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COORDINATED ACTION ON AGING

Report of a Coordination Meeting of nongovernmental organizations
with the World Health Organization on health aspects of aging

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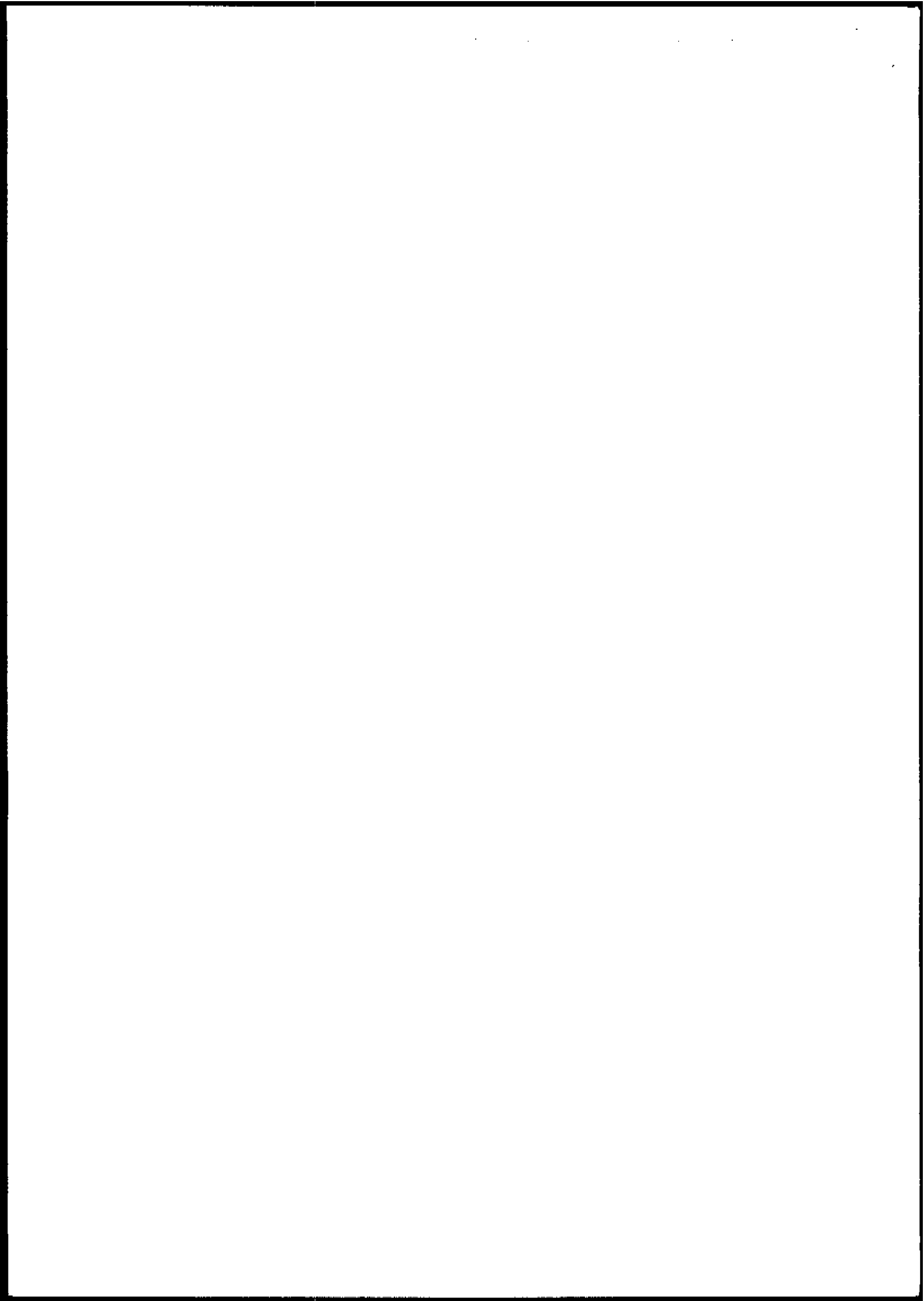
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Note

