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INDEXED

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Health services for the aged -*

HEALTH CARE OF THE ELDERLY

Report of

Interregional Planning and Coordination Meeting

Copenhagen

29-31 October 1979



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## SUMMARY

The meeting was called to study the implications of the World Health Assembly resolution WHA32.25 Collaboration with the United Nations System - Health Care of the Elderly, and to plan a programme of global and regional activities for the remaining period of the 6th General Programme of Work 1980-83.

It was attended by the officers responsible for the programme on care of the aged in each WHO Region, two staff members from Headquarters and the staff of the global unit which is located in Copenhagen.

The Regional Director for Europe, acting for the Director-General, opened the meeting and informed the group that the Director-General had confirmed his intention of making an allocation from his Development Fund for the years 1980-81 in order to help develop the programme at both the global and regional levels.

The current situation in each Region was reviewed in order to provide a basis for future action for both the global and regional programmes. While developing countries in AMRO (Costa Rica and Peru), AFRO (Liberia and Mozambique) and WPRO (the Philippines and the People's Republic of China) have expressed interest in technical cooperation in this field, there is an urgent need to increase the awareness of the developing world of the impact that increasing numbers of aging persons will have on families, communities and health services.

The draft global medium-term programme (MTP) which had been prepared by the responsible global unit in the European Regional Office and circulated to all regions was revised to reflect world-wide problems and objectives. The objectives, which are defined in the full report, will serve as the basis for all Regional Offices to define realistic targets and appropriate activities for countries of their respective Regions and to assist the global unit in planning and implementing global activities in 1980 and 1981 which will be aimed at supporting the development of regional programmes.

Global activities for 1982 and 1983 will be planned in detail after the Regions have outlined targets and activities for the period.

Evaluation of global activities in 1979 and 1980 and plans for the remaining period of the 6th General Programme of Work (1981-1983) will be discussed during the Global Technical Advisory Committee, which is expected to meet in October 1980 with the full participation of all WHO Regional Offices.

The preliminary WHO proposals for inclusion in the programme of the UN World Assembly on the Elderly in 1982 were discussed and agreed in principle. Regional Offices will assist in the preparation of background documentation relevant to the situation in the Member countries of their respective regions.

On their return to their Regional Offices each officer has agreed to prepare a tabulation using a standard format for three separate components of the programme. On completion these will be sent to the global unit to assist in redrafting the medium-term programme for submission to the Headquarters Programme Committee in April 1980. In addition, information will be included as to proposed regional budgets. Institutions and resource people available to collaborate at country level will also be proposed.

REPORT

The meeting was held in Copenhagen on 29-31 October 1979 and was attended by the six regional officers responsible for the programme for Care of the Aged, two staff members from WHO, Headquarters, a nursing officer from the European Regional Office and the staff responsible for the development of the global programme in Copenhagen. List of participants attached, Annex 1.

The purpose of the meeting was to study the implications of the World Health Assembly Resolution WHA32.25 Collaboration with the United Nations System - Health Care of the Elderly: to plan a programme of global and regional activities in preparation for the UN World Assembly on the Elderly and for the remaining period of the Sixth General Programme of Work 1980-83; and to review and revise as necessary the draft global medium-term programme (MTP).

The Regional Director for Europe, acting for the Director-General, opened the meeting and, in welcoming the participants, informed them that the Director-General had confirmed his intention to allocate funds from his Development Programme for the biennium 1980-81 to help develop the programme at both the global and regional levels. This allocation will be made on receipt of detailed plans for activities aimed at stimulating the development of regional programmes and supporting Member States in their response to the World Health Assembly resolution. Alternative means of developing the programme, particularly at national level, will be pursued with inter-governmental agencies, non-governmental organizations and voluntary contributors, for example, from the Governments who sponsored the WHA resolution.

The nursing officer from the Western Pacific Regional Office was elected chairman of the meeting and the provisional agenda was adopted without change. Copy attached, Annex 2.

