Medicaid benefits to be a complex and, at times, intimidating process. In this programme, volunteers are trained as counsellors to provide one-to-one assistance to older adults who need to deal with either the Medicare or Medicaid programme.

Each MMAP programme is tailored to the community it serves. It is often co-sponsored by a coalition of groups, including AARP, local Area Agencies on Aging, senior centres, and local hospitals.

To date, there are 95 MMAP programmes in various stages of operation in 22 states. Over 1700 people have been trained as part of this effort. Approximately 800 to 1100 volunteers are currently working with the project. During the first quarter of 1987, about 2500 individuals were served.

3.1.2 Another programme being conducted by our volunteers is the "Staying Healthy After Fifty" project. The project is being jointly sponsored by the AARP, the American Red Cross, and Dartmouth University. The Staying Healthy After Fifty project is an 11-session course which deals with a variety of health promotion topics, including stress management, nutrition, exercise and fitness, medications, chronic health conditions, home safety and consumer information.

This project has been offered in a wide variety of settings, including community senior centres, civic clubs, churches, housing centres, and social agencies. To date, 90 courses in 28 states have been conducted in communities varying from large urban centres to small towns.

A special effort has been made to outreach to minority populations. Thus far, Blacks, Hispanics and Asian Americans have been involved in the project. Next year, it is hoped that courses will be developed on a number of American Indian reservations.

3.2 Canadian Public Health Association (CPHA)

The CPHA continues to collaborate with the Costa Rican Public Health Association in the implementation of national and regional programmes for the elderly in Costa Rica.

In addition to the programme reported during last year's meeting of the NGO/WHO Collaborative Group on Aging, a number of additional goals have been identified, including:

- creation of a department in the ministry of health to deal with issues affecting the elderly, and

- allocation of PAHO scholarships to ACOSAP-identified health workers to study in the field of gerontology.

On a different level, one of the first associations of retired persons has been formed by recently retired persons from the ministry of health who participated in the ACOSAP pre-retirement course.

In the future, the training programmes will be integrated into the ongoing, inservice training programme for community health workers. ACOSAP will continue to play a critical role in coordination of the various national agencies who work with and for the elderly to advocate for revised government policies favourable to the elderly.

In Canada, the CPHA's Gerontology Division continues its work of monitoring government policy and advocating change and providing information to the members of the division on health issues relevant to the elderly. In addition, the division provides technical support to the ACOSAP, as required.

3.3 Christian Medical Commission (CMC)

The CMC recently sponsored consultations on "Health, Healing and Wholeness" for clergy and health professionals in Budapest (for Eastern and Western Europe) and Kyoto (for North-East Asia). Participants at both sessions encouraged the development of non-institutional care for the elderly.

Issues important to the CMC include ensuring justice in health care, that is, advocating greater access for the elderly, not to disease cure systems but to radically changed health care systems. The CMC also supports the development of health promotion programmes, especially those targeting the very young. In this way, it is believed, many of the health problems of the elderly could be prevented, including strokes due to hypertension related to excess salt intake, non-insulin dependent (type II) diabetes which is related to obesity and refined carbohydrate ingestion, and cardiovascular disease related to excess intake of fat, a sedentary life-style, and smoking.

Addiction, far more common in the elderly than is generally reported, can also be prevented by activities which raise self-esteem and by abstinence from alcohol and other addictive drugs.

Poverty may be the major determinant of ill health world wide. Addressing that issue at local as well as international levels is important to the goal of improved health status/health care.

3.4 European Federation for the Welfare of the Elderly (EURAG)

EURAG is a non-political, non-religious, non-profitmaking European organization. Its main objectives are:

- to maintain human dignity and personal individuality in aging;
- to safeguard autonomy and the basis for an appropriate quality of life;

- to develop awareness of the real value and social activity of elderly persons; and

- participation by elderly persons in the community.

In accordance with the recommendations of the UN on this subject, EURAG pursues these aims inter alia by:

- cooperation with mutual aid groups assisting elderly persons and with relief organizations working with elderly persons in all European countries;

- cooperation with specialised institutions concerning specific problems of the process of aging (gerontology);

- information and publication of results in the area of gerontology and of social services and exemplary social assistance in the ambulatory area, institutional and semi-institutional;

- influencing public opinion with a view to drawing attention to the problems of older persons, particularly the question of practical help;

- organizing the international EURAG congress at a maximum of three-year intervals and other specialized demonstrations where the problems of older persons are approached on an interdisciplinary basis; and

- defending the rights of older persons in international organizations and associations.

These aims give EURAG members a great number of possibilities for the exchange of experiences and for practical cooperation.

