



WHODOC 2/6

Global Medium-Term Programme

Programme 9.4

HEALTH OF THE ELDERLY



The main thrust of the programme will be, in cooperation with the United Nations Family and non-governmental organizations, to:

- disseminate information on the priority problems of the elderly and on the technology appropriate in preventing these;
- formulate programmes of community-based health care of the elderly, paying special attention to encouraging cultural patterns that favour the care of the elderly within the family and their continued social integration in the community; self-care and self-reliance among the elderly will be promoted;
- stimulate research on priority problems of elderly persons, including those in the psychosocial area.

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1. INTRODUCTION AND POLICY BASIS

1.1 Background

Prior to the establishment of the present programme, the Organization's existing programmes were giving increasing attention to the present and future needs of this population group, notably the Mental Health programme.

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).

Development of the global programme is influenced by the differing pace of development of the regional programmes. Planned activities for the period 1984-89 will therefore focus upon interregional activities which are relevant to problems identified by all regions.

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).

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

1.2 Policy basis

1.2.1. How does the programme fit with 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 programmes for community-based, family focussed 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 health promotion and support of self-health care among aging people and to other measures that encourage the continuation of cultural patterns that favour the care of elderly within the family. (Seventh General Programme of Work, WHO/HFA Series No. 8, paragraphs 230, 233 and paragraphs 248 to 251.)

1.2.2 World Health Assembly (WHA) Resolutions

Concern for the welfare of the elderly 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 and 1982 and by the United Nations World Assembly on Aging, 1982.

WHA 32.25 - Collaboration with the United Nations System: Health Care of the Elderly. This first ever WHA resolution on the topic of aging builds a foundation for policy on the twin pillars of prevention and alternatives to institutional care.

WHA 35.28 - Health Care of the Elderly proposes 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.

1.2.3 United Nations World Assembly on Aging, Vienna 1982

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 and continued during the thirty-seventh session.

The International Plan of Action adopted by this Assembly devoted a large section to health and nutrition and there is also a lengthy recommendation on research.

2. SITUATION ANALYSIS

There are more than 376 million people in the world aged 60 or above. The number is expected to rise to 590 million by the year 2000, when about 302 million will be found in the developing countries of Asia. The largest increase will occur in South Asia and Africa which will register an 87% increase. The older population of Philippines, Republic of Korea, India, Indonesia, Thailand and in the countries of the Eastern Mediterranean Region will double during this period.

Studies of health needs show that these are greater for the elderly than for other segments of the population. Thus health services will need to grow, just to cope with the expected growth of the older population. Because of the large numbers involved and their rapid increase, the need to plan for the level and types of services required by older persons must become of special concern to health planners. The increase in demand for health services is intensified by the aging of the older population itself, that is, the growing proportion of old persons who are of extreme age. Persons of extreme age are particularly subject to chronic disease and severe disability, and are therefore in need of continuity of health care. It can be expected, then, that the prevalence of chronic disease or of severe disability will increase.

Traditionally, care of elderly people in developing countries rests with the family. However, the present trend toward industrialization and urbanization with the movement of young adults to cities threatens this tradition.

For the vast majority of countries where the present supply of health personnel and facilities is grossly inadequate, health services will be diluted even further as a result of demographic factors unless a determined effort is made to keep pace with prospective change in population/age structure. Educational programmes, to prepare future health professionals, will need to be relevant to the changing needs of a population that will feature more and more elderly people.

The situation in most countries is that care is currently provided to elderly people within the general health services. Specialized care is exceptional.

2.1 What attitudes should be changed?

Much of the literature on aging, including that of developing countries, accentuates the negative, that is physical and psychological decrement, loss of role and function. This type of literature should be revised and adapted, since there is increasing evidence that stimulus, motivation and degree of individual fitness can modify aging processes within surprisingly broad limits. It has been suggested that the age of 85 is a possible outside limit of disability-free old age. The creation of healthy environments designed to enable aging persons to realize their full potential will increase the probability that they will continue to contribute to society.

2.2 What needs to be researched?

In the developed world a high level of physical and mental function has been consistently demonstrated in later life. The prevalence of dementias does increase with age, but this affects only a minority, even at higher ages, and it can therefore be concluded that dementia is not a normal concomitant of aging. However, because of the increases of the old and very old in developed and developing countries, the number of demented persons will increase in family and health service care, unless measures of dementia prevention are found.