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1. Background

Representatives of 18 nongovernmental organizations and of the United Nations family participated in this coordination meeting which was organized jointly by the World Health Organization's Office of Coordination and its programme on Health of the Elderly (Annex I). One of the earliest consultative meetings of the World Health Organization for its programme on health of the elderly was a liaison meeting held in Luxembourg with some 20 voluntary and intergovernmental organizations, at which recommendations were made for the programme for 1978-83.^a An action programme on health of the elderly for the subsequent six-year period, 1984-89, is under preparation and the present meeting was convened in order to continue the process of collaboration with nongovernmental organizations in the planning and implementation of this programme of technical cooperation with the Organization's Member States.

The current action programme covers a critical period - the first of a series of 6-year cycles that will lead toward the goal of Health for All by the Year 2000.

In the two decades that lie between us and the year 2000, the United Nations family and the nongovernmental organizations have the common task of carrying the standard for disadvantaged and forgotten people. By pooling meagre resources of our different organizations, practical things can be done to help such people.

In the 1980's we have an advantage that we did not have in the 1970's: we have the Twentieth Century Magna-Carta for Health, the Alma-Ata Declaration on Primary Health Care.^b More recently, we have the Vienna International Action Plan of Aging, of which the largest substantive section is devoted to health and nutrition (A/CONF.113/31, p.61). Together, these provide a common framework to nongovernmental organizations and the United Nations family, for they emphasize a collective action by ordinary people, professionals, communities, volunteers and governments.

Enhanced collaboration has been developed between the World Health Organization and nongovernmental organizations at the national level in the field of primary health care. This experience has encouraged the Organization to extend such cooperation to health of the elderly. The paper submitted by the World Health Organization to the World Assembly on Health Policy Aspects of Aging (A/CONF.113.19) included the following list of valuable activities performed by nongovernmental organizations:

- developing family, neighbourhood and community services;
- promoting new forms of community care;
- coordinating services provided by different departments and agencies advising aging people on their entitlements;
- acting as advocates for those in institutions;
- providing credible information to decision makers.

As a specific example of the work of voluntary organizations in helping to plan coordinated services, participants were presented with a copy of a Directory of Nongovernmental Organizations for the Welfare of the Aged in India, as a joint effort of HELPAGE INDIA and the Centre for the Welfare of the Aged, Madras.

2. WHO Action Programme for the 1980s on Health of the Elderly

The following are among the activities specified in the World Health Organization's world-wide programme on health of the elderly for the period 1984-89;

^a Meeting with governmental and nongovernmental organizations - health care of the elderly: report on a Liaison Meeting. Copenhagen, WHO Regional Office for Europe, 1980 (unpublished document ICP/ADR 016).

^b Primary health care: Report of the International Conference on Primary Health Care, Alma-Ata, USSR. Geneva, World Health Organization, 1978.

- Intersectoral activities

collaboration with National Committees established to prepare for the World Assembly on Aging (Thailand was referred to as one country that retains an active committee).

- Programme Development Activities

Nongovernmental Organization Committee on Aging (see paragraph 3 below).

- National Health Development Activities

Long-Term Planning (the use of a micro-computer as a planning tool was illustrated).

Integrated Primary Health Care, including Nursing and Basic Services

- Research Activities on

Epidemiology, dementia and nutrition.

- Technology Development Activities

Guides on cardiovascular disease prevention, drugs, mental health and lifestyles.

- Training Activities

Learning materials

Self-health care manuals (illustrated self-health care material was presented).

The nongovernmental organizations present were invited to collaborate on the implementation of any aspect of the programme that was relevant to their own field of activities.

