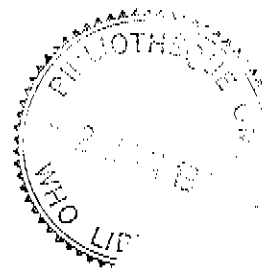




WORLD HEALTH ORGANIZATION
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COORDINATED ACTION ON AGING

Report of the NGO/WHO Collaborative Group on Aging

Geneva
14 May 1984

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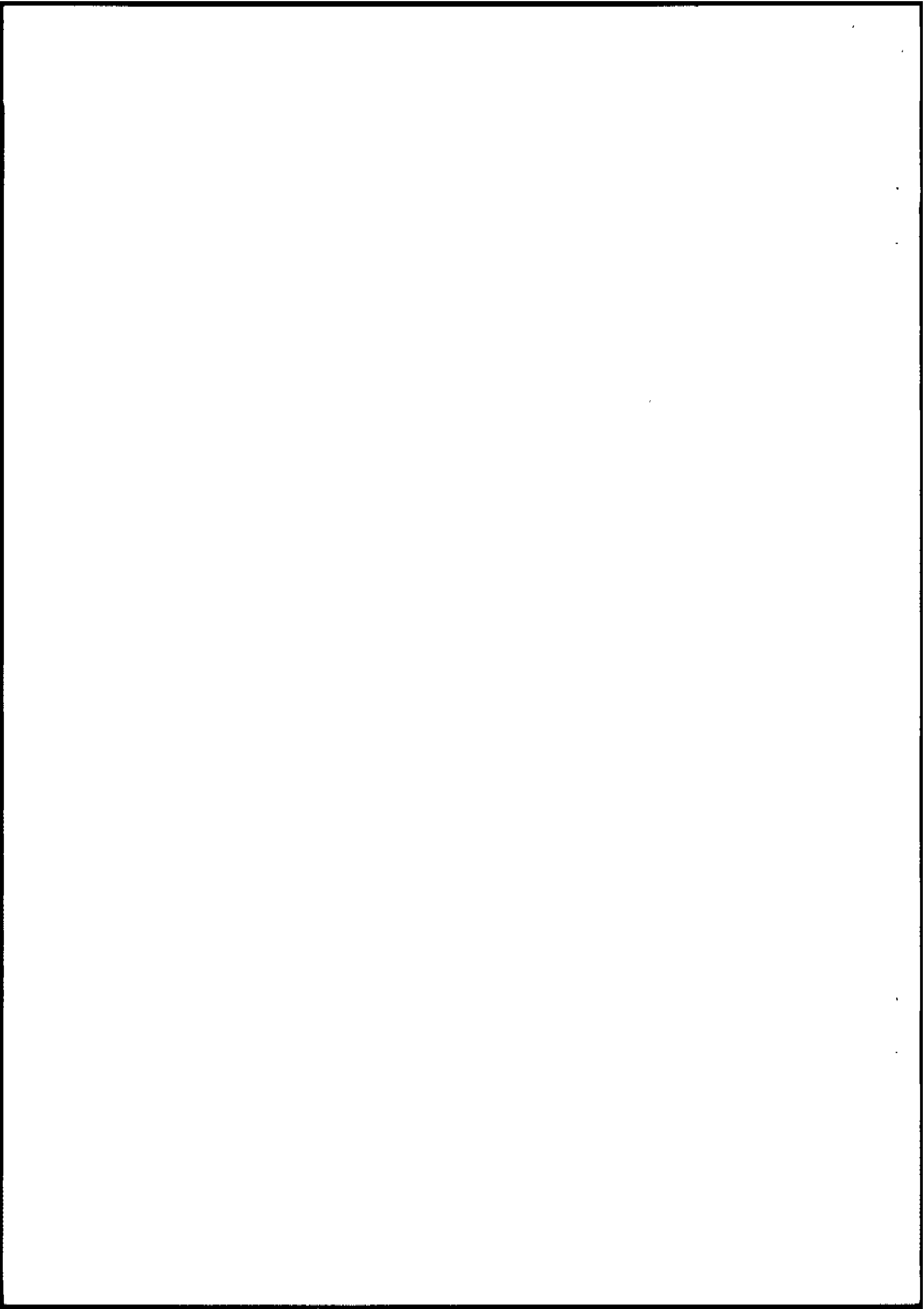
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CONTENTS

	<u>Page</u>
1. Introduction	1
2. Purpose	1
3. Short reports on activities of NGOs	2
4. Short reports from Offices of the United Nations family	5
4.1 International Labour Organization (ILO)	5
4.2 United Nations Centre for Social Development and Humanitarian Affairs (UNCSDHA)	5
4.3 United Nations Relief and Welfare Agency (UNRWA)	5
4.4 World Health Organization	6
4.5 WHO Collaborating Centre for Psychosocial Factors and Health, Leuven, Belgium	6
5. Establishment of international information centres	6
5.1 International Centre of Social Gerontology (ICSG)	6
5.2 International Federation on Ageing (IFA)	6
5.3 Ageline	6
5.4 Discussion on NGO/WHO collaboration	6
6. Manual on self-care and health promotion among the elderly	7
7. Technical discussions at the Thirty-eighth World Health Assembly, 1985	7
8. Plan for the next meeting of the Collaborative Group, 1985	7
Annex 1 Opening speech, by Dr Leo A. Kaprio	9
Annex 2 Statement of the United Nations Centre for Social Development of Humanitarian Affairs, by Tarek Shuman	11
Annex 3 Newsletters and publications	21
Annex 4 List of participants	23



1. Introduction

The meeting of the NGO/WHO Collaborative Group on Aging was held in Geneva on 14 May 1984 during the Thirty-seventh Session of the World Health Assembly. Representatives of 26 nongovernmental organizations (NGOs) and one agency of the United Nations' family (International Labour Organization) participated in this meeting (Annex 4), which was jointly organized by a member of staff of an associate member of one of the NGOs, the International Federation on Ageing (Ensomme Gamles Vaern, Denmark), and WHO's global programme on health of the elderly together with the unit of collaboration with the United Nations system, nongovernmental and other organizations.