In all regions, but especially in the Americas, particular emphasis is placed on obtaining information on the condition and changing status of aging persons, as a basis for health and social action and as a prerequisite for the proper coordination of multiagency projects.

Findings are available from a WHO-supported survey conducted in Europe and the East Mediterranean which describes the health and social conditions of the elderly in eleven countries, and further population-based research is planned in three other regions.

2.3 What information needs to be disseminated?

Dissemination of information is one of the important features of the programme. Hitherto, information has been directed towards health professionals. The re-orientation proposed for the present programme (see page 7) is to direct information more to the lay public, namely to the elders and their families, with a view to improving the quality of life in old age. Due consideration will be given to the fact that, in many countries, illiteracy in old persons is high.

2.4 Social aspects

Many of the interventions that are effective in meeting the wellbeing of the elderly are social interventions, namely housing, social interaction, recreation and leisure activities, etc. This was recognised by the World Health Assembly which proposed that programme activities should extend beyond traditional medical concerns and should involve the health sector in the larger context of improving the quality of life for elderly people (WHA35.28).

3. OBJECTIVE

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

4. TARGETS

Programme activities will aim at fostering national and international action, so that:

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

- (iii) between 1984 and 1989, technical guides, specifically relating to the elderly, will be produced in collaboration with the other programmes, e.g: lifestyle, nutrition, accident prevention, prevention and treatment of mental disorders, essential drugs and vaccines, rehabilitation, cardiovascular diseases and blindness.

For programming purposes the first two targets have been grouped together to cover activities aimed at supporting national health development policies relating to aging (page 6). The second target will cover technology development activities (page 7).

5. APPROACHES

Information on the condition and changing status of elderly people was collected as a basis for health and social action during the preceding period of work. The present approach will therefore focus on the dissemination of existing knowledge among the general public and health professions, as well as on the development of new technology.

Emphasis will be given to collaboration with countries in formulating, or revising as necessary, policies and programmes for community-based health care of the elderly, as part of their overall development plans. Support will be given to the integration of health care of the elderly within national primary health care systems and efforts intensified to increase the awareness of the specific needs of the elderly in changing societies. Cultural patterns that favour the care of the elderly within the family will be encouraged; and special attention given to their continued social integration in the community. Self-care and self-reliance among the elderly will be promoted and supported. The establishment of national multidisciplinary committees on care of the elderly will be promoted and research institutions in different disciplines will be encouraged with a view to re-orienting research towards social and psychosocial problems of elderly people.

Specific hospital care for elderly people will be studied with a view to promoting speedy diagnosis, the shortest possible period of in-patient care and rehabilitation as necessary. The availability of services for the aging population and community involvement in the dissemination of valid information on health promotion for the elderly, with emphasis on day and home care, will be subjects for special studies. In collaboration with non-governmental organizations a campaign will be sustained to promote a high level of humane care of elderly persons in nursing homes and similar long-term stay institutions.

6. ACTIVITIES

6.1 Support to national health development policies relating to aging

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

Activities	1984-1985	1986-1987	1988-1989	Linkages ¹
<u>Epidemiology</u>				
Compilation of national demographic and health profiles of the elderly in 50% of Member States by 1987 and in 75% of Member States by 1989				HST*
	All regions and headquarters			
Maintain and expand a global data bank on aging to include policy-related information, directly in the form of profiles or charts or indirectly through international information centres				ISS, HLE
	Headquarters, all regions			
Development of indicators to assess progress in the provision of care and health status of the elderly, in order to help EURO Member States, and later on all other regions, to assess effectiveness of programmes				HST*
	EURO and headquarters			
Promotion of epidemiological approaches (especially the "risk group" approach) with a view to cost-containment and cost-effective health care for the elderly				HPP, MCH
	Headquarters, all regions			
<u>National health development policies</u>				
Promotion of the use of the managerial process for national health development:				
- creation of advisory bodies, identification of priority health problems of the elderly				
	All regions			
- planning course to promote the utilization of WHO methodology for long-term planning for care of the elderly (such planning will be directed at minimizing hospital utilization and avoiding institutional care)				MPN*
	EURO, HQ			
- support to policy analysis and planning for health of the elderly in 16 countries by 1987 and in another 12 countries by 1989				HST
	All regions, headquarters			
Development of cooperative programmes of healthy aging as an integral part of national action on primary health care through:				
- annual meetings of the Collaborative Group on Aging (NGO/WHO), to encourage national initiatives (see below)				CWO, NGOs
	Headquarters			
	SEARO			
- model programmes for healthy aging as an integral part of PHC in at least one country in each region by 1987 and extension to a maximum number of countries by 1989				PHC
	All regions			
Report to the World Health Assembly on the social, health and other technologies that Member States can employ, in different socio-economic situations, to improve the social, mental and physical well-being of the elderly; the report will be based on actual WHO-supported country studies in five regions				MNH, PHC, HLE
	Headquarters 5 regions			

¹ Linkages resulting in activities undertaken jointly by two or more programmes are identified by "*"; those activities budgeted jointly by two or more programmes are underlined.

