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

Geneva
12 May 1989

October 1989

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EIGHTH MEETING OF THE
NGO/WHO COLLABORATIVE GROUP ON AGING

Geneva, 12 May 1989

1. Introduction

Dr Helander welcomed participants, gave apologies from the Director-General and announced that some NGOs normally attending this meeting would be going instead to the XIV Congress of the International Association of Gerontology in Acapulco, Mexico in June. He suggested that Dr Beer from HelpAge International should chair the meeting and Ms O'Hare from the World Confederation for Physical Therapy act as rapporteur. This was agreed. Dr Helander apologized for lack of translation facilities and participants agreed that the meeting should be conducted in English.

Dr Beer, taking the Chair, asked for comments on, or changes to, the agenda. There being none, the agenda was adopted as follows:

- 1.1 Information from WHO covering the Health of the Elderly programmes
- 1.2 Informal provision of care for elderly people
- 1.3 Portrayal of elderly people in the media
- 1.4 Community-based rehabilitation and the role of therapists.

Participants then introduced themselves briefly. (List of participants attached as Annex 1.)

In reply to a question about the purpose of the meeting, Dr Helander explained that it was an opportunity for NGOs to meet together and exchange views with each other on their work and with WHO staff on the WHO Global Programme on Health of the Elderly. He then explained that the Global Programme had been transferred from Copenhagen to Geneva on 1 April 1989 and that he was now temporarily Acting Chief of the Programme but that Dr Hermanova, who had acted in that position until 1 April, would report on the Global Programme.

2. Information from WHO covering Health of the Elderly Programmes

Dr Hermanova reported on both the Global and European programmes.

2.1 Global Programme

An International Institute on Aging had been established in Valletta, Malta and its Director, Dr A. Grech, was present at the meeting.

A WHO Special Programme for Research on Aging had been set up at the National Institute on Aging, Bethesda, USA. Dr J. Litvak was in charge of this programme. The programme's research priorities were age-associated dementias, osteoporosis, immune function and epidemiology (determinants of healthy aging). A first meeting with interested parties had been held in Geneva in March 1989 and a follow-up meeting was to be held in Acapulco in June 1989.

The Global Programme now had a focal point person in each WHO Regional Office. There was increased activity in each of these offices except the Regional Office for Africa where, despite the January 1988 Brazzaville meeting, not much progress had been made.

Other areas of focus in the Global Programme were healthy aging, aging women, community-based rehabilitation (CBR), and epidemiology. Dr Hermanova drew particular attention to the recent survey carried out in the United Kingdom which showed that one in ten of the population was disabled and two-thirds of these were over 60 years of age.

Publications that had appeared during the year were the WHO Technical Report Series No 779 entitled "Health of the Elderly" (the report of the 1987 Expert Committee on Health of the Elderly) and a brochure "An Aging Planet" which had been produced with funds provided by the Italian Government.

2.2 Europe

As far as the Programme of the Regional Office for Europe was concerned, efforts had been concentrated in the following areas:

- (i) CBR and health planning for elderly in small areas (particularly in Eastern European countries);
- (ii) micro-environments for the disabled elderly;
- (iii) short course on social gerontology to be held in Dubrovnik from 22 May;
- (iv) training courses run by the International Institute on Aging, Malta. One course, devoted to rehabilitation, would be held 13-17 November 1989;
- (v) a EURO meeting on home care planned for April 1990;
- (vi) preparation for the Technical Discussions at the next Regional Committee of the WHO Regional Office for Europe to be held in September 1990 on the topic "Health of the Elderly".

The Chairman thanked Dr Hermanova for her report and the World Health Organization in general for its valued initiatives in this programme. He welcomed the emphasis on health delivery systems and hoped that the plights of less developed countries would be given priority, since they have half the world's population of elderly.

The reply to a question on whether the WHO programmes treated the aging process or the health state of the elderly was that both were covered, although the intention was to concentrate on the latter.

Dr Hermanova then reported some details of the WHO components of the IAC Congress in Acapulco in June 1989, namely the meeting of WHO Regional Office Focal Points; the WHO/NFA meeting on collaborative research on aging; and the Roundtable discussion on "Providing services" (this session would use the Valletta meeting of October 1988 as background and starting point). Dr Hermanova took note of those who would be in Acapulco and suggested they attend the WHO sessions there if possible.

