



IAG Newsletter

Volume 17, No. 3 July 2003



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Message from the President

Expanding our International Profile

By GLORIA M. GUTMAN



Dr. James Goodwin (L), Research Director for Help the Aged UK, President Gutman, and Nana Apt, President of the African Gerontological Society, meet with fellow gerontologists at The Research Agenda meeting in Cape Town, South Africa. (story page 9)

Accomplishments Since Valencia

It is now a year since the IAG Council meeting in Valencia. During the year, the Association has undertaken a number of important activities including: auspicing the Valencia Forum, 1-4 April, 2002; participating in the Madrid NGO Forum, 5-9 April, 2002; and participating in the 2nd World Assembly on Ageing 6-11 April, 2002 at which the UN-IAG *Research Agenda on Ageing for the 21st Century* (RAA-21) was

presented and tabled. I am pleased to report that at its current session, the UN General Assembly welcomed adoption of the RAA-21 by the Valencia Forum.

Other UN Activities

In May 2002, I traveled to Frankfurt to participate in an NGO preparatory meeting for the UNECE Ministerial Conference that was to take place in Berlin in September. During the Frankfurt meeting, IAG was invited to make a presentation at the Ministerial Conference, on behalf of the NGO community, on education and training of primary care workers about ageing (see last Newsletter for a copy of that presentation). IAG also convened an NGO Information Exchange session while at the ECE Conference.

Over the past year we have expanded our involvement in CONGO – the Conference of NGOs in Consultative Relationship with the UN. Recognizing that it has offices in Geneva, Vienna and New York, I thought it was important that IAG be represented in each. The Swiss Society of Gerontology was therefore asked to nominate an individual to represent us on CONGO's Committee on Ageing in Geneva. They named Dr. Astrid Stuckleberger. A similar request to the Austrian Society of Geriatrics resulted in Prof. Dr. Wolfgang Popp's appointment as our representative in Vienna. The Gerontological Society of America has been asked to nominate a representative from New



PRESIDENT'S MESSAGE

York City. Sincere thanks to Dr. Rosa Perla Resnick, PhD, DSW, who is our interim New York representative. Rosa kept the Executive Committee informed about Committee on Ageing activities through quarterly written reports. She also convened a very successful "Dialogue Between Generations: An Interactive, Cross-cultural Experience with Older and Younger Persons" at the United Nations in New York on June 5, 2003.

RAA-21 Regional Consultations

On page 9 of this Newsletter you will find a report of the first of a series of regional consultations that are taking place with respect to the RAA-21. Help the Aged UK provided financial support for the first which was held in March in Cape Town, South Africa in conjunction with GeriatricAfrica, the first IAG Regional Congress of Gerontology to be convened on that continent. The second consultation took place in Barcelona July 4-7, immediately following the Vth European Congress of Gerontology; sponsors were IAG and Help the Aged UK. A third consultation, supported by the UNFPA will take place in Santiago, Chile in September in conjunction with the 4th COMLAT Congress. Plans are to follow it with a consultation in Tokyo before or after the 7th Asia-Oceania Congress in November.

Cooperation with WHO

Secretary-General Dr. John Gray participated in a WHO consultation with consumer and health professional organizations on the topic of diet, activity and prevention of chronic disease which took place in Geneva in April 2002. I am the IAG representative working with the Focal Point in Geneva, on the development of age-friendly standards for primary health care. This past year I conducted 12 focus groups in Canada as part of a seven-country initiative on the topic.

Work with Other Organizations

In March I attended a board meeting in Salzburg of the European Institute of Medicine which had requested IAG input on a document being prepared for presentation to the European Parliament outlining a strategic vision for European health care over the next decade. Miguel Acanfora, IAG Executive Committee Special Liaison to Latin America, has been working since October 2002 on

follow up to Madrid 2002 representing IAG on the organizing committee for a meeting held June 18-20 in Santiago, Chile, of CELAD, CEPAL, HelpAge International, PAHO and other NGOs.

Internal Activities

Over the past year, I have made a concerted effort to meet with members of our national societies. For example, when my university sent me to Singapore in July 2002, I contacted the Singapore Gerontological Society which graciously hosted a dinner at which I had the opportunity to chat with the President and a number of members. When I was invited to speak at the 1st Hainan Conference on Ageing and Physical Activity in November, I contacted the Chinese Gerontological Society and met with members (and students) in Beijing, Xian and Shanghai. When I represented IAG at the opening of the Ecologic Forum's Congress on Environment and Aging in St. Petersburg in June I spoke extensively with the President of the Gerontological Society of the Russian Academy of Sciences, Dr. Anisimov and the chair of the Congress Organizing Committee, Dr. Khavinson. Other societies whose members I met this past year included the Austrian Society of Geriatrics and Gerontology and the Gerontology and Geriatrics Society of Uruguay. In each of these countries, the hosts spoke about research, education and practice and showed me (and in Uruguay, John Gray as well) examples of innovative facilities and services they provide for seniors. As a result of what I saw and heard, the Secretariat has expanded the IAG website and the Newsletter to include a "Best Practices" section (see page 7) and an innovative programming section (page 8). Member organizations are cordially invited to contribute to these new features.

