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International Plan of Action on Ageing: report on implementation

Report by the Secretariat

1. The United Nations Second World Assembly on Ageing (Madrid, 8-12 April 2002) unanimously adopted the Madrid Political Declaration and International Plan of Action on Ageing, 2002. WHO's contributions to the Assembly included the submission of a policy framework,¹ and the formulation of regional action plans for implementing the International Plan, notably by the United Nations Economic Commission for Europe, the United Nations Economic and Social Commission for Asia and the Pacific, and the United Nations Economic Commission for Latin America and the Caribbean. Reports on the content of the policy framework and the outcomes of the Second World Assembly were submitted to the Fifty-fifth World Health Assembly.² The present report summarizes WHO's contributions to the implementation of the International Plan of Action since 2002 and the results of disseminating the active ageing policy framework.
2. WHO defines active ageing as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". The policy framework takes into account the determinants of health throughout the life course, and has helped to shape ageing policies at national and regional levels and to direct academic research on ageing; it has also influenced the practical application of policies at community level. Policy-makers at various levels have adopted the framework's conceptual approaches. Basic indicators for monitoring the implementation of active ageing policies are now being formulated and should be ready in 2005.
3. A series of international conferences on ageing, such as the International Federation on Ageing's Sixth and Seventh Global Conferences (Perth, Australia, 27-30 October 2002 and Singapore, 4-7 September 2004, respectively) and the forthcoming XVIII World Congress of Gerontology (Rio de Janeiro, Brazil, 26-30 June 2005), have adopted the active ageing conceptual approach with its three pillars of health, participation and security in their respective agendas. WHO has taken an advisory role in international as well as in national research projects on active ageing, such as those sponsored by the European Commission.

¹ Active ageing: a policy framework, document WHO/NMH/NPH/02.8.

² Documents A55/17 and A55/17 Add.1.

FOCUS ON PRIMARY HEALTH CARE

4. Good health is imperative for older people to remain independent and continue to contribute to their families and communities. The Madrid International Plan of Action prioritizes access to primary health care and, accordingly, that has become WHO's focus in order to provide the regular, continuing contacts and care that older people need to prevent or delay the onset of chronic, often disabling diseases and to enable them to be vital resources to their families, societies and the economy. Consequently, WHO has launched a series of complementary projects focusing on the provision of integrated care that aims to be available, accessible, comprehensive, efficient, and responsive to both gender and age.

5. The objective of WHO's project to formulate an integrated response of health-care systems to rapid population ageing in developing countries is to create a knowledge base to support countries in reorienting policies towards integrated health and social care systems serving older populations. The first two phases (now completed) of the project, conducted in 12 developing countries (Botswana, Chile, China, Ghana, Jamaica, Republic of Korea, Lebanon, Peru, Sri Lanka, Suriname, Syrian Arab Republic and Thailand), consisted of quantitative and qualitative research on the care-seeking behaviours of older people at primary health-care level; the roles, needs and attitudes of their service providers; and the types of services provided. Governments, academic institutions, and nongovernmental organizations contributed to this interdisciplinary research project, which resulted in the sharing of information and models of good practice among the participating countries and a series of specific policy recommendations. The next phase, being implemented in collaboration with the WHO Centre for Health Development, Kobe, Japan, brings in six additional countries (Bolivia, India, Kenya, Malaysia, Pakistan, and Trinidad and Tobago) and focuses on older people who do not use primary health care. The project will lead to comprehensive policy recommendations on developing a continuum of care within the primary health-care sector aiming towards integrated old-age care. Thereafter, work will focus on step-wise implementation of the recommendations. The project was conceived as a model to stimulate exchanges of knowledge, experience and models of good practice between developing countries with rapidly ageing populations, and with the aim of building relevant research capabilities in developing countries.

6. In 2002, WHO initiated the related age-friendly primary health care project in order to sensitize and educate primary health-care workers and build capacity in primary health-care centres to provide for the specific needs of their older users. Despite the vital role of such centres in older people's health and well-being, there are many barriers to care that may result in older people not changing behaviours detrimental to health or becoming discouraged from seeking or continuing treatment. The project provides a set of age-friendly principles for primary health-care centres¹ and training and information materials for primary health-care workers on how to overcome such barriers. Implementation of the principles will be piloted in at least four developing countries with the aid of a set of training and information materials, including a protocol for evaluating the impact of the project. Once finalized, that package will be made widely available in electronic and other formats to health and social care providers.

7. Recognizing the importance of relevant training for future health workers, WHO has partnered with the International Federation of Medical Students' Associations in a continuing effort to put ageing in the mainstream of medical curricula and to strengthen the teaching of geriatric medicine in 42 countries.

¹ *Towards age-friendly primary health care*. Geneva, World Health Organization, 2004.

8. The WHO Centre for Health Development, Kobe, is standardizing terminology and definitions for a glossary on community-based health care for older people. The first of several case studies on model practices in delivery of primary health care to ageing populations in mega-cities will focus on Shanghai, China. A research advisory meeting organized by the Centre outlined a proposal for exploring the effects of urbanization, environmental change and technological innovations on ageing populations.

9. In 2003 the World Health Survey collected information in 71 countries on population health status and health services coverage, including data on older age groups. This information should lead to a better understanding of the determinants of health and causes of morbidity at older ages. A longitudinal study on health and ageing, which builds on the Survey, is being conducted in six countries.