Background material

The group was provided with the following documentation to assist them in their discussions:

- A global contribution in respect of programme for the health care of the elderly: Director-General's Biennial Report on the Work of WHO, 1978-1979;
- Draft global medium-term programme for the health care of the elderly, 28 August 1979;
- Proposals for managerial structure of global programme, 15 October 1979;
- Director-General's Note Verbale (C.L. 18.1979) transmitting to Member States resolution WHA32.25: Collaboration with the United Nations system: general matters - Health care of the elderly;
- Status of preparations undertaken for United Nations World Assembly on the Elderly: Report EB65 and WHA33;
- Letter of 2 July 1979 from Regional Director, EURO, to United Nations Under-Secretary-General, Mr J. Ripert;
- Report of preplanning meeting for the Inter-regional Technical Advisory Committee on Health Care of the Elderly, Copenhagen, 17-18 October 1979, ICP/ADR 043.

Review of current programme activities

The draft global contribution to Chapter 5 of the Director-General's Report on the Work of WHO for 1978-79 was reviewed and endorsed with the exception of minor modifications.

Regional officers reported on the situation in the respective regions as follows:

### Africa

Member States of the African Region have not given high priority to technical cooperation with WHO on the programme for Care of the Aged. The Regional Office, while appreciating that problems in other programme areas are more apparent, is aware that there is a rapid growth in the number of older people in countries of the Region. In order to estimate the extent of the phenomenon and potential problems that it might create, more information was needed and therefore, the Regional Office would initiate the following studies when resources, both manpower and financial, permit. In this connexion an allocation of "seed" money from the Director-General's Development Fund and consultant services through the global office would be greatly appreciated.

- a survey of the percentage and absolute numbers of the elderly in a number of countries and identification of health problems related to the aging process;
- a review of the accessibility of health and related social and welfare services, including housing, to the elderly and the extent to which such services are utilized;
- a study and evaluation of the role that traditional medicine plays and could take in health care of the elderly;
- a survey of existing patterns of social security systems and evaluation of their impact and potential for application in countries with similar socio-economic patterns;
- a review of educational programmes in the care of the elderly.

Describing the initiatives that had already been taken by WHO, the Regional Officer explained that of 45 countries which had been asked whether any studies had been undertaken in their country on the elderly population and if they were interested in participating in an epidemiological study being coordinated by the European Regional Office, only 17 had replied. None of these were able to join the study and only two, Liberia and Mozambique, had studied the situation in their countries and had identified areas where there was a possible need for technical cooperation with WHO in connexion with their existing services, which put the emphasis on institutional care.

### The Americas

In this region the WHO/PAHO Office emphasizes the multi-disciplinary approach and carries out activities for the aged through disease specific programmes and epidemiological studies. The Region of the Americas includes countries with widely divergent levels of socio-economic development and no common pattern of problems is apparent. This also applies within the less developed countries, some of which are showing rates of cardiovascular diseases, cancer etc., which are thought to be more a feature of developed or industrialized countries. Costa Rica, one of the few countries which has developed specific programmes for the elderly, has a programme committee for development of services. It has conducted two national courses and has asked for the technical cooperation of WHO through consultant services. Peru also intends to develop a programme for the aged and has asked for the assistance of PAHO/WHO. The Regional Office is identifying four countries who would wish to participate in the proposed joint programme with the National Institute on Aging in Bethesda, Maryland, USA.

Comparative profiles of the aged will be prepared as background documentation for the 1982 UN World Assembly on the Elderly, particularly from the point of view of assessing whether the process of development is having an impact on the status of the elderly.

### South-East Asia

The traditional role of the family in the care of the elderly has been maintained to a great extent in countries of the South-East Asia Region and therefore, they have not yet given high priority to technical cooperation with WHO. The Regional Office, in recognizing that this pattern may change as a result of rapid urbanization proposes to undertake studies to assess the situation when funds for the appointment of consultants are available. It was emphasized that existing services for the elderly are mainly provided through Social Welfare Services and voluntary organizations and not by health authorities.

## Europe

Since the transfer of global responsibility to the Regional Office for Europe its programme for care of the aged has been orientated to activities with the potential of attracting participation from other regions. These include activities which relate to the programme proposed by WHO for the 1982 UN World Assembly on the themes of prevention, systems of care and education as well as those on other topics of wide interest, such as the use of medicaments by old people.

Activities concerning the elderly in this Region have also been initiated through other programmes, in particular an epidemiological study in eleven countries, two of which are in a different region of WHO. Nursing activities related to the care of the aged were described by a regional nursing officer who referred to a report of a meeting held in 1976 on the nursing aspects in the care of the elderly. (ICP/HSD/O10)

Many of the conclusions reached by this working group are still very relevant to the global programme for care of the aged, namely:

- In care services for the elderly, especially in the community, the nurse has a contribution to make as an independent professional practitioner. There are probably large groups of trained nursing personnel in many countries who, if they were better utilized, could assist in solving some of the problems of providing care for the elderly.