3. Information provision of care for elderly people

Dr Helander introduced Agenda Item 2 on informal provision of care for the elderly, suggesting that this would be an important policy consideration for the future, given that governments and health systems could not afford large expenditures for elderly care. Concern was expressed that "informal" should not be understood to mean entirely voluntary, otherwise governments could seize the opportunity to reduce the statutory service provisions for elderly people, thus exacerbating the problem. Dr Helander suggested a working party on this subject. In the discussion that followed there was clear support for such a group, whose likely themes for debate could be

- care at home as opposed to institutionalization;
- the interaction between voluntary and statutory providers;
- the problems of carers who are already elderly themselves;
- difficulties arising from the fact that children in families are now less numerous;;
- the economic problem for informal carers who are not paid;
- the provision of more consultation with groups of elderly;
- the different situation in the more developed and less developed countries;
- compilation of case studies of good practice;
- an examination of networking among agencies providing informal care (e.g. exchange of newsletters);
- the need for a multidisciplinary approach.

Particular note was made of projects already in progress to look at the role of the family as care givers and a plea made that the special problems of the demented elderly should not be forgotten.

Dr Helander suggested that WHO might have funds available to finance the working party mentioned above. Knowledge gained by this group might usefully be transferred and used in less developed countries where it is known that

there will be a sharp increase in the numbers of elderly people in the next decade. However it was pointed out that the World Assembly on Aging (Vienna, 1982) had identified and discussed most of these issues: it might well be of benefit to re-examine its findings. It was further mentioned that the International Institute on Aging was conducting a global survey on demographic trends with a view to developing a policy on training needs. The results of this survey should also be taken into account by the working group. The International Federation on Aging's work on coping with social change could also contribute to the group's work.

To illustrate the lack of priority often given to the elderly at national and international level, the example was given of a current EEC discussion document on social rights and the family, in which no mention at all is made of the elderly members of the family.

Finally, the importance of the role and training of care-givers in the community and the need for such community care was again stressed.

The consensus of the discussion was that:

- 3.1 a WHO working party on informal provision of care to the elderly should be set up;
 - 3.2 the final title of the working party should be chosen carefully to allow all aspects of care, both statutory and voluntary, to be considered;
 - 3.3 the terms of reference and method of working should be considered further at the WHO Roundtable discussions in Acapulco (see Annex 2 for draft terms of reference).
4. Portrayal of elderly people in the media

Introducing the agenda item on the portrayal of elderly people in the media, Mr Leeson gave a very thorough review of the way in which elderly are presented by the media (particularly in written form). (See Annex 3 for details.) From this presentation and the subsequent discussion, it was evident that the media portrayal was biased, inaccurate and based on clichés. These mythical images of the elderly resulted in their being seen as a burden (if they were "seen" at all: sometimes they were "invisible") rather than as a resource in the community. The reality, however, was that elderly stay young longer and have considerable potential because of their experience and knowledge. Although traditional literature and poetry had not changed in their portrayal of the elderly, there was however a change in magazines although the representation was often atypical. There is even greater change in television where the elderly are proportionally representative. However they most often appear in news programmes or as a dramatic antithesis to the young and attractive. Unfortunately governments often may be swayed by this portrayal or invisibility. For instance one participant had been told in refugee camps in Somalia that "there were no elderly". Another participant, visiting certain African countries, has been told that there was no need for a rehabilitation policy for the elderly as life expectancy was still in the

early fifties. Different myths abound also in the industrialized countries, in particular that people are "elderly" at age 60, which is not really so. However, this age group does have a problem in being heard, since after retirement they represent "the new poor". An argument was put forward for a more flexible retirement age. Another suggestion was that until the elderly form an "old age" political party, there will be no change.

The conclusion of the discussions was that there needs to be more networking of agencies involved with the elderly and that WHO should be more active in promoting this. Successful models in developed countries should be translated to less developed countries before they made the same mistakes.

At this point Dr Helander described the WHO programme for community-based rehabilitation of disabled people, explaining that an easy-to-understand manual (simple language and a large concentration on drawings) was now available after more than 10 years of research and development. The intention was that after instruction, this manual should be used in the village setting where there were no health professionals. The use of the manual normally leads to maximum performance by disabled people within 6-9 months. There was no specific chapter on care of the elderly but the general information contained in the manual could well be used. The latest edition of the manual would soon be on sale at \$28.30 (868 pp, 2200 drawings).

Dr Hermanova mentioned the work that the Global Programme had been doing in Israel to produce instructional packages for the care of the elderly with arthritic, cardiovascular and other deteriorative diseases, mentioning that she would be grateful if some agencies represented at the meeting could review the material.