6.2 Technology development

Target:

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

Activities	1984-1985	1986-1987	1988-1989	Linkages
1. Support to countries for the development of self-health care manuals adapted to local needs	Countries, all regions			
2. Preparation of manuscripts for publications designed to provide authoritative guides to a variety of health professionals. A common pattern of preparation will ensure that the contents reflect a consensus of current knowledge:	Headquarters, all regions			
(1) <u>first step</u> - preparation of texts by selected contributors to be subsequently reviewed by an international editorial board				<u>HBI</u>
(2) <u>second step</u> - preparation of public information material on the same topics in simple language for lay readership				IEH ^w + for each specific publication:
Guides for the first seven of the topics listed below are expected to appear on library shelves of schools of health professionals between 1984 and 1986:				
Lifestyles	X			PSF, MNH
Essential drugs and vaccines	X			EDV
Cardiovascular diseases	X			CVD
Mental disorders	X			MNH ^w
Accident prevention		X		APR
Nutrition (see also 4 below)		X		NUT
Housing		X		KUD
Family support		X		MCH
Rheumatism and other degenerative diseases			X	NCD
Rehabilitation, including low-cost technology (home and day care)			X	RHE, MNH
Blindness (low or impaired vision)			X	PBL
Oral health			X	ORH
Assessment of function			X	APR MNH
3. Support to national courses for the development of learning materials in health care of the elderly	Headquarters, all regions			HMD
4. Study of the influence of dietary factors on health of the aging and promotion of research on this topic	Headquarters, all regions			NUT
5. Collaborative research directed at defining measures that are effective in reducing suffering from senile dementia	Headquarters.....			MNH, PHC

7. PROGRAMME MANAGEMENT AND RESOURCES

The programme is modest; growth during the period of work will be mostly in regional and extra-organizational resources, rather than in those at headquarters' level.

As far as the Regions are concerned, there is a full-time post of medical officer in Europe, a post of epidemiologist with part responsibility for the programme in the Americas and the remaining 4 regions have focal persons, Health of the Elderly. Most of the Regional Offices have a task force or focal group to coordinate the development of the programme.

The programme support is provided by various extra-organizational bodies working in the promotion of activities of common interest. This includes a collegiate group of directors of national institutes of gerontology, a network of collaborating centres, a WHO/NGO collaborative group and an interagency coordinating committee. As a further support to programme development, a small programme advisory group will be regularly consulted concerning the development of new projects and in order to assist in diffusing information on programme implementation.

8. EVALUATION AND INDICATORS

Biennial programme reviews will continue to be undertaken by a peer group of programme managers and will finally be reported to the Headquarters' Programme Committee. Evaluation against the stated objectives will be undertaken towards the end of GPW 7 by an independent external review group.

The programme is monitored in terms of target achievement. The targets are expressed as the products of the programme elements referred to in paragraph 6 above and will serve to provide a checklist for assessing the effectiveness of programme implementation.

9. LINKAGES

The targets specified in 6 above cannot be achieved with the resources of the programme on health of the elderly. Therefore, other programmes, inside and outside the Organization, will have to share responsibility for the achievement of these targets. It is envisaged, in the next programme of work, that other programme areas will have specific activities in aging and the linkages specified in 6 above are seen as beginning activities in aging on the part of the programmes listed.

There is increased interest of UNFPA in the wellbeing of the elderly stemming from the World Population Plan of Action which urged governments to take account of changing numbers and proportions of the aging when formulating development policies and programmes.

Within the UN family the United Nations Centre for Social Development and Humanitarian Affairs (CSDHA), Vienna, is the most directly involved with the elderly and, in particular, the Centre had responsibility for organizing the 1982 World Assembly on Aging. The programme will also liaise with ILO on health, productivity and aging, FAO on nutrition and UNESCO on adult education.

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