- Aging is a normal process of living. Nursing care of the elderly includes care of the healthy and disabled elderly as well as those who are sick, either in their homes, in a hospital or other institution. Nurses are involved in promoting health and in the preventive, supportive, rehabilitative and curative aspects of the care of the elderly, as an integral part of the total health service.

- Nursing personnel work in cooperation with a wide variety of other health and social services staff, and clear lines of communication should be developed, to allow direct access to these allied services.

- The education of the nurse who will care for the elderly must be comprehensive. Education programmes should cover the process of aging; manifestations of multiple pathology; the psychological, sociological and health-oriented aspects of care; and teaching and management.

- Research into nursing care of the elderly has been too long neglected and is an area which requires urgent attention. Nurses with experience in research should carry out studies and/or research on the nursing process as well as in care of the elderly in both community and hospital or institutional settings.

- If health care services for the elderly are to be initiated or improved, measures must be taken to change the attitudes of the professional health workers and the public. Campaigns should be launched to publicize the different and overlapping roles of the health professions and to encourage a better understanding and use of the professional health workers who are not physicians.

- Nursing care of the elderly should be given a high status among health services in general and nursing services in particular. Conditions of service should be made attractive to nursing personnel and the real personal satisfaction which proceeds from giving service to older people should be inculcated in the young nurse through desirable learning experiences provided early in her nursing education.

The recommendations included in this report and expressed by the speaker were supported by the participants in the meeting and, in view of the front line position of nurses in care of the elderly, the proposed inclusion of a nurse in the global team was warmly endorsed.

### Eastern Mediterranean

The Regional Officer referred to the rapid socio-economic changes that are taking place in countries of the region, particularly in terms of smaller families and environmental changes to which the elderly may find it difficult to adjust. There is a potential problem of the elderly becoming increasingly deprived of the traditional support provided within the extended family system. The situation is aggravated by the lack of organized systems for providing the necessary economic and social support for the elderly in the majority of developing countries in the Region.

There is a need for epidemiological assessment and for studies and organized research on the psycho-social aspects of retired or non-economically active elderly people.

A review had been made of available data on the percentage of the population over the age of 60 in a number of countries which revealed figures of 14.3 per cent in Cyprus and as little as 2.5 per cent in Kuwait. The Regional Office will make a situation analysis on the status of the elderly in four of the countries which could face potential problems because of the size of the older population.

### Western Pacific

The problems common to most developing countries apply in the Region of the Western Pacific and therefore, few requests for technical cooperation with WHO for development of specific services for the elderly have been made. The Regional Office stimulates action at the national level through related and ongoing activities in other programmes. The People's Republic of China has shown a very keen interest in this field and, with the assistance of WHO, recently sent a delegation to several European countries to study their services for the elderly.

### Medium-Term Programme

#### 1. Introduction

The participants were guided in their discussions by Dr C. Chollat-Traquet, Headquarters, who described the approaches which should be applied to implement the objectives of the Sixth General Programme of Work. Medium-term programming should be considered an organization-wide look at the programme for the period covered, with general financial implications. The global medium-term programme has seven components, the planned programme for the six regions and the seventh, the global level. At the global level information should be on the extent of each specific health problem on a world-wide basis as aggregated from regional data. Therefore, it was essential that regional offices should prepare medium-term programmes for care of the aged; these documents did not necessarily have to contain all the elements of a fully-fledged medium-term programme, if this was not justified by the priority given to the programme by the Member States of the Region, but could be a full programme statement reflecting regional problems and objectives and realistic targets and activities. A medium-term programme should be thought of as a tool which can be used to develop a programme and this might most usefully be achieved through other ongoing programmes or even through participation in global and inter-regional activities.

The participants were also reminded that the Medium-Term Programme for Health Services Development had already been prepared earlier in 1979<sup>1</sup>, and included as one of its objectives the promotion of adequate services for the health care of the elderly in the community. (The programme care of the aged is a sub-programme of programme 3.1 HSD.) In this connexion some targets had already been established and activities proposed.

#### 2. Review of draft Medium-Term Programme

The group reviewed the draft of the global medium-term programme concentrating on the following points.