Dr Leo A. Kaprio, Director of the WHO Regional Office for Europe, and acting for the Director-General with respect to WHO's global programme for health of the elderly, opened the meeting. He reiterated that, since the onset, WHO had been guided in the development of its health of the elderly programme by the advice of nongovernmental organizations. The first formal meeting had taken place in Luxembourg in 1978,^a and had provided an orientation for the programme from 1980 to 1983. A second meeting with NGOs in November 1982^b had been timed to reorient the programme to the recommendations of the 1982 United Nations World Assembly on Aging's Plan of Action. From that Assembly it was also clear that the NGOs had to be the standard-bearers for the disadvantaged elderly in the world; WHO's contribution to the International Plan of Action on Aging would be implemented together with NGOs. A further NGO/WHO meeting had taken place in 1983,^c at which time it was agreed to form an NGO/WHO Collaborative Group on Aging which would meet annually. A copy of Dr Kaprio's complete speech is attached (Annex 1).

2. Purpose

The purpose of the meeting was to follow up on the recommendations made at the first and second Coordination Meetings of Nongovernmental Organizations with the World Health Organization on Health Aspects of Aging, 1982 and 1983. There had been a consensus of opinion at the second meeting that an NGO/WHO Collaborative Group on Aging should be formed and meet annually in Geneva in conjunction with the World Health Assemblies. This was the first meeting since the formation of the Group whose aim is to design a strategy and take action appropriate to the common objectives of the NGOs and WHO in the field of aging and caring for elderly persons. It was important to bring together individuals familiar with the work at the community level and able to implement those recommendations made in, *inter alia*, the United Nations World Assembly on Aging's Plan of Action which pertain to health, defined in its broadest sense. The work of the Group focused on health issues and complemented the work of the two existing NGO/UN liaison committees on aging, in New York and in Vienna.

The meeting concentrated on the following items, identified for NGO/WHO collaboration at the 1983 meeting:

- (a) current collaborative activities in the field of health of elderly persons;
- (b) report on the outcome and follow-up to the WHO International Workshop on Self-care and Health Promotion among the Elderly, Copenhagen, August 1983, at which more than 50% of the participants (from all WHO regions) were representatives of nongovernmental organizations;
- (c) innovative programmes for action by voluntary organizations at the community level;
- (d) plans for the WHO technical discussions at the Thirty-eighth Session of the World Health Assembly, May 1985, on the topic of "collaboration with nongovernmental organizations in implementing the global strategy for health for all";
- (e) plans for further NGO/WHO collaborative work between May 1984 and May 1985;
- (f) proposed agenda for the next meeting of the NGO/WHO Collaborative Group on Aging, one day during the World Health Assembly, May 1985.

^a Meeting with governmental and nongovernmental organizations - health care of the elderly: report on a liaison meeting (Luxembourg 1978). Copenhagen, WHO Regional Office for Europe, 1980 (ICP/ADR 016).

^b Coordinated action on aging: report of a coordination meeting of nongovernmental organizations with the World Health Organization (Geneva, 1982). Copenhagen, WHO Regional Office for Europe, 1983 (IRP/ADR 116).

^c Coordinated action on aging: report of a coordination meeting of nongovernmental organizations with the World Health Organization (Geneva, 1983). Copenhagen, WHO Regional Office for Europe, 1983 (IRP/ADR 116-02).

3. Short reports on activities of NGOs

American Association of Retired Persons (AARP)

The Association has three foci for its health promotion campaign: direct political action, informed consumer action and health promotion. It works to reform national health programmes and to develop alternative delivery systems. The AARP sponsors numerous fora, educational campaigns and counselling programmes and urges individuals to adopt more healthful lifestyles.

Episcopal Society for Ministry on Aging (ESMA)

The primary activity of ESMA during the year mid-1983/mid-1984 was a satellite-supported conference conducting 59 separate workshops coast-to-coast in the United States involving approximately 4000 persons directly for six hours. This was a unique possibility to obtain information directly from elderly persons, discuss problems and implement ideas.

The satellite programme proved to be very effective, also in occupational therapy aspects. A series of teaching programmes is now under way.

European Association of Schools of Public Health (EASPH)

The EASPH is engaged in epidemiological studies of the elderly. It can be stated that there is a need for integration of all kinds of services for the elderly and a need for professionals who can train the staff in this direction.

The Association is planning a meeting in Jerusalem in September 1984 on training programmes.

Federation of Associations of Former International Civil Servants (FAFICS)

The Association has members who have all passed the age of 60-65 years.

As an example of its activities, mention was made of the bulletin which is used for discussions on pensions and economy. The Association has valuable contacts with other major organizations for the elderly.

Help the Aged (HTA)

As examples of the society's work, the representative reported on activities in rural Ethiopia, Ghana, Kenya and Somalia, particularly sight and leprosy projects. The HTA is promoting self-care activities by setting up day care centres and domiciliary care programmes.

The HTA publishes Ageways providing an exchange of information and discussions of problems which beset the elderly, including obesity, smoking, incontinence, etc.

International Association of Cancer Registries (IACK)

The IACK attempts to develop and apply cancer registration and morbidity survey techniques to studies of well-defined populations. Tendencies to "write-off" elderly cancer patients need to be corrected. The IACK is interested not only in collecting cancer incidence data but also in etiological research.

International Association of Gerontology (IAG)

The three main objectives of the work of the Association relate to:

- (1) care - institutional analyses to improve the cost-effectiveness of care;
- (2) research - centred particularly on problems related to dementia;
- (3) education - development of courses in numerous schools of medicine.

The Association will hold its next international congress in New York in July 1985.

International Centre of Social Gerontology (ICSG)

Among the current activities, the ICSG publishes various publications, some in collaboration with WHO. The Centre has more than 12 000 subscribers to a series of monographs. The Centre is planning international symposia on "age and vision", "tourism and the third age", and two international conferences, one in Rome, Italy (October 1984), and one in Dakar, Senegal (December 1984). For the latter-mentioned conference, the Centre plans to publish a bulletin on African gerontology. The centre is currently establishing an international data base on sociology (see also under section 5.1).

International Council of Nurses (ICN)

To update the information already provided at the first and second meeting, the representative reported that, during the Council's international congress in Israel in 1985, there will be an ICN/WHO panel on "Aging: implications for nursing" and that, in connection with this, a monograph on the same topic is under joint ICN/WHO preparation.