EURAG organises an international congress (every three years), meetings between representatives of the European region on specific questions of age and aging, meetings of working groups and commissions dealing with topical subjects. EURAG also clarifies proposals and recommendations addressed to its members to international organizations and to governments as well as bibliographic notes on the subject of problems of age. EURAG cooperates with international organizations (Council of Europe, consultative status; the UNECOSOC, consultative status; WHO, and ILO) and with other nongovernmental organizations concerned with problems of elderly persons.

EURAG members are organizations or institutions concerned with the problems of older persons and mutual aid societies and individuals directly concerned with elderly persons (volunteers, social workers, gerontologists, and others). EURAG's policy bases are a general assembly composed of all members meeting every three years and a general council composed of representatives from member countries.

3.5 International Union for Health Education (IUHE)

The IUHE is currently addressing the problems of elderly refugees and the homeless. The latter group receives scant attention from relief agencies, yet their problems are acute. The IUHE will be involved in the International Year of Shelter for the Homeless, a UN initiative, and give particular attention to the situation of the elderly.

3.6 Hellenic Association of Gerontology

At least once a year national and international meetings are held in Athens for the Hellenic Association of Gerontology. The proceedings of the meetings indicate that although the needs of the elderly are basically the same, each country has special problems and specific programmes to meet the needs of particular segments of the aging population.

In June 1986, Dr Hobman and Ms Greengross from the IFA participated in a common meeting with the Hellenic Association of Gerontology for the special programme for the aged. Last November, another international meeting took place in Athens which was dedicated to the memory of Professor Junod whose work in the field of geriatrics is internationally recognized.

Dr Angeretan presented the programme for the elderly in the canton of Geneva and a lively discussion took place with Greek Scientists and others. HAG's resources are derived from a small amount from the Ministry of Culture, from membership dues and donations.

3.7 International Council of Nurses (ICN)

The ICN has worked with WHO in the development of a monograph called Age of Aging: Implications for Nursing. The final draft has been approved and will be published during the course of this year.

As a follow-up to the panel on aging held at the ICN Congress in 1985, the Caribbean Nurses Group selected care of the elderly as the theme of the regional conference in 1986.

It is important to note that nurses are committed to the delivery of quality care to the elderly. National nursing associations are concerned and are promoting conferences and research on the subject.

3.8 International Council of Women (ICW)

A corrigendum to the report of the Fifth Meeting of the NGO/WHO Collaborative group was noted.

During the three years 1986 to 1988, ICW's plan of work in the field of health is "Health promotion - life-styles" which encompasses practices which are beneficial and detrimental to health. Emphasis is on proper nutrition, physical exercise, coping with stress, abstention from smoking, drugs and alcohol. One of the subgroups to which these activities are directed is elderly women.

Affiliates in Australia, Canada, Greece, Kenya, India, Indonesia, Nigeria, Morocco, Switzerland, United Kingdom, and others, have reported "Women for Health Development Groups". These groups are engaged in primary health care activities at all age levels, including the elderly.

3.9 International Gerontological Information (IGI)

IGI's aim is to inform, train and influence in the general area of gerontology. To this end, it issues a bi-monthly bulletin and maintains a network of correspondents throughout the world. In addition, IGI organises courses for medical/social personnel, as well as retirement preparation courses, and provides information through the mass media.

During 1986, the IGI was particularly active in information and training activities. Specific areas of interest included:

- health care costs (particularly the cost impact of drugs purchased, but not consumed, by the elderly;
- possible links between preventive activities and hypochondriac behaviour;
- the promotion of the active participation of the elderly in health care decision making.

3.10 International Society of Dietetic Food Industries (ISDI)

The ISDI is a new member of the NGO/WHO collaborative group. It became an NGO in official relations with WHO in January 1987. The ISDI is very interested in the subject of nutrition for elderly persons carrying out activities in the subject.

3.11 League of Red Cross and Red Crescent Societies (LRCS)

As a federation of 145 national societies of Red Cross and Red Crescent, the League, during the course of 1986, pursued its efforts with its member societies working in the field of aging in order to respond to the ever-increasing needs of this group in the community.

Services offered by the national societies deal with concerns of the elderly, at home or in institutions, and also with the families of the elderly in an effort to ease their tasks.

The accent is increasingly on programmes calling for the active participation of the elderly themselves and national Societies are organizing workshops on the theme of keeping fit into old age.

Also, with the aim of enabling elderly persons with some difficulties in becoming self-sufficient in daily life, the League, in collaboration with the Belgian red Cross has edited a pamphlet on technical aids and was organizing a meeting on the theme for European national societies.

3.12 Lions Clubs International

At the 1983 Board Meeting, the International Understanding and Programmes Committee commissioned a survey of all 1983-84 District Governors to obtain a preliminary indication of the kind of activities being conducted for the aged. Of the 653 District Governors to whom the questionnaire was sent 273 replied.