Education Initiative

In Valencia, we reported on a survey the Secretariat had conducted that revealed that only seven member organizations had student sections. It was agreed at the Council meeting that we would establish a Council of Gerontology Student Organizations that would include representatives from the existing seven student sections as well as the gerontology interest group of the International Federation of Medical Students Associations



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(IFMSA). To foster student involvement, the Secretariat has established a page on the IAG website that provides contact information for these groups and describes their activities. One result of these efforts is that the Secretariat has received a number of requests from students from around the world asking for information about educational opportunities, names of potential mentors, and for assistance with thesis research. Other results include assisting IFMSA to secure space and time on the program at the Vth European Congress of Gerontology for a workshop, similar to one held in Cape Town, that would bring medical students together to discuss findings from a survey of medical schools offering training in geriatrics. The follow-up to this IFMSA-WHO project is a new initiative, that IAG has been invited to participate in, that will explore medical students' attitudes towards older persons and towards geriatrics as a specialty.

Towards the Future

The next stage in the education initiative is to actively foster and facilitate establishment of student sections in more of our member organizations. A proposal was brought to the Council meeting in Barcelona to make up to \$10,000 USD available per Region for this purpose. The Secretariat was directed to draft terms of reference that will assist national organizations in developing proposals for these funds as well as a process and criteria for adjudicating applications.

Other future endeavors include a meeting of the IAG Council of Gerontology Student Organizations. Such a meeting was precluded to date due to the dearth of student sections within our member organizations.

By-law and Manual of Operating Procedures Review

The sign of a healthy organization is that over time it grows and changes. Over the next year, an extensive review of the IAG By-laws as well as the Manual of Operating Procedures will take place to ensure that they meet our needs with respect to structure as well as operations. In particular, the role of the host organization for World Congresses will be clarified and codified, and the leadership structure and election procedure will be exam-

ined. A proposal from COMLAT to allow more than one organization per country to be a member of IAG was tabled in Barcelona due to insufficient time to debate its merits. It will be a major discussion item at the next Council meeting which will take place in 2004, date and location to be announced later.

18th World Congress

Every four years IAG holds a World Congress. The next one will be in Rio de Janeiro, Brazil, in June 2005. Planning for this event will be intensive in the next six months when the task will be to identify the keynote speakers and the topics and conveners of invited symposia. I urge you to give all possible cooperation to the Organizing Committee, the names of which are shown on page 8.

CAG Donation

I am very pleased to report that in view of the large surplus from the 17th World Congress, the Canadian Association on Gerontology has contributed \$30,000US from its 75% of the surplus, to establish a permanent float (i.e. up-front loan) to future World Congresses.

Thanks to the Council

In closing this report, I want to thank the Council for its hard work in Barcelona. In my inaugural address in Vancouver, I said that one of my objectives was to make IAG more participatory and transparent. It was very gratifying to have 74 Council members from 49 member organizations represented in Barcelona. The degree of participation, wisdom and support expressed was very much appreciated.

I look forward to working even more closely with Council and with the new and continuing Regional leadership over the months to come. With population aging taking place worldwide at a pace never seen before, associations such as ours have an important role to play in setting the agenda and standards for research, education, and practice as well as in the area of advocacy on behalf of older persons.

www.sfu.ca/iag



OUR REGIONS

On the World Stage

GeriatricAfrica '03 in Cape Town – A First for the Continent

By MONICA FERREIRA

The international conference on “Geriatric Care in Africa – Now and the Future,” or GeriatricAfrica '03 was held in Cape Town, South Africa on March 6-8. The conference was co-auspiced by the IAG and AGES International (the African Gerontological Society), and co-hosted by the South African Geriatrics Society (SAGS) and the South African Gerontology Association (SAGA). In 2001, SAGS and SAGA jointly became the first African country member of the IAG. An aim of the conference was therefore to invite IAG members world-wide to participate in GeriatricAfrica '03, to celebrate South Africa's membership and to network with delegates from other African countries who might similarly prepare their associations to join the IAG.

Global agencies which participated formally in the conference were the UN's Programme on Ageing, the WHO and HelpAge International (HAI), specifically the Africa Regional Development Centre. The focus of the conference was on ageing and health in Africa. Given the poverty and scarcity in the continent, and therefore other priorities for the governments of African countries, an overall aim of the conference was to expand and improve the quality of geriatric care in the region.