5. WHO Task Force on CBR for Elderly People

Ms O'Hare reported on the progress of this Task Force in the year since it was formed as a result of interest at the 1988 meeting of the Collaborative Group.

The Task Force consists of the World Confederation for Physical Therapy, the World Federation of Occupational Therapists, the League of Red Cross and Red Crescent Societies, the International Committee of Catholic Nurses and the World Federation for Mental Health. The aim was to identify examples of good and innovative practice in community-based rehabilitation for elderly people via the membership of these agencies.

There had been a good written response from the World Confederation for Physical Therapy and the League of Red Cross Societies but often only at a policy and administrative level. A good collection of well-produced pamphlets had been received and the World Confederation had had a number of interesting practical ideas from individual members. What now was needed was coordination of the input. At a meeting of the Task Force in January it had been decided to write to a few countries in each WHO Region which had responded to the initial call, asking them to provide a written contribution to a publication to be entitled "Good Practice". WHO was willing to pay a small honorarium to

these authors. The key task would lie with the editor. It was essential to find someone who could write well and produce a text quickly. However such a person would have to be paid appropriately for these skills and no funds had been identified to cover this. Indeed it was hoped that one of the agencies represented in the NGO/WHO Collaborative Group on Aging might be willing to sponsor this activity.

Ms O'Hare concluded by reporting a suggestion that the work of the Task Force continue for another year, subject to agreement by the rest of the Collaborative Group. A possibility was to broaden the scope of the Task Force so it could function as the Working Party suggested earlier in the discussions by Dr Helander.

The agencies present agreed to this suggestion. WHO staff responded that future action would depend on the availability of programme resources in future WHO budgets. In anticipation that such resources would be available, WHO would be pleased to see work on this project continued. It should be a first priority of the new Working Party, further details of which (such as membership and terms of reference) should be discussed at the Round Table in Acapulco.

The question was raised as to whether (in view of the above discussion) the work of the Task Force on community-based rehabilitation should continue: there was general consensus that it should.

6. Future meetings

It was suggested that there should be more NGO/WHO regional meetings, to which Dr Helander replied that meetings possibly could be organized by the Region for the Americas but that he was unsure about the other Regions. This should be discussed further in Acapulco.

Other suggestions were that future NGO/WHO meetings should have a theme to which members should be alerted (by WHO) in good time for them to provide position papers for debate. In this way more progress on practical matters might be achieved. Dr Helander suggested that other NGO agencies that would be represented in Acapulco should also be consulted. Dr Hermanova undertook to do this.

7. Closing remarks

Dr Helander thanked the agencies present for their continued support and stressed how grateful WHO was for their interest and the valuable contribution that their knowledge made to the Programme. The Chairman in turn thanked the WHO staff for the continued endeavours to keep the health of elderly people as a high priority and suggested that with the weight of support from the NGO group, Dr Helander should ask for an increased WHO budget to maintain a viable Global Programme on Health of the Elderly in the next crucial decade.

The Chairman thanked participants for their attendance and the meeting was closed.

Annex 1

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Annex 2

WHO WORKING GROUP ON INFORMAL PROVISION
OF CARE FOR ELDERLY PEOPLE

Draft Terms of Reference

The Group should:

1. define "informal" succinctly with due provision for including both statutory and voluntary provision of care within the definition;
2. identify to what extent "informal" care already exists with particular reference to the difference between developed and developing countries;
3. identify what part of this care provided is statutory and what is voluntary;
4. attempt to present a picture of the financial side of "informal" provision of care;
5. present a scenario of the situation in the year 2000 in relation to the Health For All goals;
6. present recommendations for action to WHO, and national and international agencies both statutory and voluntary.

Annex 3

MEDIA PORTRAYAL OF ELDERLY PEOPLE

Myths portrayed

- Elderly people are:
- a homogeneous group
 - thrifty
 - grateful
 - living in the past
 - in physical or mental decline.

The realities are

- Elderly people are:
- staying younger longer
 - a potential power group
 - individuals
 - active
 - knowledgeable

The elderly are pictured

- in philosophical texts as negative, and this is not changing
- in classical texts as low status, and this is not changing
- in poetry as stereotypes: negative, in physical decline and with loss of feeling
- in magazines: with a wide generation gap, but there is now more portrayal
- in advertisements: only in a few cases (3.1%) but there are few women
- in books for young people as dull and insignificant
- in children's books as uninteresting and negative. Also the portrayal is unrealistic (i.e. grandparents too old for biological veracity)
- on television as proportionally representative (often in news programmes) or used as a foil for the young, energetic and attractive.