



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

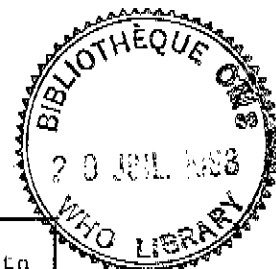
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EIGHTH GENERAL PROGRAMME OF WORK  
COVERING THE PERIOD 1990-95

Global Medium-Term Programme

Programme 9.5

HEALTH OF THE ELDERLY



The aging of populations is a world-wide phenomenon with important policy implications for both developing and developed nations. The programme of health of the elderly in the Eighth General Programme of Work for the years 1990 to 1995 will follow up the programme of the Seventh General Programme of Work (1984 to 1989) in supporting approaches leading to the wellbeing of aged persons. This might be achieved by reducing functional dependency of the elderly due to deterioration of their health, social, and economic status.

The approaches towards reaching this objective will be through:

- . support to Member States in the formulation and implementation of policies promoting the wellbeing of the elderly
- . data collection and information dissemination important to decision making, service planning and policy formulation
- . cooperation with national programmes in organising comprehensive care systems for the elderly including training components
- . promotion of research directed towards the wellbeing of the elderly
- . development of, or adaptation when applicable, of technologies appropriate for the elderly in developing countries
- . encouragement of multilateral international collaboration for the wellbeing of the elderly.

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## 1. INTRODUCTION AND POLICY BASIS

The numerical growth of older people around the world is a testimony to reductions in infant and maternal mortality, improved nutrition, reduction in infectious and parasitic diseases, and health care, education and income. In addition, relative growth reflects the substantial decline in fertility rates, which are taking place in most regions of the world.

The growth of older populations poses a considerable challenge. The "elderly" as a concept is an inadequate generalization that ignores the heterogeneous nature of a population group that spans around 40 years of life. The disaggregation of statistics on the elderly into narrower age groups reveals important demographic and socioeconomic differences which have direct impact on policymaking and implications in concrete measures to contribute to the wellbeing of the elderly. Longitudinal studies have shown, even with homogeneous and stable populations, important cohort differences in short periods of time. Therefore, even more striking differences could be expected comparing elderly people from a wide range of cultures. To be 'old' in a developing country has a very different meaning from being 'old' in an affluent society.

To understand the dynamics of aging, we need accurate descriptions of the elderly from several perspectives not only demographic, but also health, social and economic.

Prior to the establishment of the programme for health of the elderly, the World Health Organization's existing programmes were giving increasing attention to the present and future needs of this population group. WHO interest in health services for the elderly dates from 1974 when a WHO Expert Committee made recommendations as to their planning and organization (WHO Technical Reports Series No. 548).

Experts from all geographical regions met in 1980 in Mexico City for the purpose of exchanging views as to the present and future state of wellbeing of the world's elderly citizens. Their report (IRP/ADR 101) served as a basis for the policy paper prepared by the World Health Organization for the 1982 United Nations World Assembly on Aging (A.CONF.113/19). The International Plan of Action on Aging, adopted by the World Assembly on Aging, became a framework for the work of the World Health Organization in health of the elderly during the period from 1982 to 1987. More recently, a WHO Expert Committee on Health of the Elderly met in November 1987. Its recommendations and conclusions concern planning health and social care for the elderly and are reflected in this Medium-Term Programme.

Promotion of health of the elderly requires an intersectoral approach - the need for financial, family and social assistance within a supportive environment is no less important than the need for health services.

In May 1987, the World Health Assembly emphasized the research component of the health of the elderly programme by adopting Resolution WHA40.29, upon the recommendation of the Advisory Committee on Health Research. It requested that the Director-General establish an international research programme on aging as an integral part of the Organization's programme on health of the elderly. In June 1987 an agreement was signed between WHO and the US National Institute on Aging, a WHO Collaborating Centre, to host this Special Programme in Bethesda, Maryland, where it has been located since January 1988.

### 1.1. Role of the United Nations

The question of the elderly and the aged has been under discussion by the General Assembly of the United Nations since its thirty-second session.

The International Plan of Action on Aging was adopted at the thirty-seventh session of the General Assembly in 1983 and makes recommendations on health and nutrition. The World Health Organization, being a specialized UN agency for health, responded by basing its subsequent activities on the plan of action.