3. Framework for WHO/NGO Partnership

The United Nations has produced two lists of nongovernmental organizations active in the field of aging.⁴ The World Health Organization has no official relationship with any nongovernmental organization in this field. The process by which a nongovernmental organization enters into official relationship with the World Health Organization is as follows: informal collaborative activities commence when an organization with programme activities relevant to health aspects of aging (in its broad sense) evinces an interest in establishing collaboration with the World Health Organization, and the World Health Organization likewise, on receipt of preliminary information from the nongovernmental organization, feels there is useful potential in such collaboration. Normally these informal activities are formulated into a "working relationship" for a trial period of two years, after which, if considered successful by the parties concerned, an application from the nongovernmental organization for admission into official relations would be considered by the World Health Organization Executive Board. After the Board decides to establish such a relationship, the programme manager of the health of the elderly programme formulates a collaborative programme through a continuing dialogue. Thereafter progress is reported every three years to the Executive Board which directs either continuation or termination of the relationship.

The objectives of such collaborative relationships include: broadening of the fields of interest in relation to the expanding work of the World Health Organization; use of nongovernmental organization technical expertise for World Health Organization expert advisory panels; technical collaboration with various World Health Organization programme activities in special fields; participation in expert committees, scientific groups and other World Health Organization technical meetings; assistance to the World Health Organization in developing uniform nomenclatures, standard methodology, etc.; use of nongovernmental organizations through their contacts and national affiliates to assist in disseminating technical information and World Health Organization policies for improving health standards by health education; use of nongovernmental organization experience and expertise obtained through their projects and activities for training of all categories of health worker and towards health systems research; assistance to the World Health Organization in obtaining technical and other information relevant to the World Health Organization from professional associations.

⁴ International directory of organizations concerned with aging, ST/ESA/63, ST/ESA/86

The United Nations also welcomes cooperation with nongovernmental organizations: in New York and Vienna, Nongovernmental Organizations/United Nations Liaison Committees on Aging exist. The question of whether there should be such a Committee in Geneva is one for the nongovernmental organizations themselves to decide. There are numerous references to nongovernmental organizations in the International Plan of Action on Aging, recently adopted by the General Assembly of the United Nations (A/CONF.113/31, pp. 53,54,79,80) - for example paragraph 25(g), 25(m), 86 and 99. In addition, the nongovernmental organizations have a role to play in helping to implement the recommendation on consumer protection (ibid 63g).

4. Specific recommendations for collaboration

4.1 Nongovernmental Organization Advisory Panel on Aging

The organizations attending the present meeting might serve as an ad hoc advisory panel to the World Health Organization on its programme on health of the elderly. No such advisory arrangement exists for any World Health Organization programme and the steps to establishing a panel, more formally, would be explored and discussed at a future meeting which would take place in May 1983 at the time of the World Health Assembly.

Some of the functions that would be performed by such a programme advisory group might be: information exchange - for example on newsletters, self-health care materials, international films and other audiovisual materials,^a innovative approaches by voluntary organizations on community care.

4.2 Invitations to nongovernmental organizations to participate in World Health Organization programme activities

Specific programme activities of the World Health Organization Action Plan for the 1980's on Health of the Elderly considered specially suited to nongovernmental collaboration are the following.

4.2.1 Case studies of hospital care of the elderly

The purpose of these collaborative studies is to promote the shortest possible stay in hospital.

4.2.2 Publication of technical guides and public information sheets

The topics to be covered in 1984/85 are:

- lifestyles
- mental disorders
- medicaments
- prevention of cardiovascular diseases

4.2.3 Development of learning materials

A joint booklet of the World Health Organization and the International Association of Gerontology is in preparation on learning resource material on health care of the elderly in Asia and Oceania.^b

4.2.4 Development of manuals on self-health care

Invitations to a World Health Organization workshop on this topic, scheduled for the latter half of 1983 will also be extended to nongovernmental organizations.

4.2.5 Long-term planning for the elderly

A consortium of users for the micro-computer graphics programme, demonstrated at the meeting, will be established in May 1983 and interested nongovernmental organizations are invited to participate.

^a Two films available through WHO were shown to the group, namely "Mandolin Concerto" and "Je ne t'oublie pas".

^b Teaching and learning resources for health care of the elderly - Asia/Oceania Region, IRP/ADR 114-01/6

4.2.6 Collaborative activities with national committees on aging

For the subsequent meeting, scheduled in May 1983, the UN Centre for Social Development and Humanitarian Affairs will be invited to bring a report on the status of the national committees established to prepare for the World Assembly on Aging.

