

Summary report on the

**Intercountry workshop on ageing and
health in the Eastern Mediterranean
Region**

Cairo, Egypt
20–22 September 2011



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1. Introduction

The WHO Regional Office for the Eastern Mediterranean held an intercountry workshop on ageing and health in Cairo, Egypt, from 20 to 22 September 2011. The workshop was attended by 36 participants including country representatives from Bahrain, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Qatar, Syrian Arab Republic, Tunisia and the United Arab Emirates, WHO Temporary Advisers, observers and WHO staff from headquarters and the Regional Office. The objectives of the meeting were to:

- Review the implementation of the activities suggested in the plan of action of the regional strategy for active, healthy ageing and old age care (2006–2015);
- Draw a road map for enhancing the implementation of age-friendly initiatives, including the capacity-building component and other various related aspects;
- Identify best approaches, mechanisms and tools for strengthening the advocacy, networking and sharing of information on active, healthy ageing and old age care at regional and national level; and
- Suggest doable activities for utilizing the theme of World Health Day 2012 “ageing and health” to create sustainable momentum for active, healthy ageing and old age in the countries of the Region.

In his message to the workshop, Dr Hussain A. Gezairy, WHO Regional Director for the Eastern Mediterranean, stressed the importance of the workshop as an excellent opportunity to review the implementation of the activities suggested in the plan of action of the regional strategy for active, healthy ageing and old age care (2006–2015). This review would also help draw up a strategic plan for enhancing the implementation of age-friendly initiatives, including

the capacity-building component, establishing health information systems on older persons and other related aspects. Finally, as the theme of World Health Day 2012 would be ageing and health, the workshop would be a timely venue to prepare a plan of action for innovative activities to create sustainable momentum for active, healthy ageing and old age care.

In the plenary sessions, technical papers were presented to highlight the global, regional and country situation of ageing and health, as well as theme-specific presentations on ageing and noncommunicable diseases. The group sessions addressed several important issues such as: age-friendly cities, age-friendly primary health care, burden of noncommunicable diseases among older persons, health information systems for ageing and health and regional comprehensive tools, and mapping and enhancing resources for active and healthy ageing utilizing the World Health Day 2012 theme.

2. Summary of discussions

The WHO Eastern Mediterranean Region is one of the first regions to develop an updated regional strategy for active, healthy ageing and old care 2006–2015. The majority of countries have developed national strategies and/or national plans of actions, based on the regional one. Four countries of the Region (Jordan, Lebanon, Pakistan and the Syrian Arab Republic) adopted the age-friendly cities initiative and the initiative is being institutionalized in Amman (Jordan) along with Hamah and Deir Attiya (Syrian Arab Republic).

The planned activities for countries in the regional framework were evaluated based on a regional survey on active and healthy ageing

and old age care in 2008–2009. The response rate of this survey was 73%, with the findings as follows.

- Special departments/units for health of elderly exist in the majority of countries either with full time dedicated staff or with part-time dedicated staff at Ministry of Health and Ministry of Social Affairs.
- Half of responding countries (8/16) had successfully developed or updated their national strategy and plan of action on active, healthy ageing and old age care.
- Funds were allocated to the implementation of national strategy in 8 (50%) countries.
- The main areas covered in the national strategies were as follows.
 - Strengthening primary health care as the cornerstone for active ageing – 10/16 (62.5%)
 - Development of human resources for providing quality health care – 10/16 (62.5%)
 - Raising the awareness of the population to active ageing – 10/16 (62.5%)
 - Strengthening national policy for active, healthy ageing and old age care 9/16 (56.3%)
 - Creation of national data base for evidence-based care for elderly (research, studies and surveys) 9/16 (56.3%)
 - Encouraging and ensuring strong participation of the older persons in society – 7/16 (43.7%)
 - Creation and maintenance of multidisciplinary networks to facilitate care of the elderly – 6/16 (37.5%)
 - Establishment of physical environment appropriate for older persons, etc.

- Six of the responding countries (37.5%) have conducted national surveys by collecting data on older person and creating evidence-based database.

Some countries of the Region could also successfully organize awareness campaigns and provide training opportunities to enhance the knowledge and skills and build national capacities in the care of the elderly. National consultations on strengthening primary health care services for older persons were also organized. Five countries organized national conferences of associations of older persons. National networks among agencies, organizations, academic institutions and individuals interested in health of elderly were established in 4 countries while national conferences of the associations of geriatricians and gerontologists were organized in 3 countries.