The majority of responses detailed specific activities and projects that Lions Club International could promote for the betterment of the aged. Based on the replies received, a list of potential projects for Lions Clubs has been compiled, including the categories of housing, health, visual or physical impairment, mental impairment, economic programmes, safety, transportation, recreational services, educational services, and community recognition awards programmes. This information is available to any group interested in sponsoring specific projects for the elderly.

3.13 National Council on Aging

It was reported that the National Council on Aging has had 35 years of service to professionals working with older adults in diverse settings. The National Council combines its research, training and constituency services with a strong advocacy voice - strengthened through coalitions with other aging groups. It has seven constituent groups, including housing professionals, senior centre directors, a rural aging centre, a community-based, long-term care organization, older workers, and voluntary organizations servicing older people.

3.14 United Methodist Church

During the past year, the United Methodist Church has financed the work of an Older Adults Task Force. For the first time, a group comprised mainly of elders was appointed to study and make recommendations about the status of older persons in the United Methodist Church and about church programmes with them.

The United Methodist Church has also arranged to send a small team to South America to review the roles of churches in light of Health for All. They are to give particular attention to three vulnerable groups - the aged, children, and women.

4. The work of the International Centre of Social Gerontology, the International Federation on Ageing, and HelpAge International

4.1 International Centre of Social Gerontology (CIGS)

CIGS has sponsored several WHO initiatives dealing with the elderly, including:

- training and information programmes for intermediaries;
- a report on the prevalence of accidents and falls among the elderly;
- sponsorship of training courses on the epidemiology of aging;
- development of a centre on accidents of the elderly, and a centre of architecture for the elderly;
- a symposium on the topic of the maintenance of the home in the twenty-first century will be held in late 1987 and address issues on the use of remote control and other technology and on the avoidance of institutions;
- producing a film on gerontology for physicians, with accompanying pamphlets and manuals.

4.2 International Federation on Ageing (IFA)

The IFA programme has been concentrated on the provision of day centres as low-cost, community-based services for which members had expressed a need. The IFA hopes to extend the programme to other forms of community service provision and also continue existing support for day centres. Future projects will be based on needs identified as a result of the exchange of skills between participating countries and organizations.

4.2.1 South-East Asia

In 1985 a representative from the Netherlands Federation for Elderly People went to India to follow up on a earlier visit and for the first time visited Bangladesh, working closely with the IFA member organizations in both countries. In India, further seminars were arranged in Cuttack and Puna and it was found that the programme had received a good deal of support since an earlier visit and that others were interested in sharing ideas and experiences. In Bangladesh, a seminar was arranged in Dhaka which was opened by the minister of health and covered by national TV and press. During the seminar, four work groups were formed which formulated recommendations to be put to the plenary conference.

In 1987 a visit was made to Pakistan for a two-day seminar in Karachi and a one-day workshop in Lahore. The seminar, entitled Day Care and Social Services, involved some 60 participants and covered the whole of Sind and Baluchistan provinces. The seminar was addressed by Pakistan's minister of social welfare. While in Karachi, discussions were held with the Dutch Consul about ways of cooperating to take the programme further.

The workshop at Lahore for Punjab province involved leading gerontologists from throughout Pakistan. The workshop was designed to develop more specific and concrete realistic proposals in the field of day centres and related services, based on the conclusions and recommendations of the Karachi seminar.

A full report of these activities in Pakistan would be available by the end of May 1987.

4.2.2 Latin America

In Central/Latin America the programme was introduced at very low cost during visits by organizations or affiliates of the IFA. The first, by a representative of Help the Aged, covered Belize, Bolivia and Colombia during 1985.

In 1986 a representative of the Netherlands Federation for Elderly People visited Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, and Nicaragua. A seminar to expand on current activities will be held in 1987.

In Brazil, during a visit in 1986, a doctor specializing in community health went to Recife, Caruaru, Salvador, Brasilia, Porto Alegre and Rio de Janeiro. The purpose of the visit was to coordinate a series of regional meetings in preparation for a national meeting in Brasilia to draw up a first Plan of Action on Policies for an Aging Society. The day centre manual was used as a working document at each meeting and generated a lot of interest. In Salvador, a full day seminar covered the principles governing the implementation of several community-based projects and the prospects for follow up activities are very good, as they are in Porto Alegre. In Rio de Janeiro, participants at the School of Public Health agreed to examine the logistics for setting up pilot schemes at the earliest opportunity. The consultation was made with the School of Public Health in Lisbon, Portugal, where further discussions will be held in 1987.

4.2.3 Africa

Both Kenya and Nigeria have been earmarked as the centres for the programme within their own regions so that any relevant knowledge and experience can be relayed to interested groups in other African countries. Projects in these two countries will be expanded to include a greater range of services.