A recent resolution (A/RES/41/96) urged governments to intensify their efforts, within the context of their own national priorities, cultures and traditions, to implement the recommendations contained in the Plan while a resolution from the forty-second session (A/Res/42/51) called upon the specialized agencies to continue to support activities relating to the question of aging, in particular by providing assistance for projects that fall within their mandate.

### 1.2 How the programme fits the Global Strategy for Health for All (WHO/HFA series No. 3)

In planning for national health development, all regions will collaborate with countries in formulating "small area", i.e. district and national programmes for community-based, family focused health care of aging citizens, with special attention to their social integration in the community. This will include identifying the technologies that are effective in preventing or ameliorating the main health or social problems of aged populations. Particular attention will be paid to:

- preventive health services for elderly individuals (e.g. health and social screening followed by intervention, if necessary, immunization)
- health protective services (e.g. surveillance and control of communicable and noncommunicable diseases, environmental safety including accident prevention)
- health promotion by focusing on
  - "younger elderly", advising them about healthier lifestyles (smoking cessation, alcohol, nutrition, physical fitness)
  - "old old", encouraging measures aimed at maintaining the elderly with highest possible disability free status in families and/or in their environments (in accordance with cultural patterns)

### 1.3 World Health Assembly (WHA) resolutions providing framework for a humanitarian approach to health care of the elderly

Concern for the welfare of elderly people has been expressed in the developed and developing world alike, witnessed by the fact that the matter was the topic of World Health Assembly resolutions in 1979, 1982 and 1987 and of the United Nations World Assembly on Aging in 1982.

WHA32.25 (1979) - Collaboration with the United Nations System: Health Care of the Elderly. This first ever WHA resolution on the topic of aging built a foundation for policy on the twin pillars of prevention and alternatives to institutional care; proposed the selection of "Health of the Aged" as the theme for World Health Day 1982; and requested the United Nations to ensure WHO's appropriate role in the World Assembly on Aging.

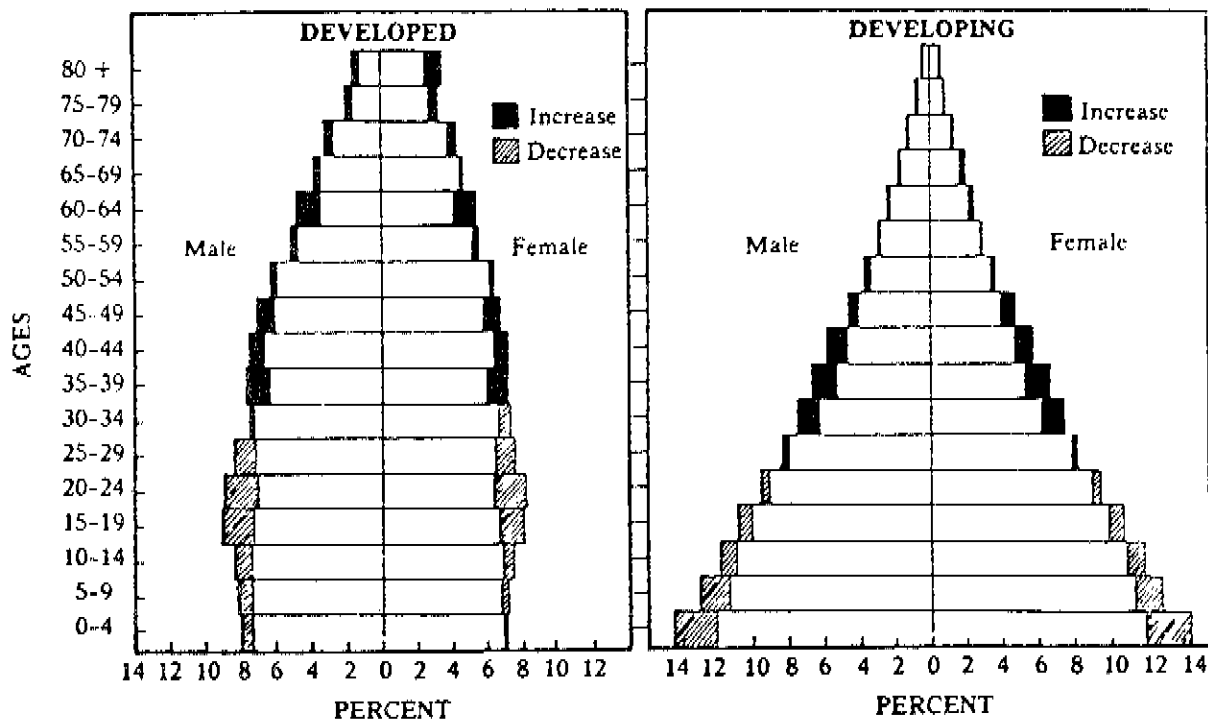
WHA35.28 (1982) - Health Care of the Elderly proposed continued collaboration with the United Nations in the field of aging, in a role that goes beyond traditional medical concerns and which involves the health sector in the larger context of improving the quality of life for aging people.