Cameron Swift, Past President of the British Geriatrics Society and Professor of Health Care of the Elderly at King's College London gave the key address in the Opening

Plenary Session. He spoke about effective health care delivery to older populations in the 21st Century and its contribution to the populations' overall well-being. Other key addresses in this session were given by Alexandre Kalache (WHO Ageing and Life Course Unit) who outlined population ageing and its implications in developing countries with specific reference to African countries and Barry Gurland (Columbia University Stroud Center, USA) who examined the contribution of science and humanism to understanding quality of later life. Key thematic addresses in subsequent plenary sessions were given by IAG Past President Gary Andrews who presented the outcome of an Africa regional experts workshop, held in Cape Town over three days preceding the conference, to take the UN-IAG's Research Agenda on Ageing for the 21st Century (RAA-21) process forward (see a report on page 6 in this newsletter), and by Tori Velkoff (Aging Studies Branch of the US Census Bureau) and Paul Kowal (WHO), who jointly outlined demographic ageing and data needs in Africa. Alexandre Sidorenko (UN Focal Point on Ageing) outlined proposed implementation of the 2002 Madrid Plan on Ageing in African countries, while Tavengwa Nhongo (Regional Representative of HAI) proposed how the African Union Plan of Action on Ageing would be implemented.

The conference was attended by

221 delegates, 36 from overseas countries as far afield as Argentina, Australia, Canada, the Netherlands, Norway, Romania, Switzerland, the USA and the UK, and 12 from African countries north of South Africa (Ghana, Kenya, Malawi, Mali, Mozambique, Nigeria and Zambia). Researchers in African countries typically experience difficulty in obtaining financial support to participate in conferences abroad and only a few delegates from these countries were able to join us at GeriatricAfrica '03.

Topics addressed in scientific sessions ranged from the impact and implications of HIV/AIDS for older Africans and ethical issues in geriatric care in Africa, to physical activity, caring environments, long-term residential care issues, quality of later life, and the diagnosis and care of dementia, to elder abuse and nutritional vulnerability.

IAG associates other than those already mentioned who participated in the program included Miguel Acanfora from Argentina (his presentation addressed ambiguity in ageing and frailty, there being no single type of frailty) and IAG Secretary-General/Vice-President John Gray (he read a paper on hip protectors and hip fracture prevention – noting that the current costs of hip protectors are likely to be challenging in developing economies).

In the Closing Plenary Session AGES International President Nana Apt considered values for elder care



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in changing African society and concluded that family must continue to play a primary role in elder care as it has previously. IAG President Gloria Gutman outlined commonalities in ageing situations in Africa and the Canadian experience, and proposed partnerships between African agencies and the IAG as ways to strengthen Africa's focus on care, research and education on ageing.

A post-conference students' seminar entitled "Students for Healthy Ageing in Africa" was convened by local members of the International Federation of Medical Students' Associations (IFMSA, www.ifmsa.org) – specifically University of Cape Town final-year MB. ChB student Ntobeko Ntusi, as well as IFMSA's Emilie Martinoni who graduated recently in Switzerland. The seminar focused on the epidemiology of disease and challenges to its management in older Africans, as well as on the state of geriatric education and training in Africa and how it might be improved and expanded. Alex Kalache (WHO) led discussion on how generations might engage with each other in elder care in the continent.

Messages for Africa and Beyond

Strong messages emanated from the conference proceedings, which represent challenges and opportunities pertaining to current issues and contextual realities of geriatric care in the continent. Among pertinent messages were:

- Meeting the challenges of population ageing are not yet a priority in Africa, but given projected increases in the absolute numbers of older persons, African governments need to take urgent steps to meet the challenges, such as a growing demand for geriatric care in a context in which pre-transitional diseases and the scourge of HIV/AIDS are widespread.
- The HIV/AIDS epidemics are decimating populations, with losses mainly in the working-age population and grandparents having to assume new roles as carers to AIDS orphans. Not only should grandparents be supported in this role but plans should be set in place to care for the carers when they are very old.
- Migration trends are impacting on kin support systems and older persons are no longer able to count on family for support. Very few African countries offer social protection to older citizens and governments need to re-examine social security programs and to provide a basic income to vast numbers of indigent elders.

- Geriatric medicine and gerontology education and training are in their infancy in Africa and need to be strengthened and expanded. Given other priorities, the sub-disciplines are likely to be given short shrift for some while to come. Partnerships with academic institutions in developed countries could help to strengthen and expand teaching programmes.
- Numerous non-governmental organisations and self-help groups have made great gains in developing and implementing innovative "best practice" solutions in terms of relevant service programmes in the absence of formal services.
- African elders are particularly vulnerable to the effects of endogenous poverty, poor health and poor nutrition over the life course, as well as emerging and escalating violence and abuse. Research and intervention need to focus on problems in these areas.

