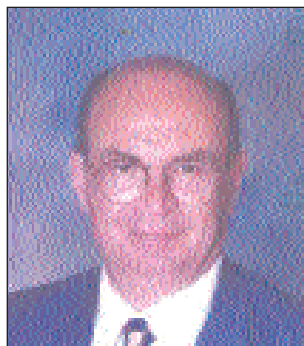


Tripoli: One of the first cities in the world seeking to become an “Age Friendly city”

Introduction

The world is ageing fast. In all countries, measures to help older people remain healthy and active are a necessity, not a luxury. Ageing is a privilege and a societal achievement. It is also a challenge, which will impact on all aspects of 21st century society. It is a challenge that cannot be addressed by the public or private sectors in isolation: it requires joint approaches



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and strategies.

To help cities make the most of an ever growing older population, WHO released the Global Age-friendly Cities Guide on the occasion of the International Day of Older Persons - 1 October 2007. Altogether 35 cities in 22 countries from all continents participated in the study, of which Tripoli, Lebanon was one of the first.

Tripoli, Lebanon

The research methodology followed carefully the Vancouver protocol¹ that had been prepared by the “Ageing and Life Course Program”, World Health Organization, for the “Age Friendly City Project”².

The development of the project was done in close collaboration with a well established (and much respected) non-governmental organization in Tripoli, the “Azm Wa Saada Association”. From the very inception of the project, discussions were held first with the Chairman of the Board of this NGO, HE Mr Najib Mikati³, who gave his consent and approval to undertake this project. A steering committee was then established from active members of this association. The project leader (Dr Nabil Kronfol) and

the members of the association worked very closely to develop step-by-step this research project.

The steering committee selected two localities in the city of Tripoli that had a reasonable proportion of seniors and that was well known to the “Azm Wa Saada” association. The first neighbourhood grouped families that could generally be considered well-to-do or at least who were comfortable in their financial situation. The second district was indeed the continuation of that former district and housed families that could be described as lower middle class.

The research was completed in January 2007. A total of eleven focus groups were conducted. The focus groups consisted of:

1. Seniors 60-74 years, Men and Women	Middle Class and Higher	Two Groups
2. Seniors 60-74 years, Men and Women	Low Middle Class	Two groups
3. Seniors > 75 years, Men and Women	Middle Class and Higher	Two Groups
4. Seniors > 75 years, Men and Women	Low Middle Class	Two Groups
5. Family caregivers		One Group
6. Service services		One Group
7. NGOs: Red Cross, Caring NGOs, as applicable		One Group

¹ It is called the Vancouver Protocol in recognition of the generous support of the Government of British Columbia in hosting the first meeting of project partners.

² Lebanon (Dr Nabil Kronfol) was one of the 8 members of the task force

³ HE Mr Najib Mikati is a former Prime Minister of Lebanon (2005), and is currently a deputy representing the electoral district of Tripoli and North Lebanon.

It was interesting to note that the issues that were raised by the participants were very similar irrespective of the age group and/or the socio-economic status of the Tripoli neighborhood that the participants lived in. All groups have identified practically the same difficulties and obstacles for an age friendly city. In addition, the recommendations were also similar across age groups and socio-economic status.

Results

All participants expressed without hesitation their happiness to live in Tripoli: this is the city of flowers, of friends and families, a city that continues to have the values of yesteryears, a welcoming city. Tripoli has a very healthy climate, well delineated seasons all through the year.

However, the participants were concerned that these advantages that Tripoli has may be lost over time as the city expands, as more cars get on the road, as the socioeconomic crisis last longer. The participants felt that there is a need for the Government and the Municipality to work more effectively to attend to the needs of the population, including seniors.

The Vancouver model (and hence the findings) is built on the following domains (axes):

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information and
8. Community support and health services.

I - Outdoor spaces and buildings

The sidewalks present several problems:

- o The Municipality has increased the height of the sidewalk step in order to prevent the parking of cars on the sidewalk. This presents problems to the older person both in climbing up the heightened step as well as in stepping down.
- o The sidewalk tiles are not in orderly shape. This may cause the older person to trip and fall.
- o The sidewalks are very dirty, and thus may become slippery in rainy days.