5. Statements by representatives of organizations

Full statements made by representatives of the organizations participating in the meeting are summarized below.

5.1 International Federation on Ageing

The International Federation on Ageing (IFA) has undertaken a pilot project to determine possible areas of assistance and cooperation between the developed and the less developed countries in aging programmes and services. On the basis of responses from organizations that represent or serve the aging in 12 less developed countries in Latin America, Asia, the Pacific region, and Africa, the IFA is surveying its developed-country membership to ascertain the specific types of expertise of their organizations that could be adapted to meet the needs identified by less developed countries. It will then prepare a proposal for intercountry assistance in one specific area and seek outside funding for a project. The IFA regards this as a test case of the feasibility of its proposal for technical cooperation between developed and developing countries in the field of aging.

5.2 World Federation for Mental Health

The World Federation for Mental Health supports the Resolution concerning the aged of the May 1981 Helsinki Symposium in which 10 European countries took part. It calls for national policies of assuring the aged financial security, housing, health care and transportation, and recognizing their contribution to society; training for both professionals and the public in skills of preventing and managing the disabilities associated with aging, and research into the needs of older people, with emphasis on prevention of disability, health care, community attitudes, urbanization and migration; a redefinition of the work of primary health care multidisciplinary teams with elderly people; community support systems; and stimulation of the self-help potential of elderly people.

In addition, the Federation supports the promotion of call-in-distress systems, the prevention of medication abuse in the elderly and preventive health examinations for the elderly (including mental health).

5.3 Secretariat of State for Aging, France

The Social Sciences University of Grenoble is offering five international seminars in 1983, in English and French, on policies for old age - the management and study of individual and group aging. These will be organized by the multidisciplinary centre for gerontology (Institutes for Policy Studies).

These training seminars are intended for those who have the responsibility for high-level decision-taking with regard to policies on aging, health projects and social projects, research, education and training, but who, despite their knowledge, their experience and their authority, think that they have something to learn from exchanges with individuals who have a different educational background and come from different countries.

The five seminars will be: (1) policies on aging and an international plan of action; (2) prejudices and obstacles encountered in the provision of information and education on aging; (3) the specificity of human aging; (4) the functions of aging in the human community; and (5) responsibility for the dependent aged.

5.4 International Social Security Association

The members of ISSA are social security management bodies at the national level. Most of them are of a public or semi-public kind, as are the social security programmes for which they are responsible.

The contribution of social security to national policies for the elderly assumes many forms.

Social security has a key role to play for those of its aims concerned with the employment, resources and health of the aging and the elderly. There are other important aims, in particular those whose purpose is to strengthen the independence of the elderly or, where appropriate, to deal with their dependent situation, to the realization of which social security can also contribute.

The contribution of social security to the aim of health policies for the elderly is an extension and an adaptation of the protection against disease and its consequences provided by social security to the working population. The extension has to be made having regard to the limited means of the elderly, and must include necessary adjustments as regards both contributions and benefits, whilst adaptation must be made in the light of the specific health needs of the elderly.

From among the procedures for the provision of benefits likely to promote better care of the elderly, mention may be made of extension of the range of care qualifying for refund to include new forms of treatment; for example, recourse to day hospitals, through which elderly persons in need of sustained medical attention can receive it without having to leave their home.

More than half the developing countries have introduced some forms of medical care and some coverage for health expenditure in social security. Nevertheless, with the exception of some Latin American countries, the systems in question are of recent origin and most often apply to only a limited proportion of the population. Retired persons run the risk of being less well treated, when social security systems still do not include the payment of periodic old-age benefits, and from the fact that health insurance managements do not always have the appropriate administrative machinery to keep in touch with an elderly population that has become inactive. The elderly, very often the great majority, live far removed from the modern sector of the economy.

5.5 Catholic Relief Services

Catholic Relief Services (CRS) operates principally in the Third World. In cooperation with other organizations or independently, it plans, promotes, organizes, and conducts services and assistance programmes to meet relief, welfare and socioeconomic development needs of needy people, especially elderly poor and others below the poverty line.