In sum, the conference provided an outstanding global forum for African researchers to showcase their work, about which relatively little is known in other regions, and for overseas colleagues to learn about regional issues and to contribute to solutions in a heretofore dark but now emerging continent.

Third Pan-American Congress in Argentina

BY MIGUEL A. ACANFORA, SECRETARY AND HUGO A. SCHIFIS, PRESIDENT

The 3rd Pan-American Congress of Gerontology, organized by the Sociedad Argentina de Gerontología y Geriatria and under the auspices of the International Association of Gerontology (IAG) and its North American (NARC) and Latin American (COMLAT) Regional Committees, was held April 30-May 3, 2003 in Mar del Plata, Argentina. The Congress brought together 2,489 national and international delegates who were present at 5 Conferences, 4 Symposia, 11 Courses, 180 posters in permanent session during the four days of the Congress, 65 Round Tables on Gerontology, Geriatrics and Psychogeriatrics issues, 11 Workshops, 4 days of Technical-Scientific exhibition, two Sessions of the Intersocietary Forum on Gerontoneuropsychiatry, one Session of the Intersocietary Network for the Prevention and Study of Violence, and a one year follow-up of the 2nd World Assembly on Ageing. This data is only a quantitative reflection of a high level scientific Congress.



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Europe

5th European Congress of Gerontology in Barcelona, Spain

By JM RIBERA CASADO

The 5th European Congress of Gerontology took place July 2-5 in Barcelona, Spain hosted by the Spanish and Catalan Societies of Geriatrics and Gerontology which also contributed to the organizing of the congress. The Presidents of the congress were José Manuel Ribera Casado and Antonio Cervera Alemany.

The main topic was "Quality of Life for an Ageing Society". Over 2200 participants from 58 countries attended. The scientific program was structured around 84 symposia (invited and submitted) from clinical, social and behavioral, biological and interdisciplinary areas with almost 300 speakers from European and overseas countries. The opening plenary session, a highlight of the Congress, was entitled "Appraisal of Public Events in Developing Politics for the Elderly". It featured interventions by: Prof. Mario Passeri, Aurelio Fernández, Alexandre Kalache, Andreas Kruse and Desmond O'Neill. Also a highlight, the closing plenary session entitled "Quality of Life: Multidimensional Aspects and Implications" featured interventions by: Drs. Norton Sayeg, Antonio Cervera, José Augusto García Navarro, Gloria Gutman and Robert Stout. There also were seven excellent keynote lectures including the opening plenary lecture "Quality of Life for the Elderly: An Historical Overview" given by Prof. John Pathy from the University of Cardiff. The other lectures were:

Clinical

- Ageing and biological markers of atherosclerosis - Dr. Miquel Vilardell
- Diabetes Mellitus in ageing populations: Exciting changes for the future - Dr. Alain Sinclair

Social and Behavioral

- Diversity and change in Europe's older people: Policy, practice and research agenda - Prof. Anthony Warnes
- Intergenerational family transfers in ageing

societies - Prof. Martin Kohli

Biological

- The anti-ageing mechanism of caloric restriction and the pharmacological intensification of these effects - Prof. Ettore Bergamini
- GH, melatonin and estrogens in ageing - Prof. Jesús Tresguerres

A total of 1023 abstracts from more than 50 countries were received. After a careful peer review 766 were accepted: 245 were presented as oral papers and 521 as posters; 50% were clinical, 40% social and 10% biological.

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OUR REGIONS

Best Practices

Best Practices from around the World

A Unique Intergenerational Program, Christian-Doppler-Klinik, Salzburg, Austria

While in Salzburg for a meeting of the European Institute of Medicine, President Gloria Gutman met with members of the Austrian Gerontological Society Drs. Peter Erhart and Probal Ghosh. They discussed training opportunities in gerontology and geriatrics currently available in Austria and they toured the Landesklinik für Geriatrie, which features state-of-the-art rehabilitation facilities and programs. The highlight of the tour, however, was finding out about the *One Step Ageing Project*, an innovative program that brings about 700 public school children per year to the clinic where they interact with seniors and learn what it is like to be old through simulation of sensory losses, changes in balance, etc. A unique feature of this program are the graphics. A set of life size paperboard cartoon characters serve as key pedagogic agents. The children animate and interact with the characters while at the clinic; they take away workbooks and other print materials in which messages on different aspects of ageing are keyed to specific cartoon characters. For further information about the program contact its director, Dr. Christa Erhart (C.Erhart@lks.at) or visit the website at www.schrittinsalter.at

Ageing on Prime Time Television in Brazil

Since 2001, the popular city guide *Live and Love Rio* has contained a section targeted to seniors' interests thanks to Dr. Laura Machado of Candido Mendes University, in Rio de Janeiro, Brazil. Her efforts to bring seniors issues to public attention reached a new level this year when she was invited to work with the writers of *Women in Love*, a prime time soap opera that airs from 9 to 10 pm, from Monday to Saturday, for 8 months at Globo Television, the most important television channel in Brazil.