Street intersections and crosswalks

- o There is too much traffic in certain districts of town. This prevents the older person from crossing the street safely because of his/her slower pace.

- o There is too much noise: car blowing horns, loud music; ambulance and police sirens: this may confuse the older population and distracts from attention and causes anxiety when outside their homes.

Outdoor spaces and buildings

- o When it rains, the streets are flooded. It becomes very difficult to walk for fear of slippery conditions. Cars may also throw dirty waters when passing in speed.
- o There are not enough green spaces, gardens, whether for the elderly or even for all ages. Town planning had noted the need for public gardens, but politicians have managed to bypass the regulations to benefit from public lands.
- o There is a fear of getting to the streets because of security reasons. There has been a great deal of incidents of "purse snatching" especially from older women, by gangs on motorcycles. These incidents have not only led to theft but often to serious falls amongst the older victims, as well as to street phobias.
- o There are many inconveniences that are met when the old venture outside into the streets: Some apartments owners clean their carpets from their balcony; others throw their garbage into the public bins from their floor; Fire-crackers startle the old that have poorer reflexes than younger people; loud speakers from ambulatory vendors cause a great deal of inconvenience; open water sewers "regars" in the streets: a great risk for falls amongst the elderlies; Construction works also impede circulation. All these hazards make the streets less welcoming to all pedestrians especially the old.
- o The streets are often not lit because of power failures. This increases the phobias and the anxiety of the older population. In fact, many elderlies are afraid of leaving their homes for fear that when they wish to return, the elevators may not be functioning because of power failure and the absence of stand-by generators.
- o The streets have no shelters to protect from the rain or sun. In many streets (especially downtown) there are no benches for seniors to rest on while in the streets.
- o There are no toilet facilities in the streets - and in the few instances where these are available, they are often too dirty because of poor maintenance.
- o There are no trash bins in the streets; although the municipality had placed these bins, most have been either destroyed, or wrecked or stolen. In the absence of such bins, dirt gets thrown on the street and the sidewalks, causing people to slip over and fall. Garbage bins must remain closed at all times to prevent scavenger rats, cats and other "offensive animals".
- o The odor of narguileh (smoking hubble bubble) fills the air both within one's house and outside, especially during the month of Ramadan and in summer in side-street cafes.

Buildings

- o In public buildings, there are often no elevators; or if these exist, they usually are not operational. This causes a severe disadvantage for the older population.
- o There has been reports of theft in elevators especially of older women
- o Too often, the stairways have no side-barriers
- o Like the streets, toilets are not available in public buildings

Suggestions

- o It was suggested that the Municipality ought to pilot-test a street for the old and the handicapped, in order to demonstrate the “age friendliness” of Tripoli and to set an example for other streets and neighborhoods to adopt and adapt.
- o It was suggested that a “pedestrian” street be designated to facilitate safe movement and encourage moving out into the streets.
- o It was noted that the European Union is intent to support the installation of public toilets throughout the city in cooperation with the Municipality of Tripoli.
- o It was suggested that toilets be installed in mosques and churches;
- o Urban planning is needed for the city
- o Sidewalks to be redesigned to have a declining slope at the end of the street

II - Transportation,

- o Tripoli has no public bus system nor subway. The only small minibuses are for trips to outside towns and villages. In the city itself, public transportation consists of taxis and “service”. These are cabs that take up to four persons along a specified route. These cars are quite numerous and are available readily. These cars roam constantly the streets on the look out for passengers of all ages.
- o This “public transportation” is inexpensive and is affordable to all social classes. However, it is often not easy to get on board the cab because there is no specified parking places to get into the cab. Often, drivers blow the cars' horn because an older person takes time to step in.
- o Moreover the cabs are sometimes not that tidy and clean. People may even smoke in the cabs with impunity. Too many cabs in service causing congestion and bottle necks to take people in and out of the cabs.
- o Taxis are also available and can be called in to pick up a person from his/her home. However, these taxis are more expensive than the public cabs- yet they are not prohibitive. In fact, many prefer to pick up a cab or a taxi than drive in the streets because of traffic congestion and

the reckless driving patterns.