As far as possible, its socioeconomic development projects are designed to stimulate those whom they assist to play a responsible part themselves. CRS gives priority to community development, cooperatives, nutrition education, agricultural food production, and leadership training. It has four types of priority activity: socioeconomic development, emergency and disaster services, social welfare services, and refugee services. Its specific national projects for aged people include the following:

- in Colombia, financial support to Pro Vida - a national association of private establishments for the aged, which as one of its activities bakes and distributes bread to homes for the elderly;
- in Chile, financial support to Caritas, which trains volunteers to work with the elderly, organizes seminars on gerontology, trains people to run homes for the aged, and has founded a Federation of Clubs for Elderly People; and
- in Uruguay, direct action in finding and assisting needy aged people.

Some examples of assistance to local projects are:

- in the Philippines, assistance to old persons in improving their small businesses, thus assuring their subsistence and economic independence;
- in Morocco, provision to needy elderly in homes of food, clothing and medical care, and daily visits by social workers to other aged people;
- in Honduras, participation in establishing a home for 250 homeless and destitute aged persons; and
- in Thailand, help to old people to make a living by rearing small animals and growing vegetables.

5.6 International Labour Office

The International Labour Office is the United Nations Agency that deals with social security issues. Through the ratification by its member countries of the international conventions related to social security, the ILO contributes to the alleviation of the problems faced by the elderly.

One way in which ILO plans to contribute to improving conditions of life for the elderly is by promoting WHO's primary health care strategy among social security institutions in Latin America. Several Latin American countries are introducing elements of primary health care into the medical services offered by their social security systems directed especially at the most vulnerable groups such as children, women, and the elderly.

In the present circumstances of severe economic constraints affecting social security institutions, ILO is promoting the full incorporation of primary health strategies into their medical care schemes, at first in Latin America and later in other regions of the world.

5.7 International Association of Gerontology

The International Association of Gerontology, with at present 45 member societies, has three aims:

- to promote gerontological research to be carried out by gerontological associations and other national groups;
- to promote the education of professional personnel concerned with aging;
- to protect the interests of gerontological organizations in respect of foreign and international matters.

The Association presented a set of recommendations to the 1982 UN World Assembly on Aging which summarize its future plan of action for contributing to the wellbeing of the aged throughout the world. They refer particularly to multisectoral and interdisciplinary action to ensure the best use of resources for research and practice; the need to provide social security coverage to non-salaried workers, particularly in agriculture; housing that takes special account of the needs of the elderly, and the potential of families and other social groups for helping them; preventive measures against the risk factors related to old age; coordinated medical and social measures against chronic disease in the aged; the need to project a positive image of the aged by promoting the concept of their social competence and the institution of measures to reduce impairments; the provision of educational opportunities for older people and of training facilities for those who provide services for the aged; the development of rural areas with regard to social amenities and job opportunities; and a possible United Nations resource centre on aging.

5.8 International Council of Nurses

The International Council of Nurses has 95 member associations, and its main areas of concern are standards of nursing care; improving the competence of nursing by attention to basic, postbasic, and continuing education; the representation of nursing and nurses in governmental and nongovernmental organizations, and the living and working conditions of nurses.

In relation to the aged it promotes the integration of care of the aged into nursing, and the practice of nursing care as a large component of the care of the aged.

Many national nurses associations have adopted a policy concerning the role of the nurse in the care of the aged and standards of care related to the aged, and have special sections of nurses specialized in this area. Some associations are working with their governments or participating in activities organized by their governments concerned with the aged. There has been a considerable increase in the number of articles about care of the aged in the journals of national associations.

Nurses' associations are active at the local level but, of course, it is the individual nurses that work directly with the aged, and in many countries legislation or the lack of legislation limits them to less than their full potential.