Manuel Carlos, age 70, is *Women in Love's* main writer. Aware of the increase in seniors in Rio and concerned about how some are (mis)treated, his story line includes an elderly couple (wife aged 87; husband 91) who, due to financial difficulties, live with their son, daughter-in-law and their two teenage children. Every night over 40 million Brazilians switch on their TV sets to see what is going on in this three generation household.

Being advisor to the writer on gerontology issues and on the creation of realistic scenes is a privilege as well as a challenge says Machado, but "... we are very fortunate. By using one of the most powerful channels of mass communication possible, we are able to inform a broad

range of society about things they otherwise would not know about – such as prejudice against older adults, elder abuse, questions relating to health and functional status, and to the rights of older persons."

Rosalie Wolf Memorial Fund Donor Acknowledgement

In Spring 2002, the International Network for Prevention of Elder Abuse and the IAG established an endowment fund in memory of the late Rosalie Wolf, interest from which will fund in perpetuity an activity that will advance research and/or training in elder abuse prevention. To date over \$3000 USD has been contributed by the following individuals and groups:

- AMAHA Seniors Resources
- Susan Aziz
- Gerry Bennett
- Lia Daichman
- Gloria Gutman
- IAG Secretariat
- Ted Johnson
- Jordon Kosberg
- Elizabeth Podnieks
- Winsor C Schmidt Jr.

... And some anonymous donors
If you would like to be a contributor, send a cheque or money order payable to the Rosalie Wolf Memorial Fund to: IAG Secretariat, #2800 – 515 W. Hastings St, Vancouver, Canada, V6B 5K3



OUR MEMBERS

Innovative Programming from Member Societies

Towards Improving Members' Research Skills

BY ADRIANO B. GORDILHO, PRESIDENT AND LUIZ R. RAMOS, SCIENTIFIC DIRECTOR, BRAZILIAN SOCIETY OF GERIATRICS AND GERONTOLOGY
The Brazilian Society of Geriatrics and Gerontology (BSGG) has, since its last national congress in 2002, launched a program of continuing education in research methodology for its members. This initiative of the Scientific Department of BSGG, came as an action towards improving the research skills of geriatricians and gerontologists in Brazil who, while doing high quality work as professionals, have difficulties presenting papers in scientific meetings. Past experience in reviewing abstracts for congresses showed that some studies submitted for poster and oral presentations, address relevant topics and have good ideas for investigation, but fail to use sound research methodology, and end up being turned down by the scientific committee. It is noteworthy, that a large proportion of those who attend BSGG meetings do not have a university appointment and therefore do not have extensive research experience.

The program includes pre-congress courses, at every regional or national meeting, with the following contents: structuring of a research project, basic methodological steps in gerontological research, and how to search the literature for the best evidence available. The participants are stimulated to bring their research questions to be discussed with the course tutors. Those who attend these basic courses become eligible for a one week course, at a more advanced level, given twice a year in a university centre, designed to provide more detail about study designs, sampling strategies, questionnaire validation, and data analysis. The participants are supposed to present, at the end of these courses, a feasible research project in their working environment.

BSGG believes that with such an initiative, it is helping to improve the scientific standards of Brazilian gerontological research, and to bridge the gap, research wise, between those who work in the gerontological field out of the university, and those who conduct postgraduate research in the university.

Gerontological Habitat Research and Consulting Centre Established in Buenos Aires

The Central Society of Architects in Buenos Aires, Argentina has recently opened the Centro de Investigaciones y Asesoramiento para el Habitat Gerontologico, CIAHG (Gerontological Habitat Research and Consulting Centre). CIAHG's goals are:

- 1 Information and Documentation: for this purpose a library specialized in gerontology has been established within the Centre.
- 2 Consulting: qualified individuals are available to answer questions about special living environments for older persons, transportation, urban equipment as well as services that will enhance quality of life.
- 3 Research and Training

The Directors of the new Centre are Debora Di Veroli, Arch. (deboradv@fibertel.com.ar) and Eduardo Schmunis, Arch. (eschmunis@yahoo.co.,ar). To help build the library, they invite contributions of publications and other relevant information. Send to their attention at: CIAHG, Sociedad Central de Arquitectos, Montevideo 938, C1019ABT, Buenos Aires, Argentina.