International Council of Women (ICW)

The ICW has consultant status with the UN and an official relationship with WHO. It is an umbrella organization of councils of women from 76 countries. The ICW was in part responsible for the emphasis in the 1985 technical discussions of the World Health Assembly, which will consider the NGO/WHO collaboration in implementing the global strategy for health for all. The ICW believes this emphasis will enable the group to help its affiliates influence national policies and encourage greater effort in achieving the goals of WHO as they relate to older women. National affiliates have been involved in creating day centres, "meals on wheels" services and other programmes such as the installation of telephones, door locks and special alarms to enable older people to remain in their communities with a sense of security.

International Council on Social Welfare (ICSW)

The ICSW has supported its national members in lobbying with governments to assess the needs and develop programmes for the aging and to coordinate activities carried out by governments and voluntary agencies.

The Council has also encouraged the members to share information on aging with specialized agencies and other interested groups or persons and to set up pilot projects on aging.

The major theme at the International Congress on Social Welfare, Canada, August 1984 will be on "aging". During this Congress, the ICSW and IFA will also hold a workshop on self-care.

International Federation of Elderly Associations (IFEA)

The members of the IFEA are organizations of elderly people from 20 countries all over the world. The purpose of the Federation is to create a better understanding for old people and their needs. The Federation takes part in collaborative work with several United Nations Offices.

A council of scientists is to advise the board on all aspects of life concerning the elderly. Among the activities initiated by the Federation is a questionnaire on the image of elderly persons and a study on tourism and the third age.

The Federation will participate in the World Conference on Women in Nairobi in 1985.

International Federation on Ageing (IFA)

The IFA has initiated, among other projects, a skills exchange programme. The objective of this is to enable people from, or appointed by, IFA member organizations with relevant expertise in service development in their own countries

to share their skills in order to help IFA member organizations and others in the development of similar services with and for older people. A pilot project in developing countries has been established with a grant from the United Nations Trust Fund on Aging (see also under section 5.2 - information centres).

International Federation of Public Health Associations (IFPHA)

The Federation is not at the present time engaged in major activities in the field of care of the elderly but hopes in the near future to join the NGO/WHO collaborative projects.

International Social Security Association (ISSA)

The main project carried out since the last NGO/WHO meeting by the ISSA had been the expert meeting in Oslo, 1983, on the care of the handicapped elderly. A report of this meeting is available. The ISSA will convene a conference in Vienna in September 1984 on the complex problems of transition between the different branches of social security and welfare. The representative pointed out that the growing rate of unemployment had led to a remarkable increase in applications for disability pensions.

Inter-University European Institute on Social Welfare (IEISW)

The Institute develops numerous activities in the field of social gerontology at both national and international levels. At the international level, it proposes to develop (1) documentation and research activities; (2) two universities for senior citizens in the Republic of Korea and Tunisia, which would serve as examples for Africa and Asia; and (3) activities directed towards improving health at the community level.

National Association of Gerontology, Greece

Since the last meeting the organization has engaged in collaborative work with the Ministry of Social Welfare and Health and the European Economic Community by contributing to the programme on the elderly and by participating in establishing centres for recreation for the elderly. A round-table discussion has been organized with the assistance of the British Council on "medico-socioeconomic aspects of the elderly".

US National Council on Aging, Inc. (USNCOA)

The Council has initiated a number of actions since the previous meeting of the NGOs (1983), including providing secretariat leadership to a Board of Inquiry investigating the nation's health care system, pushing for improvements in the Medicare system, awarding geriatric fellowships for students considering medical careers in geriatrics, and a major new programme in providing training, information, and publications about care-giving. The USNCOA is advocating for public policy aimed at supporting families who provide care. The USNCOA has planned numerous conferences and training programmes directly pertaining to the health of older people. The Council has constituent groups of day care providers, those offering long-term care in the community, and elderly housing managers.

World Confederation for Physical Therapy (WCPT)

The Confederation comprises 45 national member organizations, representing some 128 000 physical therapists in the six regions of the world. The role of restoring and maintaining function at the highest level among the elderly and others is a major responsibility of physiotherapists and their national organizations. The WCPT expressed interest in working with other groups and international organizations and planners to encourage the extension of physiotherapy services into remote parts of a nation where these services are absent.

World Council of Churches (WCC)

The representative stressed that the Christian concern for the elderly includes the cultural aspects of growing old. He also mentioned that the Council was looking forward to collaboration with other NGOs.

World Federation of Occupational Therapists (WFOT)

The organization is providing information to workers in the field to alert them to the special needs of older people, encouraging research, discussion and efforts to prevent disability among elderly people. The representative invited collaboration with others working at the community level to integrate services for the elderly.

World Psychiatric Association (WPA)

The Association supports a diversity of initiatives leading to preserve the autonomy of old persons. One of the sections under the WPA concentrates its work on psychogeriatrics. The main objectives of the psychogeriatric section are to create interest among psychiatrists all over the world in this field, and to create a platform for discussions and information exchange on psychogeriatric problems. The section plans a world congress in New York in 1985.

World Young Women's Christian Association (WYWCA)

The programmes of the WYWCA concerning the elderly tend to be on care but include education and training. As an example, reference was made to the YWCA, Colombia, which has formed an "open university for the elderly". This organizes lectures and panel discussions on priority issues identified by the elderly interested in the programme. The philosophy is to encourage the elderly to continue to look upon themselves as vital, useful elements in the community.

Many popular programmes with the elderly include the participation of youth, providing an exchange of experience, ideas and concerns between generations.

4. Short reports from Offices of the United Nations family

4.1 International Labour Organization (ILO)

The ILO continues its efforts to contribute to the improvement of conditions of life for the elderly through the promotion of the primary health care strategy in social security institutions. A technical consultation on this subject was organized in 1982 in collaboration with the WHO Regional Office for the Americas (PAHO), Washington. A second such consultation will be organized in 1985.

The ILO is also concerned with the standard-setting activities for the protection of persons in the event of loss of income due to old age and invalidity.

A number of projects have been implemented to improve and reinforce the legislation and financial basis of social security programmes in developing countries.

The ILO provides specific assistance to national social security institutions for carrying out periodic financial evaluations of their schemes to help ensure continued solvency and financial stability.

