

***Advancing Health and Well-being for Older Persons:
Regional Perspectives***

Proceedings

**The 14th Annual Celebration of the
International Day of Older Persons**

Thursday, October 7, 2004

Presented by:

The UN/NGO Committee on Ageing

in collaboration with

The UN Department of Public Information

The UN Department of Economic and Social Affairs

The World Health Organization

And

The UN Population Fund

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Mission Statement

International Day of Older Persons, October 7, 2004

Advancing Health and Well-being for Older Persons: Regional Perspectives

This year's 14th Annual United Nations International Day of Older Persons continues the tradition of previous International Days by building on significant United Nations (UN) milestones that acknowledge older persons as an increasingly major segment of society. The International Day will aim to bring the critical issues of global aging to the forefront of international dialogue.

The mission of the 2004 UN International Day of Older Persons will:

- I. Continue to raise awareness of the Madrid International Plan of Action on Ageing, 2002 with specific attention to the Plan's second priority direction entitled "Advancing Health and Well-Being into Old Age." Specific health issues to be addressed include lifelong health promotion, universal and equal access to health-care services, training of health-care providers and health professionals, mental health and disabilities needs of older persons.
- II. Ensure that ageing is included in the implementation of the Millennium Developmental Goals.
- III. Identify the critical aging and health related issues that are being faced and will continue to be of concern in developing, transitional and developed countries.
- IV. Recognize that older persons continue to be active participants and contributing members of society as volunteers, advisors, role models and agents of change.

SOME REFLECTIONS ON GROWING OLD

I have enjoyed greatly the second blooming that comes when you finish the life of the emotions and of personal relations; and suddenly you find – at the age of fifty, say – that a whole new life has opened before you, filled with things you can think about, study, or read about... It is as if a fresh sap of ideas and thoughts was rising in you.

- Agatha Christie

The older I get, the greater power I seem to have to help the world; I am like a snowball – the further I am rolled the more I gain.

- Susan B. Anthony

I've been in the twilight of my career longer than most people have had their career.

- Martina Navratilova

If we could sell our experiences for what they cost us, we'd be millionaires.

- Abigail Van Buren

I believe the second half of one's life is meant to be better than the first half. The first half is finding out how to do it. And the second half is enjoying it.

- Frances Lear

Age ain't nothin' but a number. But age is other things too. It is wisdom, if one has lived one's life properly. It is experience and knowledge. And it is getting to know all the ways the world turns, so that if you cannot turn the world the way you want, you can at least get out of the way so you won't get run over.

- Miriam Makeba

It is not how old you are, but how you are old.

- Marie Dressler

How old would you be if you didn't know how old you were?

- Satchel Paige

When people say to me, "Why don't you act your age?" I say, "I've never been this age before so I don't know how to ace."

- Darrell Feit

The spiritual eyesight improves as the physical eyesight declines.

- Plato

The gardener's rule applies to youth and age: When young "sow wild oats," but when old, grow sage.

- H.J Byron, an Adage

Anyone who stops learning is old, whether at 2 or 80. Anyone who keeps learning stays young. The greatest thing in life is to keep your mind young.

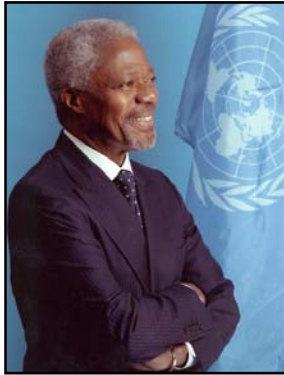
- Moshe Arens (b. 1925), Israeli Defense Minister

Education is the best provision for old age.

- Aristotle (384-322), Greek philosopher

You can only perceive real beauty in a person as they get older.

- Anouk Aimee (b. 1932), French actor



**IN MESSAGE FOR INTERNATIONAL DAY, SECRETARY-GENERAL SAYS
MUTUAL SUPPORT, SOLIDARITY BETWEEN GENERATIONS NEEDED TO
BUILD 'TRULY INTERGENERATIONAL SOCIETY**

Following is the message by Secretary-General Kofi Annan for the International Day of Older Persons, 1 October 2004:

The theme of this year's International Day of Older Persons -- "Older Persons in an Intergenerational Society" -- recognizes the important role that older persons play in their families, communities and societies. On this tenth anniversary of the International Year of the Family, the theme also recognizes that the youth of today, who constitute the largest group of young people ever, will be the older persons of the year 2050. They will make up the largest group of older persons ever.

Yet in many places, both young and old remain excluded from meaningful participation in their societies, and the tremendous contribution they could make towards society's development is often ignored. Older persons suffer because of outdated stereotypes that depict them as frail and needing care. What is overlooked is that many older persons, far from receiving care, actually provide care for others -- as with grandparents who care for grandchildren while the parents go to work. In some places, especially in the developing world, what was a temporary arrangement has in many cases become permanent; the "middle generation" of parents is absent, having migrated in search of employment, or died as a result of HIV/AIDS or other diseases.

Populations in developing countries will age most rapidly in the coming century. Yet those countries have only limited economic resources with which to respond to the ageing of their societies. The challenge will be to ensure that those countries do not experience the ageing of their societies as a burden, but derive from it added value and opportunities for development through an actively engaged older population. In other words, the challenge will be helping those countries build an intergenerational society.

The Second World Assembly on Ageing, held in Madrid two years ago, marked a turning point in our thinking. The Assembly recognized ageing as a global phenomenon and supported its inclusion in the international development agenda. Among its many recommendations, the Madrid Plan of Action encouraged Governments to review policies to ensure generational equity, and to promote the idea of mutual support and solidarity between generations as key elements of social development. Only in this way can we hope to build a truly intergenerational society. On this International Day, let us rededicate ourselves to that mission.



H.E. Mr. Jean Ping, President of the fifty-ninth session of the United Nations General Assembly, has been *Ministre d'Etat*, Minister for Foreign Affairs, Cooperation and la Francophonie of the Gabonese Republic since 1999 and a Member of Parliament since 1996.

A career diplomat, Mr. Ping began his professional life at the United Nations Educational, Scientific and Cultural Organization (UNESCO) in Paris, where he was recruited in 1972 as an international civil servant in the Sector for External Relations and Cooperation.

Mr. Ping, who has extensive experience in international and regional diplomacy, has headed his country's delegation at numerous sessions of the United Nations General Assembly, as well as at international conferences and summits, including those of UNESCO, the World Bank, the Organization of African Unity, the Non-Aligned Movement, the Organization of the Islamic Conference and the Organization of Petroleum Exporting Countries, of which he was President in 1993.

Mr. Ping's distinguished 32-year career in government has been marked by diplomatic success, notably his contribution to the many efforts by the President of the Gabonese Republic, El Hadj Omar Bongo Ondimba, to restore peace and stability in Central Africa, in particular in the Republic of the Congo, Chad, the Central African Republic and Sao Tome and Principe.

A recipient of numerous honours in recognition of his outstanding career and service to his country, both at home and abroad, Mr. Ping has been awarded Gabon's medals of Commander of the Equatorial Star, Grand Officer of the Equatorial Star, Commander of the Maritime Merit Order and Commander of the Gabonese National Order of Merit. France has conferred on Mr. Ping the distinction of Commander of the Legion of Honour and of Officer of the Order of the Pleiad and the order of la Francophonie. Mr. Ping also has been awarded Portugal's Grand Cross of the Order of Merit.

A member of the French National Association of Doctors of Economics (ANDESE), Mr. Ping holds a doctorate in economics from the University of Paris (Pantheon-Sorbonne) and has received honorary doctorates from the Institute of Diplomacy in China and the Institute of African Studies of the Russian Academy of Sciences in Moscow.

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Greetings from H.E. Mr. Jean Ping

Excellencies, Ladies and Gentlemen:

It is my great honor to be here with you on the occasion of the 14th annual International Day of Older Persons.

First of all, I would like to thank Florence Denmark for the kind invitation extended to me. And I would also like to take this opportunity to congratulate NGO Committee on Ageing for the interest it attaches to older persons around the world.

In the context of globalization, this year's theme: "Advancing Health and Well-Being for Older Persons: Regional Perspectives" has particular significance. Ageing has universal importance. However, its effects on society are different from one region to another. In developing countries, for instance, the ageing process goes together with new challenges which are different from those that developed countries are facing.

The inversion trend in the pyramid of ages observed worldwide must not deny the precarious life conditions where socio-economic conditions are less favorable.

In the past, getting old was a privilege. Nowadays, older persons have to face poverty and loneliness. The consequences of such situations call on all of us. We must set up viable health systems. We must also set up adequate social security systems. We must reinforce partnership between State and Society, reaffirming the role of the family.

In reality, we need to ensure that old age becomes a happy period for older persons themselves and a rich experience for the society as a whole, since aged people are endowed with both experience and wisdom. It is a matter of solidarity among generations and among nations.



Florence L. Denmark, Chair, NGO Committee on Ageing, UN NY, has represented both the International Council of Psychologists and the American Psychological Association at the United Nations since January 2000. Ms. Denmark received her Ph.D. in Social Psychology from the University of Pennsylvania. She was the Robert Scott Pace Distinguished Professor and Chair of the psychology department at Pace University for 13 years. Prior to that time, Dr. Denmark was the Thomas Hunter Professor of Psychology at Hunter College and the Graduate Center of the City University of New York. She is currently the Robert Scott Pace Distinguished Professor at Pace University.