- o There are no waiting areas nor well delineated stops for people to ride a cab. There are very rare benches
- o Driving is very difficult in town. Even though many older persons own a car and can drive, they often prefer to ride on a tax or a cab rather than drive. There are just too many irregularities in driving. Drivers are often not considerate, drive unsafely and do not respect traffic rules.
- o There are traffic signs; however they may malfunction because of power failure or poor maintenance. However, not all streets have traffic signs.
- o Street directions are placed in many districts but not in all. The streets themselves are not numbered, nor is there a detailed city map. One needs to know the small streets and the destination before venturing on the roads and driving. The names of the street are often changed by the Municipality. This change confuses the old
- o There are very few parking slots and even less parking slots earmarked for the elders and the handicapped. Even when these exist, they are often overtaken by regular citizens looking for parking slots.
- o Drivers' licenses have to be renewed every five years after the age of sixty. However, this legislation is circumvented by loopholes and irregularities.

Suggestions

- o There is a need to enforce the legislation that all buildings ought to utilize the basement for car parking rather than stores.
- o Introduce pay meters for parking
- o It was suggested that public cabs and taxis to have a uniform color and codes, such as exist in many countries in the Region. This would facilitate the recognition of public transportation and perhaps provide these cars with some privileges.

III - Housing

Housing is available and comfortable. Tripoli is not considered an expensive city. There are however difficulties:

- o The power is often interrupted, in an unpredictable manner. This discourages the older population from leaving their homes, if the building has no alternate electric generator, particularly if one is living in the upper floors in a condo.
- o Some of the high-rise buildings have no elevators; these are usually old buildings that have low rents. The old with limited financial resources find a great difficulty to leave their houses because of this inconvenience.
- o Power failure increases the risk of moving around in the

house itself until the generator kicks off or until candles are lit.

- o The need to reinforce the security of politicians and other personalities at risk has created an additional burden on the old within their own buildings, in the forms of barriers, obstacles, etc.
- o Even when there is a generator, there are complaints about its noise, the smell of gazoil that emanates from the generator and the cost of fuel.
- o There are complaints about entering the building because cars may be parked at or near the entrance. There are complaints as well about by-passers leaving trash at the entrance of the buildings.
- o The stairs in buildings may not be even (different size, height and width) causing risks when going down the stairs. Steps within an apartment pose a risk to older people.
- o Stairs have no “anti-slippery” devices particularly if they are wet, hence the risk of falls.
- o There are complaints from neighbours drying clothes on the balconies or windows, causing water to drip on the lower floors and on the sidewalks and streets.
- o In view of the above complaints, some of the participants elected to live outside the city within a “compound”; others stated that this is an artificial ghetto without an identity or a character.
- o Participants noted that progressively “one's home in no more his; others share it with you” through their noise, by-passing the regulations, taking advantage of one's good nature, etc..
- o At home, it was mentioned that showers are better than bathtubs for the old, because of knee pain, arthritis and the difficulty in getting in and out of the bathtub.
- o Participants noted that their apartments and buildings are not well maintained because rents are low. The owners have become dissatisfied.

Suggestions

- o There is a need to revise the Legislation on Rent and for it to be fair to both owners and tenants.
- o It was suggested that seniors ought to benefit from tariff reductions on utilities (The handicapped in Lebanon have such a privilege at least on paper)

IV- Respect and social inclusion

Respect

- o There is a general belief that the social and religious values are still prevalent across all classes and groups: People do respect generally the older population. They show reverence to the old, offer assistance whenever and

wherever that may come about. Older people are often assisted to cross the streets, carry their shopping bags, getting into a car and any other activities. This is prevalent even if people do not know one another. It is part of the culture and education.