During 1986, the Kenya National Council of Social Service sent a proposal to the IFA on "Applied Training in Community-Based Services for the Aging" to follow up work started in 1984. A consultant psychogeriatrician has agreed to visit Kenya in 1987 if funding permits for consultations with the Council and HelpAge Kenya, as well as with other relevant bodies.

4.2.4 Philippines

Following up previous efforts, a representative of the Australian National Council on Ageing visited the Philippines during 1986 and met with the new Minister of Social Services and Development who proved to be strongly committed to the needs and circumstances of older people, especially older women. During a visit to Australia in October 1986 the Minister reiterated her support for the IFA's work in the Philippines. The Philippines Government has recently established a new Bureau for Women and discussions were held with the officer in charge.

The IFA now hopes that it can expand on the work started in the Philippines with firm government support for the programme's objectives.

4.2.5 Manuals

The second manual on intergenerational work - elderly people working with young children - is due for publication in April 1987. The IFA plans to extend the manuals into a series covering a diversity of subjects, including dealing with mentally frail elderly people. The manuals will be made available in English, French, Spanish and Portuguese.

The first manual on day centres has now been distributed to a number of member countries and, in this respect, the programme has covered far more ground than could feasibly be done through visitors alone. However, we feel that our visitors for whom the IFA has provided only travel and living expenses and who gave us - thanks often to their employer's contribution - their time and skill at no cost, have achieved a great deal.

4.2.6 EAGLE (Exchange on AGeing, the Law, and Ethics)

A major new initiative of the IFA is the development of a new network of informational exchange on laws and legislation pertaining to older people. Informed consent, age discrimination, administrative laws, entitlements to benefits and care, and licensing regulations are all key concepts to be explored. The IFA is seeking the names of attorneys who would like to participate in the network and serve on advisory committees.

4.3 HelpAge International

HelpAge International is an association of independent national age care agencies, the majority of them from developing countries, largely based on community response to local problems and the interchange of knowledge and expertise between countries of similar culture and practices. The programme covers every aspect of ageing, with particular emphasis on community organization, awareness campaigns, day centres, workshops for the elderly, domiciliary schemes, councils of the elderly, research, improvement of residential facilities, funding for improved housing, water supplies and sanitation, training, and development of appropriate technology including prosthetic aids.

4.3.1 During the year the oldest member organization, Help the Aged (UNK), allocated more than £2 million to such programmes in the developing world, whilst developing country affiliates themselves raised almost another £1 million for local projects.

4.3.2 Much emphasis was given to the problem of the disintegrating extended family system, a recent phenomenon in most countries, leading to socioeconomic problems which in turn undermine the health of the older person lacking care support systems.

4.3.3 HelpAge International collaborates with United Nations agencies and member governments although its main funding drive is through voluntary agencies. During the year such collaboration has included the following:

- joint funding of the WHO programme on the Epidemiology of Ageing with the London School of Hygiene and Tropical Medicine;
- funding for the International Centre for Eye Care;
- collaboration with the World Federation for Cancer Care;
- participation in a joint WHO/UNRWA/HelpAge mission to refugee camps in Jordan, and consequent funding of prosthetic aids and nurse training;
- contract with the Ministry of Health in Somalia for ophthalmic training of doctors and nurses, including health education and preventive care;
- consultancy to the government of Malta on ageing programmes;
- consultancy to the government of Belize and development of a voluntary age care programme in liaison with the ministries involved.

4.3.4 In view of difficult access to training and information of age care staff and volunteers in many countries, HelpAge International prepares and distributes, free of charge in developing countries, a quarterly loose-leaf bulletin, AGEWAYS, which contains both basic guidance on practice matters and reports of successful practical projects from developing countries. Training packs on certain specific subjects are prepared, based mainly on AGEWAYS bulletin materials. Full length training manuals on age care at the most basic level have also been prepared by HelpAge affiliates in Sri Lanka (in English) and Colombia (Spanish). Training video films are also made available.

4.3.5 HelpAge International has set up its first permanent training centres or series of organized courses.

In Colombia the Pro Vida centre CIGAL (International Centre on Gerontology for Latin America) offers basic courses which have provided training for age care workers and organizers from twelve Latin American countries. Students at these courses return to their own countries to organize seminars in the subjects studied.

A standard training course for age care workers has been prepared and launched in Sri Lanka by HelpAge Sri Lanka. HelpAge India and HelpAge Kenya, in addition to offering courses, are planning permanent training centres. A course set up in liaison with the School of Social Work in Harare also included delegates from countries neighbouring on Zimbabwe.

4.3.6 The programme of international interchange puts considerable emphasis on the skills of persons from the developing countries themselves, and in the course of the year HelpAge consultants and tutors visited more than 40 developing countries in this interchange scheme.