Dr. Denmark has served as President of the American Psychological Association (APA), the International Council of Psychologists, and other regional and national organizations. At this time, she is liaison to the APA's Committee on Ageing. An internationally recognized scholar, researcher and policy-maker, she is a fellow of the APA and has received many national and international awards and four honorary doctorates. Ms. Denmark has authored or edited 15 books and over 100 articles and book chapters. She has presented numerous papers and reports on ageing at local, regional, national and international meetings.

Florence Denmark, the Chairperson of the NGO Committee on Ageing, is an internationally recognized scholar, researcher and policy maker, with a particular expertise on the ageing of women. In 2004, Ms. Denmark received the American Psychological Foundation Gold Medal for Lifetime Achievement in the Public Interest. Ms. Denmark, the floor is yours.

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Welcome Remarks for the IDOP – October 7, 2004

Good morning. On behalf of the NGO Committee on Ageing, I'd like to welcome you to the 14th annual celebration of the International Day of Older Persons. It's wonderful to see all of you here.

As many of you may remember, last year's conference was concerned with "Forging Links Between the Madrid Plan of Action on Ageing and the Millennium Development Goals". The Madrid International Plan of Action on Ageing resulted from the 2002 Second World Assembly on Ageing and highlighted three areas of primary concern: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

In November 2002, the United Nations Development Programme (UNDP) formulated eight Millennium Development Goals. These goals address poverty, health and well-being, education, and environmental issues around the world. However, unfortunately, they do not specifically address ageing. Mr. Jan Voordemoortele, one of our keynote speakers last year stated that if we don't include ageing in the Millennium Development Goals, the Millennium Development Goals will fail to achieve their objectives. Therefore, to highlight ageing and the MDG's, we have chosen the critical ageing and health-related issues to focus on as the theme of this year's conference: "Advancing Health and Well-Being for Older Persons: Regional Perspectives." As our mission statement for this day notes, the specific health issues to be addressed include, "lifelong health promotion, universal and equal access to health-care services, training of health-care providers and health professionals, mental health and disabilities needs of older persons." As a psychologist, I want to point out the importance of the mind-body interaction. This interaction makes it extremely important to incorporate both mental and physical health and well-being of older persons into the Millennium Development Goals.

In keeping with today's theme, there will be a plenary moderated by Mr. Shashi Tharoor, the Under-Secretary-General for Communication and Public Information, who has led the Department of Public Information since January 2001. This plenary will feature two keynote speakers, Dr. Alexandre Kalache and Ms. Ann Pawliczko. Dr. Kalache is the Chief of Ageing and Health of WHO. Ms. Pawliczko is the Senior Technical Advisor and Focal Point on Ageing in the Technical Support Division of UNFPA. Following a brief question and answer period, a panel discussion will take place moderated by Mr. Alexandre Sidorenko, the UN Focal Point on Ageing from the UN Department of Economic and Social Affairs. The regional panel consists of experts representing various regions of the world. Unfortunately, Ms. Dorothy Mahlangu, the Director of Care and Services to Older Persons in Johannesburg, South Africa was unable to be here today. Following a second brief question and answer period, the

programme will close with a presentation by Gu Chengde, a Tai Chi Master. The presentation will involve audience participation. I believe we can look forward to a lively and productive discourse.

Today's International Day of Older Persons could not have occurred without the United Nations Department of Public Information, the United Nations Department of Economic and Social Affairs, the World Health Organization, and the UN Population Fund, who are co-sponsoring this day. Many thanks are also due to this International Day Committee Co-Chairs, Ruth Begun and Vernie Ellis, along with their committee, who have worked very hard to organize the excellent programme for today. A listing of the IDOP committee and the executive committee of the NGO Committee on Ageing can be found in these proceedings.

Once again, welcome to the United Nations, the fourteenth annual commemoration of the International Day of Older Persons, and the first briefing of the season of the Department of Public Information.
Thank you.

Florence L. Denmark, Chair, NGO Committee on Ageing,
United Nations, New York



Shashi Tharoor is Under-Secretary-General for Communications and Public Information and has led the Department of Public Information (DPI) since January 2001. In this capacity, he is in charge of communications strategies, particularly ensuring the coherence and effectiveness of the United Nations' external message.

Prior to joining DPI, Mr. Tharoor served as Director of Communications & Special Projects in the Office of the Secretary-General and as Executive Assistant to the Secretary-General. As Special Assistant to the Under-Secretary General for Peacekeeping Operations, he assisted two successive heads of United Nations peacekeeping operations in managing the challenges of unprecedented growth and evolution in peacekeeping at the end of the cold war. From 1991 to 1996, he led the team responsible for UN peacekeeping operations in the former Yugoslavia.

Mr. Tharoor is the author of seven books, and numerous articles, op-eds and literary reviews in a wide range of publications. He is recipient of several journalism and literary awards, including a Commonwealth Writers' Prize. Mr. Tharoor is an elected Fellow of the New York Institute of the Humanities and a member of the Advisory Board of the Indo-American Arts Council. Mr. Tharoor is a national of India. He holds a Ph.D. from the Fletcher School of Law and Diplomacy, as well as two Masters' degrees and an honorary D.Litt.

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**Welcoming Remarks by Mr. Shashi Tharoor
Under-Secretary-General
for Communications and Public Information
and Moderator at the DPI/NGO Briefing
“Advancing Health for Older Persons:
Regional Perspectives”
In Observance of the International Day of Older Persons**

Colleagues, Ladies and Gentlemen,

Welcome. For those of you whom I have not had the pleasure of meeting, I am Shashi Tharoor, the UN Under-Secretary-General for Communications and Public Information. And to those many familiar faces in the crowd, I am very pleased to see you here this morning.

It is my pleasant duty to welcome you to the first DPI/NGO briefing of this 2004 autumn term. And we are honoured today not only by your presence, but also by the presence of a special representative of the General Assembly President, his Chef de Cabinet, Mr. Parfait Onanga.

I am also very pleased that this briefing is being webcast live, so that our colleagues around the world can take advantage of the same information and access that you have in New York. Our intention is to webcast all our weekly NGO Briefings from now on, and to archive them on our website so they can even serve as a reference for you, and for the 750 NGOs from 69 countries – altogether 1,800 NGO representatives – who came to our 57th annual DPI/NGO Conference several weeks ago.

As most of you will know, that Conference was a splendid success. More than 160 speakers offered suggestions on how the NGO community and the United Nations can advance the implementation of the Millennium Development Goals, and the discussion that they prompted is still creating a buzz in our conference halls.

Our special focus today is the International Day of Older Persons, which was officially observed last Friday.

As you have just heard, the theme of the Secretary-General's message was intergenerational societies. For this morning's briefing we have taken a slightly broader theme – that of “Advancing Health for Older Persons.”

People forget that ageing is a process that begins at birth. Good health is an extremely valuable resource if you seek to actively participate in your society whatever your age.

The United Nations has long taken the view that older persons are agents, not just beneficiaries, of the world they live in. We have sought to encourage all strata of society to be open to the contributions that older persons can make. And if we seek to enjoy the benefits of the enormous contribution that older persons can make, society, government and even the United Nations must seek to provide older persons with the tools they need, not least of which is the best health possible.

We are also aware that the average age of people in many societies is increasing, and that new thought must be given, new ideas developed, to ensure that societies can change to meet the different needs of their ageing populations.

A key document that sets out UN expectations about these changes is the International Plan of Action on Ageing 2002 which was adopted at the Second World Assembly on Ageing in Madrid, Spain. The International Plan calls on States to focus on three priorities: older persons and development; creating enabling and supportive environments; and advancing health and well-being into old age.

Mr. Tharoor introduced the two keynote speakers.



Alexandre Kalache serves as the coordinator of Ageing and Life Course for the World Health Organization. For the first five years after his medical qualification, he specialized in Tropical Medicine and in Medical Education, then moved to England, where, through his studies for the M.Sc. in Social Medicine, he established his interest in ageing issues.

From 1978 to 1984, teaching as the University of Oxford, his main research activities were on cancer epidemiology – to include his Ph.D. on Breast Cancer in Northeast Brazil – while maintaining his interest in ageing.

From 1984 until 1995, Dr. Kalache was chiefly based at the London School of Hygiene and Tropical Medicine where he established a unit on the Epidemiology of Ageing and launched a series of international short courses, which were subsequently adapted in several countries throughout the world.

In parallel, he implemented a global research programme on a wide range of ageing-related issues with a particular focus on developing countries. Activities of this Programme emphasized the orientation of health services; prevention and management of non-communicable diseases and promotion of healthy ageing interventions. While as the LSHTM he planned and coordinated the first Master's degree course on Health Promotion. In 1995, Dr. Kalache took up his position as Chief of the WHO's Ageing and Health Programme. He is currently the Coordinator of the World Health Organization Ageing and Life Course Team.

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**Keynote address: Dr. Alexandre Kalache
International Day of Older Persons
October 7, 2004**

Thank you very much, Mr. Tharoor. It is a real honor not only for me but for the WHO to be here and to bring some of our views on ageing and health. And I am particularly delighted that you have decided, Florence, this year, to focus on health, the Priority Issue Number 2 of the Madrid International Plan of Action.