- o However, several remarks seem to point that this is being eroded by the “new culture”: some of the youth are not as respectful as their former peers were. They do not assist nor do they give their place in a waiting line, for example. It is believed that this remains a small minority however
- o Older people within their extended families are well cared for: their advice is sought after; their wishes are met even if this requires additional efforts. It is customary to even “kiss the hands” of the old in reverence. The old are also consulted to get their blessings whenever an important decision needs to be taken such as a family event (marriage, engagement..), or a decision to purchase a land, or a house, etc..
- o Children make it a point that they need to visit their older parents once a day if they are not living together, to insure that the needs of the parents (and Grandparents) are met to perfection.
- o Many older people attributed this reverence to Religion that equates Faith with the care of the parents!!

Suggestions

- o There is a need for a school-based civic education to respect the old and old age. The young need to know as to how to care for the old; by what means; how would the community look after them once they themselves become old.

Social inclusion

- o The needs of the elderlies are well taken care of in Tripoli. In fact, their needs are attended to before the needs of others. The municipality as well as civil society, pay special attention to the wishes and needs of the older population.
- o The old are also recognized for their achievement and efforts to Society: this takes the form of a decoration, a medal, a memento that carries their name and the recognition of Society to them. This is especially welcomed by the old, for it recognizes their contribution in front of their family and friends, especially children and grandchildren.
- o The seniors wish to leave behind something in Society that will carry their name and bear testimony to their contribution to the welfare of their society.
- o Many children do contribute important sums to charitable associations to fund programs and projects that will bear the name of their parents and grandparents,

- such as a lecture hall, a laboratory, a hospital bed, a scholarship fund, etc..
- o There are no regular and established inter-generational activities within Tripoli except for activities carried out by the charitable associations and civil society. The Municipality does not provide for such activities, although this may come about (so we were told).
 - o Clubs are being established to attend to the social needs of the seniors: these are places where they could meet, attend a public address, play cards, chat together, drink tea or take refreshments together. This is a closed space or a garden within a building. This is in addition to public gardens and walkways for the seniors.

Suggestions

- o Participants recommended library facilities for the old, perhaps with special selections of books (larger print), topics of interest to the old, and special facilities in the reading rooms.
- o It was recommended to have special tariffs for the seniors in society, especially for public facilities and functions.

V- Social participation

- o Social participation is currently being arranged by charitable associations, NGOs and Civil Society in general. This participation takes the form of public lectures on Health generally, General Knowledge, and other topics of interest. Some NGOs provide for public lunches on Sundays and Fridays for the community and their members.
- o Musical evenings were recommended as social events. There is however a need to find sponsors for such events.
- o However these activities are offered for a fee. This fee is not exorbitant, but it remains inaccessible to the less privileged older people. The NGOs are not for profit: however these activities do require funding.
- o The activities are offered at a convenient time and location usually at mid-morning or mid-afternoon in order to suit the preferences of both organizers and participants.
- o There has been of late a greater interest in lectures dealing with religious subjects and community affairs. There is a wave of “religiosity” across the world, Tripoli notwithstanding.
- o Irrespective of the topic being discussed, these public lectures draw participation because it is an outlet for the older population.
- o It was mentioned that many seniors take advantage of funerals and weddings to socialize and to feel that they are still members of their community.

- o There is a consensus however that there is a definite interest in the welfare of the older population, its needs for social interaction and ways and means to interact with others
- o The older population prefer and do better when they interact with their peers not merely with family members. It seems that mind ties can be as close if not closer than family ties.

Suggestions

- o One participant suggested that one of the Tripoli universities could establish a university for the older population, commonly known as “Universite du troisieme age”: this institution would focus on the intellectual needs of the old, prepare the community for the needs of the old, and undertake research on the issues facing seniors.
- o It was mentioned that educational events would prevent the “atrophy of disuse” of one’s intellectual powers. Similarly playing cards, reading, attending public lectures helps to prevent such atrophy of disuse. “Regular weekly or bi-weekly book clubs could be held to discuss a book. Such events could be organized by NGOs caring for the old.
- o There was a suggestion for an NGO to facilitate the establishment of a community kitchen for the older population: This would be an incentive for meetings over lunch and other events.
- o It was suggested that transport could be assured to encourage seniors to partake in social activities
- o A suggestion was made to introduce the program of “An old people sitter”. This proposal could be an innovative feature for Tripoli as an age friendly city. The “sitter” would sit with the elder, engage in conversation, read and discuss events with her. An association may be the promoter of such an activity.
- o Some of the participants recommended that movies, cinemas and theaters be promoted as social activities for the old.
- o One of the participants suggested that Commerce outlets could promote the concept of cloth designers for the old. (“Etre mannequin a 70 ans”).