4.2 United Nations Centre for Social Development and Humanitarian Affairs (UNCSDHA)

The Executive Secretary of the United Nations World Assembly on Aging, Vienna, 1982 (Mr Tarek Shuman), was unable to be present at the meeting but had submitted a report to the Group, which was distributed to the participants (Annex 2).

4.3 United Nations Relief and Welfare Agency (UNRWA)

The UNRWA is an agency for Palestinian refugees which operates in collaboration with WHO. It has been operating for 30-40 years with refugees, many of whom have been refugees an equal number of years. This creates new and massive problems as the centres have not been established to cater for this age group of refugees. The UNRWA is aware both of the problems faced by older Palestinian refugees and of the financial limits of its capacity to respond to their need. Within those limits, it will continue to take all possible measures designed to reduce or alleviate the afflictions arising from the aging process.

4.4 World Health Organization

The representative from the WHO Regional Office for the Americas found it very important that there be a cross-fertilization of information between different geographical regions. One of the major problems faced in disseminating such information is semantics. In addition to English and French, it is important that relevant publications and documents are translated into Spanish, extending their usefulness to more countries.

4.5 WHO Collaborating Centre for Psychosocial Factors and Health, Leuven, Belgium

The work of the Centre is strongly linked to the elderly and their problems. The Centre deals with all aspects of psychosocial factors, including questions of lifestyle and how lifestyles influence the mental health of old people. The Centre has also established a programme in East Africa.

5. Establishment of international information centres

5.1 International Centre of Social Gerontology (ICSG)

An international archive on gerontological data has been established by the ICSG. The programme has been set up in consultation with WHO and after a careful study of relevant literature in English, French and Spanish. The key words are classified according to meaning, synonyms, in the range of hierarchy and with cross references. The data base will provide information and teaching material, especially for the developing countries.

The only problem is to actually manage the data base as the required computer service is expensive.

5.2 International Federation on Ageing (IFA)

In collaboration with WHO, the IFA has established a mechanism to collect, catalogue and disseminate information on self-care and health promotion among the elderly. It is also proposed to augment this information with mini-manuals or directories at a regional or cultural grouping level. The IFA hopes that as many NGOs as possible will provide the data bank with copies of their material.

5.3 Ageline

Ageline is a US-based computerized information collection and reporting system designed to provide access to the aging literature. By emphasizing the social, psychological and economic aspects of aging, it will complement the National Library of Medicine's "Medline" system. Ageline is administered by the American Association of Retired Persons (AARP).

5.4 Discussion on NGO/WHO collaboration

Considerable discussion ensued on the subject of NGO collaboration with WHO. It was concluded that NGOs should establish working relationships with other NGOs on a regional basis and work closely with regional WHO programmes. It was strongly urged that regional meetings be scheduled between regional WHO programmes and NGOs, giving attention to the theme of the 1985 World Health Assembly technical discussions on the relationship between NGOs and WHO. In addition, it was agreed that work on technical papers on self-care or community-based long-term care could be topics worthy of regional discussion and input into subsequent meetings at the global level. Attention should thus be given to bringing people together on a regional basis but only with a carefully developed agenda. Such technology as satellite conferences could be considered. Background documents should be prepared well in advance so that the participants could arrive having had prior consultation and consideration of ideas by their organizations. It was further agreed that the dynamics of subsequent meetings could be improved by actual discussion in small groups around a fairly narrow topic or by dividing a large topic into component parts and assigning a part to each of five or six groups. Again during this discussion, it was stressed that a condition for disseminating information is to publish papers in as many languages as possible. The Spanish language was particularly mentioned.

To ensure a good level of information exchange, Dr Macfadyen announced that WHO would endeavour to send out in six months' time a calendar indicating the NGOs' and WHO's activities and meetings in the field of the elderly. Each NGO should therefore provide WHO with information.

6. Manual on self-care and health promotion among the elderly

Following a review of the self-care manual (which had been drafted following a workshop organized by the US National Institute on Aging, the Michigan Institute of Gerontology and the Institute of Social Medicine, Copenhagen, in collaboration with WHO in 1983 (IRP/ADR 114-02)), the participants made the following comments. The draft was considered an excellent start by a number of commentators. Concern was raised that self-care should not be seen as a replacement for needed professional help and that nations do not retreat from vital commitments on the assumption that self-care replaces primary care or long-term or acute care. Self-care efforts must be coordinated with national policy. It was stressed that training for the delivery of self-care should certainly include older people themselves but also families and other care-givers, and that this important training include supportive group training. At all times, the autonomy of the individual must be protected. Additionally, the value of exchanging ideas and sharing information, while important, must not overlook the extent to which self-care must be adapted to the cultures and communities in which individuals live. It was noted that self-care is a subject well suited to the interests of NGOs and one to which the experience of NGOs is very important.

The IFA representative expressed a desire to receive manuals and other information on self-care and a willingness to disseminate such information as requested. Conferees also asked that WHO provide for the exchange of information about the key role self-care plays in the goal of health for all by the year 2000.

7. Technical discussions at the Thirty-eighth World Health Assembly, 1985

The subject of these discussions would be "collaboration with nongovernmental organizations in implementing the global strategy for health for all". A preliminary document had been prepared by the WHO Secretariat and distributed to the participants of the meeting (CWO/84, 13 April 1984), in which the following objectives were proposed for the technical discussions:

- (a) to promote among governments a greater awareness and understanding of the role of the NGOs as a vital component for the successful implementation of the strategy for health for all;
- (b) to develop among NGOs a similar awareness of the importance of their collaboration with governments individually and collectively to promote a greater relevance and impact of their work;
- (c) to help towards developing a partnership between governments and NGOs for accelerating the pace of health development.

The participants expressed their support of the topic of the technical discussions in 1985. It was generally agreed that one background paper could not cover all the NGOs' interests. It was suggested that a few background papers could be produced by the NGOs on a regional basis.

To help towards solving the problems of getting governments to collaborate with the NGOs at the national level, it was mentioned that the WHO Member States should be requested to include NGO representatives in their delegations.

Some of the delegates feared that a heavy representation of western NGOs might cause the technical discussions to be out of balance.

The short time available for the technical discussions may not allow poster sessions, as proposed by the participants.