You have also promised us to have some interaction at the end of this session, however, I would like to suggest that we start the interaction from the beginning. To do this, I would like you all to close your eyes and just answer a very simple question: As you age, what is your most important asset that you have to ensure dignity and quality of life? Please, just take a few seconds and think about the practical and existential aspects of the question. OK, let us see how you have answered. Hands up, how many of you thought of health as the most important asset? Enough said. The vast majority. And I could not agree more: without health we cannot really have dignity, we cannot really have the quality of life that we desire as we age. Yes love, income, friends...many other things are important in life, but without health we will neither be able to enjoy the other assets - nor we will have quality of life which is what we all expect to have at any age...particularly in older age! Ageing in poor health is an empty prize!

And this is why we are talking here, at this celebration of the International Day of Older Persons, about this critical priority issue of the International Plan. Furthermore, we are also here to talk about very critical issues related to health and the development agenda. So often 'ageing' is missing in this agenda. And yet we cannot talk about ageing without talking, for instance, about inequalities - and how they are related to opportunities (or lack of) for all. In my presentation I will remind you again and again that the ageing component is missing - in the MDGs, in the summits, in the minds of top decision makers - and I will try to make some suggestions on how to react to the omission and how to stand up to the challenge.

Let us look about the Development Agenda and inevitably we will be talking again about the Millennium Development Goals. Let me remind you of what these Development Goals are and how health and ageing are intimately interconnected. Let us talk about **eradicating extreme poverty and hunger** (Goal 1). This is obviously very important to health because poverty is disadvantageous for - actually, it is very bad! - for one's health. Poverty breeds diseases. There will be 2 billion elderly people in the year 2050. And if we define 'old age' as 65, all these 'elderly people' of 2050 are already adults today. If you are over twenty years of age today, then in 45 years from now, you will be 65 or older. Unless we develop appropriate policies, many of these adults will reach 2050 in very

bad shape. Diseases that could have, will not be prevented. And conditions that could be managed well - so that they do not deteriorate - will lead to much suffering. People with high blood pressure (which can be prevented in the first place) will end up disabled following a stroke. Someone who might not have to be diabetic, will have a foot amputated or become blind as a consequence of poor management of the high blood sugar level. And the end result is bad not only for them, the sick older persons themselves: their diseases and poor health will negatively affect the health (and wealth) of their families.

It is very important to think of older people as resources. Healthy older persons are precious resources to their families, their communities and the economy. This is particularly critical in the context of poorer countries. Just think of the family context - how much contribution to the whole family an elderly member in good health can bring. But also think of the price that the whole family pays if that older person is in poor health. Not only they cannot benefit from the contributions a healthy older person brings but there is an important price to pay for caring for that elderly person in poor health. Thus, healthy ageing is in the interest of the whole society!

Goal 2: Achieve universal primary education. Without education, my friends, there is no health. And we all know that this is the single most important factor to protect individuals and families from ill health for the whole life. But why should we exclude adults, including older adults, from this goal? Why should we penalize them twice? It is like saying, "if you have not received education earlier in your life we are not going to provide it now that you are illiterate!" We must include all in this universal primary education goal. If not, we are going to fail not only older persons themselves but also society as a whole. As there is no question that an adult with proper skills and access to education is going to be an asset for the whole family group.

Millennium Development Goal #3: **Promote gender equality and empower women.** This is again related to health. But we should be reminded that in most countries and societies women often are in disadvantage - especially older women. Therefore, we have to bring this in this development goal, being reminded that by empowering older women we are enhancing the power of the whole family. Her influence, her say on family matters are often of overwhelming importance!

Goal 4: Reduce child mortality. Obviously, this has to do with health, but, again, without the participation of older people, in particular older women, within the context of their families, we are not going to achieve the expected reduction in child mortality. So often the influence of older persons, particularly (again!!) older women is critical in determining healthy habits and health seeking practices.

Goal 5: Improve maternal health – there again the focus on health. But let us be reminded that mothers age too and we cannot exclude mothers just because they have reached the age when they have ceased to be reproductive machines. So often the message from health systems is 'you are post-menopausal: we are no longer interested on you'. This goal must include women of all ages.

Goal 6: Combat HIV and AIDS, malaria and other diseases. This goal also reminds us of the importance of including older people in all aspects of society. Older people's views and beliefs exert a huge influence. Ignoring them is a sure way to perpetuate prejudices, misconceptions and the stigma often associated with these and other diseases. Besides, older persons, particularly older women, are often the main care-givers within the family. Furthermore we need to consider the importance of environmental factors in the causation of diseases. And we know from study after study that older people are the most environmentally aware of all the subgroups because they want to leave a legacy to their grandchildren and future generations.

And the final goal: **Developing Global Partnerships** for development. That is what we are doing here today - bringing here health and ageing, broadening up the debate to multiple sectors - under the leadership of the civil society.

Yes, ageing is missing from the MDG and it is our joint responsibility to bring this into the agenda. We need to remind ourselves that even if it is not there, in the agenda, we are committed to carry on trying so that ageing is not going to be out of the radar screen of policy makers.

We have mentioned AIDS in Africa, so I am not going to dwell on this further. But there is no question that the example illustrates well why ageing belongs to the development agenda in the developing world. If it were not for

all those millions of older women caring for their children suffering from AIDS - and on their death, looking after the orphaned grandchildren, the devastation of the pandemic would be even worse now!

However, it is also equally important to bring ageing and health into the development agenda of the developed world.

A recent study in Spain has shown that only 12 percent of the total care for sick people of all age groups is provided by health care professionals. The vast bulk of the care is provided by the community - mostly by family members. However, what we don't focus on so much is that if we divide by age group we will see the huge contribution given by older people to their families and societies. The study revealed that the average number of minutes a day dedicated by the main caregiver within the family increases with the age of the caregiver. The very young caregiver, in the age group 18 to 29, provides an average of 23 minutes of care per day. In the 30 to 49, 50 minutes; middle age 50 to 64, 154 minutes; 64 to 74 (older people), 201 minutes; 75 to 84 (very old) 318 minutes. And even the very, very old, 85 and above, still provide almost three times more care than the youngest age group. Obviously, most of these caregivers (you know that) are older women. Thus, if we bypass them, not putting health and ageing together in the development agenda, not only developing countries are going to suffer but there are also important implications for the developed world. Just imagine if all those older care-givers in Spain would, all of sudden, go on strike: within a month the health system of the whole country would collapse. And Spain is no different from any other country in this respect.

We should also highlight the differences between ageing today in the developed world as opposed to ageing in the developing world. It has never been so good to be in older age - if you can afford the associated costs. If you have an adequate social security package, if you have access to health services, if you do not have to be concerned about what you will be eating tomorrow or the day after. The evidence is clear: in rich countries disability rates in older age are declining year after year. However, ageing in the poor South is very different. To start with, the 'raw material' is so much weaker: yesterday's poor, ill-educated, mal-nourished children are today's unemployed adults, tomorrow's destitute older persons. As we often repeat in WHO, the developed world became rich before it became old, the developing countries are becoming old before they become rich. All that is in parallel to unprecedented rapid changes in societies: urbanization, migration, participation of women in the workforce. All these contribute to the erosion of traditional ways societies have looked after their frail and sick elderly people since times immemorial.

But the MDGs are also strongly focused on addressing inequalities. We have to look here at the implications of inequalities for gender, ethnic minorities, vulnerable groups like those with mental health, the old and frail, the very poor and we also have to remind ourselves that globalization has very important benefits but also many hazards. Today's global health inequalities gap will widen further if developing countries are not able to effectively address the social determinants of health. Let us have a quick look on these inequalities.

Let us examine the extremes in this continent - Canada and Haiti. If you are a baby born today in Canada you expect to live 80 years but in Haiti, 50 years; that is a gap of 30 years. More than that, if you are a woman and you look to the health adjusted life expectancy (the number of years which you will expect to live in good health) in Canada, it is 72 years but in Haiti it is only 43 years. A Haitian baby girl born today can only expect to live in good health 43 of her miserable 50 years of expected life. If we look at the global extremes, between Japan and Sierra Leone, the gap is 50 years for life expectancy. A baby girl born in Japan today expects to live 85 years, 35 in Sierra Leone. This is not acceptable - 50 years difference if you happen to be born in the right - or the wrong - place! But let us look of the life expectancy in good health in those extreme examples. For, Japan you expect to be in good health until 75, for Sierra Leone only 28. If we define old age as the time when we lose functional capacity, that is, when we lose our health, in Japan you cannot be defined as old until the age of 75; in Sierra Leone you are old at 28 - which should be the prime of our lives. In practice, of that very short life expectancy in Sierra Leone, 16 percent is wasted in ill health. That is not acceptable and we will have to make concentrated efforts to face the challenges behind these wide inequalities.

My friends, I live in France and every morning when I open the windows of my village house, I see these beautiful cows staring at me. They are healthy, they are fat, they are happy. And do you know why? Because every single one of them receives 450 dollars in subsidies from the European Union to keep them how they are there. Just across the border, I can see the fields of Switzerland; I can see even happier cows there. They received 1,500 dollars in subsidies from their government. Compare this, my friends, with the income per capita in Africa of 300 dollars and you will see what a shattering experience it is to be born and condemned to misery if you are worth only a fifth of

what a Swiss cow is worth. This is not acceptable and we will have to do far more to address these inequalities worldwide. They affect health and it is in this ageing world that we have to address them.