VI- Communication and information

- o Information is usually obtained in Tripoli through several channels: In the first place, visits and telephones are used to relay messages about events and activities. Television and Radio are also widely used to disseminate information: The older population tends to have the TV on all the time to hear “chat talks”, messages, news, cooking lessons, interviews with community leaders (particularly in the mornings).

- o Television is also a source of information that is relayed again through visits and telephones.
- o Older men tend to read the newspapers far more than older women: older men spend time reading articles, commentaries, in addition to regular news items. Women tend to put less emphasis on print and newspapers.
- o There are not many channels of communications available in Tripoli for community activities, whether for the old or the young. This method is less frequently used in Tripoli as compared to the Western countries.
- o Even if such a service is provided, it is not the preferred method to obtain information.

VII- Civil participation and Employment

- o The older population is quite active in social affairs. Most of the associations of civil society have seniors on the Boards of Trustees (A governance function). This is because the older people have more free time to offer, in addition to their wisdom, contacts and know-how. This is also one way for the community to recognize its seniors. These positions (on the Board) are not paid, of course.
- o However many young seniors (i.e. those who have just retired, are in the age bracket 60-70 years) do start a new business; usually as consultants in their area of expertise. The seniors do get paid opportunities from their previous employers: the employer benefits from the retired old's experience whenever needed; The senior gets additional income to his pension, continues to feel "linked" to his colleagues; It works well for all.
- o It was noted that many retired army officials usually get to be on the Boards of autonomous public sector agencies. They are paid for attending sessions and for participation in scheduled activities.
- o Municipal council members are voted in by the community. Councils have usually a majority of seniors, In addition to the recognition of the community, and the respect it manifests to the old, the elderlies have more time to offer, are well informed about the needs of the community. Besides the old population goes to the polls far more than the young (proportionally of course).

Suggestions

- o It was suggested that NGOs could assist the old to begin a small business or to assist in marketing the products that the seniors may produce in their homes. This would assist the old's financial status as well as provide them with a purpose to "operationalize" their life and become less dependent

VIII- Community support and health services

- o Unfortunately this is an important aspect of the life of the older population that has been decried by all, well-to-do

and the less privileged across all age groups. All the participants complained about the high cost of medical care, as follows:

- o The price of the regular medications that are prescribed is too high; it represents about \$ 200 per month which is more than the minimum wage. Many seniors do take about 10-12 meds per day. This is a major complaint. It should be noted that the Ministry of Health provides medications for chronic diseases free at the MOH Primary health care centers. It was revealed that many participants did not even know of this program.
- o Other participants knew of this program and had tried the PHC centers: It was revealed that the meds are often in shortage; that they needed to have a refill every 21 days; that the physician was often not available at the PHC center; that the PHC was not welcoming patients; etc.
- o Hospitalization was also a financial burden: very few did carry a medical coverage either private, or covered through their children in the National Social Security Fund;
- o Some complained that they had registered in the optional medical coverage program of the NSSF that was initiated five years ago only to be bankrupt two years later. Hence they remain without coverage.
- o Pension was also lacking. Even though the seniors may have saved some money for their old age, this sum has quickly dried up because of the high cost of living and the fact that there is no new monies that get into these savings.
- o All participants complained about the difficult financial conditions, some more than others.
- o Those who did not feel the crunch were more dependent on remittances from their children, many of them working abroad.
- o Many respected families face financial difficulties in old age and find it very difficult to seek financial assistance from the charitable associations or from civil society. These families often live in poverty in old age.
- o Services ought to be provided as a citizen right not in a paternalistic manner
- o Participants agreed that it is always easier to live well in old age if one has the financial means. In poorer districts, there is more solidarity amongst the old.
- o The participants preferred not to stay in nursing homes because they felt that these were transit stations for their demise. Although some mentioned that these homes have improved many still preferred to stay in their own houses, even if alone or with a househelp.
- o In this connection, participants mentioned that old people need affection, not merely facilities. Nursing homes do not provide this much-needed affection: only their own families do.

