THIRTY-SECOND WORLD HEALTH ASSEMBLY

Agenda item 3.10.1

COLLABORATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health Care of the Elderly

(Draft resolution proposed by the following delegations: Australia; Belgium; Botswana; Canada; Chile; France; Italy; Kenya; New Zealand; Norway; United Republic of Tanzania and the United States of America)

The Thirty-second World Health Assembly,

Having noted the resolution adopted by the 33rd Session of the United Nations General Assembly (Resolution 33/52), deciding to organize a World Assembly on the Elderly in 1982;

Recognizing the leadership of WHO in the health care of the elderly, and in the hope that the United Nations will invite WHO to take a prominent role in organizing the Assembly;

Knowing that both the absolute number and proportion of older people are increasing dramatically in all regions of the world, while at the same time health and social support services are either lacking or deficient;

Believing that by the year 2000 the developing nations and developed nations of the world will be at a critical stage in the promotion of health, economic and social policy as a result of the rapidly expanding older population;

Understanding that attention must be given to prevention, starting with young people, to develop lifelong patterns that will help avoid debilitating conditions of old age;

Considering that alternatives must go beyond institutional care, such as home care, day care, ambulatory care and the use of the family in various forms will greatly improve the quality of life of the elderly;

Recognizing the limited budgetary resources of the Organization, in relation to the needs of problems of the aging;

Noting also that the World Assembly on the Elderly will focus attention on the health, social and economic needs of the elderly;

1. REQUESTS the Director-General to:

(1) continue to support the important efforts in this area already underway by WHO, and to mobilize the extra resources, both budgetary and extrabudgetary, which will be required;

(2) undertake activities in collaboration with the United Nations and other agencies for appropriate participation in the Assembly;

(3) consider the selection of "Health of the Aged" as the theme for World Health Day, 1982;

(4) take appropriate measures to maximize the activity of the Global Programme, centred in the WHO Regional Office for Europe, which is aimed at improving the health care and health status of the older populations of all nations;
(5) make use of present information systems to obtain and disseminate information on health problems and care of the aged;

(6) promote activities for determining effective approaches for providing health care to the elderly, including integration into primary health care;

(7) encourage comparative studies which provide a better understanding of the ways in which the elderly differ in physiological and pathological functions, as, for example, in absorption, effectiveness and metabolism or excretion of drugs;

(8) encourage participation by WHO in workshops and conferences composed of representatives of national government and international organizations for the purpose of discussing alternatives to institutional care for providing social security and minimum incomes, housing, health care, including maintenance of physical activity, meals, homemaker services, transportation and other needed services;

(9) transmit to the Secretary General of the United Nations the text of the present resolution, with a view to assuring that WHO assumes an appropriate role in the preparations for the World Assembly;

(10) report to the Sixty-fifth session of the Executive Board and the Thirty-third World Health Assembly on the status of the preparations undertaken for the World Assembly;

2. URGES Member States to:

(1) undertake similar actions in their nations;

(2) explore alternative services and systems of health care for the elderly including arrangements for optimum coordination between them;

(3) encourage efforts directed at retaining or changing attitudes and behaviour among some segments of the population toward the elderly, particularly education of families and communities with a view to accepting the elderly as an integrated part of the community;

(4) promote the development of informational materials including a glossary of terms about the elderly that can be widely disseminated;

(5) emphasize through local medical and health-related groups the importance of diagnosis of problems that if not treated can contribute to long-term debilitating problems in the elderly;

(6) take measures to have health professional schools include appropriate content on aging in basic clinical and social science courses that integrate knowledge about aging and the problems of the elderly, thus helping to assure an early commitment in the areas of prevention and gerontology.
COLLABORATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health Care of the Elderly

The delegations of India and the Libyan Arab Jamahiriya have expressed the wish to be co-sponsors of the draft resolution contained in document A32/B/Conf.Paper No.10.
COLLABORATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health Care of the Elderly

(Amendment proposed by the delegation of Germany, Federal Republic of, to the draft resolution contained in document A32/B/Conf. Paper No.10)

The delegation of Germany, Federal Republic of, has proposed that the following amendment be made to the resolution contained in document A32/B/Conf. Paper No.10:

(a) Insert between operative paragraph 1. (7) and 1. (8) a new operative paragraph to be numbered 1. (8):

"(8) encourage studies of the life histories of healthy elderly to promote understanding of the factors able to prevent sickness and disability in later life;"

and change the numbers of the following paragraphs accordingly.