8. Plan for the next meeting of the Collaborative Group, 1985

It was agreed that the NGO/WHO Collaborative Group on Aging should meet for one day in May 1985 during the World Health Assembly, just before the technical discussions referred to under section 7, probably on Wednesday or Thursday, 8 or 9 May 1985.

A change in the structure of the NGO/WHO meetings was discussed. Agreement was reached on a structure for the May 1985 meeting that leaves the possibility for small group sessions, a poster session and a panel of experts on specific topics.

A provisional agenda for the meeting was proposed:

- how to change the general attitudes about old age, so that old age would be regarded as a time of value both for the individual and society;

- preparation for retirement and old age;
- self-care - a global strategy;
- community-based long-term care;
- discussion and evaluation of NGO/WHO collaborative projects.

It was also agreed that materials to support the agenda should be distributed well in advance of the meeting to enable the participants to be prepared for discussions and decisions.

Annex 1

OPENING SPEECH

by
Dr Leo A. Kaprio

Madam Chairman,

I should like from the outset to pay tribute to the efforts of Mrs Maria Röpke in planning and organizing the present meeting. This is a splendid example of NGO/WHO cooperation in that Mrs Röpke has been seconded to WHO by the International Federation on Ageing for the purposes of preparing for the present meeting. It is unusual to see such concrete examples of collaboration from nongovernmental organizations in official relations with WHO, and I would like to say that WHO is open to other NGOs who wish to help our few staff members in implementing the programme of cooperation with countries on health of the elderly.

The WHO programme on health of the elderly is a young programme. Collaborative activities with the Organization's 161 Member States began in 1980. Since the outset, we have been guided in developing our programme by the advice of nongovernmental organizations. The first formal meeting with NGOs took place in Luxembourg in 1979 and provided us with an orientation for our programme for the period 1980-1983. On 1 January of this year, we embarked on a new six-year cycle of work, and the programme on health of the elderly for the period 1984-1989 was discussed in draft in November 1981 with some 18 NGOs. This 1982 meeting was timed to reorient WHO's programme to the recommendations in the United Nations World Assembly on Aging's Plan of Action to which the nongovernmental organizations made a unique contribution through their forum organized by the International Centre for Social Gerontology and held three months prior to the Assembly.

It seems clear to me and to the WHO Director-General, Dr Mahler, from our attendance at the Vienna World Assembly on Aging, that the NGOs have to be the standard-bearers for the disadvantaged elderly in the world and we have encouraged the Manager of the WHO programme on the elderly, Dr David Macfadyen, to continue to implement WHO's contribution to the Plan of Action together with NGOs. Consequently, a NGO/WHO meeting on Health Aspects of Aging was convened at WHO headquarters in Geneva on 5 May 1983. At that meeting, three tasks were identified for future NGO/WHO collaboration:

- (1) to catalogue current WHO/NGO collaborative activities on the health of elderly persons;
- (2) to develop self-health care material and publish self-care manuals that encourage older people to take greater responsibility for their own health; and
- (3) to develop an inventory of innovative programmes for action by voluntary organizations at the community level.

I should now like to tell you what we have done with respect to these tasks.

With regard to the catalogue of current activities, I should mention that two NGOs have entered into official relations with WHO - the International Centre for Social Gerontology and the International Federation on Ageing. We are working with the former to help establish an international archive on social and health aspects of aging and will be discussing this at the Centre's XIth Congress in Rome, October 1984.

WHO has been encouraged by the Thirty-eighth United Nations General Assembly to support epidemiological studies on the elderly, in order to provide a basis for health and social policies. In this task we are cooperating with the International Association of Gerontology, represented here by Professor Junod, to help them convene a meeting of researchers from four Asian countries in Japan in October 1984, and I hope, myself, to chair a workshop on the same topic during a conference of the International Epidemiological Association in Vancouver, August 1984.

The second task identified for NGO/WHO collaboration is the development of self-health care material. Here the International Federation on Ageing (which, as mentioned above, has also been recognized as an NGO in official relations with WHO) has established a repository for self-care materials at its Secretariat in London, and we had a meeting with very strong NGO representation on this topic in Copenhagen last autumn, the report of which has been distributed to you.

The third area of NGO/WHO cooperation concerning which we would appreciate help is the development of an inventory of innovative programmes of action by voluntary organizations at community level. The reason that I give priority to this task is because the World Health Assembly, which is the "Congress" of WHO, has decided that the subject for its technical discussions in 1985 should be collaboration with NGOs in implementing the global strategy for health for all by the year 2000. This strategy was accepted as a major social goal by all nations at the United Nations General Assembly during its Thirty-fourth Session. Dr Mutalik and I will therefore welcome your full involvement in the technical discussions and in the preparations leading up to them. To be quite specific, I should like to develop a comprehensive inventory of action programmes on behalf of the elderly for the May 1985 technical discussions of our Member States on the role of NGOs in the health for all movement.

Finally, I should like to inform you that I had the good fortune to meet the Chairpersons of the NGO Liaison Committee on Aging in New York two months ago. The strength of interest of the NGOs in doing practical things with WHO to help elderly people was manifest in my discussions with the Committee. There is much to be done, the resources are meagre, but we have the will to cooperate in collaborative action to promote the health of all elders in the world by the year 2000.

Annex 2

Meeting of the NGO/WHO Collaborative
Group on Aging

IRP/HEE 116-01

Geneva, 14 May 1984

STATEMENT OF THE UNITED NATIONS CENTRE FOR SOCIAL
DEVELOPMENT OF HUMANITARIAN AFFAIRS*

by

Tarek Sauman
Executive Secretary
World Assembly on Aging

As to direct collaboration with the NGOs, I am pleased to inform you that the NGO Committee on Aging (Vienna) was the catalyst during the last session of the Commission on the Status of Women (February 1984) for a resolution to have the question of the elderly women on the agenda of the next session of the Commission. This resolution was adopted (copy attached). The NGO Committee also was instrumental in the work of the Preparatory Body for the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace which met in Vienna in March. In one resolution a paragraph stating that the question of older women should be taken into account during the Nairobi Conference was also adopted. I think these are two excellent examples of the influence the NGOs can have on the work of the international community.