Some obstacles and challenges, encountered during the implementation of national strategies/frameworks were identified as follows.

- Insufficient financial resources – 12/16 (75%)
- Insufficient technical capacity/scarcity of human resources – 12/16 (75%)
- Insufficient infrastructure (services) – 11/16 (68%)
- Insufficient involvement of nongovernmental organizations – 9/16 (56%)
- Insufficient level of cooperation between the Ministries responsible for health and social affairs – 7/16 (43%)
- Insufficient information – 7/16 (43%)
- Insufficient involvement of organizations of older persons/retirees – 7/16 (43%)
- Insufficient political will – 5/16 (31%)

- Implementation and institutionalization of active and healthy ageing concepts and initiatives requires many capacities and processes with collaboration of all relevant ministries, international agencies, nongovernmental organizations, etc.
- The mentioned lesson learnt at the workshop, described critical role of professional development, training, technical assistance, and organizing forums for ongoing sharing of information and coaching.
- Research institutions, universities, medical colleges, surveillance units and health information systems should be involved in developing an evidence-based data on older persons.
- There is a need to use the suggested indicators in the regional comprehensive tool for tracking and monitoring to get clear picture on the national capacities in place, number of primary health care centres meeting criteria of age-friendly primary health care, older persons demographic, socioeconomic and health status, and changes in the surrounding environments aiming at developing age friendly cities and in turn age friendly countries.

3. Recommendations

To Member States

1. Depending on availability of national strategy and/or plan of action on active, healthy ageing and old age care:
 - Conduct activities to evaluate the implementation of the national strategy, including the development of sustainable monitoring and evaluation mechanisms.
 - Develop national plans of action on active and health ageing (time-frame 6–12 months).

2. Promote age-friendly cities.
 - Advocate for having age-friendly city as a pilot.
 - Ensure that age-friendly cities follow WHO age-friendly city guidelines.
 - Join the regional and global age-friendly city network.
 - Document, monitor and evaluate efforts to adapt/rehabilitate cities as age-friendly (time-frame: 6–12 months).
3. Promote age-friendly primary health care.
 - Select 1–2 primary health care centres for piloting as models for implementation of age-friendly primary health care and participation in the regional age-friendly primary health care network.
 - Continue innovative efforts, e.g. home visit programmes, dental care at primary health care, older persons check-up and share success stories.
 - Adapt training guidelines and manuals for use at primary health care level and build the capacity of primary health care workers.
4. Strengthen national health information systems in support of healthy ageing.
 - Ensure that data in various sectors are disaggregated by age, including the age group of 60⁺ years.
 - Implement the WHO comprehensive tool on active and healthy ageing (time-frame: 2–4 months).
5. Advocate for the rights of older persons.
 - Advocate with policy- and decision-makers for access of older persons in emergencies.
 - Develop a mechanism for advocating for the rights of older persons including legislation and advocacy materials (time-frame: 6 months–2 years).

6. Facilitate coordination with the Ministry of Higher Education on the inclusion of geriatrics in the curricula for doctors and nursing staff and send doctors to get specialization in geriatric medicine.

To WHO

7. Establish a regional network for age-friendly primary health care centres and provide the necessary technical support.
8. Establish a regional network of age-friendly cities and provide the necessary technical support.
9. Initiate the process of standardizing definitions and terminology on active and healthy ageing in Arabic and other national languages of the Region.
10. Build, sustain and update a database on older persons at regional and national level.
11. Support Member States in designing a framework for utilizing the World Health Day 2012 campaign as an excellent regional advocacy opportunity.
12. Develop/adapt, pilot and disseminate training manuals and guidelines on age friendly cities, age-friendly primary health care and appropriate information system for ageing and health.
13. Initiate a regional training course for trainers in providing health care for older persons in primary health care.
14. Advocate for rights of older population, including during emergencies, and develop tools and guidelines for adoption of age-friendly laws and legislation.
15. Formulate a regional coordinating body on ageing and health.
16. Ensure comprehensive care and support for elderly people with noncommunicable diseases in national health plans, and implement programmes with clear budgets for early detection and management of noncommunicable diseases throughout the life course with concentration on older populations.