We won't have time to go into what WHO is doing but I can chat with you over lunch - or through the Internet. But one thing I will remind you. Regardless of what we call it - ageing well, successful ageing, ageing positively, active ageing, healthy ageing - we can only achieve it through sound partnerships. You have in your hands the way to do more advocacy, to bring and highlight the importance of ageing in our societies, to be persistent and even obstinate with your governments and place this high up in their agendas. Because we need you as champions to help us to succeed in this ageing effort, this new experience for human kind, the very first time that ageing is here, not as an exception, but as a norm.

But I should like also to remind you of something which is so critical: that a culture of ageing is a cultural of solidarity - solidarity between the young and old, between the rich and poor, between the developed and the developing world. And let us resist this idea of wars of generations. I was privileged to capture this very moment that my first grandchild met her great-grandfather, it illustrated the mutual affection of young and old. Anybody who says otherwise is wrong. We are here to foster intergenerational solidarity and harmony and that is the way it should be - solidarity between the old and the young, but also solidarity between the rich and the poor, the public and the private, the North and the South. For that, we need a collective effort. As we are doing here, celebrating the International Day of Older Persons in this house - the United Nations House. After all, we all have vested interests in the process: Adults today, older people tomorrow. Ageing is the best thing that can happen to us all: just think of the alternative. We don't want that. Thank you.

Some of Dr. Kalache's slides are reproduced below and on the following page.

Ageing Well Conference
Montreal, 3-6 October 2005

"Global Movement for Active Ageing"

Alex Kalache
Ageing and Life Course Programme
World Health Organization, Geneva

WHO Ageing and Life Course Programme

"Global Movement for Active Ageing"

- Health at the core of the Development Agenda
- Inequalities matter
- Ageing component is missing
- Responding to the challenge

WHO Ageing and Life Course Programme

MDGs

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education

WHO Ageing and Life Course Programme

MDGs

- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality

WHO Ageing and Life Course Programme

MDGs

- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria, and other diseases



MDGs

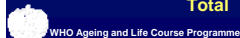
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development



The burden of disease – Spain, 2002

Average number of minutes/day dedicated by the head of the household to providing health-related care – Spain, 2002

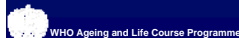
Age group	Household with a sick person
18 – 29	23
30 – 49	50
50 – 64	154
64 – 74	201
75 – 84	318
85 +	61
Total	122



Source: US National LTC Survey, New York Times, May 2001

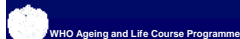
Regional inequalities – WHO American Region

		Canada	Haiti
LEB	Total	79.8	50.1
	Male	77.2	49.1
	Female	82.3	51.1



Inequalities – global extremes

		Japan	Sierra Leone
LEB	Total	81.9	34.0
	Male	78.4	32.4
	Female	85.3	35.7



A culture of ageing is a culture of solidarity





Ann Pawliczko holds a Ph.D. in demography and urban sociology from Fordham University. She joined the United Nations in 1992 after serving as assistant professor of sociology at Fordham and conducting research at The Population Council. At the UN Population Division, Dr. Pawliczko worked in the population policy area and contributed to such publications as *International Migration Policies*, *World Population Policies*, *The Challenge of Urbanization: The World's Large Cities*, and *Monitoring of Population Trends and Policies*. Since 1996, she has been with the United Nations Population Fund serving as senior technical adviser to UNFPA's project on data collection of resource flows for population activities. She prepares the annual *Financial Resource Flows for Population Activities* and the reports of the Secretary-General to the Commission on Population and Development on international assistance and domestic funding for population activities. Dr.

Pawliczko compiled the *Compendium of Social Issues* from the United Nations Global Conferences in the 1990s. She serves as focal point for ageing in UNFPA's Technical Support Division and actively participated in the preparatory activities for the Second World Assembly on Ageing and the post-Madrid regional implementation meetings. She recently assumed duties as focal point of migration, urbanization and sustainable development. She prepares articles, reports, press releases and speeches on population and development issues, briefs representatives from donor countries and UN agencies on the work of UNFPA in the population and development area to secure funding and increase collaboration, evaluates proposals for funding, and reviews country programmes.

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Creating a Healthy Society for All
Keynote Address: Ann Pawliczko
International Day of Older Persons
October 7, 2004

Mr. Tharoor, Excellencies, ...
Ladies and Gentlemen,

It gives me great pleasure to address the 14th International Day of Older Persons on behalf of UNFPA, the United Nations Population Fund.

When we think about population, we usually think in the abstract—about the number of people on the planet or, in this instance, the number of older persons. We tend to be like astronauts looking down from space. We see our planet Earth, in all its splendor, and when we zoom in closer, we see people—6.4 billion people in all.

At UNFPA, we like to say that population is not just about numbers. It is first and foremost about *people*, about meeting their needs and respecting their human rights, no matter where they happen to be born.

Today, with people living longer than ever before, and societies ageing, meeting the needs of older persons and respecting their human rights are matters of urgent concern.

Around the world, many governments are beginning to realize that their ageing populations will face difficult times ahead, unless effective policies and programmes are put into place to protect their health and well-being. This is especially true for many developing countries, where elderly citizens face varying degrees of insecurity due to faltering economies, cuts in social spending and a lack of traditional care at home.

The truth is that many developing countries are experiencing rapid ageing without rising economic prosperity. This is in contrast to the situation of wealthy countries, which became prosperous before their societies' populations became older. In France, for instance, it took 115 years—from 1865 to 1980—for the proportion of older persons in the population to rise from 7 per cent to 17 per cent. But developing nations are expected to see the older population increase by this much and more over a period of only 35 years, giving them less time to adjust their policies, and less resources to do so.

Ladies and Gentlemen,

The graying of the planet represents the most significant population shift in history. Global ageing is occurring at a rate never seen before and vast differences in quality of life exist between older people living in the wealthy countries and their counterparts in the developing world, where the biggest increases in this population are expected.

At the beginning of the 21st century, the elderly are the world's fastest growing population group, and among the poorest. Today one person in 10 is 60 years or older, but by 2050, the rate will be one person in five.

All over the world, the next few decades will test our ability to address health care, retirement and pension benefits, and other issues that affect senior citizens. For while people are living longer than ever before, many face a future without a social safety net.

Although increasing longevity is one of humanity's major achievements, and a cause for celebration, it is also a major challenge. The challenge is to add quality of life to years, and not just years to life. The challenge is to marshal the forces of progress that have brought about longer life spans to improve the quality of life.

And to do this, we must meet the needs of the older persons who are alive today and plan ahead to meet the needs of the elderly tomorrow. This requires solid population data. To make people count, you must count people. In the developing world today, there are almost 400 million people over age 60, the majority of whom are women, and this figure is expected to rise dramatically in the decades to come.

This is a rapid shift that requires a rapid response.

Promoting health means providing affordable, accessible and appropriate health-care information and services to all people in society, including older persons. They should have information on healthy ageing, as well as the risks and illnesses common to their age group. And although we do not normally think of it, older people also need to know about AIDS because they are increasingly infected and affected by the epidemic. It is important that older persons be included in HIV/AIDS prevention, treatment and care programmes. This is especially urgent in countries that are hard-hit by AIDS, where grandmothers are caring for their children with AIDS and their grandchildren who have been orphaned.

Today, in the majority of less developed countries, governments provide very limited health services or medical care so that the various needs of older persons, especially the poor, remain largely unmet. As a result, most older people have to depend on their limited savings, if any, or on the support of their children and other family members for treatment and health care.

Also, most people in less developed countries are not covered by medical insurance, which, in most instances, caters only to the more affluent segments of society, usually those employed in the formal sector. And most older persons receive little or no support from the state. The extended family, which has traditionally supplied care for older family members, is being pulled apart by the forces of modernization and migration. Given these realities, it is essential that public policies and programmes address the needs of the older poor who cannot afford basic social services, especially health care.

Investing in people today will not only ensure social progress and cohesion, it will also lay a solid foundation for economic growth to pay for ageing populations in the future. There is a need to simultaneously invest in a growing older population and the world's largest youth population. Today half of all people are under the age of 25. And they need education and health care, including reproductive health services. These are the kinds of investments that strengthen families and societies, and that protect their health and well-being.

With people living longer, and societies ageing, it is necessary to train health care workers and build appropriate facilities to meet the needs of older persons. As the population ages, the numbers of very old people, those aged 80 and above, will increase and so will the need for care. In Japan alone, more than one person in 10 is expected to be at least 85 by 2030.

At the same time, societies must focus on promoting active ageing, to encourage the full participation of older persons in community life. Older persons should be given opportunities for individual development and self-fulfillment. They should be encouraged to participate in the widest possible range of activities including employment, education and training, and community volunteer work.

Addressing the challenges of population ageing need not be a crisis for governments. It can and should be planned. The elderly should be full participants in the development process and also share in its benefits. It is important to recognize the ability of older persons to contribute to society by taking the lead not only in the enhancement of their own well-being but also that of society as a whole.

In our work around the globe, UNFPA is guided in this area by the Programme of Action of the International Conference on Population and Development, and the Madrid International Plan of Action on Ageing. The strategic focus is to influence public policy to respond to the challenges posed by ageing populations and to meet the needs of older persons. To do this, UNFPA supports governments in research, data collection and analysis, the training of officials and policy dialogue and development.