We are also working directly with a number of international non-governmental organizations. For example, the International Center of Social Gerontology is publishing the basic documents of the WAA and has generously agreed to donate the revenue from this publication to the Trust Fund for Aging. We are also collaborating with CIGS on their proposed Documentation Centre and Training Programmes. We are co-sponsoring with Fédération Internationale des Associations de Personnes Agées a study on the "Image of Aging", Opera Pia and the CSDHA are continuing to collaborate in research and international conferences. The Trust Fund has financed the International Federation on Ageing for a skills exchange programme in seven developing countries and has recommended for approval a Seminar on Aging for Developing Countries with the International Association of Gerontology. The Trust Fund is also financing the United Towns Organizations to carry-out a survey in 700 towns on the elderly and the city.

Finally, as we have discussed, we have strengthened our International Network on Aging and currently have over 70 international, regional, and national Institutes actively participating. The majority of these organizations are non-governmental and have been truly instrumental in promoting international exchange of information and technologies on aging.

I hope this information will facilitate the exchange at your Meeting and should you require any further details, please do not hesitate to contact me.

ENCL: Conference for the Development of the United Nations Trust
Fund for Aging, Vienna, 9 March 1984, Background Paper No.1

* extracted from letter addressed to Dr Macfadyen, 16 April 1984 (SD 2071).

REVIEW AND APPRAISAL OF PROGRESS ACHIEVED IN THE IMPLEMENTATION OF THE WORLD
PLAN OF ACTION FOR THE IMPLEMENTATION OF THE OBJECTIVES OF THE INTERNATIONAL
WOMEN'S YEAR AND THE PROGRAMME OF ACTION FOR THE SECOND HALF OF THE
UNITED NATIONS DECADE FOR WOMEN DURING THE PERIOD 1982 - 1983

Austria*, Canada, China, Ecuador, Egypt, Germany, Federal Republic of,
India, Kenya, Pakistan, Philippines, Spain, Trinidad and Tobago,
United Kingdom of Great Britain and Northern Ireland, USA,
Venezuela: draft resolution

Question of elderly women

The Commission on the Status of Women recommends to the Economic and
Social Council the adoption of the following draft resolution:

"The Economic and Social Council,

"Recalling the important conclusion and recommendations of the Vienna
International Plan of Action on Aging and, in particular, the paragraphs
concerning elderly women: 11, 20(b) and (c), 25(m), 31(g), 45, 66
(recommendations 25 and 26), 67 (recommendations 27, 28 and 29), 72
(recommendations 36(c) and 89,

"Reaffirming General Assembly resolution 38/27 in which it is recognized
that women have a longer life expectancy than men and that they will in-
creasingly constitute a majority of the elderly population of the world,

"Reaffirming resolution 4 of the World Conference of the United Nations
Decade for Women: Equality, Development and Peace in which it is emphasized
that this increase in life expectancy has not been dealt with comprehensively,

"Appreciating that special attention to the problems that some elderly
women face (income security, education, employment, housing, health and community
support services and absence of social contacts) was given in the proceedings
of the World Assembly on Aging,

"Believing that more data on the situation of aging should be collected,
specifically on elderly women to determine their needs and formulate appropriate
solutions,

* In accordance with rule 69 of the rules of procedure of the functional
commissions of the Economic and Social Council (E/5975/REV.1).

"Recalling its request that these data should be submitted to Member States, participating in the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, and to the Commission on the Status of Women,

"1. Requests the Secretary-General to prepare, within existing budgetary resources, and in accordance with established priorities of the work of the Commission on the Status of Women, an information report on the status and situation of elderly women in their societies and their social, health, and economic needs as well as their entitlements compared to men and comparing single, divorced and married women and widows based on reports, discussions and recommendations, in particular of the World Assembly on Aging";

"2. Further requests the Secretary-General to present this report to the Commission on the Status of Women at its thirty-first session with a view to recommending necessary action relating to the plight of elderly women throughout the world;

"3. Decides to include under the appropriate item on its agenda at its thirty-first session the question of elderly women".

CONFERENCE
FOR
THE DEVELOPMENT
OF
THE UNITED NATIONS TRUST FUND FOR AGING

VIENNA, 9 MARCH 1984

Prepared by the
UNITED NATIONS CENTRE FOR SOCIAL DEVELOPMENT AND HUMANITARIAN AFFAIRS/
DEPARTMENT OF INTERNATIONAL ECONOMIC AND SOCIAL AFFAIRS

TRUST FUND FOR AGING

ORIGIN

Since its inception, the United Nations has been concerned with the issues of aging. It was at its third regular session in 1948 that the General Assembly adopted its first resolution on the aging. In 1969, the General Assembly decided to give priority consideration to the question of the elderly. After several years of intense debate, the General Assembly, in 1978, emphasized that all the regions of the world were witnessing an increase in the absolute and relative size of the aging population which had serious social and economic implications for societies. Consequently, it made the historic decision to convene a World Assembly on Aging in 1982.

In view of the urgent need for assistance in this field and in order to supplement the existing resources of the United Nations, the General Assembly, in 1980, decided to establish the Trust Fund for Aging.

DEVELOPMENT AND GROWTH

The General Assembly, in 1981, expanded the mandate of the Trust Fund to encourage greater interest in the field of aging among developing countries, particularly the least developed among them. In 1982, the General Assembly, after endorsing the conclusions and recommendations of the World Assembly on Aging contained in the Vienna International Plan of Action, decided that the resources of the Trust Fund should be used to meet the rapidly increasing needs of the aging and to assist Member States, at their request, in formulating and implementing policies and programmes for the elderly. The General Assembly also requested that the Trust Fund resources be used to finance technical co-operation and research projects related to the aging of populations and for promoting co-operation among developing countries in the exchange of relevant information and technology.

To ensure that prompt and effective responses may be made to the most urgent needs, priority areas of assistance have been established for the use of the Trust Fund resources. At the same time priority consideration is given to

selected developing countries in need of assistance taking into account their level of development, their demographic trends and the status of their aging population.

AIMS AND PURPOSES

In 1982 the General Assembly laid down the following mandate for the use of Trust Fund resources:

- To respond to Member States' requests for assistance in the field of aging in the forms and means best suited to the individual countries' needs
- To promote awareness of aging issues and to develop strategies to respond to them
- To support technical co-operation and research related to the aged and to the aging of populations
- To promote co-operation among developing countries in the exchange of relevant information and technology.