Organizing Committee for the XVIIIth World Congress in Rio de Janeiro, Brazil

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Director of the Geriatric Medical Centre
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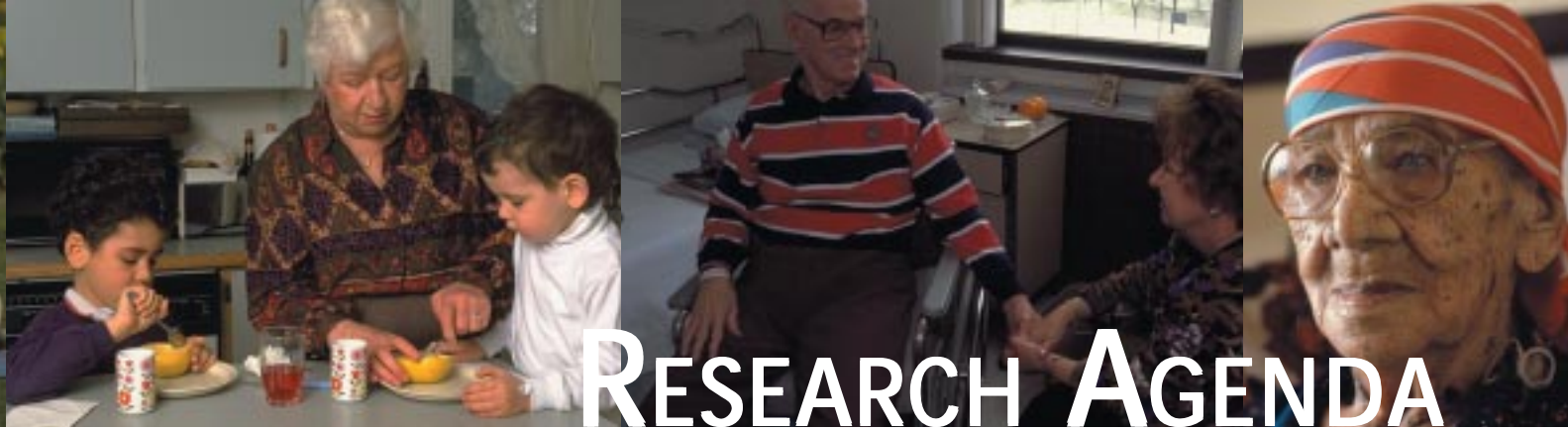
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RESEARCH AGENDA

On the World Stage

Research Agenda on Ageing for the 21st Century Priorities for Africa

BY GARY R. ANDREWS

The Research Agenda on Ageing for the 21st Century project is a joint undertaking of the United Nations Programme on Ageing and the International Association of Gerontology that began with an initial expert workshop meeting held in Vienna during the International Year of Older Persons in February 1999. After two subsequent expert meetings and wider consultation the Agenda was presented and endorsed during the Valencia Forum held prior to the Second World Assembly on Ageing in Spain in April 2002. It was then tabled and presented at the World Assembly and has subsequently been acknowledged in a number of international and regional forums as an important guide to support the implementation of the Madrid International Plan of Action on Ageing.

Opportunities are now being taken to explore the implications of the Research Agenda at the regional level and to examine priorities for research on ageing in the regional context. At the same time consultation and expert review is being undertaken to determine how the agenda and regional issues raised may be promoted for implementation to governments, international intergovernmental agencies and non-governmental organisations concerned with ageing, as well as academic institutions, the private sector and other community bodies across the globe.

The first expert regional meeting to review the Agenda and explore these issues was convened in Cape Town, South Africa in association with the African regional conference - GeriatrixAfrica '03 held in March 2003.

Co-convened by Alexandre (Sasha) Sidorenko representing the UN Programme on Ageing) and Gary Andrews, Immediate-Past President on behalf of the IAG, the meeting brought together a group of 17 experts and observers (eight from African countries and ten others drawn from the IAG, WHO, UNFPA and other entities around the world) and was co-chaired by Tavengwa Nhongo of HelpAge International, Africa and Gloria Gutman, President IAG. Rapporteurs appointed for the meeting were Rodreck Mupedziswa, South Africa and John Gray, Secretary-

General/Vice President IAG. The meeting was sponsored by Help the Aged (UK) represented at the meeting by James Goodwin from the UK.

Background papers were provided and presented to the meeting on key issues by Alexandre Sidorenko (International Action on Ageing in the 21st Century, Research Agenda); James Goodwin (Research on Ageing - A Developed World Perspective - Help the Aged Research Agenda); Tavengwa Nhongo (African Plan of Action on Ageing - Research Component); Monica Ferreira (Research on Ageing in Africa at present); Gaoussou Traore (Social Development and Ageing in Africa - the issues); Rodreck Mupedziswa (Changing Perspectives on the Extended Family in Africa); Nana Apt (Ageing in Africa, Challenges and Opportunities - an overview); Funmi Togonu-Bickersteth (Research Issues on Older African Women); Victoria Velkoff and Paul Kowal (Demography of Ageing and Data Collection in Africa).

The full report of the meeting is in preparation and will be published and distributed in due course.