Whilst the direct input of skills in such areas as health education and age care was an essential part of such visits, another important area was the exchange of experience in community organizations, types of infrastructure, fundraising tactics and awareness campaigns.

4.3.7 Help the Aged (UNK) was originally founded in 1961 to attend to the specific needs of older people in refugee situations. This activity still forms a significant part of the International's programme. Emergency teams from HelpAge International have rendered initial aid in major refugee situations including Sudan and Somalia, and in natural disasters in Colombia and India among others. In one of the major camps of Sudan, HelpAge shared health service delivery programmes with Save the Children Fund. General health education and preventive medicine were also included in the programmes for long-term refugees.

4.3.8 HelpAge International also supported some small-scale research projects including a survey of a Sudan refugee camp and a Peruvian migration area.

4.3.9 National initiatives

Whilst many different programmes have been supported in developing countries across the world the following are an example of the variety of approaches made to solve the problems of elderly people:

Afghanistan:	Orthopaedic rehabilitation
Bangladesh:	Health education
Barbados:	Consultancy visit of geriatrician
Belize:	Mobile health clinic
Bolivia:	Programme of more than 50 community initiatives, including day centre therapy, domiciliary visits, nutrition schemes
Brazil:	Health study of the aged in urban setting
Burundi:	Nutrition, hygiene
China:	Bursary to course on epidemiology of ageing
Colombia:	Training courses at permanent centre, medical clinic, health education, training of health educators
Dominica:	"Meals on wheels" service

Ecuador: Provision of an ambulance in rural areas
Egypt: Day centre with medical and paramedical functions
Ethiopia: Community health team and clinic
Gambia: Provision of lenses and spectacles
Ghana: Rehabilitation of disused hospital
Grenada: Health visitor's salary
Hong Kong: Activities programme for refugees
India: Considerable numbers of projects including many grants supporting ophthalmic work and leprosy control - equipment, training, preventive, operations
Indonesia: Domiciliary care scheme
Jamaica: Vehicle for pain control centre
Jordan: Joint mission with WHO/UNRWA to refugee camps, then training of nurses, supply of prosthetic aids
Kenya: Workshops on health of the aged
Macau: Training of nurses in geriatric care
Malawi: Protected water supply
Malaysia: Support of occupational therapist
Malta: Consultancy to, and training for the newly appointed Parliamentary Secretary for the Care of the Elderly and staff
Mozambique: Drugs for refugees
Pakistan: Vehicle for leprosy control
Panama: Support of volunteer visitors
Peru: Setting up ophthalmic and health unit
Philippines: Feeding and fitness centres
St. Vincent: Sterilizer for health centre
Sierra Leone: Advice on establishment of hospice
Somalia: Training of indigenous ophthalmic specialist teams
Sri Lanka: Training course in care of elders
Sudan: Tuberculosis control
Thailand: Medical care and income generating activities centre
Uganda: Improved food production
United Kingdom: Rehabilitation, transport, activities centres, health education, development education, sheltered housing; current fundraising annual target \$14 million
Uruguay: Expenses of delegate to Pan American Health Organization Conference
USA: Research into aged of minority groups
Venezuela: Bursary for training course
Zambia: Training for leprosy control
Zimbabwe: National long-term planning workshop on the elderly

5. Report from the health of the elderly programme focal person in the Regional Office for Africa

There are a number of NGOs working on an ad hoc basis in Africa, but not much is being done systematically. Trends requiring indepth examination include security of intergenerational families, mass migration from rural to urban areas, and infant mortality. The planning process for future activities should focus on better coordination and collaboration as a means of increasing advocacy efforts.

6. Report of NGO/WHO collaborative group on aging for the Americas region

The Group plans to develop regional discussion groups in order to more effectively involve developing countries. About 70 organizations, including PAHO and AARP, have expressed an interest in working together. This ad hoc group has three main areas of interest:

- research and training;
- health promotion and self care;
- primary care.

The Group is currently looking for ways to expand its membership to include developing countries. It is also planning to sponsor a satellite conference on "best practices" during the 1989 Congress of the International Association of Gerontology.

7. UNESCO

Traditionally, UNESCO has given its cooperation to education, technically and sometimes financially, to member states and nongovernmental organizations, with a view to increasing educational possibilities for older people and to support more effectively the use of education in national educational systems aimed at increasing the knowledge and competence of persons in this age group.

Recent programme initiatives have included the following objectives designed to:

- improve and strengthen programmes aiming to respond, through educational activities, to problems of retirement;
- support a greater number of institutions and establishments working in education and cultural activities for elderly persons;
- identify the contribution which the elderly can make to educational, social and cultural activities necessary for the community; and
- ensure a better comprehension by the public in general of the importance of participation in social life by the elderly.