The goal is to have a society for all ages, where all ages are given a chance to participate and actively contribute. The elderly cannot be ignored or seen as a marginal group on the fringes of society. They are an integral part of society. In fact, most elderly do not need or want special treatment, they just need equal access to mainstream services along with other groups in society.

In closing, I would like to stress that older persons should be able to live their remaining years in dignity and health. And as we all know, individual health depends on a healthy community. A healthy community is one that values and cares for all of its members, and does not discriminate, exploit or abuse its members. No one deserves to be left out or left behind.

Thank you.



Alexandre Sidorenko's major responsibilities have included the coordination of the United Nations activities in the area of ageing, including promotion and monitoring of international policies and programmes on ageing. In 2002-2002, he coordinated the substantive preparations for the Second World Assembly on Ageing in Madrid, and acted as the coordinator of the International Year of Older Persons in 1999. He has served as the United Nations Focal Point on Ageing and Chief of the United Nations Programme on Ageing from 1993-2002. He currently serves as Senior Social Affairs Officer and the UN Focal Point on Ageing.

Before joining the United Nations in 1988, he worked as a Senior Research Fellow at the Kiev Institute of Gerontology, Ukraine, where he gained more than 10 years experience in experimental gerontology in a multidisciplinary setting. He qualified in medicine and went on to gain his Ph.D. in immunology.

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Mr. Sidorenko served as moderator for the following panel.



Denise Eldemire-Shearer is Chair of the national Council for Senior Citizens, the Government's advisory body on the elderly and a lecturer at the University of the West Indies. In this capacity she has worked for the past 20 years in developing and implementing policies and programmes for seniors in Jamaica.

The National Policy on Ageing has been in effect since 1998. In this capacity she was also responsible for organizing activities for the International Year of Older Persons. Several programmes for seniors have been developed across the island to promote continued participation of seniors in all aspects of family, community and national life.

At the University, she is a Director of the WHO Collaborating Centre on Ageing and Health, which is in the Department of Community Health and Psychiatry. The Centre is involved in teaching and research and for the past five years has been involved with several multi-country studies coordinated by the WHO Ageing and Life Course Programme to examine the state of readiness of developing country's health care systems for rapid ageing. The Centre also has been working on developing age-friendly guidelines for health centers.

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Denise Eldemire Shearer's Presentation at the International Day of Older Persons 2004

Thank you very much. And thank you all for this privilege and honor to sit here this morning and talk about ageing. I will be focusing on ageing in the Caribbean, including issues from Latin America.

The first slide I have (shows slide depicting multigenerational family) brings us to some of the important issues because in the Caribbean/ Latin America, a family is usually four generational. This is grandma in her wheelchair celebrating her 100th birthday. And as you have heard, as Dr. Kalache spoke, it is probably no accident the ratio in this picture is three women to one man because that is, in fact, the reality of older families.

Our Caribbean and Latin American population of older people is now at 10% and is projected to rise to 17.5 – 20% by 2025 but there are several countries in the region, namely, Cuba, Barbados, and Uruguay, which will mirror that of the developed world by 2025 with over 25% of the population being comprised of older people. So our elderly population is increasing both in numbers and in age. I think that people don't realize that many of our countries, although developing, have life expectancies greater than people would assume. Therefore, the issues of a healthy life and quality of life become increasingly important.

In this region, we have the competing demands which a young population brings as well. HIV/AIDS has been talked about repeatedly today but there is another issue with HIV that we have to be concerned about, one which we have tried to start addressing. Most children live with grandparents, both living together in the home. In initial information gathered on HIV it was thought that it was a young adult problem. However, once you provide young people with information, they go home to discuss it with grandma and grandpa who have traditional cultural views that are a little old fashioned at times. And this has (and we have studies to document this) negated against condom use as a protective means because the grandparents have not understood what the issue is all about. Additionally, the issue of re-emergence of infectious diseases is something which we have had to face with HIV, particularly that of TB. Alex put up the slide of Brazil and this is typical of Latin America – we have slums; we have bad areas. TB thrives in poor housing so these are some of the issues that we are confronting.

Next, is the issue of feminization – we have more older women and we also have increasing levels of chronic disease. So you have an elderly population who is poorer, who has limited access to health care, which is now faced with heart disease, hypertension, diabetes. The issue of chronic disease brings up the issue of more disability. Disability, not only because of the chronic disease, but there are things that are taken for granted in the first world such as eye glasses and hearing aids. These are things that we just don't have in the third world and which are not part of health delivery systems. AIDS has come up as HIV but there are another set of "aids" that we need to talk

about – walking sticks, walkers, ramps and accessibility. These are some of the things we are facing with disability and that we need to talk about.

You have heard the caregiving issue raised again and again. I will only raise it on a personal level and talk about it in terms of support to the caregiver. I have recently had reason to cost caregiving and which led me to wonder who can really afford care in a developing country. There are many things to pay for: the incontinent pads, the adaptation to the house, the staff to relieve if you are a professional. These are some of the issues that we are facing.

We don't have home health in the Caribbean/ Latin America. There are very few countries in our region with home health - which have people who will come into your home and do these things for you. Alex put up the slide of the number of minutes of caregiving. Those number of minutes of caregiving for those of us in Latin American and the Caribbean are accounted for by doing things such as changing the bed, changing an incontinent person, feeding the person, walking with them, sitting down and hand-feeding a person who cannot eat themselves. All of these things are done by a family member and fortunately for us (I keep referring back to slide number 1) this is also where we have our strengths. When someone needs care to be administered there is the extended family to draw upon to help.

There is also the issue of men's health. Men do not access health care even when it is available. If you look at morbidity and mortality statistics, the men are going to figure into the mortality. We see them coming into hospitals and they are very ill. We will see women one to three times accessing health care more often in the primary health care system. And that is something as part of the WHO initiative which we are now trying to change.

One of the things that we are coming up with is that women have been exposed to preventative health care much earlier - the present set of women under 50. You have to remember that the notion of prevention is something new to us. Previously, babies were born at home and there was no such thing as immunization. So women have only been going to the clinic in the last 50 years to help their children. They will go to a family planning clinic but men, on the other hand, have not been exposed to this concept of preventive health care. In Jamaica, men, for example, have the second highest rate of prostate sickness in the world, not the region – the world. And yet we are not routinely checking men. As a female physician, I have a great problem trying to convince to my older male patients that it is time for a prostate check.

There is a lack of life course perspective in health care and this has been seen over and over again. This is one of the issues probably related to the triage perspective. If we build a life course perspective into everything, if we start thinking "life course" then the structure can be improved to incorporate older adults. Programmes in our region have developed out of the maternal-child perspective. If we go beyond that, we won't have to worry about triage and we won't have to worry about the cost because there will automatically be a life course element in our programmes.

The Madrid Plan stresses the importance of health and we need to focus on getting this into our policy. Where are we? We have a lot of old people - we know that, but we also have a strong primary health care base on which to build. We do not have long term facilities and we do not have home health care so we have to identify (and we have identified) what we have. It has worked in maternal and child care health. We have gotten infant mortality down and the region has infrastructure. When we talk about our primary healthcare we must recognize that we don't have primary health care such as necessary CAT scans and MRIs, but we have buildings and structures in place.

Problems that the seniors claimed in accessing health care are simple elements which have been overlooked. For instance, seniors must stand in line early in the morning in order to see a doctor. However, early in the morning the bathrooms weren't opened until staff arrived, sometimes hours later. Since many of these seniors are on medication, bathrooms are essential. They had to wait in line early in the morning but the bathrooms were not available to them, causing many of them not to go in the first place. So, what WHO found out through this study (and I speak for the region) is a creative model for looking at the problem to make these services user-friendly. The factor is not turning out not to be money but it is turning out to be a mindset which needs to be changed. Have someone there at 6 o'clock to open the bathroom, for instance.

One of the things that is also very pertinent is that the seniors wanted their own clinic. They did not want to be there with young people because they thought they should always "give way" to younger people. It is the "looking after the young philosophy" which was expressed, so, it was often the senior who didn't get seen by the doctors. We also need to start with our health care professionals. They weren't asking older patients about smoking or alcohol

consumption and there was a concept that “they are old already, they are sick already, you can’t do anything.” Therefore, care is available and accessible but what the WHO studies have shown us is that is that we need age-related training. Our healthcare staff and social work is to train people in some age-related sensitivities.

The governments in the region are committed, I believe to starting to work towards these much needed changes. There are already some policies and programmes that exist. Most have participated in Madrid and there have been some follow up meetings in Chile. So there is a basis to work and we need to get on board. We need to nag – this is what we need to do with those Millennium Goals. We need to stop seeing ageing as something separate, but rather as something integrated. An example of this is when Hurricane Ivan went through Jamaica. We made sure that the elderly got to shelters. However, no one thought of getting incontinence pads, but there was baby food. You see, you have to get in there, gnaw away and be persistent.

The research capabilities do exist. What we need to do is take the first world research and use it in our own culture and see what happens. We have to do these things in our own countries. And the way forward is just to keep on going. Trust me, Alex and I did not speak before we came here and we did not know the way we were both going to end our presentations was a comment on intergenerational issues, but it is telling nonetheless. The intergenerational way is the way to go. We will always have programmes for children but we must think where the ones to help older persons can be implemented. We must all think where we can put older issues, where to put something on ageing - that is the way forward. Thank you.