FUNDING

The resources of the Trust Fund consist of voluntary contributions received from Governments, United Nations bodies, intergovernmental and non-governmental organizations, foundations and individuals. Such contributions may be made either for unrestricted use or for specific activities which are in accordance with the mandate of the Trust Fund.

In addition to financing of activities solely from the resources of the Trust Fund, a system is being developed by the United Nations to bring together potential donors and developing countries needing financial support in the field of aging. This system, known as 'multi-bilateral funding', will provide the following types of assistance: (a) helping Governments to develop project proposals and to identify donors willing to provide funds for their implementation; (b) enlisting the help of donors to provide expertise or funds to support specific projects, (c) managing donors' contributions earmarked for the benefit of developing

countries in specified areas of activity; and (d) utilizing the resources of the Trust Fund in order to provide for joint financing with other sources for specific projects.

PRIORITY AREAS

The question of aging is interdisciplinary and multi-sectoral and the United Nations is concerned with all dimensions of the question, including the humanitarian aspects and the developmental issues identified and included in the Vienna International Plan of Action on Aging adopted at the World Assembly on Aging. Within the humanitarian sphere, the resources of the Trust Fund will be used to support activities in the areas of housing, the family, income security, health, education and social welfare. Trust Fund resources will also be used to finance activities involving development issues concerned with the effect of the aging of populations on the economic and social development of society as a whole, including, inter alia, rural development, migration and production, consumption and savings patterns.

The resources of the Trust Fund will be used to assist Governments in developing national policies (sectoral and/or comprehensive) and other activities in the field of aging with the long-term objective of fostering self-reliance of Governments.

In accordance with the mandates of the General Assembly, priority consideration for assistance in the field of aging will be given to the least developed countries. Special consideration for assistance will be given to those other developing countries which are experiencing a rapid acceleration in the rate of increase of their older population.

The types of requests which will be considered for support from the resources of the Trust Fund fall into four broad categories:

I. Activities leading to policy formulation, including: (a) census analysis; (b) surveys; (c) research; (d) seminars for the exchange of knowledge and experience (particularly in the area of technical co-operation among developing

Countries).

II. Activities concerned with the formulation and evaluation of policies, including: (a) formulation of legislation; (b) administrative action; (c) inclusion of issues of aging into national development plans.

III. Activities relating to the implementation of policies, including: formulation and implementation of programmes designed to carry out policies in the selected areas identified above.

IV. General cross-sectoral activities, which cut across the categories identified in I, II and III above, including: (a) research; (b) training (both formal and informal); (c) communication and dissemination of information.

ADMINISTRATION OF THE TRUST FUND

The Trust Fund is governed by the United Nations financial regulations and rules, and the specific provisions concerning trust funds. The United Nations Under-Secretary-General for the Department of International Economic and Social Affairs is the Programme Manager of the Trust Fund, and he will approve the activities to be supported from the resources of the Trust Fund. The United Nations Controller shall, upon reasonable notice, provide donors with statements containing the most recent financial information on the Trust Fund.

ACTIVITIES OF THE TRUST FUND (1981 - 1984)

Contributions to the Trust Fund during the period 1981-1983 amounted to US\$ 1,141,559 with unpaid pledges of US\$ 36,821. In 1984, thus far additional pledges have been received by three countries Austria, Cyprus and Ireland.

During this period seventy-four project requests for financing totalling over four million dollars have been received. In 1981-1983 US\$ 844,000 were disbursed. In 1983, alone, the UN approved from the resources of the Fund projects in 28 countries in all regions of the world, 9 of which were among the least developed. These countries were the following by region and country:

<u>AFRICA</u>	<u>ASIA AND THE PACIFIC</u>	<u>LATIN AMERICA</u>
Ghana	Bangladesh	Argentina
Kenya	India	Barbados
Lesotho	Philippines	Bolivia
Malawi	Sri Lanka	Chile
Mali		Colombia
Mauritania	<u>WESTERN ASIA</u>	Costa Rica
Morocco	Lebanon	Cuba
Niger	United Arab Emirates	Mexico
Nigeria	People Democratic	
People's Republic of Congo	Republic of Yemen	
Rwanda		
Senegal		
Tanzania		

A few examples of innovative projects financed may serve to illustrate the catalytic role played by the Trust Fund. In Bolivia, for example, multi purpose centres for the elderly will be opened to promote the integration of the elderly and to provide them with opportunities to participate in income generating activities. In Colombia, training courses were held for personnel currently working with the elderly yet have had little or no training in gerontology. Similar in-service training will be conducted in a number of African and Asian countries. In Latin America and the Caribbean, seven countries have agreed to participate in a needs assessment survey in order to examine the general health and social conditions and needs of the aging in urban areas in order to promote the adoption or revision of member Governments' national policies for integrated care of the aging. In Africa, the Government of Senegal has taken the initiative to convene, in Dakar, a regional seminar for high-level Government officials to promote technical co-operation among African nations in the field of Aging.

Because the Plan of Action stressed the strategic importance of national-level activities for effective implementation of its recommendations, 88 per cent of resources are to be used at the national level. The Plan of Action also

emphasized the importance of formulating national policies and programmes and strengthening existing national capabilities and resources. Consequently, 60 per cent of the Funds allocated and/or earmarked for projects thus far involved activities leading to policy and programme formulation, and 36 per cent was directed towards cross-sectoral activities to strengthen national capabilities and self-reliance.

CONCLUSIONS AND DIRECTIONS FOR THE FUTURE

Alrcady, the Trust Fund has played a dynamic role in promoting the development and strengthening of national resources and to improve national capacity for action in the field of aging

The tremendous number of requests for financial support received for projects since the initiation of the Trust Fund testifies to the volume of unmet needs, only recently recognized by the international community. In order to respond to these expressed needs the strategy of the Trust Fund has been, and will continue to be, one of promoting voluntary contributions and, to the greatest extent possible, of soliciting co-sponsors or partners for project financing. Additional efforts will also be made to promote multi-bilateral funding.