- o Some of the participants were getting medical care at home through home care nursing: these are private nursing companies that provide care at home essentially for the disabled and the older population. There are currently two such agencies in the country providing services to the old.
- o Many participants were securing their medical needs, especially the medications, through the charitable organizations, that provided as well medical care on an ambulatory basis.
- o If the old becomes handicapped, it becomes difficult to take care of. There is a need for rehabilitation services both at home and in centers.
- o Elder abuse has to be brought to public attention. This can be manifested when close family members treat the old as a child, mock at his/her actions, or even threaten with withdrawing affection and care. The elderly mother brings the family together

Suggestions

- o Participants suggested that a monthly allowance be disbursed by Government for the old in lieu of a pension. This monthly allowance would decrease the dependence of the old on their families for support and would assist in financing the services of caregivers. This would save the cost of care in nursing homes.
- o Participants felt that small business ventures for the old need to be encouraged and perhaps seed monies be made available by associations such as the Rotary and the Lions clubs. Old age is a lovely period if one is not in need and is respected by the community and family.
- o Participants mentioned that in some western countries there are schemes by associations to provide a pension for the seniors as long as they live; the scheme calls for the old to transfer the ownership of their apartment to the association upon their demise.
- o Participants noted that depression is a major health problem for the old; for some, more than for others. It was recommended that hospitals and health centers could perhaps provide special services for the old to prevent as well as manage mental illnesses. (The use of the services of clinical psychologists was mentioned).
- o Participants suggested that the Ministry ought to provide assistive devices such as canes, hearing aids, walkers to the elderlies in much the same way that it provides medications for chronic illnesses.
- o There is a need for quality service for the old. The Ministry should encourage specialization in Geriatrics for physicians and nurses, as well as encourage physiotherapy. Home care needs to be supported and paid for by the NSSF and private insurance.
- o The Ministry ought to plan and implement a health promotion program for the elderlies, including vaccines

against influenza, mammography, screening for prostate cancer, etc..

- o Participants suggested that the premium for older persons be reduced for the old while increasing the premium on the younger strata: this would encourage the old to be covered by insurance and promote the essence of solidarity.
- o There is a need to introduce a culture of caring and respect for the older population in schools, families and communities. A culture of the old must be inculcated. "If I do not respect the old now, the young will not respect me later"
- o Elder abuse has to be brought to public attention.

Wrap up question

The participants invariably indicated their preference to remain in Tripoli and to live in their neighbourhood. In spite of all the misgivings, they all felt that this is a city friendly to the older population and in fact to all the population. Many prefer to be in Tripoli rather than in the capital Beirut.

Suggestions

- o The participants called for a greater cooperation between the public, the voluntary and the private sectors to address the needs of an age friendly city - because the Government has too many things on its plate. It is time for the community to step in and assist the Government and the Municipality.
- o There is a need for the old people to accept old age as an inevitable yet happy time in one's life. Old age needs to be seen as a blessing rather than a sad event predicting one's end.
- o There is a need to adapt to the reality that with old age, individuals are likely to feel more isolated and secluded especially so because most of the youth are looking for job opportunities outside the country and hence end up emigrating. The syndrome of PICA ("Parents in India, Children Abroad") is impacting seriously on the well being of the older parents left alone in Lebanon.
- o There is a need for all to prepare for old age:
 - This may require starting a new business after retirement, developing a network of friends to meet on a regular basis for social activities (playing cards, attending lectures, joining discussion groups..)
 - Introduce career guidance to assist the old before retirement
 - Establish a "Silver chain" for volunteer work in hospitals
 - Support Research on the conditions of the old
 - Support plans to assist the old to remain at work. Keep active in society not in ghettos alone
 - Encourage measures to partake with the old steps to enrich the culture and the heritage of the city