WHA40.29 (1987) - Research on Aging requested WHO to establish an international research programme on aging, as an integral part of the Organization's programme on health of the elderly, and to secure the cooperation of interested bodies (governments and others), in addition to the WHO support within its existing budgetary provisions, for establishing, implementing and monitoring the programme.

## 2. SITUATION ANALYSIS

The global situation of population structure is best illustrated by the following graphs:

POPULATION STRUCTURE 1980 AND 2000



Source: Center for Demographic Studies, Duke University

The picture, represented by the growth in percentages of older persons, changes dramatically between 1980 and 2000.

In identifying issues of health and social importance, the very old or extreme aged, sex composition and urban-rural distribution need to be considered.

Persons 75 and over are at high risk to long term chronic illnesses and disabilities. Such problems lead inevitably to increased needs for medical treatment and supportive care.

For maximum wellbeing, elderly people need support from their families, and their work, and the state.

The health of the elderly programme in the period 1984 to 1989 concentrated on the following issues:

- . collection of demographic and epidemiological data, their evaluation and utilization in support of policies for the elderly in the health and social sector
- . implementation of health policies for the elderly (manpower development; health facilities; patterns of elderly care delivery, medical and non medical, particularly in long term care; regulation of health care)
- . intensive collaboration with NGOs active in the field of aging.

The 1984 to 1989 medium term programme for health of the elderly was based on two general targets:

- (i) by 1985, WHO will have established advisory bodies to identify priority health problems of the elderly and to promote relevant and humane policies and programmes for their health and social welfare;

Comment:

The advisory bodies to identify priority health problems of the elderly were established and priority given to planning processes aimed at minimizing institutional care and promoting community based services.

- (ii) by 1987, those countries that have identified the care of the elderly as an important issue will have formulated such policies and programmes.

Comment:

The countries that identified care of the elderly as an important issue did not always formulate such policies and programmes.

The main constraints to this development are the following:

- a) policy and decision makers are not fully knowledgeable about elderly issues; politicians, in countries where family care has been the tradition but which is changing due to socioeconomic transition, are reluctant to admit that the elderly do not receive care in their families; the problems are still obscure, more information about the potential of community based services for the elderly is needed; advocacy, promotion of ideas and demonstrations of programme feasibility were not given enough attention

b) there is a lack of resources (trained personnel, logistic support, referral system, funding)

c) there is a lack of intersectoral collaboration

In order to improve this situation, in 1986-87 Member States were, upon request, supported in formulating such policies. Assistance was given to compiling demographic and epidemiological data which were evaluated and interpreted for decision makers. Planning methodology was a priority topic of the WHO sponsored international courses on epidemiology of aging at the London School of Hygiene and Tropical Medicine (since 1984).

Global epidemiological data on medico-social conditions of the elderly generated originally by the 11-country study in Europe in 1978 and 1979, were collected in the Western Pacific and Americas regions in 1985 and 1986 and in the Eastern Mediterranean and South East Asian regions in 1987. The data are utilized for policy formulation on health and functional potential of the elderly, on lifestyles, housing and services.

Between 1984 and 1989, technical guides specifically relating to the elderly were produced in collaboration with other programmes, e.g. lifestyle, nutrition, accident prevention, prevention and treatment of mental disorders, essential drugs and vaccines, nursing, rehabilitation, cardiovascular diseases and blindness.