Dr. Igor Persidsky holds a MD and Ph.D. He was born in Kiev in the Ukraine and received his MD degree with distinction from the Kiev Medical Institute in 1981. He received the Ph.D. in Medical Sciences from the Ukrainian Institute of Cardiology. Dr. Persidsky now practices in Long Beach California. A Diplomate of the American Board on Internal Medicine, Dr. Persidsky has hospital affiliations in Long Beach and is the medical Director of the Pacific Hospice Care in Los Angeles. He is a member of the American Society of Internal Medicine, the Gerontological Society of American and the Ukrainian Medical Association of North America.

Dr. Persidsky has published articles on internal medicine and geriatrics and participants in the many international meetings on gerontology, cardiology and internal medicine.

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**Health of the Elderly: Regional Perspective for Countries of Former Soviet Union
Presentation for the International Day of Older Persons 2004
Igor V. Persidsky, MD, PhD, Long Beach, California, USA**

There are several important issues related to the situation with welfare of the elderly in countries of the former Soviet Union, as least those located in Eastern Europe.

The most important is that life expectancy decreased both at birth and age of 60. This should be attributed to the erosion of both old social and medical systems supported by the Soviet state without adequate replacement by new governments.

All of the former Soviet Union has been greatly influenced by Russia economically, if not politically. Energy resources of Russia make not only Eastern Europe, but also many countries of the Western Europe dependent on it.

The move towards a more autocratic state in Russia threatens the return to Soviet style of social and medical services, run by the state. Changes of lack of them in Russia are followed by surrounding former Soviet republics.

Social Welfare

Although social situations certainly improved in some aspects recently, real income of the elderly declined while the cost of living, including medical out of pocket expenses, sky rocketed.

There is no problem of homelessness for seniors, which has been the direct result of housing policy under the old regime and privatization of housing during post-Soviet era.

This, however, does not provide a possibility to use it as a collateral or reverse mortgage to subsidize meager income for seniors. This reason is a much substantiated fear that this may become a basis for elder abuse: danger of being harmed by the very people lending them money. Cases of the elderly being “evicted” (or in other words simply eliminated) are well known if not wide spread.

Since pensions are very small and cost of living is high, many seniors continue to work past their official retirement age which is set at old Soviet standard of 55 for women and 60 for men. This helps them to subsidize their income and maintain a social role. By the way, 40% of retirees in Keiv, the capital of Ukraine, this year had university or vocational college education with more than 30 years of work place experience.

Food supply, its variety and quality are greatly improved, but on the other hand the cost of it is quite high. Prices are going down because of increased competition among producers.

Until recently, survival was partially assured by a series of privileges elderly enjoyed for the last decade: free public transportation, subsidized housing, telephone, medications, etc. In Russia last half a year manifested with major assault on these rights, with legislature replacing it with monetary compensation.

Such compensation supposes to ensure market mechanisms, but in post Soviet societies it may and most likely will become another loss for the elderly. Inflation on one hand, and state controlled infrastructure will make such compensation irrelevant.

This compensation was very unpopular in the urban areas but did not meet any resistance in rural Russia, where elderly simply did not have infrastructure to enjoy above privileges. And any amount of cash is a better deal for them.

As mentioned above, Russia first implements new measures and then others follow the trend. This created high level of anxiety in neighboring Ukraine.

Most likely the major reason changes in non-monetary benefits did not happen there, is an upcoming presidential elections, when two major candidates are flirting with electorate by promising improvement in wellbeing. Since one of the candidates is a prime minister, pensions were raised to reach official poverty level of 284 hrivna (\$54).

It should be mentioned that financing of the pension system is much more structured than before, with effective taxation of employees - although I do not know if these funds are set as a trust fund, which is used solely for this purpose.

Health Services

Health care remains highly centralized and mostly inadequate. It is still financed from the general budget. Quality of health care heavily depends on out of pocket expenses.

Health care still relies largely on in-patient services with very little use of home health nurses and inadequate outpatient clinics. However, life expectancy is higher in the areas where more or less active preventative medical measures are implemented, as well as in urban areas.

One other very significant barrier on the way of improvement of health services in the countries of the former Soviet Union is that social and financial status of all medical professionals, including physicians, remains at much lower level than in most countries of the world. Doctors are subsidizing their income in all ways possible including but not limited to working several jobs, accepting "private" payments, getting compensations from pharmaceutical companies, etc.

Saying all that, it is also important to stress that not everything should be painted in black. There are ideas and projects developed by professional gerontologists and geriatricians (especially in Ukraine which inherited a national institute on aging of the former Soviet Union).

These projects include, but not limited to plans for comprehensive reform of medical and social services: home health nurses (1 per 400 seniors), extended (20-25 minute) visits of seniors with a physician, plans for at least 12-16 visits per year, geriatric clinics in large cities (with population from 500,000) with high percentage of elderly, geriatric inpatient wards, nursing homes, etc. However, reforms are not implemented on the scale they suppose to be because of insufficient financing.

High quality technology and modern medications are there, but mostly on a commercial basis with out of pocket spending, which effectively limits access to them.

However, a major obstacle in improvement of wellbeing of the elderly 13 years after the fall of the Soviet Union is that, in general, social protection and security, as well health care (including their structure, financing, public attitude and education of professional force) remain stepchildren of the current governments these not that newly dependent states.



Edward Marion Gerlock is a founding member of the Coalition of Services of the Elderly, Inc. (COSE), an organization which attempts to coordinate existing services for the elderly, and set up community-based programmes for the elderly in urban poor and rural areas of the Philippines. He now serves as the Awareness/Advocacy Unit Coordinator after having served as chairperson, then executive director. Mr. Gerlock is also the Board Chairperson to a programme of alternative education for street children and he teaches Sociology and Photography at the Maryhill School of Theology. He has been the official representative of the Philippine government in the Ad Hoc Expert Group Meeting on Regional Follow-up to the Second World Assembly on Ageing as well as the official Delegate of the Philippine Government and Round Table Discussion at the “Second World Assembly on Ageing,”

Madrid, Spain, and delegate to the parallel NGO Forum. Mr. Gerlock has completed many research studies and is proficient in English, Spanish, some Polish, Visayan and Tagalog. He received his Master of Science from the Asian Social Institute in Manila, Philippines and a Master in Religious Education from Maryknoll Seminary, Maryknoll, New York, U.S.A.

Edward Gerlock’s Address at the International Day of Older Persons

A week ago I was in Tajikistan at the Invitation of Health Aids International and there I saw a group of older people who were peacemakers – they were taught how to do conflict resolution. In an area off the Southern part of Tajikistan there is much conflict between different ethnic groups and these older people from different ethnic groups, come together and do the conflict resolution. And I only mention this because here we have a group of NGOs which have come here this morning, and it is so important that we come together and talk to one another. You know, for the conglomeration of people in Madrid, the exciting part of it was that people who had different positions about working with older people were able to talk to one another and support to one another. This is my way of saying thank you to those who have put this together – it is extremely important.

I don’t pretend to represent Asia – by the year 2050, 60% of the world’s population of older people will be in Asia and the two largest countries, as you’re well aware, are in Asia. I only represent the Philippines and I have only lived there for 45 years. So, I’m not sure if I can even say much about the Philippines! It is comprised of 7, 100 islands with 82 different dialects. It is a population of 84 million and we have a lot of arguments about why is there a “problem” of older people. When I went there in 1962, I never saw older people begging and now it is a common sight. So the question arises – why is this? Well, there is one school of thought saying it is a cultural problem. People don’t like older people anymore, young people watch TV; it is a cultural reason, etc., etc – a Freudian solution. But the other one is the Marxist solution, a structural problem. The Philippines probably has more doctors and nurses outside the Philippines than it has inside the Philippines. We have a huge rural to urban migration. When I went to the Philippines in 1962, it was 25% urban and 75% rural. Now it’s 60% urban and it is still moving in that direction. People are moving out of the country. Maids in Hong Kong really are teachers or engineers from the Philippines. People are leaving the country and this has an effect on older people.

What I want to do is to tell you a story of the best time that we had in 2003 – for the older people in the Philippines. There was a Legislator who wanted to put together a piece of legislation favorable to older people. This was something that wasn’t done before, so he called in some older people and asked them to help him craft this legislation. It was going to be a Magna Carta for older people. So we had organized community based organizations of urban poor people who went in to talk to the Legislator. This Magna Carta included healthcare, employment, housing - almost every aspect you could think of that older people needed. And most of all, it included a Commission of Older People and this specifically mentioned urban poor, rural poor, women’s groups, veterans and tribal communities. And they were to interface with the government agencies that were responsible for older persons’ social welfare, health, transportation, etc. They were to meet regularly to discuss the implementation of this Magna Carta. So our old people were talking to this Legislator for months and they owned the bill so when the bill came up in Congress, the House of Representatives, the Galleries were full of older people, most of them urban

poor. The Legislators, none of whom are from the urban poor sector, could feel the pressure from these people and the bill passed in the House of Representatives. But then it went to the Senate and in the Senate we had a very big problem. There the Senators were hesitant to bring the bill onto the floor. So what we did was gather together our membership of 3000 older people, and we brought them to the Senate to talk to the Senators to tell them how important this bill was to them. Suddenly, the Senators saw the light and they said maybe this is an important bill. However, there was one Legislator who was against the bill. (This is a true story by the way; I'm not making this up!). He happened to be a very powerful Legislator- he had been a candidate for Vice-President, the President of the University of the Philippines, and was one of the most powerful lawyers in the country. Since he was blocking the passage of the bill, we sat down as a group and tried to figure out how to persuade him differently. We decided to make an appointment to visit him – to go to the Senate and talk to him. So 25 people (urban poor) went to the Senate to make an appointment to talk to him. And as they were going towards his office they met him in the hallway and they began to talk. And as they began to talk they were asking him what his problem was, what his objections were, and they more than held their own. I was not a participant in this discussion, I swear I was standing back and watching. And after about 15 or 20 minutes, I could see he was beginning to panic and then he finally said, "I'm sorry, I have another appointment. I can't continue talking to you – I'll send out my Chief of Staff to talk to you." That was the best moment of 2003 for me because these people had never talked to a Legislator as an equal in their life. Not only had they never talked to a legislator as an equal, they had never talked to a Bishop, nor had they ever talked to anyone in power.