<sup>1</sup> Document HSD 79.1

#### Problem definition

The statement in the introduction on the trend towards a more aged world population by the year 2000 should be replaced by a statement quoting specific numbers.

#### General problems

The statement made in the second paragraph concerning the situation in developed countries should be supported by available information. The text under this heading will be revised to make it clear that there is no intention to transfer inappropriate technology, but that countries will be given the opportunity to benefit from both the positive and negative experiences of others before developing their programmes.

#### Specific problems

During discussion of the six specific problems listed it was agreed that the introductory statement should be expanded to reflect the impact of the increased numbers of old people and the importance of action at the primary health care level. In view of the lack of information available concerning the status and feelings of the elderly in developing countries problem 1.3.2 which refers to "problems as perceived by the elderly themselves" will be rewritten. Specific reference will be made in 1.3.4 to the need to maintain voluntary efforts. The problem defined under point 1.3.6 concerning the lack of home-based, family- and community-supported services will be rewritten to highlight the multi-disciplinary aspects of the programme.

#### Main lines of future development

This part of the medium-term programme will be revised to reflect the discussions on problems and the steps which will be taken to overcome them. The proposed actions will be listed in tabular form rather than textual and the emphasis put on coordination.

#### Objectives of the WHO Programme

##### General objective

The wording under this heading will be revised and expanded to reflect the objectives of the Sixth General Programme of Work and global medium-term programme for HSD.

##### Specific objectives, targets and activities

After in-depth discussions and a meeting of a small working group the specific objectives were redefined.

They will comprise the following three sub-programmes or components:

- cooperation, coordination and information exchange
- delivery of health and social services
- technology

and will span five objectives as follows:

Objective 1.1 To define the physical, mental and social profiles of the elderly within existing structures of countries and to identify the consequences of increased numbers of aged in societies.

Objective 1.2 To improve communication and coordination health and social matters related to the elderly between National Institutions, Governmental, Non-governmental and United Nations and other Inter-governmental organizations and within the Organization itself.

Objective 2.1 To stimulate in Member States the development of appropriate and adequate preparation for old age and effective and efficient systems of care of the elderly, including health promotion, prevention of disabilities and adverse processes.

Objective 3.1 To promote the training of health and allied personnel to programmes designed to enhance the quality of life of the elderly.

Objective 3.2 To encourage collaborative health and social research aimed at developing technology appropriate to the programme.

The regional officers were asked to study the list of objectives on their return to their Regional Offices and to establish appropriate targets and activities relative to the situation in their Regions. This exercise should be completed as soon as possible and returned to the Global Office to enable the global programme manager to redraft the medium-term programme.

The participants from the regions for Africa, Eastern Mediterranean and South-East Asia were particularly concerned with the problems of establishing targets when so few countries in these regions had given any priority to the programme and where WHO manpower and financial resources were practically nonexistent. It was generally agreed that for these regions the targets would probably relate to steps designed to build up their capacity for action and response to the expressed needs of Member States. In addition, it might also mean that for some time their activities and those of Member States would be limited to participation in activities programmed as part of the global programme.

The representative of the WHO/PAHO Office for the Americas drew attention to the value of pilot studies where the input of minor resources can make a considerable impact at the national level. In this connexion the general consensus was that "seed" money from the Director-General's Development Fund should be used for the first steps of a continuing programme of activities and not for activities with no foreseeable or planned future follow-up.

#### Regional programme budgets

The regional participants were asked to provide an indication of the manpower and financial resources which would be given to or required for the development of the programme for the years 1980-83. These estimates should be prepared together with and related to the list of targets and activities and be broken down under the following headings:

##### (a) Personnel in the Regional Office

The estimated number of manmonths the programme manager and supporting staff would spend on the programme.

The number of consultant or other staff manmonths needed to assist the Regional Office in the development of the programme.

##### (b) Country- and Inter-country projects

The funds budgeted or required for regional meetings or for direct technical cooperation with national authorities. If these estimates are to be a basis for requests for "seed" money for 1980-81 they should be supported by statements showing their relationship to needs of Member States.

##### (c) Participation in global and inter-regional activities

In accordance with established procedures budgetary provision should be made for regional participation in global activities. For the years 1980-81 however, some regions may find it difficult to allocate the funds from their regular budget or identify other sources of fundings and therefore, the overall costs of such activities may have to be provided for in the global programme budget.