5.9 Help the Aged

Help the Aged sees its work as a partnership between developed and developing countries. Its fund-raising and campaigns are directed at practical - often pioneering - ways of improving the quality of life of old people, by, for example, enabling doctors to provide geriatric care, encouraging education in geriatric medicine, and supporting research into aging and into ways of relieving or curing distressing conditions encountered in old age. It finances research into rehabilitation and the construction and equipment of rehabilitation units; research projects to identify the unmet medical, psychiatric, and social needs of elderly people; and research into ischaemic heart disease, the effects of temperature and drug therapy on blood flow, senile dementia, joint disease, and the aging process.

It supports the provision of housing for the elderly, day centres, transport to centres and clinics, and work centres; and campaigns for the acceptance of a flexible age for retirement and the right of old people to continue working.

Help the Aged operates in some 50 countries and has special interest in the developing countries, with projects in India, Kenya, Colombia, and the Republic of Korea, and plans for Sri Lanka and Zimbabwe.

5.10 League of Red Cross Societies

The League of Red Cross Societies is a federation of 130 national societies. It does not operate any services but its national societies provide services according to national local needs; besides their well-known relief operations they pay particular attention to groups at risk, among them the elderly. Their services for the elderly include home help, household assistance, occupational therapy, exercise programmes, and holiday schemes. Also they run programmes in which the elderly act as volunteer visitors, helpers at day-care centres, foster grandparents, teachers of special skills, and other roles. These activities take place mostly in the industrialized countries, where the problem of the elderly is more acute than in developing countries.

5.11 International Federation of Elderly Associations (FIAPA)

FIAPA is a body whose membership consists of associations of the elderly. It arose from the amalgamation of rural clubs for the elderly in France, and grew rapidly to include 60 associations in 4 European countries: Belgium, France, Italy and Spain. The essential aim of FIAPA, which was organized with logistic support from the farmers' mutual benefit insurance, is to bring associations of the elderly together across frontiers, especially in relation to their work. It now has 80 member associations in 8 countries, since Benin, Portugal, Senegal and Switzerland have joined the 4 initial nations, and other countries will do so very shortly.

FIAPA, which has a 30-member administrative board, is guided in its work by a 39-member scientific board drawn from the most varied disciplines: sociology, demography, geriatrics, philosophy, economics, law, town planning, psychology, ecology, management, journalism, etc. The Federation is above all a forum on work and thought, a body that transmits proposals expressing the aspirations of the elderly and the solutions that they envisage.

In addition, FIAPA is also devoting itself to general gerontological research.

FIAPA is currently working on 3 projects:

1. The image of the elderly person and the role of their associations in the north/south dialogue.
2. The rational organization of tourism for the elderly.
3. Mass health education based on the dissemination of elementary knowledge by officials belonging to the rural clubs who are not themselves doctors. Experience shows that there may be room for a different information technique somewhere between the classical media directed towards the general public and a talk given by a doctor and concerning only a limited number of people, and that it may take the form of direct contact between non-physicians whose purpose is to make more elderly persons aware of health questions.

5.12 World Young Women's Christian Association

Health is one of the five world priorities of the World Young Women's Christian Association, and many of its member associations have programmes and activities with health aspects, reaching out to the elderly. Some have health programmes specifically for women, including older women, and post-mastectomy programmes designed primarily for older women. Other health-related activities include recreation and physical fitness programmes, health and nutrition programmes, and courses in the prevention of household accidents among older women; and they often involve health professionals - doctors, nurses, community health personnel - in meetings and discussions on health matters. The Association is now seeking to strengthen its links with the elderly, to mingle the generations, to meet their needs more directly, to focus attention on these needs in the community, and to help the aged to obtain access to the health and other services they need.

5.13 Association of Universities of the Third Age (Senior Citizens' Universities)

There are currently 60 "senior citizens' universities" in France, 25 in Spain and approximately 150 in the world. In some countries these universities are federated into a national

union and they are all members of an international association. Their founder, Professor Vellas, wished to pursue several aims: to restore the status of the elderly, to rehabilitate them socially by putting them on the same level as young people, to mingle the generations so as better to combat the segregation and isolation that are such well-known features of the elderly. He also wished to pursue an educational role, more particularly in cultural education; stress should be laid on the great value of instruction in foreign languages for the elderly.