(b) Insert between operative paragraph 2. (2) and 2. (3) a new operative paragraph to be numbered 2. (3):

"(3) promote activities and programmes that may help individuals to get prepared in good time for later life;"

and change the numbers of the following paragraphs accordingly.
The Thirty-second World Health Assembly,

Having noted the resolution adopted by the 33rd Session of the United Nations General Assembly (Resolution 33/52), deciding to organize a World Assembly on the Elderly in 1982;

Recognizing the leadership of WHO in the health care of the elderly, and in the hope that the United Nations will invite WHO to take a prominent role in organizing the Assembly;

Knowing that both the absolute number and proportion of older people are increasing in all regions of the world, while at the same time health and social support services are either lacking or deficient and need to be developed further;

Believing that by the year 2000 the populations of the developing nations and developed nations of the world will have increased significantly and thus will be at a critical stage in the promotion of health, economic and social policy;

Understanding that attention must be given to prevention and social, economic and health conditions, starting with young people, to develop lifelong patterns that will help avoid debilitating conditions of old age;

Considering that in addition to family care alternatives must go beyond institutional care, such as home care, day care and ambulatory care to greatly improve the quality of life of the elderly;

Noting also that the World Assembly on the Elderly will focus attention on the health, social and economic needs of the elderly;

1. REQUESTS the Director-General to:

   (1) continue to support the important efforts in this area already underway by WHO, and to mobilize the extra resources, both budgetary and extrabudgetary, which will be required;

   (2) undertake activities in collaboration with the United Nations and other agencies for appropriate participation in the Assembly;

   (3) consider the selection of "Health of the Aged" as the theme for World Health Day, 1982;

   (4) take appropriate measures to maximize the activity of the Global Programme, which is aimed at improving the health care and health status of the older populations of all nations.
(5) make use of present information systems to obtain and disseminate information on health problems and care of the aged;

(6) promote activities for determining effective approaches for providing health care to the elderly, including integration into primary health care;

(7) encourage comparative studies which provide a better understanding of the ways in which the elderly differ in physiological and pathological functions, as, for example, in absorption, effectiveness and metabolism or excretion of drugs;

(8) encourage studies of the life histories of healthy elderly to promote understanding of the factors able to prevent sickness and disability in later life;

(9) encourage participation by WHO in workshops and conferences composed of representatives of national government and international organizations for the purpose of discussing alternatives to institutional care for providing social security and minimum incomes, housing, health care, including maintenance of physical activity, meals, homemaker services, transportation and other needed services;

(10) transmit to the Secretary-General of the United Nations the text of the present resolution, with a view to assuring that WHO assumes an appropriate role in the preparations for the World Assembly;

(11) report to the sixty-fifth session of the Executive Board and the Thirty-third World Health Assembly on the status of the preparations undertaken for the World Assembly;

2. URGES Member States to:

(1) undertake similar actions in their nations;

(2) explore alternative services and systems of health care for the elderly including arrangements for optimum coordination between them;

(3) promote activities and programmes that may help individuals to get prepared in time for later life;

(4) encourage efforts directed at retaining or changing attitudes and behaviour among some segments of the population toward the elderly, particularly education of families and communities with a view to accepting the elderly as an integrated part of the community;

(5) promote the development of informational materials including a glossary of terms about the elderly that can be widely disseminated;

(6) emphasize through local medical and health-related groups the importance of diagnosis of problems that if not treated can contribute to long-term debilitating problems in the elderly;

(7) take measures to have health professional schools include appropriate content on aging in basic clinical and social science courses that integrate knowledge about aging and the problems of the elderly, thus helping to assure an early commitment in the areas of prevention and gerontology.