#### Global and inter-regional activities and programme budget

Proposals for global activities were given in Appendices 3 and 5 of the draft MTP, it being understood that they would be revised as necessary to reflect regional priorities. The group briefly reviewed the proposals for specific activities in Appendix 5 and was able to indicate

its support for the following three groups, global programme planning and coordination committee, global liaison committee of inter-governmental organizations and NGO's and the global technical advisory committee. Some reservations were expressed concerning the proposed budgetary provisions for ad hoc technical groups, studies and fellowships, it being felt that assistance in the form of grants for national courses might be more appropriate in the early development stages of the programme. Participants were given a copy of a working paper (attached) which had been provided to the pre-planning meeting for the technical advisory committee which listed possible activities under the following headings:

- A. International Publications
- B. Studies of International Relevance
- C. International Meetings
- D. International Training

and were asked to take it with them and identify relevant activities once they had defined their regional targets and proposed activities. This document with comments would then be returned to the Global Office with the material referred to earlier.

#### Network of institutions

Appendix 2 of the draft medium-term programme gives names of institutions working in the field of care of the elderly and which already collaborate with WHO. Participants were asked to identify other institutions in all regions, particularly in developing countries, in order to ensure that collaboration was developed on a world-wide scale. These need not be gerontological institutes but could be institutions such as the Home Nursing Foundation in Singapore or socio-logical institutions involved in family studies.

#### Managerial structure of the global programme

The meeting was given a brief background explanation of the management procedures which had been proposed by the Global Office. These mainly related to the procedures needed to implement the administrative experiment of the European Regional Office having been given global responsibility for two programmes. Administrative procedures between the Global Office and other regions had not represented a problem so far as they were based on the accepted established procedures for the other global programmes.

#### Preparation for WHO contribution to the UN World Assembly on the Elderly 1982 and Report to the 65th Session of the Executive Board 1980

The draft report to the Executive Board, which described the measures taken by Headquarters and the Global Office in response to the Health Assembly resolution WHA32.25, concerning the WHO programme for care of the aged and participation in the UN World Assembly on the Elderly, was reviewed and expanded to include reference to proposed regional action (copy report attached). The discussions revealed that it had been possible to do very little at the regional level, mostly due to problems reported above, but that all offices were aware of the need for action. In reviewing the draft proposals made to the United Nations for inclusion in the programme of the World Assembly on the Elderly participants agreed that the potential of the elderly as a resource group should be stressed. The slightly revised proposed list of topics now reads as follows:

- The elderly as a potential resource group in the community. The cultural, socio-political and economic aspects and attitudes which influence their integration as active members of society.

- Methods for promotion of health, for the prevention and rehabilitation of physical, mental and social disability and for the identification of vulnerable groups.

- Alternative systems for the provision of health and social care with special emphasis on the primary level.

- Inclusion of needs of the elderly both in general education and in the basic, post-graduate and continuing education of health and related personnel.

- Research into the aging process and its consequences for the individual and society including cost containment of services.

To the greatest extent possible regional offices would assist in the preparation of background documentation on countries in their respective regions and identify and contact potential contributors at the country level.

In this connexion the group discussed the report of the Pre-planning meeting for the global technical advisory committee on Health Care of the Elderly, revised copy annexed. The regional representatives were requested to consider possible authors in developing countries who could be asked to contribute to the preparation of papers on the themes proposed for the 1980 meeting to ensure the relevance of the documentation. It was confirmed that all Regional Offices would be invited to send a representative to the 1980 meeting and that national participation would also be welcomed. A number of the participants found the proposed scope and programme for the 1980 meeting somewhat ambitious, particularly with reference to the expected outcome of a set of recommendations to guide WHO and its Member States on future international and national programmes. Clarification was given on this point, particularly on the role of the proposed advisory committee in the further development of the WHO medium-term programme and in planning for the 7th General Programme of Work.

Next meeting of the global programme planning and coordination group

In view of the UN World Assembly on the Elderly it was agreed that the group should meet again in 1980 immediately following the meeting referred to above. The possibility of holding this meeting in the Regional Office for the Americas would be explored so that participants would have an opportunity to visit the proposed collaborating centre in the USA with the view to developing collaborative programmes. The committee would then meet every two years as from 1981.

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<sup>1</sup> Since changed to "WHO Preparatory Conference for the UN World Assembly on the Elderly".