Annex 3

NEWSLETTERS AND PUBLICATIONS

AARP News Bulletin

American Association of Retired Persons
1909 K Street, N.W.
Washington, DC 20049
USA

List of Publications

The National Council on the Aging, Inc.
600 Maryland Avenue, S.W.
West Wing 100
Washington, DC 20024
USA

Ageways

Helpage International
32 Dover Street
London, W1A 2AP
United Kingdom

Contact

Christian Medical Commission
150 route de Femey
1211 Geneva 20
Switzerland

Aging Accent

Episcopal Society for Ministry on Aging, Inc. (ESMA)
R.D. No. 4, Box 146-A
Milford, NJ 08848
USA

FIAPA - Information

Fédération internationale des Associations de Personnes Agées (FIAPA)
8 + 10 rue d'Astorg
75380 Paris Cedex 08
France

Bulletin on Aging

United Nations
Department of International Economic and Social Affairs
Centre for Social Development and Humanitarian Affairs
Vienna
Austria

Eurolink Age

Informal coalition of organizations concerned with elderly people within the European
Community
Age Concern England
Bernard Sunley House
60 Pitcairn Road
Mitcham, Surrey CR4 3LL
United Kingdom

CISF

Centro Internazionale Studi Famiglia
Via Monte Rosa 21
20149 Milano
Italy

Eurosocial Newsletter

European Centre for Social Welfare Training and Research
Berggasse 17
1090 Vienna
Austria

JCVA News

International Council of Voluntary Agencies
17 Avenue de la Paix
1202 Geneva
Switzerland

JCSG Newsletter

International Center of Social Gerontology
179 rue du Débarcadère
6001 Marciennelle
Belgium

EURAG - Information

European Federation for the Welfare of the Elderly
Schmiedgasse 26/1-100
8010 Graz
Austria

Social Welfare News-sheet

League of Red Cross Societies
Social Welfare Unit
P.O. Box 276
1211 Geneva 19
Switzerland

Expanding Horizons
Ageing International

International Federation on Ageing
Publications Division
1909 K Street, N.W.
Washington, D.C. 20049
USA

ISIS News

International Institute of Health Studies and Information (JSJS) Rome
26 Largo Arenula
00186 Rome
Italy

Age Concern Publications List
New Age

Age Concern England
Bernard Sunley House
60 Pitcairn Road
Mitcham, Surrey CR4 3LL
United Kingdom

Annex 4

LIST OF PARTICIPANTS

REPRESENTATIVES OF OTHER ORGANIZATIONS

American Association of Retired Persons (AARP)

Ms V. Ostrander
Washington, DC, USA

Ms C. Nusberg
Washington, DC, USA

Association of Third Age Universities (ATAU)

Professor Jeanneret
Neuchâtel, Switzerland

Episcopal Society for Ministry on Aging (ESMA)

Dr C.H. Gill
Milford, NJ, USA

Association of Schools of Public Health in the European Region (ASPHER)

Professor A.M. Davies
Jerusalem, Israel

Federation of Associations of Former International Civil Servants (FAFICS)

Mr P. Blanc
Geneva, Switzerland

Help the Aged (HTA)

Ms A.S. Kettlety
London, United Kingdom

Ms I. Taylor
London, United Kingdom

International Association of Cancer Registries (IACR)

Professor G. Riottton
Chêne-Bougeries, Switzerland

International Association of Gerontology (IAG)

Professor J.P. Junod
Thônex, Switzerland

International Centre of Social Gerontology (ICSG)

Mr J. Flesch
Paris, France

Professor G. Lambert
Paris, France

International Council of Nurses (ICN)

Dr D. Krebs
Geneva, Switzerland

International Council on Jewish Social and Welfare Services

Dr T.D. Feder
Geneva, Switzerland

International Council on Social Welfare

Ms C.B. Kelly
Geneva, Switzerland

International Council of Women (ICW)

Dr A. Denys
Brussels, Belgium

Ms P. Herzog
Jerusalem, Israel

International Federation of Elderly Associations (IFEA)

Dr J. Deboise
Paris, France

International Federation on Ageing (IFA)

Ms S. Greengross
Mitcham, United Kingdom

International Social Security Association (ISSA)

Mr J. Iliovici
Geneva, Switzerland

Inter-University European Institute on Social Welfare (IEISW)

Mr S. Mayence
Marcinelle, Belgium

National Association of Gerontology in Greece (NAG)

Dr M. Violaki Paraskeva
Athens, Greece

US National Council on Aging, Inc. (USNCA)

Professor J. Sykes
Madison, WI, USA

World Confederation for Physical Therapy (WCPT)

Ms E.M. McKay
London, United Kingdom

World Council of Churches (WCC)

Dr R. Amondo-Lartson
Geneva, Switzerland

World Federation for Mental Health (WFMH)

Mr D. Deane
Arlington, VA, USA

World Federation of Occupational Therapists (WFOT)

Ms M. Schwarz
Zurich, Switzerland

World Federation of Public Health Associations (WFPHA)

Dr S. Kessler
Washington, DC, USA

World Psychiatric Association (WPA)

Dr J. Wertheimer
Prilly, Switzerland

World Young Women's Christian Association (WYWCA)

Ms M. Kingma
Geneva, Switzerland

OBSERVER

Mr G. Lojacono
Institute of Studies for Economic Planning, Rome, Italy

TEMPORARY ADVISER

Dr A. Kalache
Department of Community Medicine, London School of Hygiene and Tropical Medicine,
United Kingdom

COORDINATOR, NGO/WHO COLLABORATIVE GROUP ON AGING

Ms M. Röpke
Director, EGV Dane Care - Strandlunden, Charlottenlund, Denmark

UNITED NATIONS OFFICES

International Labour Organization

Ms C. Solorio
Geneva, Switzerland

United Nations Centre for Social Development and Humanitarian Affairs, Vienna^a

United Nations Nongovernmental Organizations Liaison Office (NGOO), Geneva^a

WORLD HEALTH ORGANIZATION

Global Programme for Health of the Elderly, Copenhagen

Dr D.M. Macfadyen
Manager

Ms D. Halvorsen
Administrative Assistant

Regional Office for the Americas

Dr E. Anzola-Pérez
Regional Adviser, Programmes for Health of the Elderly

Headquarters

Miss P.M. Elmiger
Collaboration with the United Nations System, Nongovernmental and other Organizations

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

Dr G.S. Mutalik
Chief, Collaboration with the United Nations System, Nongovernmental and other Organizations

WHO Collaborating Centre for Psychosocial Factors and Health

Professor F. Baro
Director, Bierbeek, Belgium

^a Invited but unable to designate representative.