UNESCO has also been involved in encouraging the elderly to offer their services to literacy activities and primary and adult education. Also envisaged is experimentation with methods and techniques of socio-cultural animation favouring participation in cultural development of elderly persons.

Current plans to further develop these activities have been curtailed by recent budget restrictions. However, the proposed programme budget for 1988-89, which will be presented at the next conference of UNESCO, includes activities related to elderly persons, particularly those which help to highlight the contribution that the elderly could make to the education of young people and adults and continuing education services which are offered to them. This research will take the form of consultations and interviews and the collection of information from member states and nongovernmental organizations on their activities in this field.

In addition, studies are foreseen concerning changes in the structure, by age of populations, and the impact of aging on the development of political and socio-cultural infrastructures.

UNESCO is prepared to continue its cooperation with specialized agencies and nongovernmental organizations and sincerely desires to reinforce this cooperation in the interest of deriving more effective methods to improve the utilization of resources in this time of financial difficulty.

8. WHO Special Programme for Research on Aging

The ACHR Subcommittee on Research on Aging proposed the establishment of a modest WHO coordinated international research programme on aging consisting of five components:

- (1) a research methodology network;
- (2) research training and institution strengthening;
- (3) collaborative groups in the specific areas of epidemiological research, dementia, nutrition, immune function and neurobiology;
- (4) an international data base; and
- (5) research information exchange.

The goal of the programme is to determine how the decline in physical, mental and social wellbeing of the world's elderly citizens can be minimized as they transit through the life span. The objectives are:

- to understand the basic processes of aging;
- to find ways to prevent and control the clinical manifestations of age-related disorders; and
- to promote the interaction between older people and society, and increase the opportunity, motivation and support for older people to contribute productively to society.

8.1 Research methodology network

The objective is to provide collective advice, on request, so that:

- researchers and research institutions make optimum use of manpower and funds in any planned study on aging; and
- the research results in benefits to the elderly.

Activities will include:

- survey research methodology;
- longitudinal research methodology; and
- mental health research methodology.

8.2 Institution strengthening and research training

The objectives are:

- to identify institutions and researchers capable of making a significant contribution to the corpus of world knowledge on aging; and
- to support such institutes and researchers by exchange of scientists and by research training.

Activities will include:

- institution strengthening; and
- research training.

8.3 Scientific group on epidemiological and social survey research

The objectives are:

- to identify the determinants of healthy aging in different geographical situations;
- to support the use of the tools of epidemiology and of the social sciences in advancing the health and social status of the world's elders; and
- to build a more sound foundation for health and social policies for the elderly.

8.4 Scientific group on dementias of old age

The objectives are:

- to develop specific targeted research aimed at reducing worldwide suffering from Alzheimer's Disease and related disorders, with efforts concentrated in the following areas: clinical diagnosis and classification, epidemiology, etiology, with particular reference to neurobiology, treatment and prevention, and health services delivery;

- to strengthen research in the new aging countries and to train young scientists to investigate the problem in their own environment; and

- to disseminate information in the five areas specified.

8.5 Scientific group on nutrition of the elderly

The objectives are:

- to find ways to extend the expectation of disability-free life among elderly people;

- to promote nutritional studies based on representative samples of elderly people;

- to seek solutions to major nutritional questions by studies in different geographical settings; and

- to help establish longitudinal studies directed at finding ways to mitigate the erosion of tissue and organ function with aging.

8.6 Scientific group on immune function and neurobiological research

The objectives are:

- to pave the way for new approaches in preventive medicine;

- to bring together scientists from different countries and different areas of competence and orientation; and

- to disseminate research and medical capacity and technical knowhow in the new aging countries.

8.7 International data base

The objective is to provide information on country profiles, including fertility, life expectancy, morbidity rates, and as other data.

8.8 Research information exchange

The objective is to provide for a clearinghouse on research on topics related to aging which could be easily accessed.

9. Future activities and recommendations

Participants expressed the wish for a reappraisal of the way the Group has been working and the prospects for closer coordination. Accordingly, the following points are recommended:

9.1 Inventory of members of the Collaborative Group on Aging

An inventory of all the NGOs belonging to the Group should be made by preparing a document containing the basic information about the the NGOs. The format proposed is attached as Annex 4. The updating would avoid oral presentations at the annual meetings allowing more time for other interaction.

9.2 Updating the inventory

To enable the designated responsible person to keep the inventory up to date, members of the Group would be responsible for information about any changes.

The inventory and its updating should be a responsibility of the International Federation on Ageing. The IFA might decide to delegate the tasks to one of its affiliated organizations - perhaps on a rotational, biennial basis.