PROVISIONAL LIST OF PARTICIPANTS

World Health Organization

Regional Office for Africa

Dr F. Cardinal  
Medical Officer, Strengthening of Health Services

Regional Office for the Americas

Dr J. Litvak  
Medical Officer, Noncommunicable Diseases

Regional Office for the Eastern Mediterranean

Dr I. Cogan  
Medical Officer, Community Health

Regional Office for South-East Asia

Dr M. Thangavelu  
Medical Officer, Noncommunicable Diseases

Regional Office for the Western Pacific

Ms H.E. Fillmore  
Regional Adviser, Nursing

Regional Office for Europe

Dr D.M. Macfadyen  
Regional Officer for Health Care of the Elderly

Miss F. Palmer  
Administrative Officer

Miss E. Stussi  
Nursing Officer

Dr R. Glyn Thomas  
Regional Officer for Development of Community Services

Headquarters

Dr C. Chollat-Traquet  
Long-term Planning and Medium-term Programming

Dr I. Tabibzadeh  
Strengthening of Health Services

PROVISIONAL AGENDA

1. Regional Director's introductory remarks
2. Election of Chairman
3. Adoption of agenda
4. Current programme activities
  - 4.1 Global contribution in respect of programme for the health care of the elderly to DG's Biennial Report on the Work of WHO, 1978-1979
  - 4.2 Regional reports: AFRO, AMRO, SEARO, EURO, EMRO, WPRO
  - 4.3 Global report
5. Proposed revisions of draft global medium-term programme dated 28 August 1979
  - 5.1 Programme structure
  - 5.2 Specific problems, paragraph 1.3
  - 5.3 Specific objectives, paragraph 3.2
  - 5.4 Targets, paragraph 5
  - 5.5 Network of institutions, Appendix 2
  - 5.6 Interregional activities and projects, Appendix 3
  - 5.7 Minimum schedule of global and interregional activities, Appendix 5, Rev.1, 16 October 1979
  - 5.8 Regional programme budgets, paragraph 6.3
  - 5.9 Other proposed revisions
6. Proposals for managerial structure of global programme
7. Resolution WHA32.25
  - 7.1 Discussion of draft paper for EB65
  - 7.2 Other action proposed
8. Preparation for WHO contribution to United Nations World Assembly on the Elderly
  - 8.1 Proposals to United Nations Under-Secretary-General
  - 8.2 Report of preplanning meeting for the 1980 Global Policy/Technical Advisory Committee on Health Care of the Elderly, held in Copenhagen, 17-18 October 1979
  - 8.3 Other proposals
9. Adoption of draft report
10. Other business

LIST OF PROPOSED ACTIVITIES  
IN THE FIELD OF THE ELDERLY  
FOR 1980-1983

REMARKS

- A. POSSIBLE INTERNATIONAL PUBLICATIONS
- A.1 Bibliography of world literature on epidemiological studies on the elderly  
(Annotated bibliography for Europe has been completed and currently is being extended)
- A.2 Review of medical sociology literature on the elderly  
(Proposal based upon recommendation of Technical Advisory Committee)
- A.3 Document on planning, programming and evaluation of services for the elderly  
(This would be the main output of the 1980 policy committee and would be sent to all countries; the 1982 policy committee would update this)
- A.4 Glossary, terminology, definitions and classifications concerning the elderly  
(This recommendation of the Expert Committee is currently being implemented)
- A.5 Essential drug list for elderly people  
(Contract has been made for production of working paper)
- B. POSSIBLE STUDIES OF INTERNATIONAL RELEVANCE
- B.1 Cross national questionnaire survey on health status of the elderly  
(A standard questionnaire has been administered in 12 countries)
- B.2 Study of methodology for international or time series comparisons of disability in the elderly  
(A Conference and a Working Group on the subject are planned)
- B.3 International data collection on population, mortality and morbidity using standard reporting procedures  
(Health Statistics Unit, Geneva has formulated a project)