By virtue of their very interest, by the curiosity that they arouse and by the effective participation of the elderly, all the foregoing projects are already an indirect contribution to better mental health and moral wellbeing. Other more specific means are employed, first and foremost talks followed by general discussion on medical and social matters, particularly prevention, ecology, and dietary hygiene, but also on common diseases such as cardiovascular diseases and cancer, and health education and the self-monitoring of the elderly.

There are, moreover, excellent "feedback" projects in the "senior citizens' universities" which show just what the elderly can contribute to society: here is an appropriate point at which to recall the well-known African saying "when an old man dies a library burns".

5.14 International Council on Social Welfare

The International Council on Social Welfare (ICSW) is composed of 68 national committees and 25 specialized international welfare organizations. It has regional offices for Africa, Latin America, North America, Asia and Europe, and an international secretariat in Vienna. ICSW is continually seeking to define social needs and to contribute to new models of development. Concern for the aging is one significant aspect of its work. At international, regional and national levels, it has been advancing the cause of the aged, e.g. in collaboration with the Nongovernmental Committees on Aging in Vienna and New York. The 20th ICSW International Conference, in Hong Kong, had a forum on social security for the elderly; the Asian Regional Conference, in India in 1981, considered Social Response to the Changing Role and Needs of the Elderly; the XI European Regional Symposium in France in 1981 considered the Differing Needs According to Age-Disability and Old Age. The theme for the XII European Regional Symposium to be held in Dublin, 17-22 July 1983 is Changing Population Trends: the Implications for Social Policy. Many national committees have permanent working groups concerned with the needs and welfare of the aged, providing such services as community centres, home-nursing schemes, social and cultural programmes, counselling services, recruitment and training of volunteers, and information on services. ICSW members act for and with the aging in different parts of the world in organizing services, training programmes, studies and research related to the aged.

5.15 World Council of Churches

The World Council of Churches, a fellowship of Christian churches founded in 1948, works to facilitate the common witness of its 304 member churches. Although the Council has no specific programme for the aging, they and their concerns have been included in a number of its programmes. Its Christian Medical Commission participated in the pre-Vienna Assembly preparatory consultation, and focused on the aging in an issue of its bimonthly magazine, Contact (November 1981), as well as in its development of health projects around the world. Several commissions, particularly those in Egypt, the German Democratic Republic, and the USA are actively involved in the health care of the aging. Churches are developing joint ecumenical strategies to deal with the issues and concerns of aging.

The Office of Family Education has undertaken projects for the aging in India, Uganda and Nigeria, and funds regional church councils in highlighting the concerns of the aging by means of consultations, conferences and studies of ways of involving the aging effectively in church and community life.

The World Council proposes to promote greater collaboration between its activities concerned with aging and those concerned with women, issues of justice and refugees.

5.16 Nongovernmental organizations: their role in the health protection of the elderly (summary of statement by Miss R. Martineau, Liaison Officer, Nongovernmental Liaison Office, United Nations, Geneva)

The nongovernmental organizations play an important role in efforts to improve the situation of the elderly; for example their contribution to the World Assembly on Aging and to the Forum held in preparation for that Assembly, and the work carried out by the nongovernmental organizations/United Nations Liaison Committees on Aging which meet in New York and Vienna.

The International Plan of Action on Aging adopted by the World Assembly contains many recommendations calling for the collaboration of the NGOs. These concern matters as varied as the protection of elderly consumers, their human environment and their security, the services that should be made available both to them and to their families, education of the public regarding the position of the elderly, the training of qualified personnel and the founding of gerontological and geriatric institutions.

NGOs are often more capable than governments of responding to new needs arising from social changes. Thus, NGOs make an inestimable contribution to the efforts made by the elderly to look after themselves, for their integration into society and their participation in it, and for self-fulfilling and useful occupation of the free time that is theirs increasingly early on in life. The role of the NGOs is of particular significance in developing countries.

Annex I

LIST OF PARTICIPANTS

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