The texts were prepared by selected contributors on issues of lifestyles, nutrition, accident prevention, cardiovascular diseases, essential drugs, mental disorders, nursing, physical therapy, and published either by WHO or in collaboration with other publishers or organizations. Texts on housing and functional assessment will be finalized during the Eighth General Programme of Work.

### 3. OBJECTIVE

To support the continuous evolution and adaptation of technologies and approaches aimed at protecting and promoting the health of the elderly.

### 4. TARGETS

Fostering national, regional and global actions so that by 1995

- (i) 50% of countries will have developed and be providing health care adapted to the specific problems of elderly persons as an integral part of the health care delivery system;
- (ii) 50% of countries will have taken appropriate measures to promote the welfare of the elderly and ensure their social integration within the community.

### 5. APPROACHES

The programme will emphasize, in all activities, the considerable potential that exists for elderly people to maintain their social, mental and physical capacities.

At the country level, the approach will be multisectoral, directed to achieving coordination between the health sector and social security, labour, education and housing sectors, in joint efforts to maintain the well-being of women and men as they age by:

- supporting Member States to undertake a situation analysis of health of the elderly
- assisting in formulation of national policies, programmes and plans for care of the elderly in countries where this care was identified as an important issue
- promoting the establishment of national multisectoral boards for the assessment of problems of elderly people and their solution and the establishment of national institutions for this purpose
- assisting countries in the implementation of plans contributing to participation of the elderly in social development
- introducing health problems of the elderly in the education curricula of health and health-related personnel
- strengthening of national interdisciplinary research capabilities on aging in developing countries to further promote the development of national policies and programmes based on the actual situation and needs of the elderly.

At the regional level

- dissemination of information on health of the elderly and exchange of experience amongst countries of the region
- adoption and distribution of guidelines and other learning materials on care of the elderly
- assistance to integrated model health care programmes for the elderly for demonstration and training purposes
- collaboration with regional NGOs.

At the global level

- collaboration with all regional focal points in health of the elderly (coordinated planning, implementation, evaluation)
- collaboration with NGOs with global coverage
- coordination and joint planning with the United Nations in planning for the wellbeing of the elderly
- collaboration with nongovernmental organizations and the world scientific community the latter based in collaborating centres

- collaboration between the Special Programme for Research on Aging and the world's scientific community to generate, collect and disseminate knowledge gained through research on aging that can lead to disease prevention strategies, medical and social interventions and policy planning

- coordination of cross-national research through the Special Programme for Research on Aging to identify specific as well as universal risk factors in disease and disability, as well as protective factors that lead to healthy and productive aging.

6. ACTIVITIES

6.1 Developing and providing health care delivery systems

Target By 1995, 50% of countries will have developed and be providing health care adapted to the specific problems of elderly persons as an integral part of the health care delivery system.

Activities	1990-91	1992-93	1994-95	Linkages <sup>1</sup>
1. Support demographic data collection and <u>health and social epidemiological studies</u> to assess the situation of the elderly in countries where it forms an important issue, support the development of national policies, programmes and plans.		all regions		HST, ESM, CES WHO CC
2. Continue to disseminate guidelines for the initiation of <u>collaborating activities</u> (integrated programmes) dealing with elderly people's needs and problems with consideration of their socio-cultural aspects and contribution (including legislation).		all regions		FHE, HLE WHO CC NGOs
3. Support the implementation of national programmes for the elderly and the exposure of nationals to successful experiences in this respect		all regions		NGOs
4. Initiate technical meetings on most frequent health/medico-social problems of the elderly: - vision/hearing - mental health - mobility problems - frail/severely disabled elderly - long-term care		at least one meeting per region		PRI, PDH, MNH, RHB, PHC/SHS/ ATH/CLR

6.2 Promoting the welfare and integration of elderly people

Target: By 1995, 50% of countries will have taken appropriate measures to promote the welfare of elderly people and ensure their integration within the community.