REMARKS

- B.4 Study of methodology for an international study of knowledge, attitudes and practices of service personnel caring for the elderly  
(An ad hoc technical group is proposed).
- B.5 Case studies in a range of countries on re-integration of elderly within families and within society
- B.6 Study of methodology for cross national studies on health services for the elderly  
(Ad hoc technical group proposed and questionnaire under development).
- B.7 Pilot studies of social acceptability of existing services  
(Based on recommendation of Consultative Committee).
- B.8 International comparative study on economics of health services for the elderly  
(Possibly jointly with other agencies).
- B.9 Case studies of innovative approaches to non-institutional care
- C. POSSIBLE INTERNATIONAL MEETINGS
- C.1 Joint Expert Committee of WHO and other UN agency(ies) on issues of social, economic and health concern.  
(A meeting of UN Agencies recommended "integrated" programmes).
- C.2 Policy Committee meeting  
(Proposed for 1980).
- C.3 WHO inter-regional planning and coordination meeting  
(Initial meeting scheduled 29-31 October, 1979).
- C.4 Working group on planning health services for the elderly in developing countries
- C.5 Coordination meeting on health services research for care of the elderly
- C.6 Meeting to establish collaborative programme on basic research  
(To coincide with meeting of Directors of National Institutes of Gerontology).
- C.7 Curriculum change in nursing and medical education  
(Working paper in preparation; Deans of Medical School meeting might be an appropriate forum).

REMARKS

- C.8 Global liaison meeting between governmental and non-governmental organizations
- C.9 Technical Group meeting for design of action oriented research on changing attitudes and practices among the general public
- C.10 Consultative meeting to establish international standards of housing and institutional design  
(Jointly with international architects).
- D. POSSIBLE INTERNATIONAL TRAINING
- D.1 Training programme in gerontological epidemiology
- D.2 International reference centre for educational materials on health care of the elderly
- D.3 Exchange programme for human resource development between developed and developing countries

EXECUTIVE BOARD  
Sixty-fifth Session  
Provisional agenda item

5 November 1979

EB 65

COLLABORATION WITH THE UNITED NATIONS SYSTEM: GENERAL MATTERS

Health Care of the Elderly

Draft Report by the Regional Director for Europe  
acting for Director-General

This report is submitted to the Board in compliance with resolution WHA32.25 which requests the Director-General, inter-alia, to report on the status of the preparations undertaken for the 1982 UN World Assembly on the Elderly.

1. Introduction

1.1 In accordance with resolution WHA 32.25, this report is intended to provide the Board with information on the status of WHO preparations for the UN World Assembly in 1982.

2. Collaboration with the United Nations for appropriate participation in the Assembly

2.1 Pursuant to the adoption of the United Nations General Assembly resolution (RES/33/52) Mr Jean Ripert, UN Under-Secretary-General for International Economic and Social Affairs, wrote to the Director-General of WHO requesting proposals for inclusion in the draft programme for the World Assembly on the Elderly.

2.2 On 2 July 1979 WHO replied to Mr Ripert drawing attention to the WHA resolution WHA 32.25 and confirming the Organization's interest in taking an active role in organizing the World Assembly.

2.3 A provisional list of subjects which WHO would wish to see in the programme was provided. These preliminary proposals, which were later amended to reflect the recommendations of two WHO consultative groups which met in October 1979, read as follows:

- The elderly as a potential resource group in the community. The cultural, socio-political and economic aspects and attitudes which influence their integration as active members of society.

- Methods for the promotion of health, for the prevention and rehabilitation of physical, mental and social disability and for the identification of vulnerable groups.

- Alternative systems for the provision of health and social care with special emphasis on the primary level.

- Inclusion of needs of the elderly both in general education and in the basic, post-graduate and continuing education of health and related personnel.

- Research into the aging process and its consequences for the individual and society including cost containment of services.

2.4 It was recommended that the UN should consider reconvening the Inter-Agency Technical Meeting on Aging which had previously met in February 1978.

2.5 As a further step to collaboration with the UN a representative from the UN Centre for Social Development and Humanitarian Affairs was invited to participate in the meeting described in the following paragraph.

### 3. Measures taken to maximize the activity of Global Programme

3.1 A small independent meeting of experts in the field of care of the elderly was held in Copenhagen on 17 and 18 October 1979 with the purpose of planning the establishment of a global technical advisory committee in 1980 whose functions would be to assist the Regional Director for the European Regional Office, in his capacity as acting for the Director-General, in the planning and developing of the Organization's Global Programme for Care of the Aged.

3.2 In addition the group reviewed the preliminary proposals made to the UN with a view to determining their relevance to the objectives of the UN World Assembly and the action needed to ensure the high level of WHO's contribution.

3.3 A review was made of the main consequences of the aging process and major issues were identified for consideration and action by the 1980 Committee.