Discussion

1. The entire research per se has assisted to put the issues facing the older population on the agenda of service providers, non governmental associations, civic society leaders and politicians. The participation of some 80 participants many of which are important stakeholders or influential personalities did raise the level of awareness needed as well as brought to light the need for action to implement some if not all the recommendations. In other words, the community leaders in Tripoli are not only interested and ready to participate in the network of age-friendly cities, they are also awaiting eagerly the recommendations on how to proceed, how to move forward and perhaps how this effort could be assisted.
2. Some of the stakeholders mentioned that they saw through the interest manifested in the older population a “mechanism”, a “vehicle”, that could move forward and improve the living conditions of all the population in Tripoli or elsewhere principally because the older population can rally the entire strata of the community and the politicians. “The old can become the agents of change and development; their welfare can become a “cause celebre”.
3. Participants expressed the need to disseminate the information obtained through this qualitative research to the public, voluntary, private sectors as well as to politicians, deputies, the media and the Press. The change in culture ought to be championed as of now. The focus groups were undoubtedly useful in bringing up the issues
4. There is a need for a “champion” to lead these efforts;
5. Finally, as one participant puts it, “there is a macroeconomics of the old age”, namely that when the old are well-to-do, they find their city and their

community friendly and friendlier. Similarly when municipalities and communities are rich in resources, they can become friendly to all ages. The basic issue is Poverty. The basic solution is more resources. “Poverty is the principal curse - and as one of the former disciples of the Prophet once said: “Had Poverty been an individual, I would have killed him”.

Conclusion

The “Age-Friendly City project” explicitly adopts a locally-driven and “bottom-up” approach that starts with the lived experience of older persons regarding what is, and what is not, age-friendly, and what could be done to improve their community's age-friendliness. The knowledge and experience of public, voluntary and commercial service providers in the local community is then combined with the information from older persons to provide a more complete picture of the community's strong points and barriers in regard to age-friendliness.

WHO Geneva has entered into contacts with the Municipality of Tripoli (November 2009) and has announced the launch of the *WHO Global network of Age Friendly cities* as the central element of its program. The Network is based on a process of continually assessing and improving the age-friendliness of a city. The first stage of this process (2 years) comprises:

1. Establishment of mechanisms to involve older people
2. A baseline assessment of age-friendliness in the city
3. Development of a city-wide action plan
4. Identification of indicators to monitor progress

It is hoped that Tripoli as well as other cities in Lebanon would be interested to become “age friendly” to the older as well as to all its population.

NHS nurses must have degree under new rules

There are more than 400,000 nurses in the NHS, making up the largest part of the country's health workforce

Anyone who wishes to become a nurse will need to have a degree within four years, in one of the biggest shake-ups of medical education in the history of the NHS.

The Government will announce today that all new nurses will need to be educated to degree level in an attempt to improve the quality of patient care. The move, which will be enforced from 2013, is designed to raise the status of nursing and to end the stigma of the “doctor's handmaiden”.

Critics claim that the changes, to be outlined by Ann Keen, the Health Minister, will create an elitist profession and scare off recruits with the prospect of a long and expensive period of study. There are also concerns that some nurses would be “too clever to care” and refuse to carry out duties such as washing and feeding patients and helping them to the lavatory.

There are more than 400,000 nurses in the NHS, making up the largest part of the country's health workforce. The minimum level for NHS trainee nursing positions is a diploma - a two or three-year

nursing course.

Under the new rules, candidates will require a degree in nursing or equivalent international qualification. The courses, lasting up to four years, will meet standards developed by the Nursing and Midwifery Council (NMC), the professional regulator.

The NMC has carried out a review of pre-registration nurse education at the request of the four UK health departments. The move is supported by all the key nursing bodies.

Ms Keen, a former nurse, said: “By bringing in degree-level registration we can ensure new nurses have the best possible start to meet the challenges of tomorrow.” She said that they would have the decision-making skills needed to make high-level clinical judgments. “This is the right direction of travel if we are to fulfil our ambition to provide higher quality care for all.”

A Department of Health spokesman said that the costs of a nursing degree would be no greater than the current diploma.

Christine Beasley, the Chief Nursing Officer, said that nursing would become more attractive to hundreds of thousands of young people keen to go into tertiary education every year.

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