So now your question to me is how they were so empowered that they were able to talk to this man. Incidentally, this bill did pass. But how were they able to talk to this man? Well, community organization is a technique but it is also a philosophy. What community organizers do is they go among the urban poor areas and the rural poor areas and they go door to door, and they spend months establishing a relationship with these people. And then they sit down with these older people and they say to them "what is it that you want?" And if the answer is "healthcare" the response is not "we will find you healthcare" but rather "are you willing to become a community healthcare worker yourself – we will find someone to train you." So, right now we have over 100 "community gerontologists" (and they have that written on their backs!) but this applies across the board because healthcare isn't the only thing they need. We need to find people who can do counseling – peer, non-directive counseling – to listen to people's problems and support them in their aspirations. They need to know how to do bookkeeping, credit programmes, advocacy, run parties.

In a magazine once, I can't recall the name, but they interviewed a president of a community based organization, and they asked her what difference had this community based organization made in her life. And she said, "Before, we were a bunch of older people taking care of our grandchildren in our house, but now we have become a community of older people." This community of older people is not only able to take care of themselves, but of others as well – of the community. And so the question in a forum like this is not how can we take care of older people. But the question *really* is how can we help older people to take care of each other. Thank you.



Ghassan Shahrour is the Programme Advisor for Volunteer Groups on Ageing in Syria. He is a recipient of the Hamdan Award for Volunteers in Humanitarian Medical Services for his work in establishing the Palestine Handicapped Authority in 1988. His works include Guide to Geriatrics Hearing Impairment and numerous other writings. He has done reputable work on disarmament issues and in many other important areas.

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Advancing Health for Older Persons: Regional Perspectives

(In observance of the International Day of Older Persons)

The Arab Countries

By Dr. Ghassan Shahrour

Syria

I am pleased to be here at this distinguished gathering In observance of the International Day of Older Persons, 1 October . I am also grateful to UN NGO committee on Ageing and NGO Section in UN Dept of Public Information for giving me this opportunity to be here with you.

Ageing of the population in my region is growing very fast like many parts of the world . Two decades ago, people over 60 years old were about 3-4% of their communities. Now, it is close to 7% and after two decades, It is expected to be more than 14% of the population.

These huge demographic change will have an important impact on communities everywhere and anywhere. This change has important implications for resources such as health and social services. It is also well known that Individuals, Families and communities will have to find ways to adapt, as population age.

Different Social and Health studies show that older people have more chronic health problems and disabilities including chronic non-communicable diseases such as high blood pressure, diabetes, cancer and cardiovascular diseases as well as sensory, mobility and mentally problem and disabilities. All of that need more treatment, rehabilitation and care.

Unfortunately these health problems are usually coupled with severe decrease in income especially in my region, which usually add increasing burden on the family as well as the society in general.

In my region, I would like to highlight some landmarks on Aging that we can discuss them together in further details after the presentation:

At Governments Level:

- The Charter of Social work in the Arab League (1970) was one of the early steps that were taken to highlight the rights and needs of Older People. The charter focused on the essential role of the family in the care of older people.
- The Impact of The International Year of Older People, 1999, was important to raise awareness among decisions makers, health and social workers, media as well as the older people themselves.
- ESCWA Activities (in Cairo 1993): plan of action on Aging in ESCWA region until 2001.

- IRAN'S FIRST INTERNATIONAL CONFERENCE ON AGING, TEHRAN, IRAN OCT.19-21, 1999
- Arab Leagues in Egypt at different levels in 1997 and 1998 then the different activities in 1999 during the International Year of Older Persons.
- Arab Plan on Ageing coordinated by ESCWA, Beirut, Feb 5-8 Feb 2002 until 2012.
- The establishment of National committees on Ageing in many countries.
- In 2001 the project of establishment of Regional office for the national committees on Ageing in the Arab countries in Damascus Syria. The work of this important project is still going on. It is proposed that this office will coordinate and review all the activities and plans of the national committees on Aging.

At NGOs Level:

- In general, Population Ageing and its consequences was raised in different NGOs meetings including health and social aspects.
- Establishment of the Afro Arab Federation for retired and older Persons in Tunis, 1999 (Coalition of NGOs of and for Older Persons).
- Establishment of the Arab Forum of Older people in Beirut Lebanon August 25-28, 2000. Each meeting cover an important aspects of population ageing including their needs and rights.
- The second meeting of the Forum in Manama Bahrain 2002
- The third meeting in Doha May 2004.
- Now the forum is preparing for regional workshop in Bahrain (April 2005), focusing on the active participation of older people in development.
- The forth forum will be conducted in Kuwait in 2006.
- Other NGOs activities and publications

Population Aging and Health:

The Arab plan on Aging includes different elements to protect and promote the health of older people including: Health education programmes, Nutrition Programmes, Provision of basic health care services for all older persons in their communities, Disability programmes to detect disability as early as possible coupled with appropriate interventions, and training programmes to promote the skills and knowledge of all workers with older persons.

Regarding health aspects and Primary Health Care Services for All Ages, there are many efforts to expand the role of Primary Health Care Services to meet the growing needs of older people in their community and to make these facilities accessible and adapted to the needs of older population as well as all other age groups of the community. As chronic care is often more effectively provided in a community-based and home based setting that older people prefer in general.

This process to make Primary Health Care Age-Friendly and meet the challenge, a training programme is needed for PHC staff members as well as community workers in addition to promote PHC management system. This will enable PHC centers to provide early detection, necessary interventions, and follow-up.

In Syria as example from the region: the national health plan is working to establish a geriatric clinic in all PHC centers by the year 2015 and to cover 98 % of older people by the year 2015 in their local communities, and to develop referral mechanism for all health centers in addition to establish one data system to facilitate communications among Primary health care levels.

Another example from the region is community based health programmes in rural areas in Syria, Egypt, Sudan where participation of older people is a need and asset.

Training programmes for health and social workers as well as for families of older persons have been planned and conducted in many countries of the region. We can give some examples in necessary. Also, there are new centers in private and NGO sectors focus on the health of older people but still very limited and in need for more centers.

Age Friendly Attitude:

The Arab plan on Aging focuses on the development of enabling environment for older persons. Our traditions in our region support and promote Age-friendly attitude which is a corner stone in the life of older people in their won communities. This social attitude is crucial to develop Age-friendly community based health and social care.

Regional Challenges:

We can explore during discussions some of the challenges in the region including Poverty in many countries, Desertification with its consequences, the limited role of NGOs in the region and the severe lack of research and studies on the different needs of older persons and also the Older Refugee People and Older People in Armed Conflicts:

All of us know that Occupation and the lack of Security are also important challenges that hinder the development of health systems and programmes and constitute a major threats in the life and health of older people and also severe violation of their Human Rights and The United Nations Principles for Older People (1991) reaffirm the principles of PICSD : Participation, Independence, Self-Fulfillment, and Dignity. There are many older refugees in my region living in the shadow and isolated from their home land.

Talking about Older Refugees and Displaced People encourage us to Call the UN orgs, International NGOs as well as local NGOs and community groups to protect older refugees and displaced and who live in Armed conflict area and in occupied areas.

We also need to assess the special protection needs of older persons. We also need to pay more attention to their assistance and need.

In this regards, It pleases me to talk about the role of volunteers for and among older persons that are important resources for all communities, I can mention here some examples of Older pioneer volunteers in my region and my group. I would like here to repeat what our volunteers who work with and for older needy people say:

Older people, refugees or not, poor or rich, disabled or not, have an important role to play in the life of their communities, It is our obligation to enable them to enjoy their rights.

Closing Remarks:

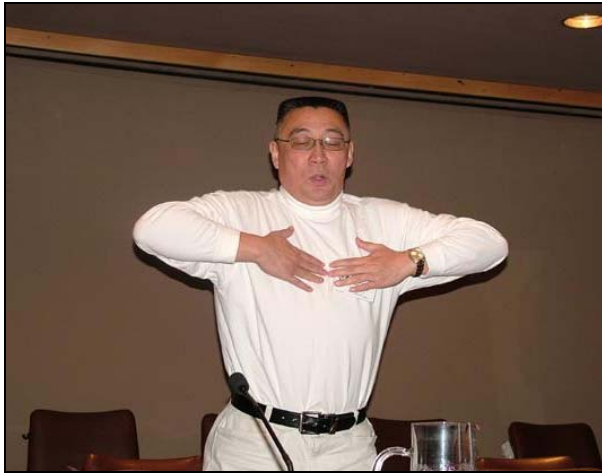
I spoke about some features from my region , but I would like also to take this opportunity to remind and highlight what was raised before in Madrid at International level, I mean The International Proposal to award Pioneer and Outstanding Older Person, To establish an International distinguished award. We all would like through such award or prize to show all the people everywhere and anywhere the marvelous contribution they have made after they retired, and also to tell the outstanding older persons: You have Volunteering your skills, devoting your time and efforts to help the people in need and make positive changes as well as differences in the life of the people locally and globally.