3.4 The planning group strongly recommended that this committee should include representatives from all WHO Regional Offices, national planners and policy-makers, deans of medical and nursing schools and, in view of the 1982 UN World Assembly and of the multi-disciplinary nature of the programme, representatives of other UN specialized agencies and nongovernmental organizations should be invited to attend the meeting.

3.5 An inter-regional programme planning and coordination committee was held in the European Regional Office on 29-31 October 1979. This meeting was opened by the Regional Director, EURO, acting for the Director-General, and was attended by the responsible officer from every WHO Regional Office, two staff members from WHO Headquarters, a nursing officer from EURO and the staff responsible for the development of the global programme in Copenhagen.

3.6 The purpose of the meeting was to:

- (1) study the implications of resolution WHA 32.25 and agree on a concerted plan of action;
- (2) review and revise as necessary the draft global medium-term programme for the care of the aged;
- (3) review the reports of activities undertaken over the past few years;
- (4) exchange information on the problems and programmes of the different regions;
- (5) establish the administrative and managerial procedures for coordination of the global WHO programme;
- (6) review the proposed procedures and programme for the 1980 global technical advisory committee.

3.7 The planned activities under other WHO global programmes are being carefully reviewed with the purpose of exploring their potential for stimulating action by Member States.

A number of programmes such as Mental Health, Family Health, including Nutrition, and Statistics are already implementing and planning inter-regional activities which are relevant to the programme for care of the aged.

### 4. Regional Action

4.1 A difference between the needs of developed countries and those of the less industrialized or developing countries is reflected in the actions taken or proposed by every Regional Office.

4.2 In their requests for technical cooperation with WHO, Member States in the African Region have not given a high priority to the programme to care for the aged because of more apparent problems in other areas.

4.3 The Regional Office, recognizing the need for more information on the situation in developing countries, proposes to take action to initiate studies aimed at stimulating the awareness of Member States to problems or potential problems of the elderly in their countries, and their active response to the WHA resolution and participation in the UN World Assembly.

4.5 The Region for the Americas includes in its Member States countries with widely divergent levels of socio-economic development, and the Regional Office is preparing comparative profiles of the elderly in developed and developing countries.

4.6 They are also strongly encouraging collaborative programmes by the various governmental, international and non-governmental organizations working in this and related fields.

4.7 The traditional role of the family in the care of the elderly has been maintained to a great extent in countries of the South-East Region and therefore, countries have not yet given high priority to technical cooperation in the WHO care of the aged programme. The Regional Office in recognizing that this pattern may change as a result of rapid urbanization is encouraging the development of social services.

4.8 The Regional Office for Europe has continued to orient its programme for care of the aged to activities with the potential of attracting participation from other regions. These include activities which relate to the programme proposed by WHO for the 1982 UN World Assembly on the themes of prevention, systems of care and education as well as those on other topics of wide interest, such as the use of medicaments by old people.

4.9 An analysis of available information on a number of Eastern Mediterranean countries has been made, in order to identify the countries of the Region where aging-related problems are likely to occur.

4.10 Taking into account the expressed priorities of Member States of the Western Pacific Region, which include countries of very different levels of development, the WHO Regional Office is working towards an increased involvement in the problems and potential of the elderly through related and ongoing health care programmes.

## 5. Mobilization of additional resources

5.1 The global programme for 1980 and 1981 will be assisted by an allocation of funds from the Director-General's Development Fund which will allow for a necessary strengthening of the responsible global unit in the European Regional Office and implementation of increased global and inter-regional activities aimed at assisting WHO Member States to meet the recommendations of resolution WHA 32.25.

5.2 Assistance will also be sought from other specialized agencies in the UN family towards the implementation of national, regional and inter-regional activities.

5.3 Active steps are being taken to attract voluntary contributions, both budgetary and in kind, to assist in the development of the programme. In this connexion a number of the experts represented in the preplanning group for the 1980 Technical Advisory Committee offered to contribute by preparing documentation which, it is hoped, will lead to a set of practical recommendations for future national programmes.

## 6. Future action

6.1 WHO intends to participate fully in the coordination group which is to be established by the UN for planning the World Assembly.

6.2 Other agencies will be encouraged to plan and implement integrated programme activities leading to contributions for the World Assembly.

6.3 The Executive Board may wish to consider the selection of "Health of the Aged" as the theme for World Health Day 1982.