The outcomes of the meeting were reported by Gary Andrews, the day following its conclusion, to the GeriatrixAfrica '03 conference. In this presentation the impressive depth and scope of the expert deliberations were acknowledged as was the extent to which it proved possible to identify the priorities for, and urgency of, research into key aspects of ageing in Africa even in the context of the many other pressing economic, social, health and humanitarian challenges facing the continent.

The meeting of experts set out a framework for priorities for research on ageing in Africa. While many specific needs for research action were discussed the meeting identified priority questions and need for research in four broader arenas as follows:

Poverty

- Poverty and its effects on older people
- Strategies for combating poverty in old age through preparation for retirement
- Extent of participation of older persons in national



RESEARCH AGENDA

- policy development and poverty reduction strategies
- Effectiveness of social protection systems for older persons
- Informal and formal social security systems
- Household level resource allocation patterns and effects on health and well-being of older persons
- How older persons are/are not included in government strategies to combat poverty

Family

- Changing structures and functions of the extended family and implications of these changes for intergenerational support and intergenerational solidarity
- Intergenerational support and exchange
- Role of older persons in providing family support
- Community support strategies: nature, effectiveness and potential for strengthening
- Migration – Patterns of late life in intra-country migration
- Impact of urbanization on families
- Forced migration (result of wars and conflict) – outcomes

Health

- Ageing and health - health status, disability and healthy ageing
- Mental health and ageing (e.g. dementia patterns and variation).
- Health care delivery to older persons: methods, funding, training and evaluation
- The need for information on health care systems coverage and responsiveness
- Long term care needs and provision
- Nutrition and health in older persons
- Role of traditional medicine

HIV/AIDS

- Identification and analyses of the extent of HIV/AIDS, the overall consequences for, and impact on older people in Sub Saharan Africa
- Impact of caregiving to adult children and grandchildren infected or affected by HIV/AIDS

OTHER ISSUES

- Situation of older women in Africa
- Ways in which older people contribute to development
- Economic effects of NOT doing ageing research in Africa

A number of METHODOLOGICAL CHALLENGES were enumerated including:

- Data – availability, gaps, access, and reliability, and

effective utilisation of existing data

- Strategies for strengthening focus on gerontology
- Training in gerontological research methodology
- Implementing 'listening strategies' in research involving older persons
- Improved access to information and library services
- Networking of researchers in Africa
- Partnerships – linkages between universities, NGOs, etc
- Training outside Africa
- Support for student projects

Other methodological issues needing attention were identified as:

- Need to improve quality and coverage of data emphasizing information on adult mortality and cause-of-death data across Africa;
- Case for design and implementation of longitudinal; multinational household surveys to enable researchers to examine both current health and social status and also transitions in ageing populations (similar to work that has been carried out in Asia);
- Involvement of older persons directly wherever appropriate in design and conduct of research on ageing.

Follow-up and Implementation

A significant challenge was seen by participants in taking the positive message and outcomes of the expert meeting further in Africa. Two immediate sets of action were seen as important:

- To document and promote the Research Agenda on Ageing for Africa.
- To engage in further broad consultation and dissemination including:
- Print and disseminate the agenda – web site, journals, newsletters, etc.
- Identify and target audience: governments, UN agencies, universities, NGOs, and private interests etc.
- Process the Agenda through bureaucratic authorities and channels and ensure effective follow-on and links with the Madrid International Plan of Action on Ageing and the OAU policy Framework and Plan of Action on Ageing.

The outcomes of the Cape Town expert meeting provided a useful framework for taking forward priority research on ageing in Africa. The exercise successfully melded the broad directions of the Research Agenda on Ageing for the 21st Century with the unique situation of the African continent – its cultural and traditional strengths and undoubted social and economic challenges.



BEST WISHES

IAG Heritage

Former President Dmitri F. Chebotarev Celebrates 95 Years



Scientist Emeritus, Director of the Institute of Gerontology, Kiev, Ukraine, 1961-1987, IAG President 1972-1975.

Prominent Ukrainian physician and gerontologist, Professor Dmitry F. Chebotarev, celebrates his 95th birthday and 70 years of scientific,

pedagogical and public activity this year.

Born 17 September 1908 in Kiev, he obtained his formal higher education from the Kiev Medical Institute in 1939. After completing postgraduate training in internal medicine, he studied at the Institute of Physiology, under A.A. Bogomolets, and completed his doctoral dissertation in 1953.

In 1953 Dr. Chebotarev joined the Ukraine Scientific Research Institute of Clinical Medicine, where he was appointed Professor of Medicine. In 1954 he moved to the Kiev Institute of Postgraduate Education for Physicians. In 1961 he was elected a Corresponding Member of the USSR Academy of Medical Sciences and since 1966, Academician.