9.3 Survey of NGOs working in aging

Also under the aegis of the IFA, it was proposed that a survey should be carried out late in 1987 with results to be presented at the Seventh Annual Meeting in May 1988. The survey instrument should be developed by the WHO Programme for Health of the Elderly and its main objectives should be:

- to investigate the ways in which NGO/WHO collaborative work on aging could be further enhanced;
- to access the expectations of NGOs vis à vis the Collaborative Group on Aging;
- to define the role of the annual meetings;
- to explore ways through which accountability could be implemented;
- to make specific proposals for future activities.

It was also suggested that the IFA might delegate one of its associated organizations to carry out the survey which should be introduced to the Collaborative Group member organizations under cover of a letter from the Health of the Elderly programme.

9.4 Annual meetings

The logistics of holding the annual meetings in Geneva during the World Health Assembly is well understood by the meeting participants. It was pointed out though that the meetings inevitably coincide with the WHA scheduled activities making participation difficult. Also, by holding the meetings away from Geneva the participation of NGOs from more distant countries is precluded. A close involvement of representation from developing countries was emphasized as highly desirable and one way to achieve it would be by taking advantage of certain international gerontological events taking place in other parts of the world during the coming years. Thus, the XIV Congress of the International Association of Gerontology in Mexico in June 1989 was suggested as a possible venue.

Some participants felt that regional rather than global meetings would be more effective and were reminded that the first such meeting took place in Washington in 1986 and the second was scheduled for January 1988 in Brazzaville.

9.5 Structure of meetings

It was suggested that the meetings should be more tightly structured with clearly defined scope and objectives. It might be helpful if each meeting had a theme which should fall within the broader aims of the Collaborative Group, i.e. advocacy of programmes designed to avoid institutional care. The following themes were suggested for the next two meetings:

Seventh meeting, Geneva, 2 (p.m.) and 3 (p.m.) May 1988: Health Promotion

Eighth meeting, Mexico, June 1989: The Old in A New World.

The seventh meeting will be organized by WHO and the eighth by a NGO to be designated.

9.6 Proposed structure of seventh meeting, 2 (p.m.) and 3 (p.m.) May in Geneva

9.6.1 Theme

Health promotion in old age: concepts/examples/areas for development and research/need for evaluation

Summary and introduction to be prepared by secretariat.

Group members to be asked to submit written reports in advance on possible activities.

9.6.2 Group work

How NGOs could assist. The interface NGO-policymaker-service deliverer.

9.6.3 Plenary

Report back.

9.6.4 Group work

Self-care - the cornerstone. How to communicate the message to individuals and carers. Importance of local characteristics (cultural/socio-economic/organizational/structural).

9.6.5 Plenary

Report back.

9.6.6 Group work

Recommendations or plan of action - WHO/NGO/others.

9.6.7 Plenary

Report back.

Annex 1

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

I am very pleased to meet again with you and, through you, with all the many NGOs that form such an important part of the worldwide movement for health and an active role in society for the senior citizens of this world. The global programme for health of the elderly has made cooperation with NGOs a cornerstone of its strategy, and I am much impressed by the practical achievements of this approach.

In my address to you last year, I stated that we in WHO were not satisfied that we had moved far enough in involving nongovernmental organizations in programme implementation and development. I am pleased to report that, in the interval since we last met, faster progress has been made. The staff of the Health of the Elderly unit have been involved in joint country visits with nongovernmental organizations. Dr Hana Hermanova went on a joint mission with HelpAge International to Jordan in November 1986 to plan a project with the United Nations Relief and Works Agency for Palestine Refugees in the Near East and in February 1987 Dr David Macfadyen was in Zimbabwe at the same time as a HelpAge country visit was being made.

WHO was happy to be associated with the First Latin American Congress on Gerontology which was organized in Bogota in June 1986 by the International Centre of Social Gerontology. We also collaborated with the International Association of Gerontology and the International Union of Nutrition Science at a meeting in Hyderabad in November 1986 on nutrition in aging.

The appearance of publications during the past year has been another fruit of our joint cooperation. The International Centre of Social Gerontology has produced in English and French the publication "Quality assurance in long-term care: policy, research and measurement" and, with the International Council of Nurses, we have a draft publication on "The age of aging: implications for nursing". It is clear that nongovernmental organizations can produce good quality publications quickly - often faster than we can in WHO. We have collaborated therefore with the Kellogg Foundation to produce publications on the prevention of falls and on hearing. These give practical advice to practitioners and have appeared as special issues of the Danish Medical Bulletin.

Regional developments which will be reported at this year's meeting include the established NGO/WHO Collaborative Group for the Region of the Americas and the about-to-be established corresponding group for the African Region, on which Mr Sykes and Dr Mwambazi will report.

So much for implementation. But what about programme development?