Activities	1990-91	1992-93	1994-95	Linkages
1. Formulate principles for - preventive health services - health protective services - health promotive services for the elderly (both "young elderly" and "old old")  Disseminate information		all regions		NCD, HPR  IEH
2. Formulate principles of comprehensive planning for the elderly in small areas (districts).		all regions		PHC, SHS WHO CC
3. Implementation of small area planning principles in at least one country in each region.  Disseminate information.		all regions		PHC, SHS WHO CC  IEH
4. Training of health personnel in the care of the elderly (including socio-cultural aspects).		all regions		HMD
5. Implementation of research projects in the four initial priority areas of SPRA: dementia, immunology, osteoporosis and determinants of healthy living in selected developing and developed countries.		all regions		SPRA WHO CC IGOs <sup>2</sup>

<sup>1</sup>Details regarding activities that will be jointly funded or jointly undertaken will be provided closer to the time of implementation.

<sup>2</sup>The Special Programme for Research on Aging (SPRA) will cooperate with other UN agencies and programmes and will participate in defining coordinating mechanisms to improve the effectiveness of interdisciplinary research efforts on behalf of the aging.

## 7. PROGRAMME MANAGEMENT AND RESOURCES

In 1987, the Director-General informed the Executive Board and World Health Assembly that a unified management structure had been established between the global and European regional Health of the Elderly programmes, although the Director-General continues to monitor the programme to ensure that the global nature of programme activities is retained. The Special Programme for Research on Aging has its own manager in the United States National Institute on Aging reporting to the Chief, Health of the Elderly, in the Regional Office for Europe.

Growth foreseen for the period of work will be mostly in extra-organizational resources, for research and training.

Global coordination is effected by the WHO Programme for Health of the Elderly which comprises a Chief, a Regional Officer, and support staff, plus an inter-regional research unit at the United States National Institute on Aging. In the Region of the Americas, the programme is coordinated by a medical officer/epidemiologist. The remaining regions have focal persons, task forces or focal groups to coordinate the development of the programme.

Support is provided by various extra-organizational bodies working to promote activities of common interest. This includes a network of collaborating centres and global and regional WHO/NGO collaborative groups. A small independent advisory group is regularly consulted concerning the development of the programme.

A Scientific Advisory Committee guides the development, implementation and evaluation of the components of the Special Programme for Research on Aging.

## 8. MONITORING, EVALUATION AND INDICATORS

The programme is routinely monitored in terms of the major activities listed in Chapter 6 above.

Monitoring of activities is reported and programme outputs reviewed biennially in conjunction with the biennial programme budget cycles.

A mid-point evaluation of the implementation of this medium term programme will be undertaken by an independent programme advisory group.

The following indicators will be used to evaluate the programme:

1. Number of countries
  - having a focal point for health of the elderly at the national level
  - having a collaborative activity with the World Health Organization in health of the elderly
  - having a collaborating centre/institution.

- where the social and health status of the elderly has been assessed (demography, epidemiology)
- where national policies, programmes and plans based on multisectoral action for the health care of the elderly is established
- which have started a socio-cultural developmental project or a national programme for care of the elderly with their participation and contribution
- with statistics on national health and health-related personnel trained in matters related to health problems of the elderly.

2. Ad hoc developed and disseminated indicators (derived from demographic and epidemiological data), e.g. life expectancy free of disability, life expectancy at 60, life expectancy at 75, by sex, etc; development of ad hoc indicators corresponding to the indicators of the effectiveness of health care derived from the regional HFA strategies.

#### 9. LINKAGES

The programme will continue to maximize the well-being of aged persons through policy support to countries; data collection and information dissemination; co-operation with national programmes, including training, promotion of research, including its own Special Programme for Research on Aging; transfer of appropriate technologies; and encouragement of multilateral international collaboration. Collaborating centres and governmental and intergovernmental organizations will also be involved.

It is also envisaged that other global programme areas will develop specific activities for the elderly segment of the population. The linkages referred to in Section 6 are therefore seen as beginning activities for these programmes in the field of aging. If this development towards "age-relevant" programmes occurs, then it would not be necessary to have a specific programme for the health of elderly persons beyond the year 2000. However, before any "sunset" provisions are considered for the programme, member states would need to see clearly that other global programmes are serving the needs of the aging section of the world population.

Within the UN family, the United Nations Centre for Social Development and Humanitarian Affairs (CSDHA), Vienna, is the most directly involved with elderly people and, in particular, the Centre has responsibility for implementing the World Plan of Action on Aging.

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