The next and the lengthiest period of his activity in aging research and public health is linked with the Institute of Gerontology of the USSR Academy of Medical Sciences (since 1992, the Ukrainian AMS) where he was Head of the clinical department from 1958-1961 and, for 26 years, Director of the Institute of Gerontology. In that capacity he played a crucial role in establishing research programs that integrated biological, medical and socio-humanistic domains, and

also course content for medical and postgraduate study in gerontology and geriatrics.

In 1972 the Institute hosted the 9th International Association of Gerontology World Congress. From 1972-1975 D. F. Chebotarev served as President of the IAG. He is an Honored Scientist of Ukraine, and the recipient of many awards including the State Prize Laureate of Ukraine Award, the World Health Organisation Medal, the International Fritz Verzar Medal, and the federation Internationale Resistance (FIR) medal. He is a member of the German Leopoldina Academy of Natural Sciences and an Honorary member of the national gerontological societies of Bulgaria, Hungary, Poland, Italy, Brazil, Czechia, and Slovakia. He is the author of many scientific papers, book chapters and edited collections including 10 manuals and handbooks and 9 monographs. He was Editor-in-Chief of 28 books documenting the Institute's scientific work. Dr. Chebotarev is an Academician of the National Academy of Sciences and the Academy of Medical Sciences of Ukraine, and the Russian Academy of Medical Sciences.

Since retiring in 1987, he has been a Scientist Emeritus. His capabilities as a health and social care organiser, and his expertise in gerontology and geriatrics research and education and training continue to be held in high esteem. Younger scientists frequently seek Dr. Chebotarev's advice and he readily engages in consultations of all kinds. The range of his current activities is wide: he supervises investigations on aging changes, premature aging, treatment and rehabilitation of seniors and is writing his memoirs.

IAG wishes him continued good healthy and successful aging. He is truly an inspiration for gerontologists worldwide.

For more history about IAG and its Presidents:
www.sfu.ca/iag



Communications

Criteria for Cosponsorship and Auspicing Adopted in Barcelona

On July 3 in Barcelona, the IAG Council approved guidelines for the cosponsorship and auspicing of conferences and other events. While IAG has cosponsored and auspiced events in the past on an ad hoc basis, moves to make the Association more open and accountable as well as an increasing number of invitations to collaborate with other groups has made regulations governing these relationships both necessary and desirable.

Cosponsorship

- 1 An essential condition for IAG cosponsorship of a meeting, conference or other event is active participation in planning and organization of the event. This includes having an opportunity to comment on the proposed agenda/program, list of invited participants, speakers and/or persons invited to prepare background papers, and of participating in the planning and organization of the meeting.
- 2 The meeting should be of an international character (e.g. 30% or more of participants and speakers will be from other than the host country).
- 3 The subject(s) to be discussed and the objectives of the meeting should be of direct relevance to and in conformity with the objectives and policies of IAG.
- 4 Invitations for, participation in, and the potential results or outcomes of the meeting should be such as will further the scientific, educational and other interests of IAG, care being taken to avoid situations with political or commercial implications that could be detrimental to the Association.
- 5 Although acceptance of cosponsorship may require an officer of the Association or a designate or the IAG Secretariat to devote time, travel, or undertake certain tasks connected with the meeting, it should not imply any direct financial commitments such as interpretation, translation or publication of reports and proceedings.
- 6 Once IAG cosponsorship has been approved, the organizers of the event should be informed that the words "cosponsored by IAG" may appear in the heading of documents relating to the event and that the IAG logo may be included on their promo-

tional materials. Other benefits may include:

- Special designation on IAG's web calendar (black and white logo)
 - One free ad in IAG newsletter
 - One-time access to IAG mail lists.
- 7 In return for the above, it is expected that IAG will be fully acknowledged as a cosponsoring organization. Other benefits to be requested include one free IAG ad in final program/book of abstracts and one free IAG space in exhibit hall.
 - 8 The IAG reserves the right to view and comment on any report of the cosponsored event before it is circulated in either restricted or public form.

Auspicing

While the guidelines for cosponsorship generally apply, auspicing is understood to mean more than cosponsorship. In the case of an auspiced event, IAG is the lead organization. As such, the name of the Association is very prominently traded upon in recruiting speakers and participants, and in fund-raising. The public perception is that this is an IAG event. It trades on the reputation of the Association in a major way. Essential conditions for IAG auspicing of a meeting, conference or other event are:

- a Active participation in planning and organization of the event. This is taken to mean more than token representation on the organizing committee and any advisory committees associated with the event.
- b Approval of a budget with agreed upon reporting requirements and intervals. There also should be a contractual relationship with the convenor and host organization (if there is one) so as to protect the assets of the Association, limit the liability of its officers and staff and to ensure transparency.
- c The Association shall have a say and share in disposition of any profits.
- d The Association shall have the right to view and approve any report of the event before it is circulated in either restricted or public form.
- e The Association shall have a share in profits from the sale of any by-products of the event.