EMERGING ISSUES

10. The International Plan of Action on Ageing, 2002 identified two emerging areas requiring urgent action: older persons and HIV/AIDS; and abuse of older people. Worldwide, particularly in sub-Saharan Africa, older people (mostly women) absorb enormous additional burdens placed on the family by the HIV/AIDS pandemic. In response, WHO has developed a method to assess the needs of older carers through pilot research in Zimbabwe. The project is intended to be replicated in other countries in order to provide evidence-based data for interventions.

11. In work towards the prevention of abuse of older people, WHO is conducting research in collaboration with the University of Geneva on reliable tools to facilitate detection of such abuse at the primary health-care level. Following a large study in Canada that validated one such tool, WHO will pilot the application in four other countries. The project builds on a qualitative study jointly conducted by WHO, the International Network for the Prevention of Elder Abuse, and HelpAge International. That study's resulting publication on the views of older people on elder abuse has been widely disseminated.¹ WHO was one of the parties to the Toronto Declaration on the Global Prevention of Elder Abuse launched at the Ontario Elder Abuse Conference (Ontario, Canada, 18-20 November 2002).

REGIONAL WORK

12. Work at regional level is largely focused on how to provide community-based primary health care to growing numbers of older people. In September 2002, the 26th Pan American Sanitary Conference adopted resolution CSP26.R20 urging Member States to implement the International Plan of Action on Ageing, 2002 and to provide adequate support for implementation of priority areas, such as access to health care, essential drugs and vaccinations for older people. The Regional Office for the Americas has developed a training manual for primary health-care providers on old-age care. It collaborated with six Member States (Chile, Costa Rica, El Salvador, Mexico, Panama and Uruguay) to implement training programmes for primary health-care professionals and is monitoring the improvement of quality of care. It collaborates with health system reform projects in Bolivia, Ecuador

¹ World Health Organization, International Network for the Prevention of Elder Abuse. Missing voices: the views of older people on elder abuse, document WHO/NMH/VIP/02.1.

and El Salvador to ensure provision of health services to older persons. It has established a network of trainers in geriatric care. In the area of research, PAHO conducted a study on health, well-being and ageing in collaboration with ministries of health and universities in 10 countries.

13. In 2003, the Regional Committee for the Eastern Mediterranean at its Fiftieth Session adopted resolution EM/RC50/R.10 on health care for the elderly, which emphasizes the need to establish and improve the integration and coordination of health, welfare and other sectors in order to develop comprehensive services and programmes. Eight countries have included healthy ageing in collaborative programmes with the Regional Office for the eastern Mediterranean during the current biennium. An in-depth study on the current state of community-based care for older people has been conducted in Bahrain, Egypt, Islamic Republic of Iran and Lebanon.

14. The Regional Office for the Western Pacific works with five Member States in the Region (China, Mongolia, Philippines, Republic of Korea and Viet Nam) to support community-based programmes for older people. Its recent document on a health promotion approach to ageing and health for developing countries provides guidance to countries on how to improve health promotion, disease prevention and health services delivery for older people. Other publications with practical information on old-age care are being prepared.

15. In the South-East Asia Region, the focus has been primarily on old-age care at the primary health-care level. The Regional Office prepared both a manual for primary health-care workers and a regional model for comprehensive community and home-based health care, which was pilot-tested in Bhutan, Myanmar, Nepal, Sri Lanka and Thailand. A recent document on health of the elderly in South-East Asia has been widely disseminated.

16. The African Union has adopted a regional implementation plan for the Madrid International Plan of Action on Ageing, 2002. While still assessing the implementation plan, the WHO Regional Office for Africa aims to promote health care for older people in addition to its continuing collaboration with HelpAge International in selected countries on supporting older carers of people living with HIV/AIDS and their children.

17. The Regional Office for Europe continues its work on ageing within the Healthy Cities programme, of which healthy ageing is one of the three core themes. The Regional Office recently published two documents on how to provide better palliative care for older persons.

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM

18. The Madrid International Plan of Action on Ageing, 2002 and subsequent United Nations resolutions asked for a strengthening of the functions of the focal points on ageing throughout the United Nations system in order to put work on ageing at the heart of all United Nations system activities and to improve communications and intersectoral information on the implementation of the International Plan. WHO designated a focal point on ageing for the Second World Assembly on ageing and its follow-up implementation activities.

19. UNFPA and WHO recently agreed to conduct a study on the factors that determine the health status of older women and their access to care as a joint contribution to the tenth anniversary of the adoption in 1995 of the Beijing Platform for Action. The project will emphasize best practices worldwide and policy recommendations.

20. Other collaborative activities within the United Nations system include the production of informational materials for the annual International Day of Older Persons.

21. Although the Millennium Development Goals do not specifically mention the roles and contributions of older persons to development, rapid population ageing has many far-reaching societal and economic implications. WHO consistently draws attention to the importance of a holistic life-course approach to ageing, including consideration of determinants of health and emphasis on a continuum of health and social care services that enable older people to remain healthy and productive within their families and communities. Through the United Nations Focal Point on Ageing and other United Nations agencies, WHO seeks to ensure the integration of ageing issues into policies and programmes for attaining the Millennium Development Goals and to provide continued overall commitment on population ageing issues.

ACTION BY THE EXECUTIVE BOARD

22. The Board is invited to note the report.

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