Hope this idea will be a reality in the near future through this proposed international prize:

We would like to observe the outstanding contribution of older persons, We would like to show the people everywhere and anywhere the marvelous work and achievement of older persons.

I believe you agree with me that such award and observance and recognition will help promote Age friendly attitude that makes us closer and closer than ever to realize our goal: Society for all ages.

Cultural Performance



Gu Chengde is a Taiji Master and is now teaching a special exercise which is derived from the essentials of Taiji. Since 1989, he has been regularly teaching at senior centers and hospitals in both New York and Connecticut, including Greenwich Hospital and Norwalk Hospital. His special exercise techniques significantly help seniors and people with all types of illnesses improve and maintain their health.

Mr. Gu led the audience in a variation of Tai Chi exercises.

NGO Committee on Ageing, New York

Chair: Florence Denmark, International Council of Psychologists
American Psychological Association
Vice-Chair: Jessica Frank, AARP
Secretary: Patricia Day, League of Women Voters
Treasurer: Peter Walker, Society for the Psychological Study of Social Issues

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Judy Lear, Gray Panthers
Mary Mayer, International Federation on Ageing
Dianne Davis, International Council for Caring Communities
Vernie Ellis, Iota Phi Lambda Sorority

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International Day of Older Persons Committee, 2004

Co-Chair: Ruth A. Begun, National Women's Conference Center
Co-Chair: Vernie B. Ellis, Iota Phi Lambda Society

Members: Pat Brownell, International Network for Prevention of Elder Abuse
Rachel Caplan, Intern
Mary Covington, International Federation for Home Economics
Florence Denmark, American Psychological Association, International Council of Psychologists
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Helen Hamlin, International Federation on Ageing
Virginia Hazzard, AARP
Clara Kohn, Intern
Mary Mayer, International Federation on Ageing
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Elizabeth Nolasco, Instituto Qualvida
Kathleen "Ivy" Pierre, Volunteer
Judy Lear, Gray Panthers
Susanne Paul, Global Action on Ageing
Nancy Ross, United Health Network
Richard Velayo, International Council of Psychologists
Robert Wesner, International Council of Psychologists

LIST OF ORGANIZATIONAL AFFILIATIONS/NGO COA

All India Women's Conference	Society for the Psychological Study of Social Issues
American Association of Family & Consumer Services	South County Senior Services, Inc
AARP International Affairs	Soroptimist International
All India Women's Conference	Sundays at JASA
ALTRUSA International, Inc	USA/UNA
American Assoc. of Family & Consumer Services	U.S. Conference of Religions for Peace
Armenian International Women's Assoc., Inc.	United Health Network, Inc
American Psychological Association	United States Mission to the UN
Baha'i International Community	World Council of Conservative Synagogues
Catholic Charities/Diocese of Brooklyn	WFUNA
Catholic International Education Office	World Federation of Ukrainian Women's Organizations
Church Women United	World Union for Progressive Judaism
Cooperative Baptist Fellowship	World Union of Catholic Women's Organizations
Council of Senior Centers & Services	Zonta International
Delta Sigma Theta Sorority, Inc.	
Economists Allied for Arms Reduction	
FIAPA	
FAFICS/AFICS (NY)	
Global Action on Aging	
Global Education Association	
Gray Panthers	
IARF	
Inst. for Medical Humanities U. of Texas	
International Assoc. of Schools of Social Work/Case Western Reserve U.	
International Association of Gerontology	
International Council for Caring Communities	
International Council of Jewish Women	
International Council of Psychologists	
International Council on Social Welfare	
International Federation on Ageing	
International Federation for Home Economics	
International Federation of Social Workers	
International Immigrants Foundation	
International League for Human Rights	
International Longevity Center	
International Network for the Prevention of Elder Abuse	
Iota Phi Lambda Sorority, Inc.	
League of Women Voters	
Links International	
Loretto Community	
National Silver Haired Congress	
National Women's Conference	
New Humanity/Folkolare	
NY Citizen's Committee on Aging	
Northwestern U. School of Medicine	
NOVA/Southeastern University	
Penn. State U.	
Ravazzin Center/Fordham Grad. School of Social Welfare	
Rotary International	
School of Social Work/Columbia University	
Society for International Development	

Recognition of other organizations who attended IDOP 2004

Interest in the International Day of Older Persons (IDOP) has grown over the past years and broadened in terms of the diversity of the audience. In addition to the organizations to which the NGO Committee on Ageing belong, the following organizations were represented.

Organizations

A. Phillip Randolph Senior Center	JASA
ABSW Senior Citizens Center	Jewish Home Hospital Day Care Programme
African American Islamic Institute	John Paul II Senior Center
Aging in America Community Services	Lenox Hill Service Center
Alzheimer's Association, NYC Chapter	Literacy Volunteers
American Association of Family & Consumer Sciences	Long Island University
American Bar Association	Manhattan Borough President's Office
Aquinas Housing Corp.	Maria Lawton Senior Center
Armenian International Women's Association (AIWA)	Mental Health Association of Nassau
Armenian General Benevolent Union	Metropolitan Council on Jewish Poverty
BFFY Catholic Charities	MIFED-CONGO
Beth Abraham Adult Day Health Center	Monmouth University
Brooklyn Borough President's Office	Morningside House Nursing Home
Bronx Lebanon Hospital	Mt. Zion United Methodist Church
C.S.C.S.	Murray Hill SRO
Carnegie East House	Nassau University Medical Center
Catholic Charities Diocese of Brooklyn & Queens	National Caucus and Center on Black Aged
Chesapeake Publishing Corp. – Prime Times	Neo Education Social Awareness & Management Society
Church of St. Elizabeth	New York City Housing Authority
Columbia University	NY Citizens Committee on Aging
Community Food Resource Center	NY State Board of Regents
Congress of Senior Citizens	NYC Congress of Ageing
Corporation for National and Community Service	NYC Community Board #9, Manhattan
Cumberland Diagnostic and Treatment Center	NYC Department for the Aging
DC 37 Retirees Association	NYC Department of Health – EPIC Programme
Delta Sigma Theta Sorority, Inc.	NYU Medical Center
Economists Allied for Arms Reduction	Office of Congressman J. Nadler
Ernst & Young	Office of Institutional Advancement
Fordham University	Older Women's League
General Chauncey Hooper Towers	Pace University
HICA	PNC Bank
Harlem Consumer Education Council, Inc.	Presbyterian Homes, Inc.
Harris, Rothenberg International	Price Memorial AME Zion Church
Henry Street Settlement	Retired School Supervisors & Administrators of NYC
I.A.R.F.	Roots and Branches
International Association of Homes & Services for the Ageing (IAHS)	Rural Initiatives in Sustainability & Empowerment (RISE)
Iota Phi Lambda Sorority Inc.	SBPC/HHOPD
Isabella Geriatric Center	School Sisters of Notre Dame
Hudson Guild Senior Service Action Committee	Sea View Hospital Rehabilitation Center and Home
IAVE	Selfhelp Community Services Inc.
International Association of Women in Radio & TV	Senior Advisory Group – Municipal Building
International League for Human Rights	Seniors in Touch
Institute for the Puerto Rican/Hispanic Elderly	Seton Federation – Daughters of Charity
James Lenox House Association, Inc.	

Sisters of St. Dominic
Spanish Speaking Elderly Council – RAICES
Spiritual Eldering Institute
Spottsword AME Zion Church
Sociedad de Gerontologiy y Geriatria del Peru –
COMLAT (IAG)
St. Catherine Convent
Stanley Isaacs Senior Center
Teachers College
Terence Cardinal Cooke Health Care Center
The Links, Inc. – Eastern Area
The Links, Inc. – Long Island
Thessalonian Baptist Church, Men’s Ministry
Thessalonian Baptist Church, Women’s Abundant Life
Ministry
TIAA-CREF
United Health Network, Inc.
Universal Esperanto Association
University of Michigan
University of New England
US Administration on Aging
US Social Security Administration
Veterans Administration
Women and Environment Development Association
Women’s Association for Better Aging Society
(WABAS)
Women’s International for Peace
Woodhull Medical & Mental Health Center
World Vision of Catholic Women
Youthful Aging



NGO COMMITTEE ON AGEING

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The NGO Committee on Ageing works to raise awareness of the critical issues facing the global ageing population by encouraging United Nations bodies and agencies to include ageing in their planning and influencing member states to include ageing needs in social and economic policy considerations.

There are few people in life who make a truly sincere commitment to an organization. They volunteer without being asked. They lead when leadership is asked for and they provide their ideas to help meet the group objective without requiring the reward of recognition. Virginia Hazzard is one of these rare individuals and we of the International Day of Older Persons would like you to say, "Thank you, Virginia."

Vernie Ellis, Co-chairperson, IDOP
Ruth Begun, Co-chairperson, IDOP
Florence Denmark, Chair, NY NGO Committee on Ageing

Front cover designed by Fidel Keymolen