

Letter to the Editor

African Foundation for Research and Interdisciplinary Training in Ageing

In a forum article, "Linking priorities for training, research and policy on ageing in sub-Saharan Africa" (*SAJG*, 1997, 6(2): 41-42), Wilson and Adamchak identified a need to link research and training initiatives with policy structures in African countries, to evolve an holistic model of care for older people in the sub-continent.

I am now able to announce that the African Foundation for Research and Interdisciplinary Training in Ageing (AFRITA) is shortly to be established as a non-profit-making trust, based in Harare, Zimbabwe. The purpose of the foundation will be to promote, maintain and link training and research in ageing to policy development, within Africa, for the benefit of all older persons and communities. This will enable "in-context" capacity-building, as referred to in the forum.

The trustees of AFRITA are Mrs Rhoda Immerman, Mrs Beatrice Mtetwa, Mr Roderick Mupedziswa and Mr Fibion Murandu – all of Zimbabwe – and myself.

The overall aim and objective of the foundation is to develop capacity. Specific aims and objectives are:

- To develop an information base – by identifying and recording all activities and resources relating to intervention in ageing and promoting the dissemination and strengthening of information.
- To promote training in all professional disciplines – by identifying and recording existing training centres and African trainers, catalysing regional strategies for in-context training, establishing the means to encourage and enlist potential trainees, and promoting the integration of traditional and modern disciplines.
- To promote appropriate research – by identifying and recording existing research centres and researchers, promoting collaboration between regional centres, facilitating and promoting regional priorities for research strategy, identifying competent and reliable mechanisms for the translation of research results into training and policy, and initiating collaborative training and research programmes in appropriate settings.
- To influence policy development – by targeting specific countries for promotion of policy development (a rolling programme, promoting seamless translation of research outcomes into policy and training) within and between African countries, and liaising with prominent agencies such as WHO and AGES.
- To promote the health of older Africans – through information strengthening, professional linkage development, training and policy.

AFRITA will be guided in its activities by drawing on the advice of a distinguished panel of African and international experts in all areas of gerontology. The panel members include Professor Donald J. Adamchak, a sociologist at Kansas State University, USA; Professor Peter Crome, a geriatrician at Keele University, UK; Dr Monica Ferreira, a sociologist at the University of Cape Town; Professor Sir J. Grimley Evans, a geratologist at Oxford, UK; Mr Mark Gorman, Development Director at HelpAge International, UK; Mrs Rhoda Immerman of the Oak Zimbabwe Foundation, Harare; Mr Rodreck Mupedziswa, a social worker at the University of Zimbabwe; Dr Astrid Stuckelberger, Co-Convenor of the Geneva International Network on Ageing (GINA) in Switzerland; Dr Funmi Togonu-Bickersteth, a psychologist at Obafemi Awolowo University, Nigeria; and Dr Michael Whitelaw, a medical systems analyst in London, UK.

A rolling programme with five-year phases built in is proposed. The first five-year phase will be as follows: Year 1: Establish an international panel and targeted fund raising. Year 2: Set up an office and create important international linkages. Year 3: Locate, identify and enlist regional centres and trainers. Year 4: Further develop a co-ordinated and integrated research and training programme, and implement projects. Year 5: Continue as above and review the progress made.

The activities of AFRITA will be monitored by the trustees and evaluated according to the following parameters: Training – e.g. the number and calibre of training centres and trainees recruited. Research – the number, type, focus and relevance of collaborative and individual initiatives. Policy – statements of intent formulated and specific activities undertaken. Output – an annual review and audit to advisors and trustees.

It is hoped that through this initiative AFRITA will, in collaboration with like-minded agencies, serve to promote the generation of local expertise and the interests of older persons throughout Africa.

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Readers who wish to obtain more information on AFRITA are invited to contact Dr Wilson direct. Ed.