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

Our meeting is timely since the World Health Assembly is considering the programme for 1988-89 as well as the programme of work for 1990-95. With regard to the coming biennium, the role of nongovernmental organizations in programme implementation is explicit. I should explain that the new arrangements for the programme described in the budget document do not imply any departure from the current practice of meeting globally in Geneva each year and, to underscore the continued global orientation of the programme, Dr Alex Kalache from Brazil is acting as the WHO secretary of the present meeting.

For the period of the Eighth General Programme of Work (1990-95), we have formulated a draft programme which is circulated to you. I shall present this programme to Dr Mahler at the end of June and should appreciate having any comments on this proposed programme by 1 June. Your own perspectives on the directions of the programme would be particularly helpful to me.

In conclusion, I would like to thank you all for your continued support to the Health of the Elderly programme and look forward to securing your collaboration as we try to realize our ambitions for the year 2000.

Annex 2

CALENDAR OF NGO MEETINGS ON HEALTH OF THE ELDERLY

1988-1989

<u>Date</u>	<u>Location</u>	<u>Activity</u>	<u>NGO</u>
<u>1988</u>			
22-24 April	St John N.B.	1988 Annual General Meeting and Alzheimer National Conference	Alzh. Soc. of Canada
30 May-2 June	The Hague	XII International Congress of EURAG	EURAG
June	Washington D.C.	ICW Centennial, Seminar on Women's Health	ICW (in assoc. with AARP)
5-7 Sept.	Brisbane	Alzheimer Disease International Fourth International Meeting	ADI
To be fixed	China	Regional conference for Asia	ICSG
To be fixed	France	Survey on the very old	ICSG
To be fixed	France	Training course in conjunction with universities	ICSG
To be 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
To be fixed		International colloquium	FIAPA

1989

May	Seoul	19th Congress of the International Council of Nurses	ICN
19-23 June	Acapulco	XIV International Congress of Gerontology	IAG ^a
	Northern Andes	Expand training programmes based in Bogota to include training in primary health care for voluntary organizations (begun in 1986)	HAI
	Bolivia/Brazil	Training experience for Bolivian geriatricians in Brazil	HAI

Abbreviations

AARP	American Association of Retired Persons
ADI	Alzheimer's Disease International
CICIAMS	International Committee of Catholic Nurses
EURAG	European Federation for the welfare of the elderly
FIAPA	International Federation of Elderly Persons Associations
HAI	HelpAge International
IAG	International Association of Gerontology
ICN	International Council of Nurses
ICW	International Council of Women
ICSG	International Centre of Social Gerontology

^a Interested persons may apply to participate in the programme.
Deadline to request registration and abstract forms is 15 July 1988 available from: Congress Secretariat, Jojutla No. 91, Tlalpan C.P. 14090, Mexico D.F.

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Annex 3

LIST OF PARTICIPANTS

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- Ms Edna Kane-Williams, Health Advocacy Services (Rapporteur)

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- Mr Paul Blanc, President, Group on Aging

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- Dr Christopher Beer, Chief Executive

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- Ms Armine Scherler

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- Ms K. McInerney

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- Mr C.M. Pintaud

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- Ms Monique Esnard, Technical Adviser, Social Work

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- Mr James T. Sykes

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World Federation for Mental Health
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- Ms J. Howells-Spaulling

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Switzerland

- Ms Elizabeth Tacer

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UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL
ORGANIZATION, PARIS, FRANCE

Mr A. Raffray
UNESCO Liaison Officer at Geneva

UNITED NATIONS OFFICE AT GENEVA, NGO LIAISON OFFICER^a

UN/NGO COMMITTEE ON AGING, NEW YORK^a

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Regional Director, WHO Regional Office for Europe, Copenhagen

Dr Maazda Bekele
Chief, Collaboration with the United Nations System, Geneva

Ms J. von Essen
Acting Assistant, Health of the Elderly, Copenhagen

Ms J. Gunby
Administrative Assistant, Collaboration with the United Nations System,
Nongovernmental and other Organizations, Geneva

Dr A. Kalache
Consultant, Health of the Elderly, Copenhagen (Secretary)

Dr C.R. Krishnamurti
Health for All Officer, New Delhi

Dr Manuel Jorge Lopez
Consultant, Mental Health, Geneva

Dr W.C. Mwambazi
Regional Programme for Family Health, Brazzaville

Dr J. Rochon
Director Designate, Programme Management, Copenhagen

Dr K. Staehr-Johansen
Chief, Appropriate Health Care Technology, Copenhagen

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Annex 4

NGO/WHO COLLABORATIVE GROUP ON AGING

INVENTORY OF MEMBERS

1. Name
2. Secretariat (and/or elected officers: WHO liaison/contact where available)
3. Founded:
4. Objectives:
5. Structure and policy:
6. Relations with other organizations:
7. Activities:
8. Publications:
9. History of WHO collaboration:
10. WHO focal person:
11. Recent joint collaboration:
12. Programme relations to WHO programme of work: