

THE JOURNAL



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John Beard, MBBS PhD, is Irene Diamond Professor and director of the International Longevity Center-USA at Columbia University, New York. He was previously director of Aging and Life Course with the World Health Organization (WHO) in Geneva, where he led a number of major global initiatives including as editor and writer for the WHO's world report on aging and health, which forms the basis for the UN Decade of Healthy Ageing.

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Bill Drayton is a social entrepreneur with a long record of founding organizations, bringing about big change, and service. As founder and CEO of Ashoka, Bill Drayton has pioneered the field of social entrepreneurship, growing a global association of over 4,000 leading social entrepreneurs who work together to create an 'Everyone a Changemaker' world. He launched Ashoka in 1981 and was soon after elected a MacArthur Fellow in 1984.

Dorothy Gwajima

Dorothy Gwajima was appointed as the Minister of Community Development, Gender, Women, and Special Groups in the Tanzanian government in 2020. Prior to this role, Dr. Gwajima held several key positions within the Ministry of Health and Social Welfare, including Assistant Director of Public and Private Health and Director of Curative Services. Before her political career, Dr. Gwajima established herself as a distinguished researcher in public health, specializing in health systems and primary health care in Tanzania.

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Sabine Henning is Section Chief at the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) where she leads work on population and development, aging, migration and youth, including research, capacity-building, and intergovernmental support. From 2000 to 2017 she served the UN Population Division in New York, including 3 years as Senior Population Affairs Officer and Chief of the Office of the Director.

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Jinkook Lee, a Research Professor of Economics, directs the Program on Global Aging at the University of Southern California. Her research focuses on the economics of aging, with interdisciplinary expertise. She has developed the Gateway to Global Aging Data, spearheading data harmonization across surveys from 40-plus countries and exposome data integration, including historical policies, climate, physical, and chemical environments.

Falak Madhani

Falak Madhani is a mental health implementation scientist at AKU BMI and is leading the establishment of BMI Living Labs for brain and mind research in Pakistan. Her research interests are in co-developing and co-testing with communities, contextually relevant health service delivery models for mental health care.

Facundo Manes

Facundo Manes is internationally recognized as one of the world's leading neurologists and neuroscientists. After conducting clinical and academic work in the United States and the United Kingdom, Dr. Manes returned to Argentina and founded the Institute of Cognitive Neurology (INECO) and the INECO Foundation, pioneering the development of modern cognitive neuroscience in Latin America.

Zul Merali

Zul Merali has created and led several organizations (including the University of Ottawa Institute of Mental Health Research, and the Canadian Depression Research and Intervention Network). He is a full professor of Medicine, Social Science and Neuroscience, with over 250 publications and multimillion-dollar extramural research grants. Presently, Dr. Merali is the Founding Director of Brain and Mind Institute at the Aga Khan University, with hubs in Kenya (serving East Africa) and in Pakistan (serving South and Central Asia), dedicated to the development of innovative Brain and Mental health research-informed solutions, tailored for low- and middle-income countries.

Alan Murray

Alan Murray is the founding president of The WSJ Leadership Institute, which was established to provide peer learning opportunities for corporate executives. The Institute includes The Wall Street Journal CEO Council, as well as the CFO, CMO and CIO Networks. Previously, Alan spent 10 years at Fortune Media, where he served as editor in chief and then CEO. He was responsible for establishing Fortune as an independent company and is credited with turning around the media brand.

Mamta Murthi

Mamta is Vice President for the People Vice Presidency at the World Bank, a role she assumed on July 1, 2020. In this role she oversees the Global Practices for Education; Health, Nutrition, and Population; Gender; Social Protection and Jobs — as well as the Human Capital Project.

Hussein Ali Mwinyi

H.E. Dr. Hussein Ali Mwinyi was elected the 8th president of Zanzibar in 2020. Previously, Dr. Mwinyi was a member of parliament, served as the Minister of Health and Social Welfare, and most recently as the Minister of Defense and National Services (2014-2020). Mwinyi received his M.D. from the University of Marmara in Istanbul, and a master's degree from Hammersmith Hospital London. Prior to entering politics, he has worked and taught in multiple hospitals in the UK and Tanzania.

Rohini Nilekani

Rohini Nilekani is an author and philanthropist, a member of the Giving Pledge, and currently, the Chairperson of Rohini Nilekani Philanthropies as well as Co-founder & Director of EkStep, a nonprofit education platform. She founded Arghyam, a foundation for sustainable water & sanitation, and co-founded Pratham Books, a nonprofit children's book publisher.

Alfred K. Njamnshi

Dr. Alfred Njamnshi established Brain Research Africa Initiative (BRAIN) with the vision, mission and passion of promoting neuroscience and brain health research and development in Africa, building on his vast leadership experience from national, regional and global neuroscience and neurology organizations including the World Federation of Neurology where he served as Regional Director for Africa.

Katie Ogwang

Katie Ogwang is a Senior Community-Based Protection Officer with UNHCR's Regional Bureau for East and Horn of Africa and the Great Lakes (EHAGL), based in Nairobi. With over 17 years of experience at UNHCR, Katie has worked in various countries, including Uganda, Kenya, Ethiopia, Rwanda, Lebanon, Iraq, Hungary, Pakistan, and, most recently, Somalia. She is deeply committed to the protection of refugee women, children, and the elderly. In her current role, she provides technical support, guidance, and oversight for community-based protection programmes in eleven country operations across the region, focusing on forcibly displaced persons.

Carole Osero-Ageng'o

Carole Osero-Ageng'o is a multilingual human rights lawyer and gender expert with an impressive history of impactful high-level advocacy in national, regional, and global spaces. She is the Global Initiatives Lead & Africa Regional Representative at HelpAge International and the Co-Chair of the 2024 UN Civil Society Conference in Support of the Summit of the Future. In her dual role at HelpAge International, Carole leads policy advocacy in strategic global and regional spaces for greater impact for older people in line with the HelpAge vision to for the rights, well-being and dignity of older people.

Praveen G. Pai

Dr. Praveen Pai is a geriatrician, gerontologist, and public health specialist. He collaborates with the Government of Kerala and NGOs on public health and geriatric care. Currently the Focal Point for WHO's Age-Friendly Cities Network in Kochi, he also serves as director of Center of Excellence for Developing Age-Friendly Communities, State Convener for Indian Medical Association's Elder Care Committee and Secretary of the Geriatric Society of India, Kerala State.

Maria Clara Pinheiro

Maria Clara Pinheiro co-leads Ashoka's global New Longevity collaboration, which seeks to create a new framework for lifelong contribution — harnessing the changemaking potential of people of all ages to drive positive societal change. Over the past two decades, Maria Clara has held leadership positions in Brazil, India, and the United States, where she has supported social innovators, built entrepreneurial teams, and led global programs and partnerships for Ashoka.

Napaphat Satchanawakul

Napaphat Satchanawakul is a Social Affairs Officer at the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). His work focuses on population aging, intergenerational relations, and digital inclusion of older persons, as well as capacity-building with member States. He has contributed to research on aging and health systems.

Marisa Sheldon

Marisa Sheldon, MSW, LISW-S, Director of the Age-Friendly Innovation Center and Age-Friendly Columbus and Franklin County is dedicated to ensuring the voice of older residents' grounds change towards more livable communities. This work allows her to engage her passion for working with older adults, students, and community organizations.

Vanessa Steinmayer

Vanessa Steinmayer is a Population Affairs Officer at the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). Her work focuses on population aging, including analytical research on aging, supporting periodic reviews of the Madrid International Plan of Action on Ageing (MIPAA) and capacity-building with member States, as well as work on population and development and international migration.

Mary Lou Valdez

Mary Lou Valdez, Deputy Director of PAHO since February 2020, holds the organization's second-highest position. She oversees relations with Canada, the U.S., and Puerto Rico, manages key departments, and serves as Secretary to the Governing Bodies. She has also held significant roles in various U.S. health agencies.

The Format

The Journal contains three main sections: Departments, Contributors, and Feature.

Departments provides exclusive articles, insights and interviews from AARP and the International team. The Contributors section contains thoughtful pieces from a wide range of experts, policy-makers, and AARP’s own in-house thought leaders. The Feature explores in depth the aging reality of one country or region, told through a multitude of stories and visual narratives.



AARP is a nonprofit, nonpartisan organization in the United States that empowers people to choose how they live as they age. Internationally, AARP engages global stakeholders to change how we look at aging and enable people everywhere to pursue their goals and dreams. Working with governments, civil society and the private sector, we are focused on enhancing the quality of life for people as they age.

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***The Journal*, 16th Edition**

If we are lucky, each of us will grow old. And if we are lucky enough, our family members and friends will also grow old. Here's the good news: each of us is very likely to be lucky enough. With great thanks to advances in health care, technology, and education, people around the world are living longer and longer lives. The massive leap in life expectancy over the past century is truly one of humanity's greatest achievements. And it's a worldwide phenomenon, with people in every region of the world gaining more years of life.

It's also the case that longer lifespans are happening alongside another global trend: steadily declining fertility rates, with families around the world having fewer babies. This too, is coming to every part of the world — even the youngest region today, Africa. Together, these two trends are leading to an increasingly rapid demographic shift toward older populations. It is simple, inexorable math. We often refer to this as the megatrend of global population aging — because it is a global phenomenon that will impact all aspects of our societies, including economic growth, health care systems, the composition of the workforce, the design of our urban areas, and more. This global megatrend is big news, but it is not bad news. By planning for this demographic shift now, we can ensure that populations everywhere thrive.

The topic of global aging tends to invoke thoughts of countries like Japan, Singapore, and Italy. That makes sense because these countries — and many other high-income countries — have already experienced the demographic shift toward older populations. Planning ahead requires broadening our view. By 2050, there will be over 2.1 billion older people in the world — more than 22 percent of the world's population. Moreover, a stunning 80 percent of the world's 65-plus population will live in lower- and middle-income countries (LMICs) — those countries that are still developing economically — and 85 percent of the growth in the global 65-plus population between now and 2050 will occur in these countries.

Without proactive efforts, many LMICs run the risk of growing old before they grow rich. AARP's strategy has been to spotlight this significant demographic shift and work with global stakeholders to help support these countries in planning for the future.

Without proactive efforts, many LMICs run the risk of growing old before they grow rich. AARP's strategy has been to spotlight this significant demographic shift and work with global stakeholders to help support these countries in planning for the future. With challenges like climate change, violent conflict, widespread youth unemployment, and food scarcity, we recognize that the leaders of under-resourced countries will understandably prioritize the urgent issues of today over future challenges. But we believe that global institutions, such as the United Nations, the World Health Organization, the World Bank, and other multilateral development banks should help LMICs plan today for tomorrow's aging populations. Because these institutions are investing billions of dollars in these countries, it is critical to help them prepare for the coming demographic shift. We have been heartened by the initial alacrity of these organizations to partner with us and begin to shift their focus on aging as a critical element of development.

This strategic focus informs this edition of *The Journal*. In prior editions, we highlighted the admirable policies and practices of the world's leading aging nations — countries such as New Zealand, Japan, and the Netherlands, among

others. For this edition, we departed from our traditional approach and took a learning journey to better understand how policymakers, the private sector, and civil society in developing countries are addressing the needs of older adults and preparing for the coming demographic shift.

Because this was new and important territory for us, we decided to include two countries — Kenya and Tanzania — to give us a broader sense of how LMICs in Africa are doing¹ — and comparative insights into the range of situations they face. Though both countries are considered lower-middle income, the average Kenyan has nearly twice the income of the average Tanzanian. Moreover, our learning journey also included Zanzibar, a semi-autonomous region in the Republic of Tanzania, with its own president, parliament, and policies, including with respect to older persons. Though the trip was relatively short, we had the opportunity to observe and explore different issues and approaches to older persons in these countries. In the end, we had dozens of meetings and engaged with more than 1,000 people on the ground. We were excited by the dynamism and early progress we found — and we are eager to share it with you here.



Mary Nerishet, 60, member of the Older Persons Association of Rotian, Narok County, Kenya which advocates for healthy aging among older persons.

AARP put down our first public marker on the need to elevate population aging in LMICs when we hosted our last Global Flagship Conference in 2023. That event, with leaders from the public and private sectors, civil society and development institutions, philanthropy and more, helped initiate a number of steps forward. We have created formal partnerships with the World Health Organization, the United Nations, the World Bank, and the Inter-American Development Bank to help bring an age-inclusive lens to development policy. These partnerships are creating meaningful change and we are pleased to share the insightful articles by Mamta Murthi of the World Bank, Sabine Henning of the United Nations, and Lou Valdez of the Pan American Health Organization (PAHO) in this edition.

Moreover, this year's *The Journal* also includes several articles that touch upon aging in LMICs. Dr. Facundo Manes, a highly regarded neurologist in Argentina, Professor Alfred Njamnshi, an African leader on brain health from Cameroon, and the team at Aga Khan University's Brain and Mind Institute describe some of the incredible research on brain health that is taking place in developing countries. Leading policymakers, including President Mwinyi of Zanzibar and Minister Dorothy Gwajima of Tanzania, have written about their efforts to support and protect the older populations they serve. We're also proud to feature perspectives of leading civil society actors like Chelsea Clinton of the Clinton Global Initiative, Carole Osero-Ageng'o of HelpAge International, Bill Drayton of Ashoka, and Indian philanthropist Rohini Nilekani. Professor Jinkook Lee outlines some of the critical research on aging in LMICs and Katie Ogwang, of the UN Refugee Agency, describes the unique challenges that older refugees face. We are always eager to highlight the work of small and scrappy organizations around the world that are fighting to support older persons in their countries in our Newsmaker series. This edition includes interviews with innovators and advocates from Argentina, Kenya, Bangladesh, and Zanzibar.

Alongside that truly remarkable range of insights, this edition of *The Journal* also features an article by Professor John Beard about the promising area of geroscience, which seeks to extend our lives even further, as well as important commentary from AARP Chief Public Policy Officer Debra Whitman and Dr. Erwin Tan outlining the critical principles that should guide the advance of geroscience to ensure its benefits are widely accessible. Finally, as we recently said farewell to AARP CEO Jo Ann Jenkins, this edition of *The Journal* includes her reflections on AARP's important role in supporting and protecting the needs of older adults in all corners of the globe.

AARP is excited to welcome a new era of progress and leadership under our new CEO, Dr. Myechia Minter-Jordan, who often invokes one of our founder's famous lines: "What we do, we do for all." As people around the world are living longer and longer lives, AARP stands ready to ensure that those additional years are healthy years. We will continue to do everything we can to help policymakers and other leading stakeholders in developing countries to adopt policies and programs to support their growing older populations. With proper planning, we can ensure that older people are viewed as a growing resource, helping all to thrive and live in prosperity. •

¹LMICs include countries that are lower income (GDP of less than \$1,135 per capita), lower-middle income (less than \$4,465), and upper-middle income countries (less than \$13,845). Kenya (~\$2,100 per capita) and Tanzania (~\$1,100 per capita) are both lower-middle income countries.



Peter Rundlet
Vice President
AARP International



Introducing

Myechia Minter-Jordan

Chief Executive Officer, AARP

“In AARP’s pursuit to serve older Americans, we have always sought to share and learn from people around the world. As our founder, Ethel Percy Andrus put it, ‘What we do, we do for all.’ Our goal is to serve as connective tissue across sectors and geographies, forging strategic partnerships and working with key global institutions.”

Introducing: Myechia Minter-Jordan, Chief Executive Officer, AARP

We are thrilled to introduce AARP's new CEO to *The Journal* readership. Dr. Myechia Minter-Jordan began her tenure as CEO of AARP in the fall of 2024 — a pivotal moment for the association, the nation, and the world.

Dr. Minter-Jordan has devoted her career to helping improve the health and wellness of individuals and communities, as a practicing physician, public health advocate and business leader. She joins AARP after serving as president and CEO of CareQuest Institute for Oral Health and, before that, as CEO and

chief medical officer of The Dimock Center in Massachusetts, one of the nation's largest community health centers. Dr. Minter-Jordan's efforts have been nationally recognized as models for advancing innovation and providing comprehensive, integrated health and human services care. She earned her M.D. from Brown University School of Medicine and an MBA from the Johns Hopkins University Carey Business School.

In early May 2025, Dr. Minter-Jordan led the AARP delegation that participated in a landmark symposium on global aging, co-created by



the Vatican and AARP. As millions awaited the selection of a new Pope, representatives from more than 20 nations convened in Vatican City to address one of humanity's greatest megatrends — the unprecedented rapid shift toward older populations around the world.

AARP joined the Vatican in this effort because we both recognize the importance of planning early for this critical demographic shift and the need to help developing countries prepare. Around the world, people are living longer, but the systems and supports that can help us age well fall short of what's

needed for a rapidly aging population. This inevitable demographic shift will impact every aspect of our societies — our workforce, our economies, our infrastructure needs, our health care, our communities. By planning for this transformation now, we can ensure that populations everywhere thrive.

In her opening address, Dr. Minter-Jordan shared, "In AARP's pursuit to serve older Americans, we have always sought to share and learn from people around the world. As our founder, Ethel Percy Andrus put it, 'What we do, we do for all.' Our goal is to serve as connective tissue across sectors and geographies, forging strategic partnerships and working with key global institutions. Thanks to Ethel's vision, AARP has engaged internationally from its earliest days. We believe that good ideas have no borders. We seek out promising practices, policies, and scalable, evidence-based, and cost-effective innovations from abroad that can benefit Americans — and we share our expertise with policymakers and advocates around the world. Our goal is to serve as connective tissue across sectors and geographies, forging strategic partnerships and working with key global institutions."

We look forward to Dr. Minter-Jordan's leadership in inspiring solutions and ensuring older adults are treated with the dignity they deserve and are recognized for the wisdom and value they contribute to our societies. ●



The symposium concluded with the signing of the Vatican City Declaration of the Pontifical Academy of Life — AARP — Muslim Council of Elders

LEFT TO RIGHT AARP Chief Executive Officer Myechia Minter-Jordan, MD, MBA; S.E. Mons. Vincenzo Paglia, President of the Pontifical Academy for Life and Founder of the Età Grande Foundation; and H.E. Judge Mohamed Abdel-Salam, Senior Representative of His Eminence Grand Imam of Al-Azhar, Secretary-General of the Muslim Council of Elders



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A photograph of a white sign with the World Economic Forum logo and text, pinned to a wall with a yellow geometric pattern. In the foreground, the dark silhouettes of people's heads are visible, looking towards the sign.

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An Interview with Former AARP CEO Jo Ann Jenkins

As CEO, Jo Ann expanded AARP's position as a leader on global aging issues. She traveled to Europe, Asia and Africa to meet with local and national government leaders; confer with civil society partners and leaders of aging organizations; and visit agencies serving older adults to learn how they support their older populations and to share what we have learned in the U.S. She worked to influence international organizations such as the United Nations, the World Health Organization (WHO), and the Organization for Economic Cooperation and Development (OECD) to encourage them to push countries to support the needs of aging populations. Her efforts earned her a spot on Fortune's list of the "World's 50 Greatest Leaders," and she was recognized by the WHO as one of the "Healthy Ageing 50" — those who have led the effort to support the UN's Decade of Healthy Ageing.

An Interview with Former AARP CEO Jo Ann Jenkins

We are grateful to Jo Ann Jenkins for a decade of wise leadership as AARP made aging better in America and around the world. Before she stepped down in late 2024, AARP International took the opportunity to capture her personal highlights and pivotal moments during her tenure through the following interview.

AARP You have been a leader at AARP for more than 15 years, and the CEO for 10 years. A lot has changed in the world — and at AARP — during that time. What are some of your proudest accomplishments here?

Jo Ann Jenkins When I became CEO of AARP, I wanted to change the conversation around what it means to grow older. I realized that many of the programs and policies put in place to help people age better no longer met the needs of how people are aging today. We had to challenge outdated attitudes and stereotypes and spark new solutions to help people live better as they age. In other words, we had to “Disrupt Aging.”

I wrote a book entitled, *Disrupt Aging: A Bold New Path To Living Your Best Life at Every Age*. The book became a national best-seller and won a Nautilus Book Award for its contribution to bringing about social change. It was also translated into Korean and two dialects of Chinese.

We focused on three areas — what I call health, wealth, and self. As a result of our efforts, more people are embracing age as a period of continued growth and finding purpose in their lives. Instead of seeing dependent retirees, we’re beginning to see a new type of experienced, accomplished workforce. Instead of seeing costs, we’re witnessing an exploding consumer market that is bolstering our economy. And, instead of seeing a growing pool of dependents, we’re seeing the growth of intergenerational communities with new and different strengths.

I was also proud of what the organization did to serve as a wise friend and fierce defender of older adults by supporting lower prescription prices and defending the Affordable Care Act, and of how AARP was a strong voice during the COVID-19 pandemic and continues to elevate and drive the conversation on global aging, which will be a defining issue in the decades ahead.

AARP Our founder, Dr. Ethel Percy Andrus, once declared “What we do, we do for all,” and she had a global vision, which you clearly share. Although AARP is very focused on the 50-plus population in the United States, we have worked to support older adults around the world since the earliest years of our founding. Why is it important for AARP to engage globally?

JAJ Population aging is a global phenomenon. Dr. Andrus recognized this when she started AARP in 1958. She wanted members to see that the aging population around the world had the same concerns as their counterparts in the United States. By 1963, she had launched the Association for Retired Persons International (ARPI), an international membership organization, complete with its own magazine. Even though ARPI proved to be an idea ahead of its time, it put AARP on a continual path of international involvement in aging issues that continues to this day.

What Dr. Andrus recognized then — and it’s even more apparent today — is that global aging is about much more than demographics. Advances in research and technology are driving innovation in virtually every field that affects our ability to live well as we age. Science is making longer lives possible — and we are beginning to see the impact of that on societies throughout the world.

As people get older, they share many of the same wants and needs, regardless of where they live. They want good health and financial security. And they want options for living their lives. They want to be included in and contribute to their societies and to be able to enjoy the opportunities that life has to offer.

We believe that we can learn a lot from the experiences of other countries, and they can learn from our experience as well. That’s why engaging globally is so important. Think of Japan. Today, Japan is the only country in the world where those age 60-plus represent 30 percent or more of the population. By 2050, 62 countries will reach that milestone, and 31 countries, including China, will have an older population than today’s Japan. And it’s not just more older people; it’s healthier people living longer lives.

The research we have spearheaded through our series of Aging Readiness and Competitiveness

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(ARC) Reports clearly shows that many countries are not prepared for their aging populations, and their level of preparedness is not consistent among competing needs. Some, for example, are addressing their long-term care needs, but are not investing in housing solutions. Others are creating solutions to help people stay connected and avoid social isolation but lack effective policies to address the needs of older workers. And this varies widely among developed and developing countries, large and small countries, and countries with diverse populations.

This makes the sharing of information among aging nations and organizations vital. It helps us understand what works and what doesn't work, and which policies are effective and which ones aren't across different societies and situations.

AARP As technology and globalization have made the world more interconnected (and seemingly smaller), are you seeing a rising need for AARP to speak up on behalf of older adults everywhere? What do you see as some of the greatest global challenges and how can AARP be part of the solution?

JAJ I think one of the biggest challenges we face — as individual consumers, as organizations and as a society — is keeping up with and integrating

new technologies into our lives. We have to recognize that as fast as the world is changing now, this is as slow as it's ever going to be.

We need to seize the opportunities that technological innovation offers to help us all live better as we age. But while technological innovation has great potential, it also carries significant risks such as age discrimination, perpetuating fraud and scams, and using data to deny people health care.

At AARP, we're advocating for policies to ensure that as new technologies such as AI are introduced, they are fair, reliable and accurate; transparent to users; accountable for adverse outcomes; and that the degree of government regulation is commensurate with the potential risk of harm to individuals.

This is especially critical in lower- and middle-income countries (LMICs). Our research shows that by 2050, an astonishing 80 percent of the world's 65-plus population will be living in LMICs. Additionally, 85 percent of the growth of the 65-plus population will occur in these countries between now and 2050. This signifies a significant shift in the aging demographics of these countries. At AARP, we're working to understand how countries are beginning to plan for this long-term, but inevitable, demographic shift that is occurring throughout the world, including Africa.

Our message to business leaders was that increased longevity and the aging of the population significantly impacts the global economy and is shaping the workforce of the future. It's creating a new, vibrant "Longevity Economy" that is fast-growing, diverse, powerful and profitable — and it cuts across every sector of the economy from health, finance, housing and transportation to travel, transportation and entertainment and more.

AARP Many NGOs work almost exclusively with policymakers and other civil society actors. Under your leadership, you have been a champion for engaging the private sector to help ensure prosperous and productive futures for older adults. Can you talk about the opportunity you saw with the private sector and perhaps reflect on how we might do more?

JAJ I saw the private sector as a critical player in helping people live better as they age. To a large extent, they had not been engaged in finding solutions. We needed to change that. That opportunity came when we began to develop the business case for creating a multigenerational workforce and tied it to our research on what we called the "Longevity Economy." We made the case that global aging is a key driver of economic growth, innovation and value creation, and most business leaders were missing out on it.

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new, vibrant "Longevity Economy" that is fast-growing, diverse, powerful and profitable — and it cuts across every sector of the economy from health, finance, housing and transportation to travel, transportation and entertainment and more.

We backed this up with research that found that older people will account for nearly 60 cents of every dollar spent globally by 2050 — a contribution valued at \$96 trillion. We also found that over 1 billion jobs in the world are held by people 50-plus, which is 32.5 percent of all employment (in 2020). By 2050, 38 percent of all jobs will be held by this population, which will be roughly 1.5 billion jobs. According to OECD calculations, giving older workers the best opportunities to work would raise GDP per person across the OECD by 19 percent over the next 30 years.

The message was clear. Older employees represent a readily available source of talent. Employers who take the right steps can leverage the multigenerational workforce as a competitive advantage — and a growing consumer market.

Our research showed that many employers were beginning to see that. In a survey of over 1,700 global companies, AARP found that 86



A Special Conversation with Ambassador Susan Rice during the AARP Global Thought Leadership Conference, 2023.

percent of global business leaders identify a multigenerational workforce as valuable to their organization's success and growth. Yet, more than half of the global executives we surveyed do not include age in their diversity and inclusion policies. So, it's clear there is much more work to be done to embrace an age-diverse workforce.

We addressed this problem by working with the OECD and the World Economic Forum (WEF) to launch the Living, Learning, and Earning Longer (LLEL) Collaborative in 2019 to identify and share best practices and economic incentives for building, supporting and sustaining a multigenerational workforce in this age of increased longevity. Through regional discussions, research and conversations with executives at companies around the world, we are identifying standards, policies and practices that reflect an age-diverse and inclusive workforce. The LLEL Collaborative currently has more than 100 companies, representing over 4 million employees and more than \$2 trillion in revenue.

When the United Nations proclaimed 2021-2030 the "Decade of Healthy Ageing," we realized that the private sector played a critical role in

closing the gap between lifespan (the number of years we live) and health span (the number of years of healthy, productive life). So, as we developed our approach to increasing healthy longevity, we built on the success of the LLEL Collaborative, to engage the private sector on solutions for healthy longevity, both as employers and as providers of products and services.

We also work with the private sector to help people maintain and improve their brain health as they age. Through the AARP Brain Health Fund, we have invested \$60 million in the Dementia Discovery Fund, which in turn invests in research and development to identify cutting-edge therapeutic approaches that could lead to effective treatments and ultimately a cure for Alzheimer's and other types of dementia.

We have created the Global Council on Brain Health to bring together scientists, doctors, scholars and policy experts around the world to debate the latest in brain health science to reach consensus on what works and what doesn't and to translate critical scientific information on brain health into simple actions people can take every day to help stay sharp throughout their lives.

Our international activities continue to focus on key issues pertaining to health and financial security, livable communities and helping people 50-plus choose how they live as they age. In 2012, in affiliation with the World Health Organization, we launched the AARP Network of Age-Friendly Communities to educate, promote, and recognize improvements that make cities, towns, and counties more age-friendly for their residents.

The key to helping people take advantage of generally longer and healthier lives in the coming years and decades is innovation. This is an area where we see perhaps the greatest opportunity for private sector involvement. We created AARP Innovation Labs to help shape the future of aging, promote healthy aging, support family caregivers, and help older Americans build financial resilience and combat social isolation.

AARP The world is a big place and there is a limit to how much reach one organization can achieve globally, and yet AARP has been remarkably effective at influencing several large global institutions — like the United Nations, the World Health Organization, the OECD, and the multilateral development banks. How has AARP been so successful in influencing these organizations and was this approach part of an intentional strategic design?

JAJ This goes back to AARP's early years. In the early 1970s, AARP Executive Director Bernie Nash sent representatives abroad to meet with

heads of non-governmental aging organizations (NGOs) in other countries to identify leadership opportunities. It soon became apparent that NGOs wanted some international representation so they could be heard in international forums, such as the United Nations and the Council of Europe, which were becoming interested in global population aging. They also wanted to learn more about each other's programs and policies. At that time, AARP made a strategic decision to work with international organizations to bring a more integrated approach to global aging issues.

As a result, the International Federation on Ageing (IFA) was born in late 1973 with Bernie becoming its first president. The IFA today is a federation of some 150 member organizations (mainly national NGOs) representing or serving older persons. In 1982, IFA was instrumental in convening the first UN World Assembly on Ageing, which produced the world's first International Plan of Action on Ageing. IFA had started advocating for such a conference within months of its launch in 1973.



With the Honorable Tijjani Muhammad-Bande, President of the United Nations' 74th General Assembly, during the 13th annual AARP-UN Briefing Series, 2020.

In 1985, AARP joined the United Nations NGO Committee on Aging to promote consideration of aging issues in the UN and appointed its first representative at UN headquarters. Two years later, AARP obtained Consultative Status with the Economic and Social Council (ECOSOC) of the UN, permitting it to participate more actively in UN affairs related to aging. In 1996, AARP helped found the Geneva International Network on Aging, a group that represented aging interests with all the international organizations headquartered in Geneva.

In 2007, AARP started an annual series of briefings on global aging at the UN focusing on trends and new developments in income security, health, and an enabling environment for aging populations. The annual UN-AARP Briefing Series on Global Aging takes place at the time that delegates from around the world attend the UN Social Development Commission or during other important UN convenings. AARP also participated in the five-year review of the Madrid International Plan of Action on Ageing.

Throughout the early 2000s, AARP continued to play a leadership role on the NGO Committee on

Aging at the UN and began to aggressively expand its international advocacy role on behalf of older persons, as well as the international exchange of policy-relevant information about aging issues.

Our international activities continue to focus on key issues pertaining to health and financial security, livable communities and helping people 50-plus choose how they live as they age. In 2012, in affiliation with the World Health Organization, we launched the AARP Network of Age-Friendly Communities to educate, promote, and recognize improvements that make cities, towns, and counties more age-friendly for their residents.

AARP continues to have an active program of international conferences that has focused on such topics as the aging workforce, long-term care, health care and health information technology, income security, retirement, livable communities, pharmaceuticals, and community-building. We collaborate with other organizations including the United Nations, World Economic Forum, European Commission, OECD, national governments, and the U.S. Department of State on international conferences, events,

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AARP Over the years, you have journeyed to many other countries as the CEO of AARP. Do you have any memorable anecdotes or lessons from your travels abroad?

JAJ I have many fond memories of my trips abroad, but a couple stand out. In April 2018, on a trip to promote the Chinese publication of my book *Disrupt Aging*, we also traveled to Japan. While there, we visited the Yamano Beauty College and met with Executive Chairman Mike Yamano.

Mike Yamano and his team at the Yamano Beauty College are truly age disruptors. Several years ago, he formed a partnership with USC's Leonard Davis School of Gerontology to create a curriculum for the Beauty College that introduces students to the health, social, and economic aspects of aging in society. The College also offers

a Health and Welfare course, which includes instruction in practical matters ranging from how to operate a wheelchair to how to wash and cut bed-bound clients' hair.

Mike said that he wanted to focus on aging clients because beauty is for all ages, and when you look better, you also feel better. The school is a tremendous success and has added a whole new dimension to what it means to age well in the world's oldest country.

Earlier this year, I led an AARP delegation to Africa to meet with top leaders from Kenya and Tanzania. We wanted to elevate the important fact that population aging is happening in developing countries. Two things occurred during this trip that were especially memorable.

During our meeting with President Hussein Mwinyi of Tanzania's Zanzibar region, where we were discussing the importance of pensions in providing financial security for older adults, he announced that he would introduce a plan to lower the universal pension age from 70 to 60 which would dramatically improve financial security for older adults in the region.



With Agnes Kariuki (front row, center) at the Kibera Day Care Centre for the Elderly in Kenya, February 2024.

When we arrived in Kenya, we went to Nairobi to visit Kibera — which is Africa's largest "informal settlement," or slum. That's where I met Agnes Kariuki who founded and ran the Kibera Day Care Centre for the Elderly.

Agnes had created the Center in 1989. Earlier in her career, she worked as an Extension Field Officer, promoting water and sanitation around Kenya. In that role, she saw the plight of older people, who faced neglect and abuse, and who lacked medical care and had many other unmet needs. She decided to do something about it.

Agnes was a champion in every sense of the word. She advocated for the rights of older people and worked tirelessly to meet their needs. She provided medical care, literacy training, a feeding program, and social activities to prevent loneliness among older Kenyans.

She started by supporting only 17 older adults. But thanks to her diligence and dedication, her organization grew and was supporting more than 3,200 older adults by the time we visited her. They do phenomenal work.

I was so grateful for the time we spent with Agnes. I came away from our visit with a plan to create a special Purpose Prize for her this year — to recognize, honor, and support her incredible work. Unfortunately, on the day we reached out to share the exciting news with her, Agnes passed away. We were stunned and saddened to learn the news.

But Agnes left a legacy of hope, compassion, and unwavering dedication. She created an institution that continues to thrive and support older persons. To honor her incredible legacy, AARP will provide grants to the Kibera Day Care Centre for the Elderly to support their ongoing work for the next three years. •



About this Edition

AARP’s Learning Journey to Kenya and Tanzania offered a lens into the realities and possibilities of aging across East Africa. Immersing ourselves in local communities, urban centers, and rural villages over the course of three weeks allowed our team to gather authentic stories and insights that shaped *The Journal’s* creative and editorial approach. From Nairobi to Zanzibar, and many places in between, we met with older adults, advocates, health workers, and grassroots leaders whose experiences and perspectives brought depth and meaning to our work — informing not just what we shared, but how we chose to tell the story.

Theme

The creative direction for this edition was shaped by our travels through Kenya and Tanzania — two countries rich in diversity, layered cultures, and vibrant energy. Rather than drawing from a singular cultural aesthetic, we wanted to reflect the colorful, sometimes chaotic, and deeply textured environments we experienced, where handmade signs, hand-painted walls, and informal design styles filled the landscape. The palette channels this abundance, balancing vivid and muted colors to mirror the variety we encountered. For typography, instead of selecting a single typeface, we embraced a range of typefaces, each chosen to evoke a particular mood or setting within *The Journal*. This multi-voice approach reflects the complexity and spirit of the places and stories we sought to honor.



Cover Art

During our visit to the Maasai Mara, we had the privilege of meeting and speaking with Noorkishili Sumare, 52, a traditional birth attendant from the village of Ilbaan. She participates in the Maa Trust's Beadwork program, as well as its microfinance and health initiatives, and is a respected "culture custodian" in her village. Her portrait was chosen as the cover art for this edition of *The Journal*. One of the creative challenges we faced was how to visually represent both Kenya and Tanzania — two very large, distinct countries. The Maasai, who inhabit regions across both nations, emerged as a fitting common thread. Locals we spoke with confirmed that the Maasai are among the best-known tribes in both Kenya and Tanzania and expressed pride in the community's ability to maintain its cultural traditions in a changing world.

Noorkishili's portrait stood out to us for its iconic simplicity. Against a white background — a color associated in Maasai culture with peace, purity, health, and prosperity — the viewer's attention is drawn to her intricate beadwork. Beaded jewelry is a powerful symbol within the Maasai community, representing both cultural identity and the intergenerational passing of knowledge, a theme explored in depth in this issue's feature story.

On the back cover, we selected an image of a younger Maasai woman carrying her baby. This choice acknowledges the demographic reality of the Maasai population, which, like much of sub-Saharan Africa, is predominantly young. Just as the elder generation safeguards culture and memory, the younger generation embodies the future — both equally vital to the story of the Maasai and the broader story of East Africa today.

AARP Speaks with Leading Advocates for Older Adults Around the World

Argentina

Red de Actividad Física para Adultos Mayores (RAFAM) is an NGO in Argentina that promotes healthy aging and active lifestyles in older adults through physical activity, sports, and recreational activities. Through their programs, RAFAM helps older adults live healthy and independent lifestyles. To learn more about RAFAM, AARP interviewed the founder and director Silvia Maranzano.

AARP How was RAFAM founded?

Silvia Maranzano I founded RAFAM in 2010. I used to teach physical activity classes for seniors, and the project I was developing had a positive impact on the community, attracting a lot of people. But I also heard about the benefits that the older adults commented on since they started in the classes. Thus, I looked into how to scale up this project so it could reach more seniors. That's how I connected with national and international physical activity professionals and I learned the importance of teamwork.

I contacted two professors who also worked with seniors and shared my idea of promoting our projects together. This is how we started networking, taking advantage of the World Days to carry out activities with seniors in public spaces. Along the way, new professionals joined us with their projects.





Enabling seniors to live independently and making it possible for them to solve their everyday problems themselves involves educating the body, movement, and the brain.

But networking was not enough to get the financial resources we needed, so we decided to establish the RAFAM Foundation in Argentina, which has been a legal non-profit organization since 2012. This gives us the proper institutional character and allows us to manage resources, even though it's still difficult in our country.

I co-founded RAFAM with M. de los Ángeles Sangermano and Ernesto Bardelli. We are all physical education teachers and gerontologists with undergraduate and graduated degrees.

Today RAFAM has become the only "Red de Actividad Física para Adultos Mayores" (Physical Activity Network for Seniors) in the world.

AARP What are the major challenges that older people face in Argentina? How is Red Coenve addressing them?

SM The big challenge for older adults today is that old age has become the longest stage of life and what seniors are looking for is to live healthily. This is why RAFAM has a great responsibility. Physical exercise is a medicine and working on building healthy habits is a great challenge.

Enabling seniors to live independently and making it possible for them to solve their everyday problems themselves involves educating the body, movement, and the brain. And we achieved these actions with RAFAM's experts through innovative programs such as: Gymnastics and Sports Classes: Newcom, FUTCAM, Badminton, Walking Program: Adopt a Sedentary Person.

AARP How does RAFAM define success? Which of RAFAM's projects has been most successful?

SM We consider it a success when seniors attend the programs and projects we offer. That's the best answer to our goals. But success is also built by enhancing the expertise of each of the specialists we have. Everyone in RAFAM needs to train to be able to work with seniors and create the desired impact.

When we work in a network to carry out an international campaign, it represents a challenge since we all must invite our students to join the event. And we see the commitment not only of the professionals, but also through the attendance of the seniors with their teachers.

AARP How does your team connect with new volunteers? What types of support do these volunteers provide?

SM The volunteers who join RAFAM do so because they see us on social media and identify with us, so they request to join the Network.

They support us through their professional knowledge. That is to say, the Network is interdisciplinary and the work we do is transdisciplinary, which allows us to understand how everyone works with seniors through different disciplines. Volunteers get professional training, visibility for their work, motivation, tools to improve as professionals, and social recognition.

AARP Can you describe a partnership or collaboration that has been especially successful? Who did RAFAM collaborate with? What made the partnership effective?

SM We have agreements with universities, institutions, and organizations. And sometimes, with the government. We are working together with the National University of Avellaneda in the creation of a postgraduate degree that specializes in the active and healthy aging of older adults.

With the Jewish Community Center (AMIA, Asociación Mutual Israelita Argentina), we provide training on physical activity for seniors as part of a Caregiver for Older Adults course. With Comahue University, we implemented the XIII National Conference and the IV International Congress on Physical Activity for Healthy Aging 2023.

With the National University of José C Paz, we provided consulting and training to work on projects with the elderly community.

These are just a few examples of the many actions we are taking.

What makes RAFAM effective is that its leadership built and dedicates their lives to studying how to improve the quality of life of seniors. We are recognized for our expertise by institutions of higher education and universities both at the national and international level. Our work is visible and its real impact on the community is known, which guarantees the credibility of the projects and the desire to join our mission and vision.



AARP What are RAFAM's long term goals? What steps are the organization taking to achieve them in the coming years?

SM The long-term goals are:

- Create a national sports plan for older adults
- Have a dedicated space to set up the National Sports Training Center for Older Adults
- Edit the book *Envejecer en Movimiento III* (Aging in Motion III)
- Work to federalize sports for older adults

To achieve them:

We're working on partnerships with organizations that can help us, like the Confederación Argentina de Deportes (Argentine Sports Confederation.) We are looking to finance the book. •

Bangladesh

The Resource Integration Centre (RIC) was founded in 1981 as part of the post-liberation NGO movement. Through innovative physical, financial, and social, health programs, RIC empowers the older community to age healthily. To learn more about RIC, AARP International interviewed RIC's Assistant General Manager Ferdousi Begum.

AARP What are the major challenges that older people face in Bangladesh?

Ferdousi Begum Older People in Bangladesh are facing some basic human problems, such as poverty, limited and inadequate health care facilities, and poor social support due to changing family structure and cultural norms. The government provides a few retirement and pensions systems. The Social Safety Net includes programs such as the Old Age Allowance, the Allowances for the Widow, Deserted and Destitute Women, and the Vulnerable Group Development program. However, most older people are not eligible for the programs because the pensions are limited to retired federal workers. This leaves private sector and migrant workers without pensions and therefore financially insecure.





By organizing multi-dimensional activities, RIC helps older people receive necessary economic and material support to achieve an adequate standard of living.

AARP How is RIC addressing these challenges?

FB By organizing multi-dimensional activities, RIC helps older people receive necessary economic and material support to achieve an adequate standard of living. RIC's programs include an old age allowance, an innovative microcredit program, eye care, housing and emergency support, and material and medical equipment support. In addition to providing these programs, RIC also organizes monthly union-based Older Person's Association (OPA) meetings; trains older people on leadership, monitoring, and communication; and gives awards to older people and children for their community contributions.

One of RIC's biggest initiatives is the Older People's Social Centers, spaces where older people can meet every day and share time by talking, watching television, reading, playing games, and enjoying music. The Centers are organized and run by the OPA, to create a social place for older people to lead a dignified and connected life.

AARP Can you describe a partnership or collaboration that has been particularly successful?

FB To strengthen the development of programs, especially at the national level, RIC is working with several national and international funding partners. At the national level RIC works with NIRAPAD, CUP, Disaster Forum, CDF, CEN, COFCON, ARC-B, FNB, Forum for the Rights of the Elderly, Bangladesh and the Platform for the Elderly. At the international level RIC works with Help Age International (HAI), FORUM ASIA, International Federation on Ageing, and Global Alliance for the Rights of The Older People. RIC's main goal is community-based rehabilitation for older people, achieved by community and family acceptance of older people. Based on this shared goal, RIC has partnered with HAI for more than three decades, implementing different community-based rights programs in various areas of Bangladesh.

AARP How does RIC define success? Which RIC projects have been most successful?

FB RIC has a diverse array of programs and experiences which have led to good practices and results. According to the plan made in the Madrid Convention and to achieve the Sustainable Development Goals, HelpAge introduced the Older Citizens Monitoring Program (OCMP) in October 2002, which works to support older people, society and the government. The OCMP is active in Bolivia, Kenya, Tanzania, Jamaica, and Bangladesh. We worked directly with HAI to implement the project. The OCMP was a great way to promote the rights of older people in the community, strengthen solidarity, and elevate voices. After official completion of the OCMP in 2005, RIC enhanced its project activity and scaled up with assistance from HAI. We are now a strong, inclusive program that is well known in Bangladesh.

AARP How does your team connect with new volunteers? What types of support do these volunteers provide?

FB The volunteers at RIC are community members who do everything from connecting older people to programs, to rewarding older people for their contributions. Volunteers organize monthly OPA meetings and keep members up to date on RIC programming, while mobilizing community resources for funerals, festivals, and youth-based cultural programs. Representatives of the OPA volunteer to supervise the Social Centers, conduct regular home visits for older people, and even step in to solve family conflict. The volunteers help teach youth to have positive attitudes towards older people.

AARP What are RIC's long term goals and what steps is the organization taking to achieve them in the coming years?

FB RIC's long term goal is to promote older people's social protection, income security, and health care services. To achieve these goals RIC will mainstream the issues and interests of older people in Bangladesh, create new partnerships and connections to expand programs, utilize the social capital and knowledge of older people in Bangladesh, and launch a savings and credit program to educate and empower older people to manage their own finances. ●



Kenya

Ethel Foundation for the Aged (EFA) is a charitable organization in Africa that was founded to respond to social issues affecting older people. The EFA provides home-based health care options, builds social networks, and advocates for the rights of older adults. To learn more about the EFA, AARP spoke with Rev. Fr. Cornel Omondi Oredo C.Ss.R, the Founder and Director of the organization.

AARP How was your organization founded?

Fr. Cornel Omondi While carrying out pastoral outreach work in 2017, I noticed the vulnerability of older people who were isolated, neglected, and had limited access to basic health care, decent housing, and nutritious food. Moved by their dire circumstances, I founded the Ethel Foundation for the Aged to respond with love and empathy, committed to supporting their dignity as they aged.

AARP What are the major challenges that older people face in Kenya? How does the Ethel Foundation address those challenges?

FCO Many older Kenyans rely on informal work and subsistence farming, which becomes increasingly difficult as they grow older. Pensions and social security are limited, leaving many without a stable income in their later





The EFA continues to protect and empower older people by working with local and national authorities to influence policies that address abuse, exploitation, and neglect.

years. This makes it hard to afford quality and specialized health services, adequate housing, and nutritious food.

EFA facilitates access to home-based health care services in collaboration with partners in the health sector to help older people manage illness by bridging the gaps in access and affordability. EFA's home-based health care model, paired with programs that improve residential conditions through construction and renovation, ensure older people with limited mobility get the health care they need. Additionally, EFA's food and income security programs teach older people income-generating skills, like chicken and goat rearing, that can ensure access to regular income and nutritious meals.

Traditional family structures that once provided support are weakening. Young people are taking opportunities outside of the community, leaving older people alone and isolated. This leaves older people susceptible to abuse, including financial exploitation, physical violence, and emotional neglect. To promote emotional and spiritual wellbeing, EFA builds social networks for older people by organizing community activities and offering at-home psychosocial counseling and pastoral services.

Kenya's limited legal frameworks to protect the rights of older people makes it difficult to enforce policies that could improve their living conditions. But the EFA continues to protect and empower older people by working with local and national authorities to influence policies that address abuse, exploitation, and neglect.

AARP How does the Ethel Foundation define success?

FCO The Ethel Foundation's definition of success is a "life of dignity," which is defined as a life free from want, abuse, and discrimination while aging. At EFA, success is defined by sustained access to health care, decent housing, a sense of belonging, income, food and nutritional security for every older person. Also, older people need to be supported by inclusive policies and legislation to promote and protect their rights.

AARP How does your team connect with new volunteers? What types of support do these volunteers provide?

FCO EFA reaches out to potential volunteers through our website, community events, social media campaigns, local schools and universities, and partnerships with other organizations. Our volunteers come from diverse backgrounds and go through an elaborate onboarding process. Volunteers offer both programmatic and operations support, while those with specialized skills provide targeted support with health screenings, counseling sessions, or educational workshops. Volunteers benefit through personal fulfillment, skill development, increased awareness, networking opportunities, and increased empathy and perspective.

AARP Can you describe a partnership or collaboration that has been particularly successful?

FCO The EFA has collaborated with the local branch of Equity Afya, a private health care provider, to provide services targeting older persons who cannot access health care. The older people receive services like screenings, diagnostics, consultations, and references at no cost. Additionally, those who have impairments receive assistive devices to improve their functioning.

Another partner, Tabaka Ward Uongozi Wa Utu (TAWUWU) is a community-based organization that focuses on using social welfare to mobilize and empower older people in Kisii County. In collaboration with EFA, TAWUWU rallies aging stakeholders, including gatekeepers, community leaders, business leaders, and government officials to act and promote the rights and wellbeing of older persons in the county.

These partnerships are effective because partners share EFA's commitment to improving the quality of life for older people. While Equity Afya brought medical expertise, TAWUWU contributed needed community outreach infrastructure. Our resource-sharing made health screening events and health workshops possible, accessible, and effective. Through partnership, each organization served and connected with older people who were otherwise isolated or underserved, while raising awareness for rights and policies that serve their community.



AARP What are the Ethel Foundation's long-term goals? How will the Foundation achieve them?

FCO The EFA has several long-term goals including to: enhance health care access, establish a sustainable financial model for long term economic support, foster strong community integration, advocate for inclusive and protective national legislation for older people, and enhance capacity of staff and volunteers to maximize quality support given through EFA and its partners.

To achieve these goals EFA will work to: strengthen partnerships, expand programs to address emerging needs, secure sustainable funding, increase community engagement, advocate for the protection of rights for older people, build the capacity of staff and volunteers through training investments, and implement a monitoring and evaluation program to assess impact and make data-driven revisions. ●

Zanzibar

JUWAZA is an organization dedicated to improving the welfare of retirees and older people in Zanzibar. JUWAZA addresses challenges facing the aging community in Zanzibar by providing health care services, a universal pension program, and community education opportunities. To learn more about JUWAZA, AARP spoke with the organization's Secretary Ms. Salama Ahmad Kombo.

AARP How was JUWAZA founded?

Salama Ahmad Kombo JUWAZA was founded in 2001. Most of the founders were pensioners and former civil servants who were living off their accrued pensions of 5,000 Kenya shillings (about 39 USD) per month in accordance with their last salaries in services. Five thousand shillings is a very small amount and when the pensioner from the district came to town to collect his pensions, he would spend most of it paying for transport and buying a few loaves for the family. He would go back home with almost nothing. Most of them had to return to work on the land and try local farming to help support their families. When the situation was tough, pensioners and senior citizens decided to come together to create JUWAZA to cater to their needs and convey their concerns.

Today, the organization has more than 1,500 registered members in both islands of Zanzibar





We define success as seeing older people being active and socially respected and connected.

but serves all 85,518 older people (60 and over) in Zanzibar. JUWAZA's main office is located in the urban district, about 2 km from Zanzibar Town.

AARP What are the major challenges that older people face in Zanzibar and how does JUWAZA address them?

SAK Some major challenges that face older people in Zanzibar include:

- **Stigmatization:** Younger people and other community members believe that older people have already had their share and should not be given an extra opportunity to live happily. Many say "Kala chumvi nyingi," translated to "An elder has already consumed sacks of salt that were put in foods they have eaten since birth."
- **Reliance on Family for Care Services:** Many older people cannot undertake necessary tasks because of weakness that comes with age. Many older people remain at home waiting for help from their children to eat and complete other necessary tasks.
- **Disease and Inaccessible Health Facilities and Services:** Health facilities are not readily available in Zanzibar. Although the Government has some facilities, distances and lack of money prevent older people from accessing them until they become seriously ill. The family and community members take them to nearby health centers where there is very limited equipment to treat older people's needs. This also means that necessary seasonal check-ups are not readily available to older people in Zanzibar.
- **Financial Insecurity:** Financial institutions are not willing to grant loans to older people in fear that they will die before they are able to pay their loans.
- **Lack of Representation:** Older people are not represented on decision-making boards, meaning some decisions are made without taking their views into account.

JUWAZA addresses these challenges through community education and health care services.

To address the stigmatization, we educate community members, especially youth, that aging is not an omen but rather an opportunity to live a long life. While working with our partner, HelpAge International, we have established health care forums and trainings in all 388 Shehia (districts) of Zanzibar through a project called "Better Health for Aged." We also continue to train and encourage older people to depend on themselves. We encourage them to advocate for their rights and we train them to cultivate small vegetable gardens at home.

AARP How does JUWAZA define success? Which of JUWAZA's projects have been most successful?

SAK We define success as seeing older people being active and socially respected and connected. We have achieved this goal through our projects. Through Better Help for the Aged, we have helped train people and to aid in health care and care responsibilities. Our intergenerational training programs have helped reduce the stigma by teaching younger people how to help and take care of older people.

We have advocated for an increase in the universal pension and helped older people afford indoor plumbing and small businesses. For example, there was an older woman who had almost been hit by cars many times while crossing the road to get water. When she received her pension, she was able to save enough money to afford a connected water system in her house. Similarly, another older person used his pension to buy bicycles to rent to tourists for 3 USD using his pension money. This small business supports him.

AARP How does your team connect with new volunteers? What types of support do these volunteers provide?

SAK Many of the volunteers are young. These volunteers are a blessing to us, as we depend on them for errands and expertise. The volunteers have all graduated from different courses. They help us with modern technology and digital affairs, including printing, photographing, scanning and setting up zoom meetings. Other volunteers have experience serving as civil servants in fields such as nursing, administration, accounting, auditing, and even at home care.



AARP Can you describe a partnership or collaboration that has been particularly successful?

SAK Our collaboration with HelpAge International has been outstanding. Many trainings on aging and ageism with older people and advocacy organizations on the Tanzanian mainland have been facilitated through HelpAge.

AARP What are JUWAZA's long term goals?

SAK JUWAZA's long-term goals include ensuring older people in Zanzibar grow old in good health and financially independent, while being included in society. We want to increase awareness about the issues we older people face within the community at large. We hope to advocate for government officials and other influential people to focus on the issues older people face, as they will grow old themselves. ●

The New Longevity: The World's Opportunity

Not so long ago, the world's population looked like a pyramid: Lots of young people at the base and very few older people at the top. Suddenly that's changed; now the pattern is more like a rectangle, marked by even age distribution. Indeed, between 2000 and 2050, the number of people age 60 and up will double, reaching 2.1 billion people.¹

What an extraordinary opportunity! Not only do we have more older people, but advancements in health care and greater access to lifelong learning are enabling them to stay healthier and relevantly engaged in a rapidly changing world.

However, despite their education and willingness to contribute to society through paid and volunteer work, stereotypes about older workers continue to persist.² If we move beyond harmful stereotypes and instead embrace older people's desire to contribute, society could tap into an invaluable wealth of resources that would enrich everyone.

We need to stop telling older people that "they can't." Instead, we have to ensure that they have what they need to contribute — to be givers.

In a world of rapid change and increasing interconnection, older people, like everyone else, must be welcomed as changemakers. If their desire to contribute is not embraced, they

If we move beyond harmful stereotypes and instead embrace older people's desire to contribute, society could tap into an invaluable wealth of resources that would enrich everyone.

Case Studies: Global Changemakers



TOP Dixon Chibanda, founder of Friendship Bench, with a group of “grandmothers” delivering community-based mental health care. **ABOVE** Manisha Ghule advocates for women with limited formal education to become rural frontline development professionals.

PHOTO CREDIT: COSTA JUTA (PICTUREHUBZIM.COM); MANISHA GHULE

Dixon Chibanda, an Ashoka Fellow from Zimbabwe, is a psychiatrist who brought free, effective community-based mental health services to over 620,000 clients. All one must do to receive a free therapy session is go to a “Friendship Bench” located in parks and local health clinics, or book for a session online,⁵ and talk with a “grandmother.” Over 2,000 grandmothers have been trained as community health workers to deliver basic Cognitive Behavioral Therapy, making mental health care more accessible at the primary care level.⁶ Friendship Benches are now spreading across Africa, Europe and North America.

Manisha Ghule, an Ashoka Fellow from India, turns the poorest rural women into leaders of village development when they are around age 40. They provide services in livelihoods, agriculture, education, and social protection, and have shifted from earning minimal wages to achieving a 30-50 percent increase in their annual household incomes.⁷

Sérgio Serapião, an Ashoka Fellow from Brazil, integrates older adults into a flexible gig economy that values their skills. He provides training, networking, and new roles, promoting social innovation and enabling older individuals to remain active in the workforce.⁸

In a world of rapid change and increasing interconnection, older people, like everyone else, must be welcomed as changemakers.

risk losing the opportunity to participate and becoming more marginalized and isolated.

Ashoka is the premier association of leading social entrepreneurs. (We need entrepreneurs in education and human rights every bit as much as in steel and electronics.) At Ashoka's heart are its Fellows, over 4,000 of the world's most extraordinary social entrepreneurs. Three-quarters have changed national and/or international policy within five to ten years of being selected as an Ashoka Fellow.³ Working together in Ashoka, this community is able to see the patterns of the future and to work together to make them happen. One of our most important entrepreneurial collaborations is around New Longevity. This work is laying out the scaffolding that will enable everyone — very much including older people — to be a changemaker.

A New Architecture: Lifelong Changemaking

Social entrepreneurs worldwide show us the path forward for society, demonstrating that everyone must have the power to contribute. The right to contribute is, in essence, the most fundamental of rights. The New Longevity collaboration, launched by Ashoka, unites key players across various sectors and regions to ensure that all older people have this right and the opportunity to exercise it. The New Longevity collaboration aims to remove barriers, beginning with challenging stereotypes about older people. This effort includes strategic partnerships with leading media organizations like Africa's Trace Television, Indonesia's KBR Radio Network, and Brazil's Globo. Additionally, the collaboration involves working closely with

key groups ranging from unions to universities and engaging families using a variety of effective tools developed by Ashoka and its community.⁹ As the pace of change accelerates in the world, it becomes increasingly urgent to ensure that older people have easy and meaningful access to lifelong learning and job opportunities. To ensure that those who wish to continue working can be employed as long as they want to, it is essential to create hundreds of millions of new, high-quality jobs worldwide. This is far from the current reality. Achieving the vision of the New Longevity requires a fundamental shift in the economy that significantly expands job opportunities. The New Longevity movement is exploring various ways of increasing overall demand for labor. This is one potential method to avoid fundamental losses of engagement, independence, connection, learning, and health that come from not having the choice to work across society and to live with purpose. We want nothing to do with approaches that help only one segment of society benefit from participating in the formal labor force. Unless the overall demand for labor increases, helping one group hurts the others and is ultimately, divisive. The opportunity here is to advance policies that will help all members of society and therefore will build a giant alliance that will greatly strengthen all its constituents, very much including older people. Here are some of those allies: Those with disabilities, women, young people, minorities, immigrants, and anyone who cares about any of the above. Not to mention those who would benefit from sustainable, substantial, faster growth.

There are also valuable opportunities for older people to contribute as volunteers, which can

be encouraged in various ways. For example, placing volunteer coordinators in schools and faith communities would greatly support and expand volunteer roles. Providing older people with the choice to work or volunteer empowers them to remain independent and pursue interests that might otherwise be inaccessible. Moreover, fostering these opportunities is a key way to enhance intergenerational collaboration and strengthen community bonds.

The New Longevity collaboration recognizes the vital role of caregiving, understanding that many older adults are caregivers or require care themselves. Caregivers, both paid and unpaid, are crucial in enabling those they support — whether young people, individuals with disabilities, or older adults — to become empowered contributors and changemakers. In doing so, caregivers themselves are changemakers, creating a virtuous cycle where their work enables others to realize their potential and drive change. By embracing this identity, caregivers not only add immense value to those they care for but also elevate their own societal and economic standing. Ashoka aims to support caregivers in recognizing and embracing this transformative role.

When policymakers struggle to find jobs for their young people, how can they think about doing so for older people? Then again, how can they possibly not do so? First, not doing so is unethical. Denying anyone the right to contribute is wrong. Moreover, if one considers some of the extraordinarily powerful tools we have available to us, we can create jobs not only for older and young people but also for those with disabilities, women, immigrants, and

minorities. This is what society can do. This is what society must do. •

¹ <https://www.un.org/en/desa/world-population-projected-reach-98-billion-2050-and-112-billion-2100>

² <https://www.strategy-business.com/article/re00225#:~:text=This%20paper%20examines%20six%20of,experience%20health%20problems%20that%20affect>

³ <https://socialinnovationsjournal.org/editions/issue-52/75-disruptive-innovations/2905-how-ashoka-fellows-create-systems-change-new-learnings-and-insights-from-the-2018-global-fellows-study>

⁴ <https://www.friendshipbenchzimbabwe.org/impactreports>

⁵ <https://www.friendshipbenchzimbabwe.org/need-help>

⁶ <https://www.friendshipbenchzimbabwe.org/about-us>

⁷ <https://www.ashoka.org/en-in/fellow/manisha-ghule>

⁸ <https://www.labora.tech/en/labora-english/>

⁹ <https://newlongevity.ashoka.org/en/resources>



Bill Drayton
Chief Executive Officer
and Chair
Ashoka



Maria Clara Pinheiro
New Longevity Co-Lead
Ashoka

Increased Longevity Is a Great Success. The Next Frontier Is Policies for Healthy, Prosperous, and Dignified Living



The author, Mamta Murthi (front row, fourth from left), with Lina Walker, Senior Vice President, AARP Global Thought Leadership (front row, center), and panelists at the World Bank's Unlocking the Power of Healthy Longevity report launch event, September 2024.

The world is witnessing an unprecedented demographic shift thanks to remarkable progress in increasing life expectancy over the past half-century. In 1970, only 20 percent of people lived to the age of 80. Today, nearly half of all people will live that long. This demographic shift has led to a stunningly rapid pace of global aging: since 2018, the number of adults age 65-plus has surpassed the number of children under age five to become the fastest-growing age group worldwide.

This demographic shift is no longer confined to wealthier nations but is a global phenomenon. Today, over two-thirds of people over age 65 live in less-developed regions of the world.

Population aging has long been a concern for Eastern Europe, East Asia, and Latin America. Now, it is quickly becoming characteristic of developing countries in other regions as well. Even in high-fertility, low-income countries, the number of older individuals is higher than it has ever been. This number will grow as conditions for a long life continue to improve.

While longer lives are the result of numerous public health victories over decades, they also present complex challenges. There is a significant gap in policies supporting aging populations. Robust systems are in place for children (e.g., in schools and clinics) and working adults (e.g., in the labor market and health care),

While longer lives are the result of numerous public health victories over decades, they also present complex challenges. There is a significant gap in policies supporting aging populations.

support for older people has traditionally been a family responsibility. As families shrink, migrate, and take on work, they are less able to provide care for aging relatives. This creates the need for new policies to address the growing demands of older adults.

Aging also has significant macroeconomic implications. The ratio of older people (65+) to working age (20-64) population is projected to increase in high- and middle-income countries.¹ This can affect their economy's capacity to grow, stress public finances due to lower revenues and rising costs — especially for health care — and create skills shortages.

To ensure all individuals live healthy, prosperous, and dignified lives, countries will need to re-think their approach to aging.

Healthy Living

As longevity increases, so do non-communicable diseases (NCDs).² These are responsible for three out of four deaths in low- and middle-income countries, the most prevalent of which are cardiovascular diseases, diabetes, respiratory diseases, cancers, and mental health conditions. By 2019, over a billion adults suffered from cardiovascular disease and diabetes, and 250 million from depression. Two to five percent of the poorest billion people in the world (mostly in rural parts of Sub-Saharan Africa and South Asia) will incur impoverishing health expenses due to the costs for treatment of NCDs. This means that the poorest people in the world will incur catastrophic health expenses due to the cost of NCD treatments — pushing

them even deeper into poverty. Maintaining health at older ages requires both continued efforts to promote healthy behaviors and coordination and management of care for those who need it. As the burden of NCDs increases, countries will need to develop approaches that integrate primary care with geriatric medicine, long-term care, and social care. Countries will also need to pay particular attention to women, who are disproportionately affected by barriers to health care due to often-limited financial means and decision-making power. Treating NCDs is expensive, but preventive measures such as promoting healthy lifestyles or taxation can offset the high costs.

Prosperous Living

Even with proper care and good health, a significant portion of older adults need to continue to work in low- and middle-income countries,³ due to insufficient private savings or pensions. For example, 50 percent of men and 34 percent of women over age 65 in low-income countries remain in the workforce, as compared to 20 percent of men and nine percent of women in high-income countries.

For women, the situation is harder. Even where pension systems exist, many women don't have a pension, or their pensions are smaller than men's. They earn less and therefore face more difficulties in accumulating their own savings, work fewer years, work in the informal sector (with little access to the contributory pension system), and often retire earlier (even though they live longer).⁴

Going forward, we must reframe aging as a triumph rather than an impediment to development. The next frontier is creating policies that ensure health, prosperity, and dignity for older individuals, especially women.

While women live longer than men, they spend more years in poor health (10 years, compared to four for men),⁵ have fewer years of accumulated work experience, and often own fewer assets, and are typically the caregivers in their households. In many countries, older women will need care for longer periods and will have fewer resources to pay for it. Globally, one in four older women lives alone.⁶

In view of these challenges, countries also need pension reforms that can bring income security in old age, including through social pensions, public pensions, and private savings mechanisms for those working in the informal economy. Countries such as India, China, Kenya, Vietnam, Ghana, Thailand, and Rwanda have schemes where informal sector workers can contribute money for their old age, often via mobile money.

On the other hand, human capital investments in young and working-age cohorts can help counterbalance the economic slowdown that may be brought on by aging. Though there are more people beyond working age than ever before, there is also more human capital among the younger cohorts than ever before. Countries that have a rapidly growing older population but that also invested in younger cohorts are still seeing economic growth driven by a smaller — yet better educated and healthier — working-age population. Those countries that have not

invested in human capital of younger cohorts will need to do so quickly to counter-balance an emerging older non-working population.

International migration can also mitigate diverging demographic trends across countries, though it would need to be much more common, and better managed, to lead to net economic benefits. Managed migration has a role to play. This includes building skills in potential immigrants that align with destination markets, facilitating legal transfers of people across countries, ensuring labor rights are respected in receiving countries, and facilitating cross-country collaboration on job placements and return migration.

Dignified Living

A significant share of the 65-and-over population can continue to make meaningful contributions to their homes and communities. Most can do so while living at home, with some support for daily activities. But these services (offered through community centers or home-based services for example) remain very limited relative to the scale of need. As families no longer fully support older individuals, there is a need to adapt cities to accommodate those with mobility limitations, transform public transportation, develop new products and services that cater to a growing aging population, and build the eco-system that would allow the older population



The report is available at:
www.worldbank.org/healthylongevity

to remain integrated in society.⁷ Investments in lifelong learning are also important to improve productivity and wages of older workers. Age-related declines in abilities can be delayed by continuous investment in workplace-related skills. Online courses allow older workers to learn at their own pace while firm-based training ensures that they maintain skills valued by employers, including keeping up with technological change. Learning credits for lifelong learning, accessible and easy-to-use digital technologies, and programs designed for the way adults learn can encourage older workers to continue learning. Incentives to discourage ageism in employer hiring and training are also important.

The World Bank has an ambitious goal to reach 1.5 billion people with quality health services by 2030. Key strategies include addressing non-communicable diseases, offering social protection for the poor, and meeting long-term care needs. As countries develop programs for healthy longevity, we will support them with expertise and financing to improve social protection and well-being. Our goal is to help countries navigate demographic transition and safeguard human capital.

Increased longevity is a success story. Going forward, we must reframe aging as a triumph rather than an impediment to development. The next frontier is creating policies that ensure health, prosperity, and dignity for older individuals, especially women.

The interconnected nature of the challenges and solutions calls for coordinated efforts across sectors, generations, and countries. By embracing a holistic approach to aging, we can ensure that increased longevity translates into healthier, more prosperous, and dignified lives for all. •

¹ The working-age population in high-income countries is expected to decrease by 53 million by 2050. World Population Prospects 2024 (dashboard), Population Division, Department of Economic and Social Affairs, United Nations, New York.

² World Bank. 2024. Unlocking the Power of Healthy Longevity: Demographic Change, Noncommunicable Diseases, and Human Capital. Washington, DC: World Bank.

³ World Bank, 2024 State of Social Protection Report, forthcoming.

⁴ Women, Business and Law database.

⁵ Lutz, Wolfgang, E. Striessnig; A. Dimitrova, S. Ghislandi, A. Lijadi, and C. Reiter. 2021. "Years of Good Life is a Well-Being Indicators Designed to Serve Research on Sustainability." Proceedings of the National Academy of Sciences 118 (12).

⁶ United Nations, Department of Economic and Social Affairs, Population Division (2022). Database on the Households and Living Arrangements of Older Persons 2022.

⁷ World Bank, 2022 - Urban Development Report.



Mamta Murthi
 Vice President for People
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The Decade of Healthy Aging in the Americas: Progress and Challenges During the First Three Years of Implementation

The United Nations Decade of Healthy Ageing (2021-2030) is a global initiative bringing together different stakeholders with the common goal of improving the quality of life of older people, their families, and communities. In November 2023, the first Progress Report of the Decade of Healthy Ageing was published. It highlighted experiences and actions from different stakeholders during the first three years of implementation, as well as knowledge and resources that are in development worldwide to support healthy aging.

The report is part of the World Health Organization (WHO) commitment to monitoring the Decade's results and underscores the significant engagement of countries in the Americas in the movement. The demographic and epidemiological transitions that the world is going through present an unprecedented challenge for health and social protection systems, with accelerated change not only in populations but also in the environments where people are born and live. In the Region of the Americas, the aging process is uneven demographically, resulting in a fast-growing older population, especially in low- and middle-income countries. It is vital to take advantage of the "window of demographic opportunity" to foster actions and target interventions to ensure long and healthy lives for all.

Despite the challenges the world has faced since 2020, progress has been achieved in each of the Decade's four action areas: combating ageism; developing age-friendly cities and communities; delivering integrated and person-centered care that responds to older adults' needs; and providing access to long-term care

for older people who need it, as highlighted through the monitoring of the 10 progress indicators shown in Figure 1.

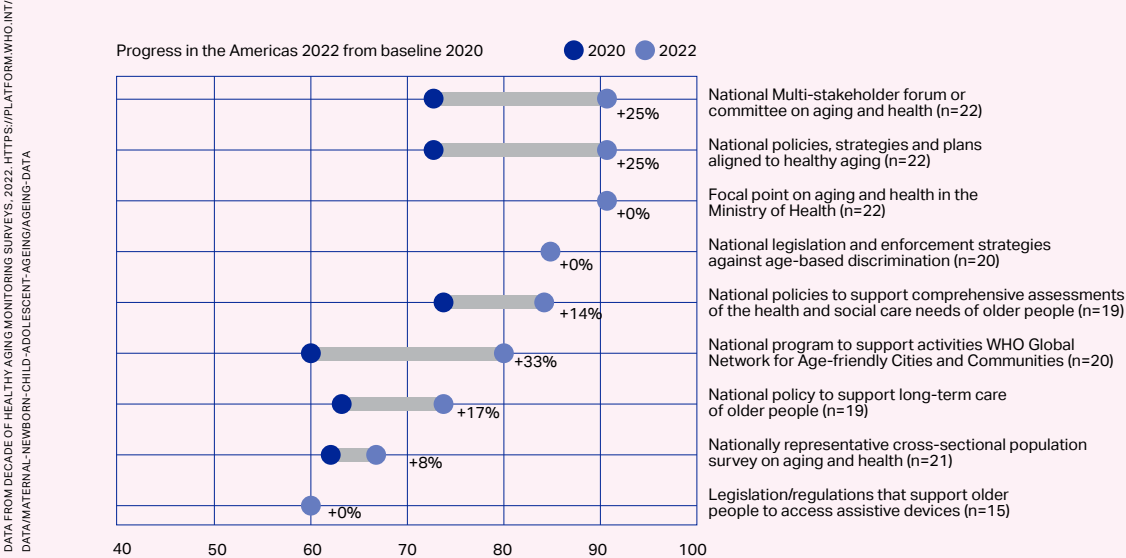
The Pan American Health Organization (PAHO), in coordination with countries and other organizations, supports the implementation of the Decade initiative and the achievement of its objectives through the application of methodologies and tools such as the Global Campaign to Combat Ageism, the Global Network of Age-Friendly Cities and Communities, and the strategy for Integrated Care for Older People (ICOPE). Additionally, PAHO's background resource series, The Decade of Healthy Aging in the Americas: Situation and Challenges, is available to inform action through evidence and it addresses one of the enablers of the Decade's plan, which is to increase data, research, and innovation.

The Progress Report illustrates the relevance and engagement of countries of the Americas in implementing the Decade. Some of the main findings indicate 91 percent of countries that reported data have a national aging policy, while nearly 70 percent have mechanisms for promoting and protecting the rights of older persons. Additionally, 78 percent have a policy, legislation, strategy, or program for integrating palliative care services into the structure and financing of national health systems at all levels of care. Furthermore, over 50 percent of reporting countries in the Region have implemented actions to support income-generating activities for older people.

Relevant progress can be seen in the percentage of countries with national programs to support the activities of the WHO

It is vital to take advantage of the “window of demographic opportunity” to foster actions and target interventions to ensure long and healthy lives for all.

Figure 1. Progress reported on the 10 indicators monitored for the Decade of Healthy Aging



Global Network for Age-friendly Cities and Communities. In this sense, the Region of the Americas, with over 950 cities and communities, represents more than half the total members of the Network, with the United States alone having the most cities and communities in the Region. Moreover, significant engagement from the Latin American countries has occurred since 2020. Also, by 2022, more countries had national policies to support comprehensive assessments of older people in health services, despite reporting challenges in providing integrated

care, such as human resource constraints. WHO’s Integrated Care for Older People (ICOPE) approach has generated wide interest among PAHO Member States in the Americas, and some, such as Chile and Costa Rica, have undertaken pilot projects to assess their capacity to implement it. Also, countries developed training strategies on the health and care of older adults. One example is the capacity-building program for primary care workers in El Salvador using the course, Development of Competences in Health Care for Older Persons: ACAPEM – Basic Level,

The Decade of Healthy Aging in the Americas: Progress and Challenges During the First Three Years of Implementation



PHOTO CREDIT: © PAHO/WHO @OPS/OMS

available in the PAHO Virtual Campus of Public Health. Other examples from the Progress Report are the active and healthy aging program in Brazil; the creation of a Socio-Sanitary Care Center focused on the “oldest-old” in Colombia; and the opening of an integral protection center for combatting gender-based violence in Argentina.

The Americas have also made progress in the declaration of national policies, strategies, and plans aligned to healthy aging. For example, Puerto Rico recently presented its 10-year Healthy Aging Plan, aligned with the Decade of Healthy Aging goals, and Paraguay published a national policy for older adults, with six strategic lines including the right to health, social protection, age-friendly environments, and lifelong-learning opportunities.

Moreover, it is important to emphasize the intersectoral and interagency work that has characterized the development of the Decade in the Region, with strong collaboration and coordination between UN agencies and the Inter-American System towards achieving the

Decade’s objectives. In this sense, the report highlights several initiatives that can serve as examples to inspire similar strategies in other regions and countries, such as the Inter-American Convention on the Rights of Older Persons, which is presented as a unique legal instrument at the regional and global levels; as well as the “Let’s Go!” toolkit for age-friendly cities and communities, launched by PAHO together with HelpAge International and AARP.

The advancements and limitations in implementing the Decade described in the report indicate how actions could be accelerated in the upcoming years. One of the challenges outlined is the lack of financial resources, indicating the need for political commitment and specific budget allocations to support healthy aging. It is crucial to increase the efforts to consolidate health and social protection systems to promote healthy aging and favor economic sustainability.

Finally, as we advance in the Decade, meaningful engagement of older people, who should be central in shaping the Decade’s

The Decade is an opportunity to catalyze efforts towards greater health, well-being, and equity as people age. It will also contribute to social and economic benefits across the Region through the active participation of older people in society.

implementation, must be guaranteed. The Decade is an opportunity to catalyze efforts towards greater health, well-being, and equity as people age. It will also contribute to social and economic benefits across the Region through the active participation of older people in society.

Achieving a world in which all people can live long and healthy lives is only possible with older people at the center of all actions, policies, and strategies so that no one is left behind. •

¹ Progress Report on the United Nations Decade of Healthy Ageing, 2021–2023. Geneva: World Health Organization; 2023. <https://www.who.int/publications/i/item/9789240079694>.

² More information and related resources at: <https://www.who.int/publications/m/item/global-campaign-to-combat-ageism-toolkit>.

³ More information at: <https://www.paho.org/en/topics/age-friendly-cities-and-communities>.

⁴ Integrated care for older people (ICOPE): Guidance for person-centered assessment and pathways in primary care. Geneva: World Health Organization; 2019. <https://www.paho.org/en/documents/integrated-care-older-people-icope-guidance-person-centered-assessment-and-pathways>.

⁵ More information about the series, The Decade of Healthy Aging in the Americas: situation and challenges, at: <https://www.paho.org/en/series-decade-healthy-aging-americas-situation-and-challenges>.

⁶ More information at: <https://campus.paho.org/en/course/health-care-older-persons-acapem-basic-level>.

⁷ Let's Go! Steps for engaging older people and improving communities for all ages. PAHO, HelpAge International and AARP, 2022. <https://www.aarpinternational.org/file%20library/unassigned/lets-go-guide.pdf>.



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Supporting Countries in Developing Policies, Programs and Action Plans on Older Persons: Experiences from Asia and the Pacific

Population Aging in Asia and the Pacific

Asia and the Pacific is home to 503 million people age 65 and older, representing 10.5 percent of the region's total population. About 60 percent of the world's older population lives in the region. It is projected that by 2050, there will be almost one billion older individuals in Asia and the Pacific, or about 1 in 5 people in the region. In other words, one in every 15 people worldwide at this time is an older person from Asia and the Pacific, and by 2050 it will be one in 10.

The rapid growth in the share and number of older people in Asia and the Pacific (fig. 1) is due primarily to unprecedented declines in fertility and mortality occurring much faster than in other world regions.

Given the sheer number of older persons in the region, what happens to them will shape global trends. Moreover, because population aging is happening so quickly, countries in the region have little time to address its challenges and opportunities.

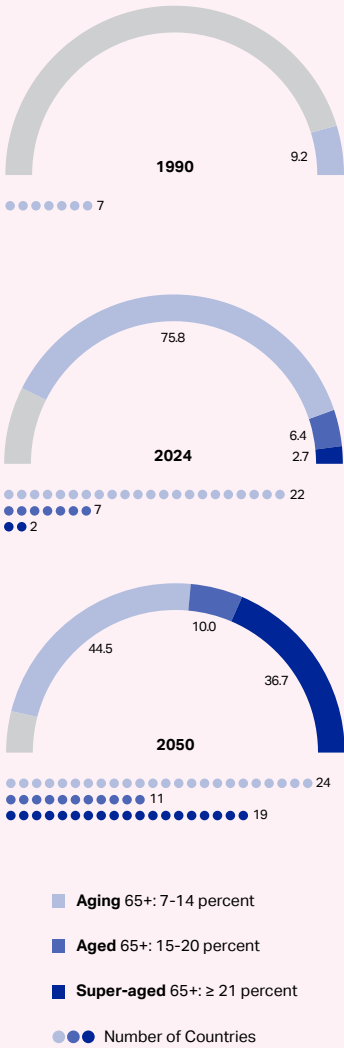
Population aging is, in many ways, a human success story — the result of scientific advances, improved public health, and overall socioeconomic development. It presents challenges that are exacerbated when it happens quickly and affects large numbers of people. But it also offers opportunities, and when addressed in a forward-looking way, it can result in inclusive and sustainable societies of all ages.

Asia and the Pacific is highly diverse in terms of geography, economic and social development, and demographic trends, and aggregate regional figures mask greater variation at the national and subnational levels. However, the general trend is clear: Population age structures are shifting towards a greater number and share of older persons. Importantly, the onset, duration, and speed of population aging varies by country, and specific challenges and opportunities differ accordingly.

Aging on the Agenda of Governments

Countries in the region have recognized population aging as a regional megatrend and the consequent importance of active and healthy aging policies, programs, and action plans. At

Figure 1. Proportion of the population (and number of countries) transitioning from 'aging' to 'aged' to 'super-aged' societies in Asia and the Pacific, 1990, 2024, and 2050



Countries in the region have recognized population aging as a regional megatrend and the consequent importance of active and healthy aging policies, programs, and action plans.

the Fourth Asia-Pacific Review and Appraisal of the Madrid International Plan of Action on Ageing in 2022, Member States of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) called for developing, strengthening, and implementing comprehensive and integrated policy frameworks that mainstream population aging into national development strategies and plans, using a human rights-based and people-centered approach. ESCAP's analysis suggests that almost all countries in Asia and the Pacific have policies or action plans for older persons. Moreover, there are sectoral policies and programs that include older persons in some way, such as those focusing on population and development, housing, education/lifelong learning, or health. However, policies and action plans can differ regarding scope, coverage, timeliness, and political commitment as well as context-specific variables such as demographic situation, economic and social development, and geography. The process of developing, implementing, and monitoring such policies and action plans can also differ by country due to the involvement of government entities and relevant stakeholders (including older persons); the level of alignment with global, regional, subregional and national guiding documents; frameworks and mandates; or the commitment of the government. Regional cooperation and partnerships provide an opportunity for countries to learn from each other regarding mandates, good practices, urgency, and needs, and to develop policies and action plans according to country-specific contexts and circumstances.

This repository (fig. 2) also contains a database of good practices of policies and

action plans and a dashboard of timely and publicly available data on the situation of older persons.

Developing a Repository of Policies and Dashboards of Good Practices and Data

As the Asia-Pacific development arm of the United Nations Secretariat, ESCAP, provides a platform for sharing experiences and good practices, and offers a venue for facilitating collaboration on issues related to South-South and triangular cooperation. Following the Fourth Asia-Pacific Review and Appraisal of the Madrid International Plan of Action on Ageing in 2022, ESCAP developed a publicly available repository of policies, programs, and action plans focusing on older persons from countries in the region (see: <https://www.population-trends-asiapacific.org>).

The repository currently includes 34 countries or areas of the Asia-Pacific region. Information was collected from member States' responses to the surveys administered by ESCAP for the Third and Fourth Asia-Pacific Reviews and Appraisals of the Madrid International Plan of Action on Ageing and from other publicly available resources.

The database of good practices on aging is categorized by the priority areas of the Madrid International Plan of Action on Ageing and the outcomes of the Fourth Asia-Pacific Review and Appraisal with additional sub-categories. There are examples from 25 countries and areas in the Asia-Pacific region, covering all subregions. Those most frequently cited are Australia, Japan, Republic of Korea, Singapore, and Türkiye

**Supporting Countries in Developing Policies,
Programs and Action Plans on Older Persons:
Experiences from Asia and the Pacific**

**Figure 2. Dashboard
of National Policies
on Ageing – Asia
and the Pacific**



which tend to be further advanced in population aging and overall socioeconomic development. Most good practices are from the domain “older persons and development.” The database is being continuously updated, so the number of countries and subregional representations are subject to change. As of August 2024, 119 good practices were documented in the database. Government focal points on population aging are regularly invited to review entries in the policy repository and to submit their own policies and good practices.

Work on the repository and dashboards is ongoing, with the intention of developing a one-stop online platform of data and policies, programs, and action plans on population aging for countries in Asia and the Pacific. It can be used to support countries in developing and revising their policies on older persons and in designing good practices. ESCAP is consulting with government focal points on aging regarding the content and functionality of the repository and dashboards, and the focal points have been invited to provide regular updates. ESCAP has also organized numerous capacity building workshops for users of the platform.

**Outcome document of the Fourth
Review and Appraisal of MIPAA in
Asia and the Pacific, 2022**

“We, the representatives of members and associate members of the Economic and Social Commission for Asia and the Pacific ... recommend ... to promote policies and national action plans to prepare for and respond to population aging throughout the life course, to strengthen intergenerational solidarity to build societies for all ages, to raise public awareness on the rights, issues and challenges of old age and aging, and to recognize the contributions that older persons make to their families, local communities and nations.”

Currently, ESCAP is reviewing the policies and good practices, and developing a “policy radar” to help countries assess themselves and develop good practices.

Going Beyond the Repository and Dashboards

Based on information collected through 2023, ESCAP published a practical guide on developing and revising policy documents on older persons. Currently, ESCAP is reviewing the policies and good practices, and developing a “policy radar” to help countries assess themselves and develop good practices. The “policy radar” will take account, for example, of overall population coverage, focus, need, sustainability, global and regional mandates as well as contextual variables.

The online platform will be used in compiling policies and action plans and in supporting member States in evaluating their policies in preparation for the Fifth Asia-Pacific Review and Appraisal of the Madrid International Plan of Action, tentatively scheduled for 2027. •

⁶ More information at: <https://campus.paho.org/en/course/health-care-older-persons-acapem-basic-level>.

⁷ Let's Go! Steps for engaging older people and improving communities for all ages. PAHO, HelpAge International and AARP, 2022. <https://www.aarpinternational.org/file%20library/unassigned/lets-go-guide.pdf>.



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¹ For a definition of the Asia and the Pacific region, see: ESCAP Members and Associate Members | ESCAP (<https://www.unescap.org/about/member-states>)

² ESCAP (2022). Outcome document - Accelerating Implementation of the Madrid International Plan of Action on Ageing, 2002, to Build a Sustainable Society for All Ages in Asia and the Pacific, ESCAP/MIPAA/IGM.3/2022/3/Add.1.

³ United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP) (2023). A Practical Guide for Developing and Revising Policy Documents on Older Persons in Asia and the Pacific. (ST/ESCAP/3007).

⁴ Integrated care for older people (ICOPE): Guidance for person-centered assessment and pathways in primary care. Geneva: World Health Organization; 2019. <https://www.paho.org/en/documents/integrated-care-older-people-icope-guidance-person-centered-assessment-and-pathways>.

⁵ More information about the series, The Decade of Healthy Aging in the Americas: situation and challenges, at: <https://www.paho.org/en/series-decade-healthy-aging-americas-situation-and-challenges>.

The views expressed in this publication are solely those of the authors and do not necessarily reflect the opinions or official positions of the United Nations.

A Demographic and Cultural Shift: A Commentary on Aging in India

My mother-in-law, Durga Nilekani, recently turned 100 years old this January. She is a peaceful centenarian, living in the moment, never complaining, ever smiling despite any physical discomfort she may be experiencing. As someone who turned 65 not long ago, I often wonder if I will be so equanimous if I live as long as her. Will I be at peace with my life at that age, or will I expect more as I get older?

Calm or restless, we are both part of India's developing story. In 2025, India had the largest population of young people of any country in the world. Within a couple of decades, it will have the largest cohort of people age 60+. This will not be just a demographic transition; it will also mark a seismic cultural shift — and India will need to find ways to manage the coming change.

There is no mystery about how this has come about. India has experienced the same trends as many growing economies, with a decline in fertility rates and infant mortality, and better access to nutrition and health care. Those factors have contributed to a doubling of India's life expectancy since Independence in 1947. The average lifespan is now 67.2 years.

Nor is India alone in anticipating the coming shift. In the coming decades, humanity will have to deal with issues of an aging global population for the first time. The United Nations estimates that there are more than 700,000 centenarians in the world today. Many countries are already facing the challenges of a greying citizenry, notably Japan, Germany, Italy, and even tiny

countries like Monaco and Latvia. Their leaders are taking steps to support older adults, ensure their countries have the proper infrastructure and services, and prepare for the economic impacts that come with aging workforces.

The marketplace and scientific spaces have also begun to focus on prolonging health spans. Research on longevity has accelerated, especially in the West, where one Silicon Valley firm reportedly declared death to be a bug, not a feature of life! The Methuselah Foundation in the United States, a "biomedical charity," wants 90 to become the new 50 by 2030. If these and other fanciful projects fail, many hope they will at least yield advances on dementia and other age-related disorders.

All that said, India's approach to its aging population will necessarily be unique. First and foremost, because of the scale of the oncoming shift. Its older adult population will double by 2047 and overtake that of China a couple of decades after.

There are other factors at work as well: Unlike more prosperous countries, India's older adults are poorer than the general population. Only 14 percent can use the Internet, and less than 5 percent reported being part of a social organization.¹ They are more likely to be female, have much less education and live more in rural areas. More than one in three seniors in India still do not have the luxury of retiring, and many continue to do unpaid work, often in agriculture and allied activities. India is also experiencing

In 2025, India had the largest population of young people of any country in the world. Within a couple of decades, it will have the largest cohort of people age 60+. This will not be just a demographic transition; it will also mark a seismic cultural shift — and India will need to find ways to manage the coming change.

a rapid shift away from multi-generational households and toward nuclear families, and an estimated 80 million older people will have to live alone or with an older spouse in just 20 years.²

Yet, data do not tell the whole story, or the only story.

In one survey, younger generations associated aging with grey hair, nursing homes, and wheelchairs, while older adults added freedom from responsibility, travel, and the joy of grandchildren.³ Clearly, how old you feel can be quite different from how old you are.

There are also strong socio-cultural traditions about aging that could determine how older adults cope with their advancing years. In India, age has long been associated with wisdom, enough that most families still consult seniors on big decisions like new jobs or marriages. Cultural messaging strongly

cultivates a reverence towards older people, and millions of Indians touch the feet of family seniors at festivals and rituals, a sign of respect that can also symbolize conferring the blessings from the old to the young.

Equally, aging is widely accepted as a natural phenomenon with a spiritual opportunity. Among Hindus, for example, Vanprastha is a stage of life after the householder phase, when one is expected to gradually and gently withdraw from the material world. Vanprastha literally means “the way of the forest.” It is a time for prayer and meditation, for practicing detachment and oneness with the natural world, and I have personally witnessed dozens of relatives cheerfully adopt such a lifestyle change. When the time came to leave this world, they seemed to have been the more at peace, thanks to their practice.

There are also strong socio-cultural traditions about aging that could determine how older adults cope with their advancing years.



Durga Nilekani, the author's mother-in-law, who recently turned 100 years old.

My own paternal grandmother, whom everyone called Atya, chose to live the last 20 years of her life in a single room in the small temple town of Alandi. Even though her sons

were doing very well in life, she cheerfully chose frugality. Visiting her to sit in an open courtyard, enjoying her delicious cooking, and hearing her spellbinding stories of her saint-Gods was always the highlight of my young life. She remains an enduring inspiration on how to “go gentle into that good night” despite what the Welsh poet Dylan Thomas wrote.

But times are changing fast, as are attitudes. Today's elders want to feel young, to have social engagement, and give freely of their time and talent. They want to have fun, but they also want to be useful in society. One of India's many non-profits working on longevity, Grey Shades, showcases intrepid seniors who are giving back gracefully — like army veteran and psychiatrist Colonel Dr. Rajinder Singh, who at the age of 91 is setting up a third Mental Wellbeing Centre to address addiction in young people in Punjab.

Not all seniors get the same opportunities to be productive and socially relevant. Nor should they feel pressured to be. There is a real danger that emerging societal norms will create a new anxious generation of elders, who not only feel pressure to look and feel young at any age, but face financial challenges as governments push up their retirement age and pension plans.

How can we reimagine a future in which older adults are respected, cared for, and given opportunities to contribute?

Here's where society, the state, and markets need to do much more. While India does have several good non-profits working with older

citizens, there is room for many more to support the 300 million — and counting — older adults. While the state has many initiatives to assist senior citizens in health care and pensions, there are too many delivery gaps. While the markets have begun to offer some services targeted at seniors, \$50 billion in potential economic activity remains largely untapped.⁴

As a start, we need much more private philanthropic capital to come into the sector, to underwrite innovation, to provide patient funding, and to create the new narrative on aging that India and the world needs. At RNP, we always try to peek into the future, to see where new societal issues will need the risk capital that philanthropy uniquely provides. For example, my team helped set up India's first domestic endowment for water and sanitation. Similarly, we started our work with young men and boys long before it became the global talking point it is today. In climate, RNP has focused on adaptation, for which communities at the first mile must innovate to build their resilience in the face of so much uncertainty. Post-pandemic, we realized the urgency of working on mental health. Now, we are keenly exploring opportunities in longevity and aging in India.

Whatever we decide, it is clear that this area needs much more attention from philanthropists the world over. After all, many philanthropists themselves are elder adults. Time should not empty out before the pocket does.

India matters in the world. How it shapes its policies, its public infrastructure, and its society to give more agency, dignity, and choice to senior citizens can become a beacon for other nations as the entire globe adapts to a rapidly aging population. •

¹ Dalberg meta-analysis of available India data from following sources: (1) LASI India Report, 2020; (2) Government of India, Population Census, 2011; (3) Asian Development Bank, Aging Well in Asia, 2024 (4) Oxfam, Digital Divide: India Inequality Report, 2022; (5) Agewell Foundation Survey, 2019 (5) National Sample Survey Office, Household Consumption Expenditure Survey, 2022-23; (6) Ideas for India, Determining how many Indians are poor today, 2024.

² IBID

³ Internal research by Silver Talkies, <https://silvertalkies.com/>.

⁴ Senior Care Reforms in India, NITI Aayog, 2024



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What's Working: Taking Action Together to Address Global Health and Economic Challenges



PHOTO CREDIT: CLINTON GLOBAL INITIATIVE

During CGI 2024, the Clinton Global Initiative announced new investments to address the humanitarian crisis in Sudan

By 2030, more than 1.4 billion people around the world will be 60 or older. That's one in six people globally. And by 2050, that number is expected to double. The reality of humans, on average, living longer will have dramatic effects on economic, social, and health systems, presenting both challenges and opportunities.

According to the UN, as of 2023, only one in three countries have the financial resources, not to mention political will, to implement adequate long-term care for an aging population, as defined by the World Health Organization (WHO). We know traditional best practices around retirement planning are unlikely to provide adequate income for people with increasing lifespans, and

that all countries will need to adapt to ensure that their health and social systems are ready to meet the needs of their changing populations.

This is an issue that requires both a global response and action from individual countries themselves. Fortunately, international organizations and others are working to determine the types of systems and investments needed to ensure that people everywhere can age with dignity and security. One example, the United Nation's "Decade of Healthy Ageing," is a global collaboration to improve the lives of older people, their families, and the communities in which they live by the end of this decade, when older persons are projected to outnumber the youth globally.



Dr. Chelsea Clinton tells the CGI community that we all have a choice: focus on what's broken and get nowhere — or choose to focus on what's working and use that to make tomorrow better.

Our model and ethos bring together leaders from the public, private, and nonprofit sectors to drive progress around our shared challenges through Commitments to Action — measurable, replicable projects that effect change on a local, national, or global scale.

Additionally, the WHO has called on countries to make a “radical shift” in the ways they provide care and support for aging populations. The WHO’s recommendations include taking a person-centered approach to health care; integrating health and social services across disciplines and specialties so that people don’t fall through the cracks; ensuring that every person has seamless access to short- and long-term care across clinical settings, care facilities, their local communities, and their homes; and providing adequate, equitable support for caregivers.

So, what does that look like? One critical aspect of the WHO’s recommendations is that national governments work to provide care in

partnership with local governments, nonprofits, and the private sector.

At the Clinton Global Initiative (CGI), we have seen firsthand the power of multisector partnerships in addressing the most urgent challenges facing the world today. Our model and ethos bring together leaders from the public, private, and nonprofit sectors to drive progress around our shared challenges through Commitments to Action — measurable, replicable projects that effect change on a local, national, or global scale.

We have made incredible progress extending lifespans over generations; now we must ensure that the longest-surviving members of our global community can age with dignity.

Here are five solutions championed by members of our CGI community to address the health and economic challenges related to our world's aging population:

- 1. Designing communities and systems to promote self-sufficiency, connection and ongoing engagement.** In 2023, the WHO published a toolkit on how to make cities and communities "age-friendly." This includes enacting policies that make social services more accessible; promoting continuing education and socioeconomic stability; and, critically, providing opportunities for community engagement for people of all ages. Giving people over the age of 60 opportunities to engage with their neighbors and become involved in their community promotes health, encourages autonomy, and combats isolation and loneliness — which U.S. Surgeon General Vivek Murthy has declared an epidemic unto itself. In Uganda, Nyaka Global is pioneering an innovative model to support aging women who often face extreme poverty while caring for others. To date, Nyaka has reached 20,000 women, providing them with home-based care, from shelter to washbasins to improve hygiene and decrease illness; microfinancing loans to start a new business, pay for medical care, or address other household needs; community connection, and more.
- 2. Closing technology gaps.** We need to thoughtfully consider how technology can best be used to support an aging population. Many older adults lack access to the internet and/or the skills needed to utilize essential online services, so building technology to meet older adults where they are reduces the burden on caregivers, cuts costs, and empowers community organizations to provide essential services. Across the United States, Blooming Health (of which I am an investor) is an example of one organization that is using technology to meet older adults' unique needs, by connecting them with resources through phone calls, texts, and emails in multiple languages. In Spain, the Porta mobile app is using virtual reality and artificial intelligence solutions to support people living with cancer and dementia, as well as their caregivers.
- 3. Investing in specifically designed, patient-centric models of geriatric care.** This includes creating accessible, affordable, and people-centric health centers that are exclusively focused on caring for older patients. One innovative approach discussed at this year's CGI Annual Meeting is the concept of "dementia villages" — specialized residential care communities that resemble a small town or neighborhood with shops, gardens, restaurants, and other amenities and seek

to provide familiarity, comfort, and a degree of independence to patients living with dementia. For individuals who are unable or unwilling to go to an external facility, it's critical to bolster hospital-at-home programs that enable patients to receive hospital-level care in their own homes.

4. Encouraging later-in-life retirements. Many retirement plan models are based on an average lifespan that is quickly becoming (or already is) outdated. AARP has launched a campaign to educate "pretirement" individuals on how to save for retirement at a time of longer average lifespans, while the cost of living continues to increase globally. We should also focus on creating job opportunities for older adults and incentivizing employers to hire them. Alongside the economic security that good jobs can bring, employment can also make a positive difference for older adults in terms of feeling a sense of purpose and building social connections. In 2023, Jivan launched a CGI Commitment to Action to place 100,000 older adults into employment over a five-year period.

5. Bolstering the care economy. As we consider ways to better support caregivers — both at-home and in facilities — we also need to reimagine how we define the care economy and engage with those who participate in it. In 2003, Noora Health made a CGI Commitment to Action to develop and launch caregiving training programs in India, Bangladesh, Indonesia, and Nepal that are designed to support family caregivers who are typically under-equipped when it comes to disease management and home-based recovery care. As part of this Commitment, Noora Health will implement training programs across hospitals, clinics, community health systems, and medical colleges, with the goal of reaching 70 million family caregivers by 2028. This is a replicable model that can easily be scaled to other countries around the world.

While it's true that the world's aging population is going to demand more of our global health and economic systems, we need to stop thinking about this issue as a burden and rather as an accomplishment and privilege that is to be celebrated. We have made incredible progress extending lifespans over generations; now we must ensure that the longest-surviving members of our global community can age with dignity. It is imperative that we develop innovative models to advance better economic and health outcomes on a global scale. This is an issue that transcends cultures and geographical borders and can only be addressed through collaboration among countries and across sectors.

I'm very proud of all that our CGI community has accomplished to date — it's estimated that 1 in 16 people worldwide are feeling the impact of a CGI commitment. But there is more to be done, and we are committed to building on what's working to address the unique needs of our aging population. •



Chelsea Clinton
Vice Chair
Clinton Foundation

Population Aging is One of Three Great Waves of Change on the Global Economic Horizon

As a journalist and editor at outlets like the Wall Street Journal, CNBC, and Time, and most recently as the CEO of Fortune, I've had a front row seat to extraordinary amounts of change. It's been my job to discern where global business trends are headed, so I'm always thinking about what's next.

Looking ahead today, I see three waves of change that could be as significant — or more — than anything that's come before. In all three cases, strategic foresight and preparation could help power new levels of growth and prosperity. But without urgent action, these waves could turn into tsunamis that overwhelm businesses and governments.

The first wave of change is the ongoing revolution in technology, which includes but is not limited to artificial intelligence, robotics, biotechnology, nanotechnology, and quantum computing. Technological advances are bound to increase as researchers and innovators find ways to create and commercialize developments in these new frontiers.

The second wave is a massive energy transition, driven by the global necessity of fighting climate change — a major risk to future prosperity — as well as the need to meet global demands for electricity, which the U.S. Energy Information Administration says could grow up to three-quarters by 2050. Clean energy generation and storage have become steadily more reliable and affordable, and that trajectory is expected to continue. In the years ahead, we'll have opportunities to reimagine how we power our homes, our businesses, and our vehicles (including the self-driving cars expected as part of the technology wave of change).

These first two waves are familiar topics. You can scan the news on any given day and find coverage of big changes in tech and energy — and you can be sure that corporate managers are having regular conversations about how to respond to these shifts. But the third wave is less frequently discussed, despite the fact that its impact will be felt in homes, workplaces, and markets all around the world, and the urgent need for creative thinking and proactive execution from businesses that don't want to be left behind.

The third wave of change is our rapidly aging global population, driven by increasing longevity and declining fertility rates.

By the end of this decade, one in every six people on the planet will be older than 60. By

midcentury, people age 50-plus will make up a third of the earth's total population. The growing number of older adults will require thoughtful reconsiderations of entire economies, from the goods and services we produce to the people we employ to produce them. While analysts have tended to look at aging populations as a liability — anticipating a strain on the social safety net, for example — well-positioned businesses could ride this wave of change to new levels of growth.

Consider the spending power of this growing demographic. According to the Global Longevity Economy Outlook — a recent AARP-sponsored report that covered 76 countries comprising 79 percent of the global population and 95 percent of global GDP — the spending of older people already makes up 35 percent of global GDP. That is expected increase to almost 40 percent by 2050.

In particular, that spending is expected to drive strong growth in key sectors. The Global Longevity Economy Outlook found that by 2050, real estate is projected to see the largest relative contributions from those 50 and older. At the same time, industries like agriculture, manufacturing of pharmaceuticals and petrochemicals, electricity and gas, telecommunications, financial services and more are estimating impacts of more than 50 percent of their GDP through the economic activity of older adults.

Alongside their consumer spending, contributions of older people to the the global workforce will also increase. By 2050, the 50-plus population will support 1.5 billion jobs around the world and have a \$53 trillion impact on labor income, making them increasingly critical to overall economic productivity and output in the decades to come.

In total, the global economic power of the over-50 group, already \$35 trillion today, will grow to \$95 trillion by 2050. No one can afford to ignore numbers like that.

As businesses plan ahead, it will be important to understand that these demographic trends are truly global. It's easy to assume that population aging is a phenomenon primarily affecting wealthy nations, such as Japan or Singapore. Indeed, four of the five largest economies today are home to the world's largest over-50 populations. But in fact, 85 percent of the growth in the 65-plus population in the next 25 years will occur in low- and middle-income countries, or LMICs.

While analysts have tended to look at aging populations as a liability...well-positioned businesses could ride this wave of change to new levels of growth.

And those changes could shape the business outlook in LMICs in different ways.

Many wealthy countries like Canada, the U.S., and Germany are expecting incremental growth in their 50 and older population by 2050, while many LMICs will experience a more significant change in their demographic balance. In Laos, for example, 14 percent of the population was over 50 in 2020. That is expected to double to 28 percent by 2050. Even though the overall proportion of older adults is smaller relative to other nations, the change taking place could have more significant effects.

The stronger spending power of aging populations will also be a factor in LMICs. Even in countries with relatively young populations, the older population often has an outsized economic impact. In Ghana, the second-most populous country in West Africa, the over-50 group is only 12 percent of its 35-million-person population. But that group accounts for 37 percent of the country's spending. A relatively small 50-plus population can still account for a substantial share of spending.

Companies will also need to consider how aging populations affect the industries and economic models most prevalent in LMICs. Many LMICs are export-dependent, so demand for their goods and services is strongly influenced by consumers in other countries. As global spending power shifts toward older populations worldwide, economic activity in LMICs will need to adapt to meet the demands of 50-plus consumers. This could have implications for the workforce as well, to ensure not only that there is room for older workers in these changing economies, but also to leverage their knowledge and experience.

If companies and countries prepare for it, global population aging is a huge opportunity.

By understanding the evolving consumer landscape, they can create products and services that meet the unique consumption needs of this massive block of older spenders, including plenty of new technologies — get ready to hear more about “AgeTech” as the technology revolution wave meets the aging population wave.

By recognizing the value of a rapidly expanding and experienced labor, companies can build teams that maximize the potential of a multigenerational workforce. Research from AARP, the World Economic Forum, and the OECD and others has found that age inclusion in the workplace can have positive impacts on productivity and innovation. It also makes good business sense to hire and retain mature workers when so much of the market companies are trying to reach will be 50 and older in the years to come.

The businesses that win will understand that global population aging is a change every bit as big as the technological revolution or the energy transition. If they start today with forward planning and real preparation, they'll be ready to seize the opportunities of tomorrow. •



Alan Murray
Founding President
WSJ Leadership Institute

Population Aging in Low- and Middle-Income Countries: Toward Healthy and Prosperous Aging

After falling during the COVID-19 pandemic, global life expectancy has resumed its upward trajectory from previous decades, reaching 73.3 years in 2024.¹ As the global population continues to age and enjoy longer lives, one in six people on the planet will be over 60 years old by the end of this decade.

It would be easy to assume — given the younger average age in many low- and middle-income countries (LMICs) — that the coming surge of global population aging will be concentrated in high-income countries (HICs). But by 2030, an estimated 80 percent of the world's people age 60-plus will live in LMICs.² And while it took roughly a century for the share of older adults to increase from seven percent to 14 percent in HICs, the same transition will take less than 20 years in many LMICs. This relatively rapid pace of aging — accompanied by rising life expectancy and declining fertility — offers a much shorter lead time for LMICs to prepare for seismic demographic transformations that will ripple through labor markets, health care sectors, and social policies.

For example, declines in the working-age populations pose a challenge to continuing economic growth, spurring concern that LMICs may be “growing old before rich.” The common recommendations in HICs against shrinking labor force — encouraging people to work longer, delaying retirement, and fostering the employability of older workers — may not prove effective in LMICs. Older people in low-income countries often remain in the labor force until old age, and high rates of unemployment and underemployment are widespread in many LMICs. It will be critical to find paths to economic growth that can be achieved even with a shrinking labor force. Increased investment in human capital, physical capital, and technology can help boost productivity. For example, investment in education is one of the primary sources of development of human capital for any nation. As an additional benefit, research on the education-health nexus also suggests that education is the main driver of improved population health, which will help reduce health care needs for the future generations of older adults.

Universal health coverage has been named by the United Nation's Sustainable Development Goals as a strategy to improve health in LMICs,

expanding coverage alone is not certain to improve health outcomes. Improvement is contingent on providing high-quality health care³ — a challenge for many LMICs that face shortages of human, financial, and material resources. A starting point for strengthening health systems in LMICs is the collection and analysis of health data, which will enable accurate evaluation of the effectiveness of health services. The importance of data cannot be overemphasized, especially in LMICs where the scarcity of data impedes critical assessments and evidence-based policy development.

Social protection coverage, such as pensions that are common in many HICs, also require rethinking to benefit aging populations in LMICs. In these countries, social protection coverage is quite heterogeneous because work is often diverse, fluid, and overwhelmingly informal. Significant amounts of employment are unobservable and beyond the reach of the state's ability to enforce the obligations and benefits of a country's social contract.⁴ Employment-based pension policies assume a level of homogeneity and stability in the ways people work, a scenario that reflects reality for a minority of workers in many LMICs. Therefore, it has not been possible to use traditional social insurance associated with formal labor to support post-employment financial needs, highlighting the need for alternative social protection instruments that are not tied to labor contracts. For example, cash transfer programs, not tied to employment but alleviating poverty, have been found to be effective in improving the health and wellbeing of older people in many LMICs, although the magnitude of their impact varies across different program designs.⁵

Alongside population aging, LMICs have been experiencing changes along multiple other dimensions as well, including epidemiological transition in disease burden and intractable social changes. In addition to the challenges of infectious diseases, non-communicable diseases (NCD) such as heart disease, cancer, and diabetes are a growing threat to health in LMICs. The double burden of communicable and non-communicable diseases puts a major strain on LMICs' fragile health care systems. The good news is that a population-wide intervention tackling the risk factors of NCDs is possible and can reduce

negative NCD consequences. Proactive prevention by primary health care providers rather than reactive treatment by specialists is the best way to address NCDs in these settings.⁶

Cultural norms are also shifting. Reliance on a family safety net for old age has faded in recent years in many LMICs,⁷ which can lead to a dearth of care for older people. In most LMICs, formal long-term care is in nascent stages, so the responsibility of care typically falls on families. However, because of smaller family sizes, increased geographic mobility, and increased female labor force participation, families' capacity for care is diminishing. Even when families can provide informal care, it often comes at the cost of reducing labor force participation of caregivers. Since social attitudes aren't likely to be reversed, boosting the formal long-term care sector is a more viable alternative. Doing so will create a long-term care workforce, as well as prevent those who are already in the labor market from reducing their labor force participation.

This is a moment of energy and innovation around social protection policy in many LMICs. When COVID-19 struck, many LMICs deployed programs to help to mitigate the impact of the pandemic. As a result of actions taken during the pandemic, as well as weaknesses that the response made evident, many countries are reimagining the design of their social protection systems in ways that may have seemed impossible just years ago. Leveraging innovations in technology and building on the heightened expectations of social protection among policy-makers and the population, this new generation of social protection programs may expand rapidly and widely and provide opportunities to effectively address population aging.

Strategic planning and preparation — comprised of investment in human capital, health care infrastructure, technological innovations, and policy and institutional reforms that respond to social shifts — can enable countries to meet the challenges and take advantage of the opportunities presented by population aging. It is inadvisable to extrapolate knowledge and policy recommendations from HICs to LMICs, where labor market characteristics, epidemiological states, socioeconomic resources, and cultures might be very different. Rather, investing in data and research will enable sound policy

development suitable for local contexts. It is important to recognize that aging is a process, and what individuals and countries invest in today will shape tomorrow's global aging society. ●

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Challenges and Solutions for Older Refugees in the East and Horn of Africa and Great Lakes Region

In the East and Horn of Africa and Great Lakes (EHAGL) region, violent conflicts, political instability, the impact of climate change, and other disruptions have displaced millions of people. Of the 5.4 million registered refugees and asylum seekers in the region, a small but significant segment of the refugee population — approximately 200,000 people, or 8 percent of the total — are classified as “elderly,” meaning they are 60 years old or older.

Stories shared with UNHCR by older adults in refugee camps in Gambella, Ethiopia are a stark reminder of the compounded difficulties they endure, and the challenges that exacerbate their vulnerabilities and needs. Their experiences underscore the urgent need for targeted interventions, to ensure the unique plight of older refugees does not go unnoticed amidst the broader humanitarian crises affecting displaced populations.

Challenges Faced by Older Refugees

For 60-and-older refugees in the EHAGL region, their advanced age compounds the numerous challenges of displacement and overall scarcity of resources in refugee camps and settlements.

Health and Mobility Issues: Access to health care is a critical concern for refugees over age 60. In Gambella’s Pinyudo camps, budget cuts have led to the discontinuation of essential medical services such as optometric support and prosthetic limb services. Gatluak Nhial Deng, a 62-year-old resident of Pinyudo 2 camp, lamented, “Some medical services have stopped due to budget cuts. These are very essential and

critical services that elderly people need.” This lack of access to basic health care significantly impairs their quality of life, especially as many older refugees suffer from chronic conditions such as arthritis, hypertension, and diabetes, which require consistent medical attention. Additionally, the shrinking funding situation has led to the reduction in the number of incentive workers, who provide care for unaccompanied older adults, further exacerbating health challenges. These community workers often play a crucial role in assisting older adult refugees with daily activities, including accessing food and medical services. Their absence leaves many older refugees struggling to manage on their own, increasing their risk of accidents and further health complications.

Nutritional Deficiencies: Food insecurity and a lack of food for safety net targeting to vulnerable and older persons is another pressing issue. With ongoing food ration cuts, refugees over 60 face severe nutritional deficiencies, which are particularly concerning given their health conditions. Malnutrition can exacerbate existing health issues and lead to new ones, such as weakened immune systems and decreased muscle strength, making older refugees more susceptible to infections and falls.

RIGHT, CLOCKWISE Gatluak Nhial Deng, 62, Pinyudo 2 camp; Nyabuony Puot Dar, 60, Pinyudo 2 camp; Tut Puok Gach 70, Pinyudo 1 camp; and Nyekong Yual Top, 71, Pinyudo 1 camp.

For 60-and-older refugees in the EHAGL region, their advanced age compounds the numerous challenges of displacement and overall scarcity of resources in refugee camps and settlements.



In Ngunyyiel camp, UNHCR's operational partner HelpAge International provides recreational activities such as storytelling and singing to engage older adults in social interaction and support emotional well-being.

Tut Puok Gach, a 70-year-old refugee in Ethiopia living with a partial physical disability, shared his reliance on a small home garden to supplement his diet amidst a 40 percent reduction to the food assistance he receives. "Due to diminishing food supplies, I rely on my small garden to support our nutrition," he said. Not all older refugees have the physical ability or resources to grow their own food, however, leaving many dependent on insufficient rations provided in the camps. Without immediate intervention, the health and well-being of older refugees will continue to deteriorate.

Isolation and Protection Risks: Older refugees often experience social isolation, compounded by mobility issues and the fear of further displacement. The displacement to unfamiliar and often hostile surroundings as well as the loss of social networks and support further alienates them, often leading to feelings of loneliness, depression, and anxiety.

60-year-old Nyabuony Puot Dar, who has also been displaced thrice in her life, expressed anxiety about the possibility of being displaced again, saying, "The recent rise in insecurity has worried me a lot. I can't imagine being displaced again. I don't know where I could go." The prospect of another displacement is particularly terrifying for older refugees, many of whom have already been displaced multiple times. This constant state of uncertainty and fear can severely impact their mental and physical health.

Limited Tailored Assistance: Assistance provided in refugee camps too often fails to meet the

specific needs of people 60 and older. Financial strains caused by dwindling funding lead to the de-prioritization of targeted support, leaving older refugees marginalized and under-served despite their increased vulnerabilities. Chol Pur Reath, 63, heads the Elderly People's Association in Ngunyyiel camp. She highlighted the gap in key services, stating, "The most difficult part of being an elderly refugee in this camp is the limited nutritional support and the food cuts."

She also noted the challenges in mobility and the lack of specialized services for refugees over 60, particularly those living with disabilities. Many camps do not provide adequate mobility aids, such as wheelchairs or walking aids, making it difficult for older refugees to move around the camp and access essential services. The lack of these and other tailored assistance programs leaves older refugees without the necessary support to live dignified and independent lives.

Proposed Solutions

Addressing the needs of older refugees in the East and Horn of Africa and Great Lakes (EHAGL) region requires a multi-faceted approach that takes into consideration their unique needs and vulnerabilities. UNHCR is committed to enhancing the support provided to older refugees through targeted and sustainable solutions. As one example, in Somalia, older adults are prioritized among the most vulnerable refugees and benefit from a monthly protection cash assistance programme to meet their basic food and medical needs.

Enhanced Health Care Services: There is a need to restore and expand health care services tailored to the needs of older refugees. This includes the provision of essential medical supplies, mobility aids, and chronic disease management. Health insurance schemes specifically designed for refugees age 60 and older could also be introduced to ensure sustained access to health care services. Moreover, partnerships with local health care providers and international NGOs could be strengthened to deliver specialized care for older refugees, ensuring that they receive the attention and treatment they require. It will also be important to prioritize mental health services. Older refugees who have experienced trauma, loss, separation and displacement need access to support and services to help them cope with emotional and psychological challenges. In Ngunyiel camp, UNHCR's operational partner HelpAge International provides recreational activities such as storytelling and singing to engage older adults in social interaction and support emotional well-being.

Nutritional Support Programs: Targeted nutritional support programs should be implemented to address the specific dietary needs of refugees over 60. This could involve the distribution of food supplements, fortified foods, and the provision of gardening tools and seeds to encourage self-sustained food production in camps. In addition, establishing communal kitchens or meal programs that provide nutritionally balanced meals specifically for older adults could help address the dietary gaps that many of them face.

Social Support and Protection Mechanisms:

To combat isolation and protection risks, community-based social support networks should be strengthened. These networks can provide regular check-ins, companionship, and assistance with daily activities. Organizing social events, support groups, and recreational activities specifically for older refugees can help reduce feelings of loneliness and foster a sense of community.

Moreover, training and support for caregivers, who often are family members, are essential to ensure that they can provide adequate care. **Tailored Assistance Programs:** Humanitarian organizations must develop and implement assistance programs specifically tailored to

the needs of people over 60. This includes not only the provision of necessities like mosquito nets and other non-food items, but also the establishment of dedicated spaces within camps where older individuals can receive specialized care and support. For example, in Gambella, Ethiopia, creating “elder-friendly” zones in camps that are easily accessible, safe, and equipped with the necessary facilities for elderly care has significantly improved their living conditions.

Conclusion

The stories of older adult refugees from the Gambella camps in Ethiopia paint a vivid picture of the challenges they face daily. From health and mobility issues to food insecurity and social isolation, these challenges are compounded by a lack of targeted assistance.

With the right interventions — enhanced health care services, targeted nutritional support, strengthened social networks, and tailored assistance programs — these challenges can be mitigated. The aging of the global population and the potential for greater numbers of refugees in the years ahead make it imperative that the international community recognizes and addresses the unique needs of older refugees. We can — and must — ensure that they are not left behind in the humanitarian response. •



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Innovative Framework for Brain Health Care in Low- and Middle-Income Countries: The Living Lab Approach

Brain health is a major concern worldwide, especially in low- and middle-income countries (LMICs) where resources for diagnosis and care are limited. Conventional approaches and treatments developed in high-income countries, in populations with vastly different cultural, social, and genetic contexts compared to LMICs, are not necessarily applicable. For example, drawing- and reading-based screening tools can mischaracterize people who have not had the opportunity of formal education. Similarly, responses of people in communities where multiple languages are spoken often depend on the language in which the screening tool is administered. To tackle these and other issues, the Aga Khan University Brain and Mind Institute (BMI) has deployed a Living Lab approach to address brain health across multiple communities with unique cultural and socioeconomic characteristics in East Africa and South Asia.

We see the Living Lab construct as a real-world ecosystem, which leverages multi-sectoral platforms, such as health, education, social welfare, community and religious institutions to broaden ownership, impact, and sustainability. A Living Lab model for brain health is “a user-centered, iterative ecosystem, integrating concurrent clinical care, research and innovation processes” that ultimately improves brain health outcomes.¹ The effectiveness of the Living Lab approach in fostering health care innovations and research has been documented in other contexts,² including for brain health research and innovation.³ We postulate that Living Lab-based brain health care also has immense potential to improve preventive, promotive, and clinical care

To tackle these and other issues, the Aga Khan University Brain and Mind Institute (BMI) has deployed a Living Lab approach to address brain health across multiple communities with unique cultural and socioeconomic characteristics in East Africa and South Asia.

and patient outcomes in LMICs. By enabling scientists and communities to co-create culturally sensitive, pragmatic, and effective solutions, it can enhance access to and delivery of brain health care along a continuum that is rooted in local contexts.

At BMI, we have designed a process called **INSPIRE**, which underpins partnerships with communities for research into brain and mental health. This process entails:

Invite: Engage community members from the start.

Negotiate: Work together to set research priorities.

Share: Share power and exchange perspectives and ideas.

Problem-solve: Collaborate on finding solutions.

Implement: Put solutions into practice together.

Review: Assess outcomes and make adjustments.

Effect Change: Apply results to policies and practice.

By developing Living Lab sites in diverse urban and rural communities in South Asia and East Africa, we are thoughtfully testing and adapting tools and measures in unique and sometimes



TOP Engaging communities in Vishakani, Kilifi County, Kenya, around the Living Lab concept for brain and mental health research. **ABOVE** In dialogue with a group of women in Northern Pakistan to better understand issues related to brain health faced by the community, in particular the aging populations.

marginalized settings, while incorporating strategies to harmonize and compare initiatives and outcomes across sites.

Results to date have shown promise. In Kenya and Pakistan, the Living Lab approach has fostered active engagement with communities to identify priority areas for brain health research, such as the impact of climate change, substance use, mental health, and dementia. By working with community advisory boards, we have been able to identify novel brain health risk and resiliency factors to include in research protocols. Collaborations with community health promoters (mostly volunteers) and peer-led pathways to resilience building have increased the scope, reach, and inclusivity of our interventions. In connection with local civil society organizations, health systems, and school systems, for example, we

We are actively learning from those with lived experience of brain and mental ill-health, and their caregivers, so that they are part of shaping the research and intervention landscape.

are establishing screening for early identification of mental ill-health and developing novel referral pathways for specialized care. Alliances with community leadership have helped reduce stigma related to brain health, and created space to broach controversial topics, including violence and conflict as mental health stressors. Finally, we are actively learning from those with lived experience of brain and mental ill-health, and their caregivers, so that they are part of shaping the research and intervention landscape. These successful efforts point to expected benefits of the Living Lab approach in advancing brain care, including:

A. More effective (and potentially cost-effective) screening: Tools designed to consider unique contexts and validated against so-called “gold standards” will more accurately identify risk factors and ill-health early on. Similarly, tools designed to enable task shifting to non-specialist providers can also catalyze early identification of disease.⁴

B. More effective diagnosis and treatment: Research accounting for specific genetic, biological, and cultural characteristics of diverse populations can result in more appropriate diagnostic tests, pathways, and treatments. For example, we are collecting saliva and blood from participants in South Asia and East Africa to determine if genetic and molecular drivers of dementia differ from those discovered in people of European ancestry.

C. Interventions designed and adapted with end-users in real-world settings: End-user engagement promotes the design of more acceptable interventions and increases the likelihood of local responsibility for sustaining efforts. For example, in Northern Pakistan, we adapted the widely tested Thinking Healthy Program⁵ — originally designed for peer volunteer-led one-on-one counseling of women with perinatal depression — to peer-led support groups, which resulted in less stigma for individuals with depression. We also engaged partners of young women in support groups to promote wellbeing of the family.

D. Expedited implementation, uptake, and scale up of effective health care solutions: The iterative nature of living labs can speed up the process of getting new solutions from the development phase into everyday practice at scale. For example, new digital diagnostic tools for detecting brain ill-health conditions such as dementia and depression.⁶

E. Improved patient experience: By involving end-users, such as young people, in the co-design of solutions, we can better meet their needs and requirements.⁷

Expanded community-centered care: This approach brings health care out of the exclusive ambit of formal health systems and leverages opportunities available in workplaces, schools, religious spaces, sports grounds, and more to

prioritize, prevent, and build appropriate referral pathways into health systems.^{8, 9, 10}

We encourage funders, policy makers, and scientists to include the development of community-led approaches in their efforts. We also advocate for moving away from exclusive dependence on conventional diagnostic and screening tools, and support the selection, adaptation, and validation of indigenously informed cognitive and psychological health screening tools. Cultural realities need to be considered when selecting cognitive screening tools so that healthy agers are not inappropriately diagnosed with cognitive impairment.

The Living Lab Approach represents a significant shift in how we address brain health issues in LMICs and aligns with the movement to decolonize research in health¹¹ and more equitably include diverse populations in research. For example, communities disadvantaged by historic developments, geography and terrain, social norms, and economic realities. By engaging communities, respecting local contexts, embracing diverse knowledge frameworks, and working together, we can develop solutions that are effective, culturally sensitive, impactful, and sustainable. This approach not only improves health outcomes but also enables communities to take an active role in their health and well-being. •

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Empowering the Global Brain Economy: African Leadership through the Yaoundé Declaration

"Brain health is central to who we are as individuals and is increasingly appreciated as necessary for a healthy economy."

-The Lancet Neurology Editorial, December 2024¹

The Yaoundé Declaration for the Brain Economy, Brain Health, and Brain Capital has received support from the President of Cameroon^{2,3}. It provides a platform for radical, cross-sectoral innovation in global brain health, led by Africa. The goal is to boost economic productivity and well-being. This declaration is timely given that Cameroon was the President of the 79th Session of the United Nations General Assembly (September 2024).

Brain Health Beyond the Health Sector

We commend the work of the World Health Organization (WHO) in advancing the brain health position statement⁴ and brain health in the context of the "Intersectoral Global Action Plan 2022-2031 implementation toolkit"⁵. Solving brain health challenges will require major reprioritization and transitions across most major sectors — a systems approach. Incremental change will not be sufficient. There are few silver bullets. No technology, policy, or actor alone can achieve these critical shifts. It will take a community of people working together across the globe and across systems to employ innovative solutions and accelerate change.

There is an urgent need for holistic change in how we manage mental and neurological disorders and how we protect or optimize brain functions. The global prevalence and cost of these disorders are among the highest of any medical condition and are projected to rise even more in the coming years⁶. We have now transitioned from an era of brawn to the era of the brain, where good brain health is essential for smooth skill-based economic transitions. It is evident that transitions such as the green transition, digital transition, and the bioeconomy transition are necessary for global wellbeing and sustainability⁷. It is clear that optimal human brain functioning is essential to navigate the modern world successfully.

Advances in brain science highlight new ways of nurturing better brain health and diagnosing and treating brain malfunction quickly and effectively⁸.



Under the very high patronage of the President of the Republic of Cameroon, His Excellency Paul Biya, Brain Research Africa Initiative (BRAIN) and the Cameroon Government organized the First High-Level African Science Summit on Brain Economy, Brain Health & Brain Capital in Yaoundé.

Alongside rapidly evolving medical approaches, there are also a range of established and novel non-medical approaches to address the variety of stressors assaulting the brain, including managing the impact of environmental challenges on brain health^{9,10}.

The benefits of advancing brain health go far beyond managing brain disorders. Protecting the brain structure, function, and wellbeing with protective factors such as adequate sleep, psychologically and physically safe environments, good nutrition, etc., allows for optimal brain skills essential for economic and societal progress.

The Road to the Yaoundé Declaration

The Yaoundé Declaration's story outlines a systems-based framework for dealing with such challenges and promoting a brain-positive economic transformation, also known as a brain economy. The brain economy transformation is a global goal to stop and reverse the loss of brain capital, an economic asset encompassing social, emotional, and cognitive brain resources¹¹⁻¹⁴.

The Yaoundé Declaration for the Brain Economy, Brain Health, and Brain Capital marks a milestone in advancing global brain health and economic resilience for societal transformation. This declaration provides a roadmap for the transformation of the brain economy.

In Box 1 we outline the key steps in the development of the Yaoundé Declaration.

Box 1. The Development of the Yaoundé Declaration

March 13, 2024

Barcelona, Spain

**Africa's Key Role in the Brain Economy,
Euro-Mediterranean Economists
Association Webinar**

This webinar involved a broad range of experts from the African, European and global contexts, as well as from across academic, health, business and finance communities.

July 22, 2024

Yaoundé, Cameroon

Scientific Technical Meeting

Organised by the Brain Research Africa Initiative and was part of the Brain Week in Cameroon and Africa. The event was hybrid, featuring national, regional, and global stakeholders from health care, economics, business, and policy.

August 22, 2024

Yaoundé, Cameroon

Diplomatic Meeting

Led by the Prime Minister, Head of Government, His Excellency Chief Dr. Joseph Dion Ngute, and Representative of the President of The Republic of Cameroon, His Excellency Paul Biya. The presentation of the Yaoundé Declaration to the Cameroon Government resulted in the commitment of the latter to move it further to the 79th United Nations General Assembly (79UNGA), which Cameroon chaired.

September, 18, 19, 20, 2024

New York City

UN Brain Days

This was part of the 79UNGA Science Summit. This event involved key stakeholders from across the brain community — patients, scientists, clinicians, policymakers, industry leaders, economists — and other relevant actors, who presented on their work and co-created towards further action to place brain health and brain skills at the top of global policy agendas in the post-Sustainable Development Goals (SDGs) era. BRAIN presented the Yaoundé Declaration at this meeting.

November 16-18, 2024

Wenzhou, China

**World Young Scientist Summit (WYSS and
5th Oujiang International Forum on Brain
Health & Alzheimer's Disease**

These events brought together young scientists from all over the world, as well as other leaders in science, industry, economy, policy and government. The presentation of the Yaoundé Declaration exhorted participants to encourage their governments around the world to employ this instrument for neuroscience diplomacy and the promotion of brain health, economy and brain capital.

November 21, 2024

Yaoundé Declaration Pre-Print

Available Online

The paper is in pre-print via Neuroscience and includes coauthorship from over 20 high-level members of the Cameroon Government.

December 5-6, 2024

Bern, Switzerland

**Second Stakeholder meeting of the Swiss
Brain Health Plan**

This meeting engaged Swiss, European as well as global stakeholders in Brain Health, to review the roadmap and chart next steps. All presentations, including that of the Yaoundé Declaration highlighted the need to work together, sharing experiences and lessons learned for the promotion of brain health and brain capital.

Empowering the Global Brain Economy: African Leadership through the Yaoundé Declaration

"On behalf of the Head of State, the Government of Cameroon extends its congratulations to Brain Research Africa Initiative (BRAIN) and to all its global, regional and national partner organisations, as well as the leaders and experts who have tirelessly contributed over the past few months to the creation of this historical document."

*-His Excellency Chief Dr. Joseph Dion Ngute,
Prime Minister of Cameroon, at the official launch
of the Yaoundé Declaration, August 22, 2024,
Yaoundé, Cameroon.*

About the Yaoundé Declaration

The Yaoundé Declaration provides various stakeholders in the private and public sectors, policymakers, philanthropies, investors, advocates and global leaders with insights to drive policy, investment and action. Decisionmakers can use this paper to understand the state of play across each system, determine which challenges require the greatest attention, and determine which actions can accelerate change.

Key "Calls" Noted in the Yaoundé Declaration

The Yaoundé Declaration contains the following:

- Call for international frameworks for the transformation into a brain-positive economy and for country governments and stakeholders to develop and implement national Brain Economy plans. Lessons must be learned from clean energy transition and digital-artificial intelligence transition plans;
- Call for international data creation, curation, tools and frameworks to support and sustain the promotion of brain health and for country governments and stakeholders to develop and implement national/subnational brain Health plans;
- Call for the establishment of a Global Brain Council ("The Council"): Establish a council of leaders across the brain health space (e.g., researchers, philanthropists, funders, designers, and implementers), creating a potential charter and membership. The Council will identify and curate brain health innovations ripe for investment;

- Call for the creation and sustainable funding of a Global Brain Capital Centre/Institute of Excellence in Africa to build brain capital through research, innovation, capacity building and evidence-informed policy content development on education, science, culture, communication, built environment, economics, and information to foster mutual understanding and respect for our planet; and country governments and stakeholders to develop and implement Brain Capital plans. Work on a Brain Economy Hub has begun;
- Call on high-income countries (HICs) to work together with LMICs in the spirit of UNGA79 President's mandate theme "Unity in Diversity" within the above and other frameworks to reduce global, regional, and local disparities while preserving our rich human and planetary diversity;
- Call on the United Nations General Assembly to consider formalizing this Declaration to raise awareness for these issues across member states and the private and non-government sectors;
- Call to advance this agenda in the coming in major policy fora years such as the United Nations Summit of the Future, United Nations Framework Convention on Climate Change (UNFCCC) Conference of the Parties (COP), World Economic Forum (WEF), the High-Level Meeting of the UNGA on the Prevention and Control of Non-Communicable Diseases, G7, and G20.

The Declaration's Catalytic Effects

This Declaration reflects its African leadership and has received generous support from global actors¹⁵. The Yaoundé Declaration has recently been echoed by the Vice President of the European Brain Commission, Prof. Claudio Bassetti, to the European Parliament Health Committee, emphasizing the call of the Declaration for the uptake of "brain health" into all national, regional, and global policies¹⁶. It was also noted in a recent European Policy Centre publication that explored the role of the brain economy in boosting European economic competitiveness¹⁷.

The World Economic Forum Annual Meeting 2025, G20 South Africa, and G7 Calgary are ideal



Presentation of the Yaoundé Declaration at the 2024 World Young Scientist Summit (WYSS) and 5th Oujiang International Forum on Brain Health & Alzheimer's Disease, as part of the International Brain Initiative Delegation, in Wenzhou, China.

platforms to utilize the Yaoundé Declaration for driving transformative progress in brain health and advancing brain economies worldwide. We must rapidly transition from a brain-unhealthy economy to a brain-healthy economy, to unlock greater wellbeing, productivity, and creativity. This transition means investing in the brain capital of nations. ●

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INECO Foundation: Going Global from South America in Neurosciences and Brain Health

Through its work advancing medical care, scientific research, professional training, and community education, Institute of Cognitive Neurology (INECO) has helped reshape perceptions of brain health and its critical importance. The Foundation's journey is a story of scientific progress, as well as an inspiring example of how a non-profit from a country with limited resources can drive meaningful, lasting contributions to global science and health.

The Creation of INECO: A Paradigm Shift in Argentina and Latin America

Founded in 2005, INECO began with a clear vision: provide high-quality medical care in cognitive neurology, neuropsychology, and neuropsychiatry while also producing pioneering research in human cognitive neuroscience. That introduced a paradigm shift, steering away from traditional psychodynamic approaches and toward cognitive neuroscience, behavioral neurology, neuropsychiatry, and evidence-based clinical psychology.

INECO began as a center for interdisciplinary collaboration, bringing together neuro-psychologists, psychiatrists, neurologists, and other clinicians with experts in basic sciences, including biologists, engineers, mathematicians, and physicists. Today, INECO operates as a specialist center for the prevention, diagnosis, treatment, and rehabilitation of cognitive and neuropsychiatric disorders. It also addresses a range of brain-related conditions through a decentralized network of centers across Argentina.

INECO's "Patients First" philosophy ensures close integration between clinical practice and research and enables the institute to stay at the forefront of both fields. Unlike larger institutions, INECO has been agile in adopting emerging technologies. INECO's research labs have made significant contributions, such as identifying brain areas involved in decision-making, social cognition, and memory, and describing the neural mechanisms underlying aggression and empathy. The foundation has also developed screening tests for early dementia diagnosis and studied the neural bases of racial prejudice and moral judgment. The Mind, Body, and Brain Dynamics lab explores interactions between mind, body, and brain, focusing on emotional regulation and cognitive control. This lab employs computational modeling and predictive analysis, including ecological momentary assessments,

and studies the neural basis of eating behavior and body image.

Overall, INECO's original and interdisciplinary research is a key driver of its global influence, supported by numerous collaborations with international experts. The institute's work has led to the development of cognitive assessment tools that are now used globally. Importantly, these tools reflect local cultural contexts, highlighting the need for data collection methods and cognitive assessments tailored to regions outside the USA and Europe.

As INECO's visibility has increased, the paradigm shift it initiated has taken root in Argentina. Psychodynamic explanations have gradually been replaced by discussions centering on brain health, with cognitive psychotherapy becoming a leading therapeutic approach. This transformation is evident in public discourse, as people increasingly use scientific, evidence-based frameworks to understand their mental health challenges. INECO's work has provided society with modern tools to better understand mental wellbeing, helping to replace outdated perspectives with informed, scientific approaches.

Public Policy Influence

INECO established the Institute of Neurosciences and Public Policy to provide scientific insights into human behavior, improve public policies, and enhance quality of life. In collaboration with the Inter-American Development Bank (IDB), the institute played a key role in creating the first "Nudge Unit" and behavioral insight group for social protection and health policies in Latin America and developed a Socioemotional Development Program to strengthen socioemotional skills in children through their parents. The institute has also conducted large-scale work to apply behavioral science principles to real-world public policy challenges.

INECO also operates two additional institutes: the Institute of Neurosciences and Law and the Institute of Neurosciences and Education. Both reflect the foundation's commitment to applying neuroscience in interdisciplinary ways to address societal challenges and improve quality of life.

INECO's efforts to help draft innovative legislation, such as the Integral Human Development and Mental Capital Promotion Bill in the Argentine Congress, serve as forward-thinking examples of how brain health can be effectively integrated into public policy. Such policies should not only

address the prevention of dementia but also ensure older adults are provided with opportunities for ongoing cognitive engagement and social participation.

Public policies should focus on lifelong learning and cognitive training, reimagining retirement as an active and productive phase of life where older adults can contribute through mentorship, volunteering, and social engagement. Intergenerational programs are essential in enhancing cognitive reserve, and efforts must be made to shift society's views of older adults as valuable sources of knowledge and experience. Additionally, promoting digital inclusion by ensuring access to technology and providing digital literacy programs for older adults can expand opportunities for cognitive engagement and social connection, further enhancing brain health. Broader policy frameworks should reflect these approaches to fully support aging populations and their cognitive well-being.

Focus on Dementia and Alzheimer's Research

INECO's work in dementia research, particularly Alzheimer's disease and frontotemporal dementia, is especially important as the region experiences one of the fastest-growing rates of dementia cases globally. The development of the INECO Frontal Screening, a neuropsychological test for early cognitive decline detection, has been widely translated and validated across diverse populations. The foundation is also involved in developing a National Alzheimer's Plan for Argentina and has used its platform to influence policymakers and raise public awareness about Alzheimer's disease.

INECO's proactive work fills a crucial gap in efforts that should be led by public institutions. It also models for low- and middle-income countries (LMICs) and some high-income countries how a private organization can contribute to public brain health initiatives, particularly those impacting older adults. By 2030, the majority of people with dementia will live in LMICs. Educating the public about risk factors for dementia — such as alcohol abuse, smoking, diabetes, obesity, high blood pressure, air pollution, brain injuries, physical inactivity, depression, social isolation, hearing loss, lower levels of education, high cholesterol after age 40, and vision loss — helps authorities adopt comprehensive approaches to reducing dementia prevalence and improving brain health in older adults.

Conclusion: A Legacy of Impact

INECO has grown from a modest, resource-limited foundation into a world-renowned institution, leading the fight against dementia and other neurological diseases. Through groundbreaking research, professional training, and community education, the INECO Foundation has significantly impacted public health policy and outreach in Argentina and beyond.

INECO's success underscores the crucial role private initiatives play in scientific innovation and public health, even in regions with limited resources. Its achievements highlight how world-class neurological care and research can be realized through an approach combining clinical excellence, innovative research, and community outreach. The foundation's work has not only placed Argentina on the global neuroscience map but also set a standard for similar initiatives across Latin America.

For readers of *AARP The Journal*, INECO's approach offers valuable insights into integrating brain health into broader public health strategies. The foundation's advocacy for legislative action and its collaborations with international institutions demonstrate the importance of global partnerships in advancing brain health research. INECO's story showcases how innovative health care delivery can be applied in diverse settings, potentially informing efforts to address brain health challenges in the U.S. and beyond. •



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Kochi: A Model for Age-Friendly Urban Development in India

In the bustling coastal city of Kochi, nestled in the southern Indian state of Kerala, a quiet revolution is taking place. As the first city in Southeast Asia to join the World Health Organization's Global Network for Age-Friendly Cities and Communities (WHO-GNAFCC), Kochi is pioneering a new approach to urban development that puts the needs of older individuals at the forefront.

"Our goal is to create a city where older adults can live with dignity, independence, and full participation in community life," says Anil Kumar, Mayor of Kochi City and head of Kochi's Age-Friendly City Initiative. "We're not just building for today, but for the future we all hope to grow old in."

The Challenges of an Aging Kerala

Kerala's demographic landscape is changing rapidly. Known for its high literacy rates and progressive social policies, the state now faces the challenges of an aging population. Traditional

family structures are evolving, with the joint family system giving way to nuclear families. This shift, coupled with migration and unemployment among both youth and the aging population, has created new vulnerabilities for older adults.

"We're seeing a decline in healthy life expectancy," notes Dr. Sajesh Ashokan, President of Kerala chapter of the Geriatric Society of India. "Our health care system is strained, and social isolation among the elderly is becoming a serious concern."

Kochi's Innovative Approach

Recognizing these challenges, Kochi Municipal Corporation made a bold move in 2021 by adopting the WHO's Age-Friendly Cities and Communities framework. This decision set in motion a series of initiatives that are transforming the city.

Understanding that several stakeholders must collaborate to advance an age-friendly

Children's Day celebration at Govt.LP School Panagad, Ernakulam, Kerala.



As the first city in Southeast Asia to join the World Health Organization's Global Network for Age-Friendly Cities and Communities, Kochi is pioneering a new approach to urban development that puts the needs of older individuals at the forefront.

city, Kochi Municipal Corporation authorized the Center of Excellence for Developing Age-Friendly Communities (CEDAC). The Center is run under the auspices of a grassroots NGO called Managing and Generating Income for Community Services (MAGICS), which works in the field of aging to design and develop strategies, programs, and actions. CEDAC developed the Kerala Community Care Network model, which brings together stakeholders in the aging sector to align efforts on a common platform. This model, currently applied in Kochi, is guided by state and national policy. The Center acts by creating a common ground with an agenda to make the city an age-friendly model for the rest of the state and country. This was a best practice that created a good space for collaboration in planning and implementation.

Numerous stakeholders bring assets to this effort. RespectAge is a resource center combatting elder abuse and ageism. "We're not just providing support; we're changing the narrative around aging," explains Dr. Snovy Manjooran, the center's director who is a psychologist and works closely with the judicial mechanism to address elder abuse in the state.

Vayo Vigyan is a digital literacy program bridging the technology gap for older adults. The program is hosted in a college and managed by a group of students who are committed to training the older persons who enroll in the project as "students of technology," while the older participants act as mentors, in turn, for the college students. "I never thought I'd be able to video call my grandchildren in America," beams 72-year-old participant Achuthan Nair. "Now, I feel connected

to the world." Every senior student is assigned a young tutor, and it ensures a lot of opportunity for intergenerational exchange. "I was able to openly discuss many of my personal problems with Mrs. Janaki during our interactions outside the classroom... She is such a good mentor with lot of life experiences," says Ms. Janet, a tutor. The intergenerational exchanges through such programs are very influential not only for the participants but for the entire college and can be a model for similar programs at other institutions.

Another intergenerational connection program, Sallapam, promotes social inclusion. "It's not just about combatting loneliness," says Program Director Dr. Sharon Anna Thomas, who also leads the community health services for older persons. The program envisions generating wellbeing and happiness among older persons and helping them reframe aging. The program also incorporates yoga, nutrition, and mental health activities. "It's about creating a society where every generation values and learns from each other." The project also serves as a means for older people to become part of a social network so that they have a safety net should there be a need to shelter in place again — a lesson from the COVID-19 pandemic.

Hand-in-hand with age-friendliness, Kochi developed a comprehensive program focusing on early detection and support for dementia. "We're seeing a real difference in how our community understands and supports those living with dementia," reports Alex, who is also a social worker and entrepreneur in the field. Kochi was declared the first dementia-friendly city in India with the support of a university project

Kochi: A Model for Age-Friendly
Urban Development in India



CLOCKWISE FROM TOP LEFT All Kerala Senior Athletics Meet-2024, Maharajas College Ground Ernakulam; St. Joseph Waifs Home, Fort Kochi, Kerala; All Kerala Senior Athletics Meet-2025 Maharajas College Ground, Kochi; Geriatric Society of India Conference, 2024 at Kochi (Tripunithura Vayomithram Club on stage).



called “Udbodh,” which was designed by the Center for Neurosciences at Cochin University of Science and Technology. As part of the project, the Memory Café, organized with support of Kochi Municipal Corporation, is a venue where people with dementia and their caregivers can come together to share their experiences and discuss them with experts who are available in an informal café setting.

Finally, the municipality’s community health services and a division for happiness and well-being take actions to promote healthy lifestyles and opportunities for health promotion and maintenance of functional capabilities. Capacity building of the grassroots network in the areas of health and welfare for older adults is also a top priority for the city that is aligned to the WHO framework.

Political Will and Financial Commitment

What sets Kochi apart is the strong political consensus behind these initiatives. In a rare show of unity, council members across party lines supported the age-friendly city framework. This commitment was backed by a substantial budget allocation of 50 million Indian Rupees (approximately 600,000 USD) for age-friendly initiatives during the current financial year.

“It’s not just about the money,” explains Mayor Anil Kumar. “It’s about prioritizing the wellbeing of our older citizens in every decision we make.” Kumar added: “Kochi is not a planned city and has many areas that need to be re-worked, especially with regard to transport infrastructure and housing. We have a master plan for the city that considers all the eight domains of age-friendliness.”

Lessons for a Global Audience

Kochi’s experience offers valuable insights for cities worldwide grappling with aging populations:

- **Holistic Approach:**
Address multiple aspects of urban life simultaneously, recognizing the interconnected nature of challenges facing older adults.
- **Community Engagement:**
Foster a sense of shared responsibility for the wellbeing of older adults through programs that encourage active participation.

- **Innovative Financing:**

Allocate dedicated budgets for age-friendly initiatives in a few municipal departments to ensure sustained commitment.

- **Continuous Evaluation:**

Regularly assess and adapt programs to ensure their continued relevance and effectiveness.

Looking to the Future

As Kochi continues its journey towards becoming a truly age-friendly city, the impact of its initiatives is already being felt. “I feel seen and valued in a way I never did before,” says 78-year-old Lakshmi Menon, a regular at the RespectAge center. “Kochi is showing that getting older doesn’t mean becoming invisible.”

With the global population aging rapidly, cities around the world would do well to look to Kochi as a model of how to create inclusive, supportive environments for older adults. By investing in age-friendly initiatives today, we can build cities that not only support healthy aging but enrich the lives of residents of all ages.

“In Kochi, we’re not just preparing for an aging population,” concludes Mayor Anil Kumar. “We’re creating a city where longevity is celebrated, and every citizen can look forward to a fulfilling life at any age.” •



Praveen Pai

Focal Point for WHO Global Network for Age-Friendly Cities and Communities (WHO-GNAFCC) in Kochi, Center of Excellence for Developing Age-Friendly Communities (CEDAC)

U.S.-Japan Age-Friendly Communities Global Exchange

As a “super-aged” society, more than 30 percent of Japan’s population today is 65 years old or older. In recent years, the national government, local authorities, and community groups have taken steps to address population aging and prepare for a future in which older adults make up a substantial and growing group. As a result, other communities have a chance to learn from Japan’s example.

In Columbus, Ohio, we have long been interested in effective practices for creating age-friendly communities. We recognize the importance of the built, social, and service environments, as well as the need for inclusion and participation of older residents in communities. The City of Columbus joined AARP’s Network of Age-friendly States and Communities and the World Health Organization’s Age-Friendly Cities and Communities program in 2016. Building on this commitment by the city and broader Franklin County in 2018, the Ohio State University College of Social Work created their Age-Friendly Innovation Center (AFIC) in 2021. AFIC works to innovate with older adults through research, education, and engagement, to build resiliency and make our communities more livable for people of all ages and abilities.

Recently, we had the opportunity to gain a firsthand view of Japan’s practices, when the Japan Center for International Exchange (JCIE) Healthy & Resilient Aging Program took an inaugural American delegation of elected officials, academics, and non-profit leaders from Columbus, Ohio to Tokyo and Kanagawa Prefecture in the Spring of 2023. Through generous support from the Japan Foundation and guidance from AARP Livable Communities and AARP International, members of AFIC and their partners engaged in mutual learning opportunities including presentations; discussions with elected officials, academics and older residents; and site visits in Japan.

The exchange began in Tokyo, where delegates had the opportunity to learn about the development of Japan’s community-based integrated care system from the Ministry of Health, Labour, and Welfare and the National Institute of Public Health. Delegates found Japan’s Universal Health Coverage and their national long-term care insurance system has more significant reach and engagement by citizens when compared with the U.S. aging network and health care



**Visiting the Shonan Robo Care Center/
Shonan Robo Terrace to learn how Japan is
using robotic assistive devices.**

supports. Every older Japanese citizen engages in a robust assessment process and has access to community services and supports at designated sites and programs across the country.

Increased longevity in Japan has fueled innovation, and private companies are working directly with older residents to develop new products suited to their specific needs. The delegation was able to experience this firsthand with cutting-edge products by Shonan Robocare Terrace, including robots for companionship and exoskeletons to support mobility after paralysis. Delegates also had the opportunity to experience virtual reality interventions developed by Silverwood company to support empathy-building for individuals with dementia.

We also visited Tokyo Rinkai Disaster Prevention Park to learn about Japan’s past responses to natural disasters, and how disaster preparedness remains part of everyday life for residents of all ages. Delegates participated in an earthquake simulation that required us to make decisions under emergency conditions and

explore a staged “city” that included hazards and opportunities for safe response. We discussed how cities cannot ignore issues of climate impacts and natural disasters as they strive to become more age-friendly, and how simulations can be effective in educating and preparing US residents.

In the Kanagawa Prefecture, participants heard from Governor Yuji Kuroiwa, a leader in supporting Age-friendly communities in Japan. He spoke about the concept of “ME-BYO” — which gauges conditions along a continuum that goes beyond binaries of “healthy” or “sick” — and shared a user-friendly App focused on healthy aging through diet, exercise, and social participation. We visited with Emerita Professor Hiroko Akiyama from the University of Tokyo, who shared how the Kamakura Living Lab serves as a model for community and resident-driven commercial solutions to support caregiving and older adults. Innovations included furniture to support working at home and mobility devices. Kamakura’s services and supports focused on social connection and integration as the primary driver of health and wellbeing, in contrast to the U.S. system which predominantly focuses on medical interventions for disease prevention and treatment.

The Japanese concept of ikigai, or living a life of purpose, remains important even in old age. This was evident as we visited the Sasayama Urban Renaissance Housing Complex, where students and older adults lived together in affordable housing properties, and a network of trained older adult volunteers provided “frailty checks” for neighbors living throughout Kanagawa. The ikigai concept extends to residents living with dementia as well. At the Imaizumi Care Center Program, individuals living with dementia engage in caretaking of green spaces throughout the city of Kamakura. Staff walk with residents to small parks, provide gardening tools and plants and support them while they tend to bushes and flowers. Program participants are free to groom the green spaces as they wish and they often engage with members of the community as they walk through the parks. Though U.S.-based programs may balk at liability risks of this practice, it was clear on our visit that participants were better integrated into the community through this caretaking. Finally, the Helte Company shared with the group a new online platform to

connect older people in Japan with individuals around the globe interested in learning the Japanese language.

Our collaboration continued in February of 2025 by hosting a delegation from Japan for a one-week study tour in Washington, D.C. and Columbus, Ohio, focusing on collaboration and dialogue on how both countries are working to address the shared challenges that come with population aging. •

Exchange Participants

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Beyond the Absence of Disease: In Pursuit of Healthspan

In the bustling coastal city of Kochi, nestled in the southern Indian state of Kerala, a quiet revolution is taking place. As the first city in Southeast Asia to join the World Health Organization's Global Network for Age-Friendly Cities and Communities (WHO-GNAFCC), Kochi is pioneering a new approach to urban development that puts the needs of older individuals at the forefront.

The emerging field of geroscience is helping us better understand the biological changes that drive aging. In the not-too-distant future, this research could lead to entirely new ways of maintaining good health as we age.

A persistent challenge in making this shift is the conventional way we define and measure health. The traditional "disease model" regards health as the absence of disease. In this model, diseases are typically studied in isolation, with a focus on their specific causes in a linear fashion. For example, it's well-established that high cholesterol and high blood pressure increase the risk of cardiovascular disease, which has led to initiatives focused on screening for these risk factors and preventing progression to overt disease.

This disease-centered approach has served modern medicine well and is a major contributor to the increase in global life expectancy over the past century. However, medical and public health leaders have long argued that a more holistic approach — one that also addresses the underlying social determinants of health — might be more effective. In fact, the traditional disease model now stands in contrast to recent advances in geroscience — which emerged from the observation that age is the single greatest risk factor for nearly all chronic diseases. Rather than targeting individual diseases, geroscience therefore seeks to understand why and how age-related biological changes increase disease risk in general.

Age-Related Changes and Chronic Disease

The biological processes of aging are complex. Some result from environmental exposures, while others stem from the natural wear and tear of life. These changes can trigger biological responses that further accelerate deterioration. Over time, these accumulating changes reduce an individual's resilience to future stressors. What were once minor issues or temporary concerns become more significant, and the risk of a range of chronic diseases increases.

One area of focus has been the immune system. As we age, a range of changes naturally occur within our immune system, leading to decreased production of cells that help us develop immunity when we are exposed to new challenges. In itself, this trend does not generally cause major problems, and it probably arose for a good reason we don't yet fully understand, although it does tend to make vaccines less effective in older adults.

When chronic immune stressors are superimposed on these normal age-related changes, the sustained inflammation that results can lead to a maladaptive process. This can happen when people experience major ongoing infections, for example with HIV, or even following chronic minor viral infections that initially appear to present no major problems to the individual. These chronic infections exhaust immune cells which can then no longer perform the task they were designed for. Nor can the body easily dispose of them.

Instead, these cells become senescent, or dormant, and are sometimes called zombie cells. Rather than combatting infections, these senescent cells can secrete a range of pro-inflammatory mediators in a complex progression known as inflammaging. The cells that were designed to protect against outside threats now start to stimulate an unwanted inflammatory response. They shift from being the defender to becoming the aggressor.

Inflammaging is likely a key driver of many age-related chronic diseases, including cardiovascular disease, dementia, osteoarthritis, chronic kidney disease, diabetes, cancer, Parkinson's, disease, and other conditions, such as frailty. And while we have traditionally thought of these conditions as having independent causes, in the new world of geroscience they might better be thought of as different manifestations of a common underlying process.

This is a critical breakthrough in scientific thinking. If we can understand these underlying mechanisms, we may be able to develop interventions to delay or avoid not just one, but multiple chronic conditions at the same time.

The Challenge

The way forward will require research and clinical approaches that are very different to those we currently use. So far, much of geroscience has focused on linking age-related processes to lifespan — how long people live. But the outcome

of greater importance to most people is the quality of these years. The National Academy of Medicine therefore recently called for a concerted effort to also extend the proportion of peoples' lives spent in good health — their healthspan.

There has been limited focus on the relationship of age-related processes and healthspan. Traditional funding and research models tend to be disease specific, and as a result, much of the research has centered on individual conditions. Biological aging, however, is associated with multiple conditions, and most individuals will experience age-related declines even in the absence of disease. A ninety-year-old, does not look or function like a 20-year-old, even if they are disease free. Research linked to a single disease outcome will, by design, miss potential impacts on this broader array of health outcomes. For geroscience to advance it will therefore need to challenge established research paradigms and methods.

Rethinking Interventions and Outcomes

How can we tell if interventions targeting age-related biological change actually improve healthspan? Scientists are already working on ways to remove senescent cells or block the inflammatory mediators they secrete. While they may be able to show that these interventions are successful in a laboratory setting, the real challenge will be to determine whether they make a tangible difference in people's lives. Traditional approaches would require long follow-up periods to demonstrate if these interventions reduced the incidence of specific diseases. But what if they don't reduce the disease incidence, but they do reduce disease severity? And which diseases should scientists follow?

To provide more immediate answers, scientists are turning to biomarkers of aging — biological tests that can detect physiologic changes that might signify improvements. If interventions are successful, they should be able to quickly demonstrate an impact on these biological measures. However, these measures face the same challenge: how will we know if they signify real improvements in people's day-to-day lives?

One solution could be found in an alternative way of framing health in older adults that was recently proposed by the World Health Organization. In this strengths-based model, healthy aging is considered not through the presence or absence

of disease but based on an individual's ability to be and do the things they value. This ability is understood to be determined by individual-level attributes — a person's "intrinsic capacity," as well as the environments they inhabit and the interaction between the individual and these environments.

Some researchers now think that intrinsic capacity might provide a more appropriate outcome for geroscience research. Intrinsic capacity is directly relevant to the things that matter in people's lives. Recent studies have suggested it is easily measurable and comprises logical subdomains including cognitive, locomotor, sensory and psychological capacity, and a further subdomain labelled vitality. Data on many of these are already routinely collected by devices such as mobile phones and new techniques of machine learning may help us better understand it.

If this information could be brought together in a meaningful way it could tell us how we are doing on a day-to-day basis. This would allow us to compare people's health to others of similar ages and track whether they are following the usual life trajectory. By monitoring capacity across the life-course, we might be able to better understand the characteristics that help someone reach the highest possible peak and experience the slowest possible declines. For geroscience this is also a logical, clinically meaningful endpoint that is likely to be much more manageable than waiting for a disease not to appear.

This is an exciting time for research on biological aging. It will require new ways of thinking and methods that are radically different from traditional medical research. As a first step, it might be time to apply the well-known phrase from the constitution of the World Health Organization: that health is more than the absence of disease. •



John R. Beard

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In Pursuit of Healthspan — Guided by AARP Geroscience Principles

Global population aging is accelerating rapidly, and by 2050, one in six people in the world — more than 1 billion people — will be 65 and older. The extension of the average lifespan and the global reach of this change represent a major achievement. It also brings with it a challenge and opportunity: to ensure that the growing population of older adults around the world can age in good health.

The shift in focus from how *long* we live to how well we age as we live has prompted extensive research and innovation around extending healthspan, or the years we all live in good health. The related scientific discipline, called geroscience, seeks to delay, prevent, alleviate, or reverse a wide range of diseases and conditions associated with aging. There are indications that progress in geroscience research is accelerating. The first human clinical trials are already taking place and could result in groundbreaking therapies within a decade.

Efforts to extend healthspan have the potential to benefit people, communities, and economies everywhere — if steps are taken today to ensure that tomorrow's breakthroughs are accessible, affordable, and equitable.

Healthspan's Global Importance

With more healthy years come more opportunities for both individuals and societies. By extending healthspan broadly, geroscience could enable older adults to maintain independence, reconsider work and financial timelines, and enjoy meaningful interactions with loved ones. These changes will not be limited to individuals, families, and companies but will have implications for economies, governments, and health care systems as well.

As geroscience research evolves, it is important to balance our most optimistic visions with the very real concerns about the path of progress ahead. Paramount among these concerns is the need to ensure equity, inclusion, and accessibility in the development and deployment of geroscience advances. There is already tremendous inequality in life expectancy within and between countries. Mortality and rates of aging vary significantly among high-, middle-, and low-income communities, and social determinants of health like exposure to racism and poverty have detrimental effects on longevity and overall wellbeing.

These disparities are already beginning to emerge in geroscience. At present, much of the research on extending healthspan is taking place in wealthy, developed nations. But in the decades ahead, the vast majority of global population aging will take place in low- and middle-income countries. Every country has a stake in the way future geroscience interventions are developed and implemented, and those decisions are beginning to be made now.

Scientific innovation to increase healthspan and longevity has the potential to benefit people and nations around the world, at all income levels, and should not be limited to a wealthy few. To achieve that level of inclusion, we must move forward with intention.

AARP's Geroscience Principles

In keeping with AARP's mission to empower people to choose how they live as they age, we have developed six practical and equitable Principles, grounded in our core values, to ensure the promise of geroscience benefits all.

- 1. Recognize and affirm aging as a natural process:** geroscience should recognize that aging is a natural process, not a disease. Geroscience should not contribute to ageism but should instead increase opportunities for people to live the way they want as they age.
- 2. Increase healthspan:** the primary intention of geroscience is to increase healthspan — the years of life that a person is in good health — rather than just the total years of life. Potential increases in lifespan are a welcome secondary gain.
- 3. Ensure access and equity:** geroscience should help address the profound question of health disparities. Who will have access to and benefit from the emerging medical innovations of geroscience, and who will be left behind? Scientific advances must be inclusive and beneficial for all and must decrease rather than increase health disparities.

Scientific innovation to increase healthspan and longevity has the potential to benefit people and nations around the world, at all income levels, and should not be limited to a wealthy few.

4. Ensure affordability for individuals and the system: the costs of geroscience interventions should not be burdensome to consumers or limit access to care. Sufficient financial assistance should be available to ensure affordability for all. These interventions, if meaningful and accessible, should produce cost savings, or at least a good cost benefit proposition, and improve the financial sustainability of health care systems.

5. Ensure transparency: consumer voices must be elevated so the needs and concerns of all populations are taken into consideration when determining what constitutes a clinically relevant outcome. Policymaking must be transparent and engage the public to ensure that the outcomes represent meaningful changes in people's lives.

6. Utilize an integrated approach: achievements in geroscience must be fully integrated in, and remain part of, larger country-level efforts to address social determinants of health and longevity.¹

The Future is in the Making Today

Key conversations are happening today that will determine how future geroscience interventions change workforces and economic activity, affect health care systems and long-term care costs, and impact services and policies affecting older adults. While much is still to be determined in this emerging field, every country should be at the table in the effort to increase healthspan.

Rather than defaulting to the all-too-common path for major innovations — where wealthy consumers are the first in line and developed nations the first to benefit — world leaders, policymakers, investors, innovators, civil society organizations, and others should establish clear goals that promote healthspan improvements for everyone. Now is the time to elevate issues of equity and accessibility, and to ensure that geroscience can fulfill its promise of enabling healthier, more vibrant lives for people across the globe. •

¹ National Academy of Medicine. 2022. Global Roadmap for Healthy Longevity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26144>



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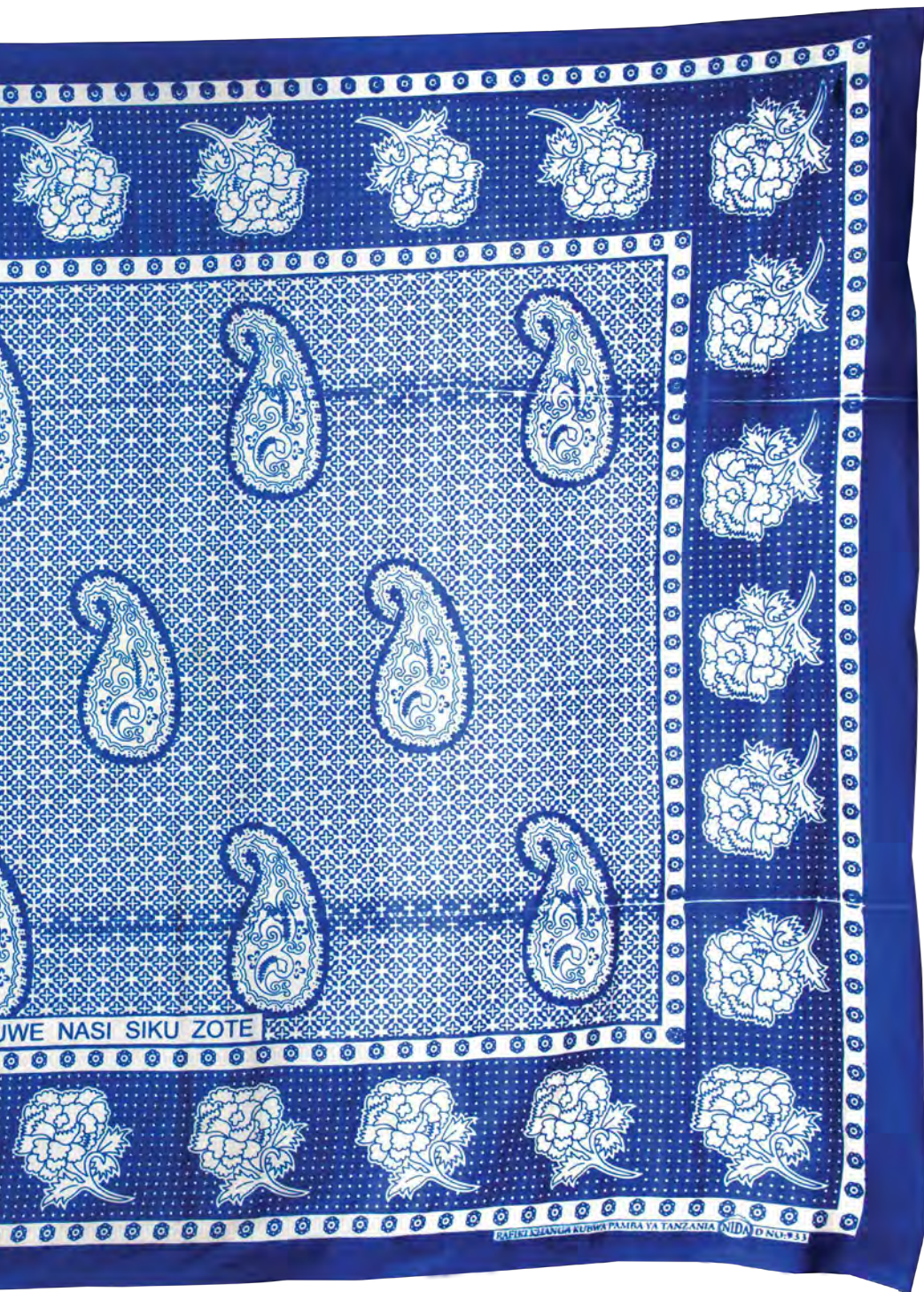
Erwin Tan
Senior Director
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Everyday Culture

Kangas are brightly colored cotton cloths worn by women in Tanzania and Kenya. Each one carries a Swahili proverb, turning everyday clothing into a form of expression.

This particular kanga's phrase, "Mungu tunakuomba uwe nasi siku zote," translates to "God, we ask you to be with us always."





Aging in East Africa



As we pulled up to the red clay field just after 7 a.m., the sun was rising and the mist from the morning dew had started to evaporate from the surrounding grasses. We had come to the remote village of Kabuku, in the Tanga region of Tanzania, to participate in the morning exercises of the Kabuku Active Ageing Club. As we arrived, we saw more than 100 older Tanzanians sporting matching track suits begin to warm up for their daily routine.







ABOVE The Swahili phrase on the shirts translates to: "Exercise is healthy and fights non-communicable disease." **RIGHT** The Kabuku Active Ageing Club meets twice a week, on Tuesdays and Saturdays, for exercise and income-generating activities.

As they moved, they engaged with their coaches in a call-and-response exchange:

Coaches calling:

Wazee Mpo?!

Older people, are you there?

Participants answering, pointing in unison behind them, into the past:

Ndiyo! Walikuwepo!

Yes! They were there!

Participants, now pointing at the ground, indicating the present:

Tupo na!

We are here!

...and finally, pointing forward, toward the future:

Wataendelea kuwepo!

And they will continue to be here!

We watched, mesmerized, as spectators. But not for long. They summoned us to participate, and how could we say no? So with a bit of natural trepidation, we agreed to join the group of these 60-80 year olds moving with grace and agility. For the rest of their 60-minute workout, we followed their lead.

This came toward the end of what had been an incredibly enlightening 15-day odyssey.

How Did We Get Here?

For the last several years, we have traveled to countries that have been exemplars on supporting aging populations to more deeply understand and share the effective policies and promising practices they employ to support their older adults. In past editions, we reported on countries that include Japan, Singapore, the Netherlands, and New Zealand — each of which have two things in common: they all have populations with a high percentage of older adults, and





they all represent very developed, high-income societies.

But population aging is taking place in every part of the world — and most rapidly in lower- and middle-income countries (LMICs) — so we wanted to explore how developing countries are preparing for the significant demographic shift coming over the next few decades. Although Africa is currently the world's youngest continent, it will experience a more than 400 percent increase in its population of older adults between now and 2050. By that year, a whopping 80 percent of the world's older adults will reside in LMICs. Inspired to act, we knew we had to learn more to help these countries avoid growing old, before they grow rich.

Because this was new and important territory for us, we decided to visit and study two illustrative countries for this exploration

to give us a broader (and comparative) sense of how LMICs in Africa are currently supporting older adults. Though both countries are considered lower-middle income, the average Kenyan has nearly twice the income of the average Tanzanian. Moreover, our learning journey included Zanzibar, which is a semi-autonomous region that makes up part of the United Republic of Tanzania; it has its own president, parliament, and policy approaches, including with respect to older persons.

In addition, it is important to note that our experience would not have been as successful as it was without the wonderful partnership we have with HelpAge International. HelpAge has significant offices in both countries and fantastic staff on the ground who were extraordinarily helpful to us. They introduced us to leaders in government, with older people in communities,



LEFT Members of the Kabuku Active Ageing Club eagerly await their coach's guidance for the next set of exercises. **ABOVE** Kabuku AAC engages in various income-generating activities such as the production of liquid soap and batik making, which help to increase the income of both the group and its members.

and provided essential logistical support to ensure a smooth trip. We are very grateful for all that they did for us and for all they do to support older persons everywhere.

Together with AARP CEO Jo Ann Jenkins, over 15 days we traveled thousands of miles, engaged in more than 40 meetings and connected with hundreds of people — all with the goal of taking a deep policy and cultural dive into Kenya, Tanzania, and Zanzibar. Top priorities included both meeting with stakeholders in the larger cities of Nairobi and Dar es Salaam and traveling to rural areas in the two countries so that we could more fully understand the systems of support available to older persons. We met with Kenyan, Tanzanian, and Zanzibari government officials at national, state, and local levels; U.S. officials and senior representatives from international organizations like the United Nations; civil society leaders

along with advocates for the rights of older persons; private sector leaders and social entrepreneurs; and academics and other aging stakeholders. Most importantly, we met with hundreds of Kenyan and Tanzanian older persons themselves — including Maasai elders, members of Older Persons Associations (OPAs), and active aging clubs, among others.

Demographic Basics

Kenya's population is nearly 57 million, with an average age of just under 20 years old and life expectancy of approximately 67 years. Tanzania, meanwhile, has a population of nearly 69 million, with the average age about 18 years old and life expectancy of 66 years. In both countries only 3-4 percent of the population is over 65 years old today. Approximately 29 percent of Kenya's population lives in urban areas compared



to approximately 37 percent of Tanzanians — and the trend in both countries is toward greater urbanization. The official languages in both countries are English and Swahili, yet both have more than 40 ethnic groups, and more than 60 ethnic languages are spoken in each country.

The average GDP per person in Kenya is approximately \$2100, and that falls to \$1100 for the average person in Tanzania. Zanzibar, an archipelago off the east coast of mainland Tanzania that has been semi-autonomous since the formation of the United Republic of Tanzania in 1964, has its own government and laws. The population of just under 2 million is of both African and Arab origin, and the overwhelming majority is Muslim. Despite the large and youthful populations that exist today, Tanzania will see a 370 percent increase in the number of people 65 and older, and Kenya will see a 450 percent increase.

Age Justice in a Youthful Continent

We began our journey in Nairobi, the capital of Kenya, and immediately sat down with our longtime partner, HelpAge International, a global non-profit that works to improve the lives of older people around the world. Active in Africa for decades, the organization has 180 network members in over 90 countries. We were fortunate to be joined by their CEO, Cherian Mathews, for part of our time in Kenya, and we had the support of their dedicated staff, who helped connect us with more than a dozen of their affiliated network organizations, each of which is also working to support Kenya's older population. Carole Osero-Ageng'o, HelpAge's Africa Regional Representative, captured their mission this way: "We are seeking age justice in a youthful continent."

HelpAge has been instrumental in pioneering and promoting the development of



LEFT AND ABOVE Executive Director of HelpAge Tanzania Smart Daniel (back row, second from left) convened a meeting of the Korogwe TC OPF and the Leaders of the Mtonga Active Aging Club Income-Generating Group members.

Older Persons Associations (OPAs) around the world. OPAs are community-based organizations that consist of older persons who come together to improve the lives of older people. OPAs can vary in structure, but they tend to actively engage older persons, including in their leadership, to address interrelated needs such as health and social care, economic livelihoods, and more. They are very effective in organizing and representing the voice of older persons before government leaders and have become vibrant, powerful agents of change. They work to ensure wide ownership and participation from diverse older people including women and men of all income levels, often prioritizing those from disadvantaged groups. With origins in Asia, the OPA model has spread to countries around the world. HelpAge has been particularly effective at developing OPAs in Kenya and Tanzania; in fact, there are now more than 20,000 OPAs in Tanzania alone.

We had our first opportunity to meet with OPAs in the remote Maasai villages of Ntulele and Rotian in Narok county. The Maasai tribe is among the largest in Kenya, with approximately 1 million members. Their ancestral homeland is the Maasai Mara, which transverse the Tanzanian border into the Serengeti, where another 430,000 members live. Titus Abworo, the executive director of the Ageing Concern Foundation and who works closely with the Maasai OPAs, was able to facilitate and translate a warm exchange with the Maasai elders in both settlements. During our discussion, we learned about how the elders were working to inform a technical working group on age equality and how they are working in partnership with the Ministry of Health to ensure that Maasai elders were getting access to free health services, including COVID vaccinations. It was clear that they were active





LEFT AND ABOVE Learning from members of Older People Associations in the remote Maasai villages of Ntulele and Rotian in Narok county.

and engaged and that the OPAs helped tie them together socially.

Back in Nairobi, we met with policymakers, civil society organizations, and private sector leaders. Starting with Anne Waiguru, the governor of Kirinyaga County and chair of the Council of Governors (of which there are 47), we learned about the dire need for more long-term care options for Kenyans. We also met with the leadership of Nairobi County, home to over 100,000 older adults. The governor's staff explained that the rural-to-urban migration was increasing the number of older people living in the city — and that life was hard for them. The current infrastructure is not designed for people with accessibility issues, housing options are limited, and social isolation is a growing problem in the cities. We explored the possibility of Nairobi being the first city in Africa to become part of the World Health

Organization's Age-friendly Cities and Communities program; we plan to support them in making the pledge.

Recognizing that the Kenyan government has many competing priorities and limited resources, we were focused on encouraging U.S. policymakers to do more to help bring an aging lens to the investments the U.S. is making there, through USAID and its support for the multilateral development banks. We had a productive meeting with U.S. Ambassador Meg Whitman who quickly grasped, for example, that the mass transit system the Kenyan government is building today will be around for decades and must be designed to accommodate the population that Nairobi will soon have.

We met with David Gosney, the mission director of USAID, and implored him to consider the aging population in both their development and humanitarian response



programs. Older adults have unique and special needs during humanitarian or conflict crises and USAID does not currently recognize older persons as a vulnerable group in these situations. We also met with leaders at the UN Refugee Agency, who shared that Kenya and Tanzania are each hosting hundreds of thousands of refugees who have come to escape conflict and other crises in surrounding countries. Of these, as many as 28 percent are older adults, many with unique needs.

Like every country we have ever visited for our annual knowledge-gathering missions, in Kenya we saw both progress and hardship. Though estimates vary, fewer than 15 percent of older adults belong to a pension scheme and nearly 60 percent of adults over 65 continue to work.

In 2018, the Kenyan government introduced a universal social pension for all

adults over age 70. The Inua Jamii Senior Citizens' Scheme provides a cash transfer of 2,000 Kenyan shillings (approximately 15.50 USD) per month. The payments go directly to individuals (vs. households) through the mobile payment system, with little hassle — when it operates properly. But we also learned that the payments can sometimes be erratic and that many potential beneficiaries still need to be enrolled. The government has also created a National Health Insurance Fund that workers in the formal economy can contribute to. It is insufficient but incremental progress is being made.

A Nation on the Move

To be clear, Kenya is a dynamic, growing country in which many are thriving. We met with more than two dozen remarkable private sector leaders from a variety of fields, and every one of them was optimistic about



LEFT Downtown Nairobi.

ABOVE During our time in Nairobi, we heard from the members of HelpAge International Kenya's Technical Working Group.

Kenya's future. Maxwell Okello, CEO of the American Chamber of Commerce in Kenya, told us of Ambassador Whitman's efforts to promote investment in Kenya, including that Kenya is: home to Silicon Savannah, a growing innovation and tech hub; it produces a stunning 90 percent of its on-grid electricity from renewable sources; and it created MPesa, the largest mobile money market in the world. Great things are happening in Kenya.

Among all our amazing experiences in Kenya, the highlight was visiting the Kibera Day Care Centre for the Elderly (KDCCE), founded by the humble and heroic Agnes Kariuki — a true legend whom we had the pleasure of meeting. In 1989, after her work as a health and sanitation field worker allowed her to witness the difficult plight of older people living in Kibera — Africa's largest "settlement," or slum — Agnes decided

to act. Starting off modestly by working with 17 older adults, KDCCE, through Agnes's relentless commitment, has grown to support more than 3,200 older adults, many of whom are destitute. Today KDCCE's programs and services include medical care, literacy training, a feeding program, and social activities to prevent loneliness among older Kenyans. The whole environment is infused with an energetic warmth and enthusiasm, and a palpable sense of empowerment.

Soon after our return to the U.S., we received the sad news that Agnes Kariuki had suddenly passed. It is rare to meet a true hero in life, and we all knew that, with Agnes, we had. Starting and growing her center by operating out of converted shipping containers and temporary structures made of corrugated tin, she was a champion in every sense of the word, advocating for the rights of older people and working ceaselessly to



RIGHT Dar es Salaam. **ABOVE** Agnes Karuki (on right), founder of the Kibera Day Care Centre for the Elderly (KDCCE), pictured with her colleagues Yasmin Abdulrahman and Alice Nyakinyua.

meet their needs. Agnes's legacy is one of hope, compassion, and unwavering dedication to supporting older persons. And to honor her legacy and because the institution she created continues to endure and thrive as it supports older persons in Kibera, AARP created a special award to provide significant financial support for KDCCE for the next three years.

As for our own trip's mission, we were so fortunate to learn from Agnes's invaluable insights and experience. Her resourcefulness, creativity, and strength will both inspire and inform the work we all do on behalf of older adults.

"Haven of Peace"

From Nairobi, we traveled to Dar es Salaam, which means "haven of peace." Though the official administrative capital moved to Dodoma in 1974, Dar es Salaam remains

the largest city in Tanzania and its financial center. Here, too, we were guided by an incredibly effective team from HelpAge — in this case, HelpAge Tanzania, led by the inimitable Smart Daniel, their long-serving country director. Like other lower-middle-income countries, Tanzania faces many development challenges, including poverty and high rates of labor market informality, but it is an increasingly popular tourist destination and its economy is growing quickly. Importantly, it was among the first countries in the world to adopt a National Plan on Aging — in 2003, only one year after the adoption of the Madrid International Plan of Action on Ageing, which is the global non-binding treaty that urged all countries to adopt national aging plans.

In Dar es Salaam, we met several senior Tanzanian officials who traveled from Dodoma to describe the government's





efforts and aspirations for older people. Dorothy Gwajima, the Minister of Community Development, Gender, Women, and Special Groups (the “Minister of People” as she preferred to call it), provided insights into the 3.4 million older persons in Tanzania today. The majority live in rural areas, 43 percent live in poverty, and more than 70 percent are still working and economically active. She discussed how the ministry is reaching people on the ground by working with national councils connected to the country’s 26 different regions and over 3,000 wards. She is working to build better institutional capacity and coordinate efforts with the Minister of Health. As she lamented, fewer than 6 percent of older persons receive a pension. On the more encouraging side, she expressed hope that Tanzania would soon ratify the Protocol to the African Charter on the Rights of Older Persons — a significant,

if imperfect, regional treaty to establish mandatory legal protections for older persons.

We also went to the U.S. embassy, where we met with the State Department’s Deputy Chief of Mission and with USAID Country Director, Craig Hart, who shared that life expectancy in Tanzania had expanded by 19 years between 2000-2019, a stunning achievement that is credited in part with the reduction of HIV cases and a robust Community Health Worker program. Tanzania, he said, has been doing an admirable job of getting “retired, but not tired” doctors to work in community health centers. We urged USAID to elevate aging in its development agenda and shared some of the great work that HelpAge was doing on the ground through its vast network of Older Persons Associations. Most people have mobile phones now, and with more than 20,000 OPAs, we noted that there is great



LEFT Hearing from leaders of JUWAZA and JUYAWAZA, the two main Older People Associations in Zanzibar. **ABOVE** AARP meets with Zanzibar Ministry for Community Development, Gender, Elderly and Children to discuss efforts underway to improve the lives of older people in Zanzibar.

potential to both mobilize and inform older Tanzanians quickly to achieve positive outcomes for older persons.

Zanzibar: A Big Role Model from a Small Place

The day after meeting with the national government officials, we woke up early to take a small plane for a short flight from Dar to Zanzibar. Though it is probably more famous for its golden beaches, Zanzibar has been a pioneer in supporting older persons, making history when it was the first country in East Africa to establish a universal cash transfer pension that is fully funded by the government. Adopted in 2014 by the Revolutionary Government of Zanzibar (the official name of the semi-autonomous government), the Zanzibar Universal Pension Scheme (ZUPS) has provided every Zanzibari citizen over age 70 with a modest noncontributory pension since April 2016. Specifically adopted

to help address the financial precarity of older adults in Zanzibar, most of whom were living in poverty, the pension initially provided 20,000 Tanzanian shillings (~ 9.00 USD) per month. Though small, extensive impact studies have made clear that ZUPS has had a positive impact on individual wellbeing, food security, and health expenditure. Moreover, the benefits often extend to recipients' households.

These successes made us all the more excited to meet with President Hussein Mwinyi and members of his cabinet to discuss their efforts to improve the lives of older people. In 2022, President Mwinyi declared a 150 percent increase in the pension, to 50,000 shillings. During our meeting, President Mwinyi said that he would like to increase it further, saying, "It is not enough." More significantly, he noted that "the pension starts at age 70; we would very much



ABOVE AARP CEO Jo Ann Jenkins with Zanzibar Minister for Community Development, Gender, Elderly and Children Hon. Riziki Pembe Juma. **RIGHT** A view from Unguja Island, Zanzibar

like to bring it down, to at least 60 . . . We will do our very best to make sure we achieve that." Our meeting was recorded by the media and this declaration was played and replayed television. To learn more about his support for older persons, please see President Mwinyi's personal article in this edition of *The Journal*.

It is clear that Zanzibar's admirable efforts are being recognized as a model. Its' policies are frequently cited by policymakers in Tanzania and other countries in the region who seek to emulate them. Though small, Zanzibar is leading the way in East Africa.

The progress in Zanzibar would not have been possible without the organized advocacy of the OPAs there. After walking through the remarkable UNESCO heritage site of Stonetown, the oldest part of Zanzibar City, we traveled to rural areas to meet with members of JUWAZA (the Swahili

acronym for the Zanzibar Association for Retirees and Older People) and the Juyawaza Age Care Organization. Both organizations convened large groups of their members to sit with us and share how they have worked with each other and with HelpAge-Tanzania to create a strong voice for older people in Zanzibar. One passionate older woman told us, "Advocates must have the audacity to press their demands." These OPAs' lack of resources certainly did not impede them from achieving a quite sophisticated and organized movement. It was a privilege to see them in action.

The next morning we flew back to the mainland, to the remote town of Tanga, and from there we drove overland to Korogwe. Our goal for that trip: to better understand the wide variety of challenges faced by older people in rural areas of the region. Economic hardships prevail there, exacerbated by





limited employment opportunities, sparse infrastructure, and little access to health care services.

In Korogwe we gained insights from discussions with the Older Citizens Monitoring Groups (OCMGs), which work closely with the OPAs to create citizen-led, accountability-of-government services. The OCMGs monitor the implementation of policies and services that are intended to benefit older persons. In this region, they have emphasized the need for age-friendly health care services. While there, we were able to visit Maguna Hospital to see how they had created special service areas specifically designated to administer health services to older persons. They have been able to get at least two paid health care workers in every ward, and they were working to create a monthly dementia clinic. We also met with several dozen older

persons who gather regularly for income-generating activities (and we were happy to buy several of their hand fans to fend off the overwhelming heat!).

Even in the most resource-challenged areas, we discovered, older people have proven to be effective advocates for themselves. William Mwakilema, the district commissioner of Korogwe, told us, “Community is what holds us together.”

Optimism and Action, Defining Present and Future

After dozens of site visits and meetings — in fancy government offices as well as hot and dusty rooms — and connecting with hundreds of older persons themselves, we emerged exhausted but energized. The challenges for older people in Kenya and Tanzania are real, but older people are making a path for themselves by walking



LEFT PAGE With Fatuma Rajabu Saidi, Chairperson of the Mtonga Active Aging Club, who also serves as an Older People Monitoring and a Home-Based Care Provider. The Swahili saying on the fan is “nani kama mama,” meaning “who is like a mother.” **ABOVE** The Kabuku AAC’s tracksuits were provided by HelpAge Tanzania through the SADC Project.

it. So it was, that we found ourselves early in the morning, on our last day before the long drive back to Dar es Salaam, among more than a hundred strong and optimistic members of the Kabuku Active Ageing Club, screaming out loud in Swahili:

“Older people were here! Older people are here! And older people will be here!”

Of that, we have no doubt. •



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Holly Schulz
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On the Ground



During our time in the Tanga region of Tanzania, we met with Korogwe District Commissioner William Mwakilema (center) who described the role of the Commission and the collaboration between the District Management Team and OPAs, stating, “Community is what holds us together.”



AARP CEO Jo Ann Jenkins expresses gratitude for the warm welcome extended by the Kibera Day Care Centre for the Elderly (KDCCE) during our site visit.

In February 2024, AARP CEO Jo Ann Jenkins led a 15-day learning journey in Kenya, Tanzania, and Zanzibar. Our team relied heavily on our strongest partners on the ground, HelpAge International Kenya and HelpAge Tanzania. These teams helped us with complex logistics, as well as introducing us to policymakers, Older Persons Associations (OPAs), and other civil society groups.

We met with stakeholders in the larger cities of Nairobi and Dar es Salaam, then traveled to rural areas to better understand the systems of support available to older persons.

Through this learning journey, the AARP team pursued three core objectives:

- To connect and engage with leaders in the field of aging
- To promote the preparation for the coming demographic shifts in Africa
- To identify insights and stories to showcase throughout this edition of *The Journal*



AARP leadership gained insights from a briefing with Maxwell Okello, Chief Executive Officer, American Chamber of Commerce – Kenya (center).



Zanzibar President Dr. Hussein Ali Mwinyi hosts a summit at Zanzibar State House with AARP CEO Jo Ann Jenkins and HelpAge Tanzania Country Director Mr. Smart Daniel.

Thank You / Asante Sana

We are deeply appreciative of our colleagues who generously shared their time, energy, and invaluable insights with the AARP team. Your dedication has been instrumental in our learning journey. Thank you for being a part of this experience.



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Leveraging Intergenerational Solidarity to Advance Aging Issues in Youthful Kenya

Like many nations, Kenya is experiencing a growing trend of population aging, with the proportion of people age 60 and older steadily increasing. While the country has a largely youthful population structure today — according to the National Council for Population and Development² 46 percent of Kenya's population, or 21.9 million people, is under 18 — the older population is projected to more than triple by 2050, accounting for approximately 10 percent of the population by midcentury.

As this demographic shift is taking place, Kenya is also experiencing rapid urbanization, which is changing attitudes and experiences for families and communities. Previously, the proportion of older people in the cities was lower: A significant number of people retired in the rural areas, leaving fewer older people in the cities. But the projected population aging means that there will soon be more people growing older in cities than in rural areas.

Today's older population is still largely able to tap into the rural community structures that address social issues related to aging, and governance structures continue to be attuned to the specific needs of the unique population structures across the rural-urban divide. But Kenya must prepare for a future where these arrangements no longer match the places and ways that people live.

Already, the increased movement of younger persons from rural to urban areas in search of employment has led to changes in family structures, resulting in the breakdown of the extended family support and built-in social protection systems for older persons that have traditionally been part of rural society. At the same time, rural-to-urban

migration has created a segment of older persons in urban areas who face particular challenges that defy the hitherto rural or urban character of aging in the Kenyan society. As population aging and urbanization advance, older adults will need new support systems, formal and informal, to promote healthy longevity.

To address some of these challenges and help Kenya prepare for the coming demographic shift to an older population, the HelpAge International programme works with Network Members and partners to advance age equality while building agency and lifting the voices of older people. In this regard AARP has been an invaluable partner to the Kenya program.

In January 2024, the Kenya program and network members hosted AARP in Nairobi and Narok. Nairobi remains the epicentre of political, economic and commercial activity in the country, and is the destination of most rural-to-urban migration. As a result, there are several peri-urban and informal settlements that have emerged where the different dynamics of population aging play out. Kibera, the largest informal settlement in Africa and the third largest in the world³, plays host to diverse communities straddling the youth and older people age-divide.

One of the highlights of the Nairobi visit was the engagement with the Intergenerational Self-Help Age Groups, Older Persons Association, and Older Citizen Monitors. Hosted by the Kibera Day Care Centre for the Elderly (KDCCE) the intergenerational engagement brought to light the power of community mobilization and intergenerational solidarity in advancing aging issues in places where the population faces significant economic challenges.

This intergenerational engagement is important, as it allows the community to address aging and the issues affecting older people in Kibera in a holistic manner. The young people can see the challenges faced by older people and are able to then actively plug into the advocacy initiatives by KDCCE for policy and administrative change. Collaboration between Akili Bomba, a youth led organization, and KDCCE came alive through an intergenerational discussion during the AARP visit. The importance of a life course approach to aging was reiterated through discussions that focused on health, wellbeing, and income security for older people. The young people were able to engage from a place of specific interest as “older people in waiting,” with the aim of improving the lives of older adults today and avoiding similar challenges as they age.

The advocacy by the older people in the KDCCE programs is boosted by the energy of the young people in Akili Bomba, who also bring creativity to bear through songs, spoken word, and dance. These interactions give older people a chance to share perspectives on topical issues while engaging in social activity amongst themselves and with younger people — helping to address common challenges of social isolation and loneliness. Through their participation, their experiences add to the advocacy of KDCCE and Akili Bomba and allow the latter to take a forward-looking perspective to aging, based on lessons learned from older adults in the KDCCE.

AARP also visited Older People Associations with Maasai Elders in Narok. The group membership consists of about forty older men and women who run sustainable agricultural

initiatives aimed at promoting opportunities for food security. Their work also enhances community cohesion as they come together to plan for produce, market access, and scalability.

While population aging is changing the dynamic of cities, the country's predominantly younger population⁴ has yet to fully embrace the concept of age-friendly cities. Fostering more of the intergenerational solidarity and engagement seen with Akili Bomba and KDCCE will be essential in the years and decades ahead. Population aging and increased urbanization represents a break from many of the traditions and norms of Kenya's past. Successfully navigating these changes will require strong connections, clear understandings, and shared goals between younger and older generations. •

¹https://esaro.unfpa.org/sites/default/files/pubpdf/2022_healthy_ageing_country_summary_reports_kenya.pdf

²<https://ncpd.go.ke/wp-content/uploads/2024/08/Situation-Analysis-of-Kenyan-Adolescent-Report.pdf>

³<https://www.kibera.org.uk/facts-info/>

⁴<https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/12/CHARITY-POWERPOINT-PRESENTATION-UNDESA-WKSHOP-NAIVASHA-Report-Revised.pdf>



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Representative, HelpAge International

Strengthening and Supporting Health, Economic Activity, and Engagement for Older Adults in Tanzania

In Tanzania, older people are respected as guardians, advisors, preservers of cultural values through intergenerational dialogues, and a central pillar of peace and harmony in our societies. They are also caretakers: Around 40 percent of orphans today are in the care of their grandparents, and a majority of these grandparents are age 60 and older. Older adults also play a pivotal role in Tanzania's economy, particularly in sectors such as trade, agriculture, forestry, and fishing, just to mention a few. Therefore, it is vital that the social, political, and economic contributions of older people are not only acknowledged by the government, but also facilitated through programs.

The Ministry of Community Development, Gender, Women and Special Groups (CDGWSG), which I oversee within the Department of Social Welfare in Tanzania, is responsible for the provision of Social Welfare services to the most vulnerable groups in our society, including older adults. The CDGWSG has been collaborating with other ministries and development partners to design and implement various programs aimed at supporting older persons to get the services they need, from health services, livelihood support, and psychosocial care and support, to social protection and humanitarian services during emergencies.

RIGHT Two members of the Kabuku Active Ageing Club in Tanga, northeastern Tanzania.



Public health facilities also offer free medical services for vulnerable older adults and, to date, more than 588 special windows have been established in facilities around the country to ensure that older patients seeking medical services are attended to in a timely manner.

In Tanzania, Social Welfare services for older persons are guided by a number of policy instruments developed over the last two decades. The National Aging Policy was passed in 2003 and revised in 2024. A National Policy for Persons with Disabilities was passed in 2004, followed by the National Health Policy in 2007 and the Persons with Disabilities Act No. 9 of 2010, all of which have relevance to older adults. Tanzania also has a strategy for provision of older-person-friendly health services, and the provision of good services for older people is also clearly articulated in the Tanzania Development Vision 2025 and the current Five-Year National Development Plan.

According to the 2022 Tanzania Population and Housing Census, the population of Tanzania is 61,741,120. Out of this population, older people — which we have defined as anyone who is 60 years old or older — were recorded to constitute 3,406,464 (1,546,221 males and 1,860,243 females) which is equivalent to 5.6 percent of the total country population.

Programs to Support Older Adults

As is the case in other developing countries, older persons in Tanzania face a number of challenges. Many have limited incomes and struggle to afford health services, good shelter, food, clothes, recreation, and other emotional and social needs. The government has responded with a range of programs and support.

For example, the government provides social welfare services like food, clothing, and medical treatment to vulnerable older persons living in 13 government owned elderly homes. The Ministry also coordinates services to elders in 15 non-state-owned elderly homes.

To support healthy longevity and affordable care, the government works with local authorities to provide Community Health Fund Cards that help lower-income older people access medical services. Public health facilities also offer free medical services for vulnerable older adults and, to date, more than 588 special windows have been established in facilities around the country to ensure that older patients seeking medical services are attended to in a timely manner. As the country moves to universal health insurance in the near future, the government will ensure premiums for vulnerable older people are covered.

Health education and socialization are also important elements of government support for older people. HelpAge Tanzania, through my ministry, in collaboration with the Ministry of Regional Administration and Local Government, has been able to establish over 100 Active Ageing Clubs in districts such as Korogwe, Handeni, and Morogoro. In these clubs, older people are meeting regularly to exercise, learn how to keep themselves healthy, and broaden their knowledge on managing non-communicable diseases that are more likely to affect them. My ministry, the Ministry of Health, and the Ministry of Regional Administration and Local Government are exploring ways

to replicate these active aging clubs in all wards in Tanzania.

On the economic front, through Tanzania Social Action Fund (TASAF), the government provides multipurpose cash payments to poor families including those headed by poor older people to enable them to meet basic needs and do small income generating activities. To date, more than 350,000 older people are benefiting from TASAF. Furthermore, to ensure older people fully participate in matters of their interest, the government established more than 20,700 older people forums, ranging from village and street level to the national level. These forums facilitate communication, networking, and platforms for older adults to meet, speak out on their most important issues, and advance their key agenda items.

Unlike other vulnerable groups, such as children and women who have a number of civil society organizations, partners, and donors actively supporting them, older people often struggle to mobilize resources in support of their chief concerns. As of now, only HelpAge Tanzania has demonstrated the technical capacity and vigour needed to work in the area of aging at the national level. Other age care focused organizations are still challenged with limited capacity. The ministry will continue to work closely with HelpAge Tanzania and other emerging age care focused organizations to provide necessary support and partnership in the work to improve the wellbeing of this important segment of our population.

Future Plans for Supporting Older People

As Tanzania's population continues to age, the government is considering a number of initiatives for improving their well-being. Those include developing a comprehensive older persons regulation to ensure older people have established rights around access to quality health services, income security, protection, education, adequate care, participation, emotional support, and

recreation. The regulation will also stipulate the roles and contributions of older people in society.

Building on the success of our government-owned elderly homes, we plan to construct a new, modern national older people's home in the Dodoma Region, which will host vulnerable older persons who have no relatives to provide care. The desired center will be used as the model for how older people homes should be designed and run across the country.

Finally, the government will continue to combat ageism and raise public awareness around the contributions of older adults to our society and the importance of providing the support they need. Through all this, we remain committed to providing health, economic, and social support to this group that is so important to Tanzania's past, present, and future. •



Hon. Dr. Dorothy Gwajima
Minister
Ministry of Community Development,
Gender, Women and Special Groups
United Republic of Tanzania

Improving the Lives of the Older People of Zanzibar

The Revolutionary Government of Zanzibar has instituted welfare services to its older citizens since the early years after independence, and in 1967 houses to accommodate elders were built at Sebleni, Welezo, and Limbani. Similarly, cash transfers to elders in Zanzibar were provided in all areas, both urban and rural.

Through all phases of the Revolutionary Government of Zanzibar leadership, older people in need have been accommodated in the three elders' homes of Sebleni, Limbani, and Welezo, where shelter, food, clothes, and money are provided. In addition, social welfare services to elders have been provided through various ministries over time.

In 2022, I was responsible for establishing the Ministry of Community Development, Gender, Elderly, and Children, along with its associated departments. This newly established Ministry carries "Elderly" in its name and has a department dedicated to services for elders, illustrating my ongoing commitment to older people in Zanzibar.

In line with Zanzibar's 1984 constitution, the United Nations Sustainable Development Goals by 2030, Agenda 2063 of the African Union, Zanzibar Development Vision 2050, and the medium-term Zanzibar Development

RIGHT A woman wears a brightly colored kanga to a meeting hosted by JUYAWAZA, one of the two main Older People Associations in Zanzibar.





ABOVE The President and Chairman of the Revolutionary Council of Zanzibar speaking to Mzee Saleh Khamis Mohamed, resident of Wesha in Chakechake Pemba, during the National Commemoration of the International Day of Older People, held at Tibirinzi grounds in Pemba, October 2024.

Plan (ZADEP) 2021-2026, together with Chama Cha Mapinduzi's manifesto (CCM) 2020-2025, I am spearheading improved welfare services to Zanzibar's older people. In all these development agendas and strategies, support services for older people were addressed. Moreover, I continue to make meaningful efforts to ensure that the welfare services for older individuals improve.

On May 1, 2022, during our Labour Day celebration, I announced and declared an increase of 150 percent (from TZS 20,000 to TZS 50,000) of the Universal Pension Scheme for all older Zanzibaris who receive this monthly Universal Pension. The Universal Social Pension is provided to people age 70 years and older. By August 2024, a total of 30,552 individuals had received this community pension. The list

is updated monthly to remove those who passed away and to capture new individuals who qualify as they reach the required age.

During the celebration of the International Day of Older Persons on October 1, 2023, which took place at Dr. Ali Mohamed Shein Hall, State University of Zanzibar (SUZA), the Zanzibari elders told me: "We have trust in you, especially for your care of us. You have gone the extra mile to reduce burden on us, especially by improving our financial capability." This shows that the increase of the Universal Social Pension touched the hearts of older individuals and that they are thankful.

In another effort to improve welfare services to older people, I set aside six billion Tanzanian Shilling during 2023-2024 and 2024-2025 financial years for undertaking

renovation work to the Sebleni and Limbani elderly homes. The renovations aim to enhance the conducive environment for their stay at these homes. The renovation work is ongoing and is expected to be completed by March 2025.

Currently there are 63 older people who are residing in these homes at Sebleni, Welezo, and Limbani, including 36 men and 27 women.

In ensuring that senior citizens get better social services and their contributions are recognized by everyone in the society, the Revolutionary Government of Zanzibar is preparing special identity cards for older people. The cards will be used to get priority access to public services that are free of charge, including public transport, health services, and recreational events at sports venues. A total of 11,814 older people already received the cards out of a targeted 25,000.

The Ministry of Community Development, Gender, Elderly, and Children implemented the Elder Persons Affairs Act No. 2 of 2020 to ensure rights and welfare services are provided to older people. Among the rights established in the law is the right to health, including free health services and special treatment in public hospitals and any public health centers, with priority in accessing such services. Currently, the Ministry is preparing regulations under which procedures for elder persons will be clearly stipulated. This step is in line with my effort to improve health service provision to every citizen, and to ensure older adults are prioritized to receive these services.

I also collaborate closely with older persons associations, valuing their advice and contributions to national development. This relationship has fostered strong support and affection from the elderly community. They have visited me and provided advice on various issues, which I have readily accepted and acted upon promptly.

With my guidance, the Revolutionary Government of Zanzibar, through the Ministry

of Community Development, Gender, Elderly, and Children, continues to oversee the Social Security Program. The program is implemented by the Ministry in collaboration with other stakeholders (including individuals, non-governmental organizations, civil societies, and development partners) who are interested in providing welfare services to older adults in Zanzibar, especially essential services.

I am, therefore, proud to report that, during the first three years of my administration, there has been significant achievement in improving welfare services to older people in Zanzibar. •



Dr. Hussein Ali Mwinyi
President of Zanzibar and Chairman
of the Revolutionary Council

Everyday Culture

Many women own dozens of kangas, each chosen for its color, message, or mood. Worn as wraps, headscarves, or baby carriers, they're a practical staple with personal meaning.

This kanga reads, "Furaha ya maisha ni kupendana," meaning, "The joy of life is loving one another."



17A NZATO KIKANGA PAMBA YA TANZANIA GIGAW10349



KEN



WYA



Kenya, like many countries across sub-Saharan Africa, is undergoing a profound demographic transformation. While just under 6 percent of the population is currently age 60-plus, that figure is projected to more than double by 2050, signaling a shift with far-reaching implications for social systems, health care, and public policy.



Wilson Kaelo, 78, member
of the Older Persons
Association of Rotian,
Narok County, Kenya.

Kenya stands out in the region for its growing political will to address these demographic changes. Recent years have seen the introduction of landmark measures, such as a universal pension, and a suite of policy programs aimed at improving the well-being of older citizens.

This increase in longevity — driven by improvements in health care and life expectancy, now averaging around 61 years — comes at a time when traditional support systems are under strain. The migration of younger people to urban centers in search of employment has reshaped family structures, often leaving older adults, particularly women in rural areas, without the informal care networks that once formed the backbone of aging support.

Kenya stands out in the region for its growing political will to address these demographic changes. Recent years have seen the introduction of landmark measures, such as a universal pension, and a suite of policy programs aimed at improving the well-being of older citizens. Yet, challenges remain. Despite progress, the country lacks a comprehensive legal framework to protect the rights of older people, leaving many vulnerable to poverty, inadequate access to services, and age-related discrimination — particularly in

urban areas where older adults often contend with poor housing, limited income, and social isolation.

Health care professionals are beginning to play an increasingly vital role in bridging these gaps. Across the country, there is growing recognition of the need to integrate geriatric principles into medical education and practice. Expanding specialized training and promoting geriatrics as a valued discipline could help improve health outcomes for older adults and build a more age-inclusive health care system.

Kenya's evolving approach to aging reflects both the complexity and urgency of preparing for an older population. As the country adapts to these demographic shifts, its experience offers valuable insight into how emerging economies might balance tradition, modernity, and equity in supporting people to age with dignity.



SOMALIA

200 km (124.27 mi)

TANZANIA

INDIAN OCEAN

REBULIC OF KENYA



COUNTRY
Republic of Kenya

TOTAL AREA
580,367 sq km (224,081 sq miles)

POPULATION (WORLD RANK) 2023 EST.
57,052,004 (27TH)

POPULATION DENSITY (WORLD RANK)
94 per sq km (140TH)

DEMONYM
Kenyan

BUDGET (US DOLLARS) 2019 EST.
Revenues: \$16.885 billion
Expenditures: \$24.271 billion

GDP NOMINAL (US DOLLARS) 2023 EST.
\$108.04 billion (67TH)

GDP PPP (US DOLLARS) 2021 EST.
\$349.04 billion (62ND)

MAIN INDUSTRIES
Agriculture, transportation,
services, manufacturing,
construction, telecommunications,
tourism, retail

NATURAL RESOURCES
Limestone, soda ash, salt, zinc
gemstones, fluorspar, diatomite,
gypsum, wildlife, hydropower

GOVERNMENT TYPE
Presidential Republic

ETHNIC GROUPS 2018 EST.
Kikuyu 17.1%, Luhya 14.3%,
Kalenjin 13.4%, Luo 10.7%,
Kamba 9.8%, Somali 5.8%, Kisii
5.7%, Mijikenda 5.2%, Meru
4.2%, Maasai 2.5%, Turkana
2.1%, non-Kenyan 1%, other
8.2% (2019 est.)

LANGUAGES
English (official), Kiswahili (official),
numerous indigenous languages

RELIGION

Christian 85.5% (Protestant 33.4%,
Catholic 20.6%, Evangelical 20.4%,
African Instituted Churches 7%, Other
Christian 4.1%), Muslim 10.9%, Other
1.8%, None 1.6%, Don't know/No
answer 0.2% (2019 est.)

NET MIGRATION RATE

-0.2 migrant(s)/1,000 population
(2023 est.)

LIFE EXPECTANCY AT BIRTH

Total: 64.7
Male: 62.9 years
Female: 66.5 years (2022 est.)

BIRTH RATE

26 births/1,000 population
(2023 est.)

MOTHER'S MEAN AGE AT FIRST BIRTH
20.3 years (2014 est.)

POPULATION GROWTH RATE
2.09% (2023 est.)

URBAN POPULATION
29.5% of total population
(2023 est.)

AGE STRUCTURE

0-14 years: 36.45%
15-64 years: 60.26%
65 years and over: 3.28%

POVERTY HEADCOUNT (% BELOW \$2.15/DAY)
25.3% (2023 est.)

UNEMPLOYMENT RATE
5.7% (2021 est.)

GINI INCOME INEQUALITY INDEX (2015)
40.8 (57TH)

GENDER INEQUALITY INDEX (2018)
0.506 (128TH)

HEALTH EXPENDITURES
4.3% of GDP (2020)

OBESITY RATE
6.0% (2016)

LITERACY RATE
82.6%

LABOR FORCE BY OCCUPATION
Agriculture: 18.1%
Industry: 20.4%
Services: 61.6% (2017 est.)

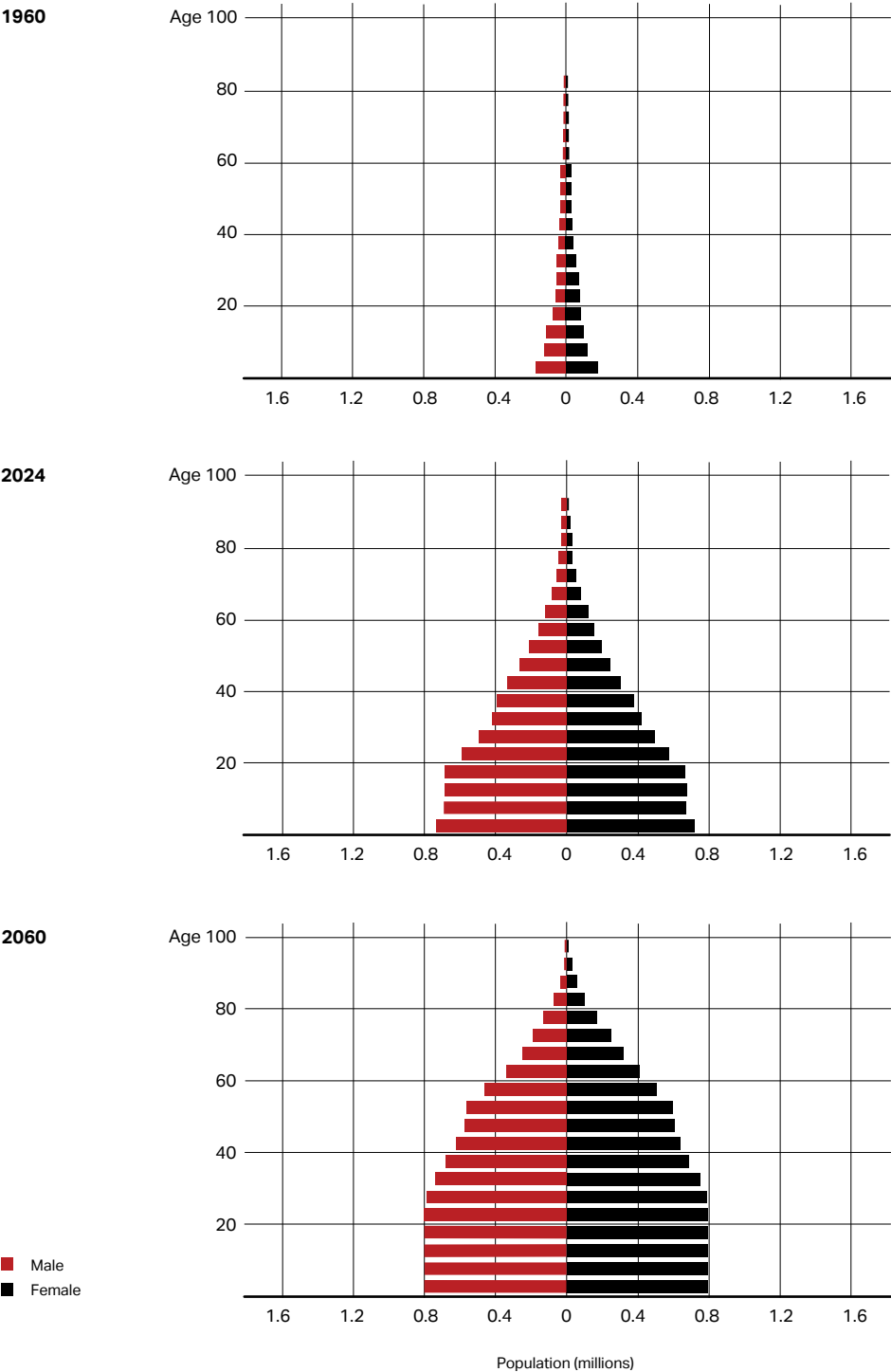
RESIDENT LABOR FORCE
PARTICIPATION RATE
67.5% (2021 est.)

EXPORTS (US DOLLARS)
\$11.825 billion (2021 est.)

IMPORTS (US DOLLARS)
\$21.853 billion (2021 est.)

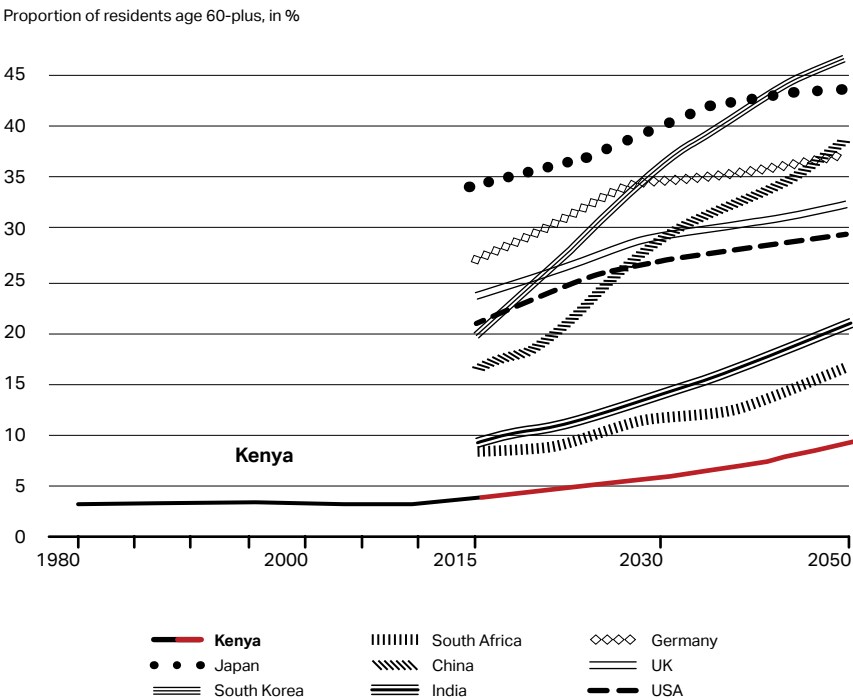
Aging in Kenya

Demographic Profile

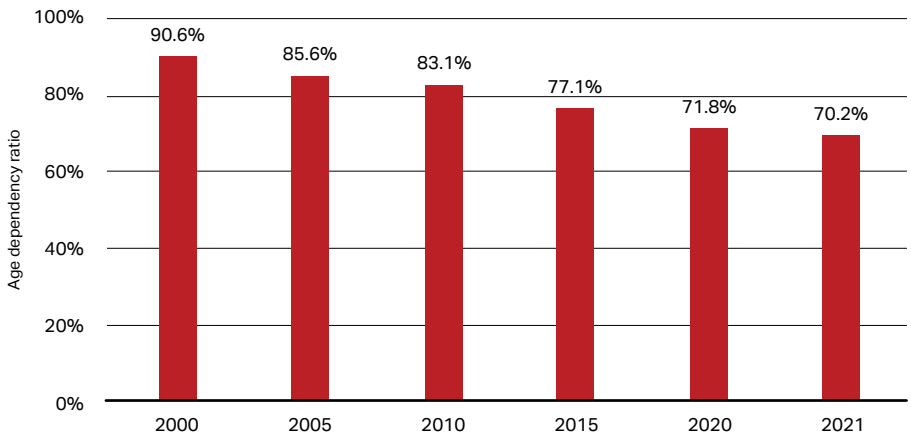


Aging Projections Through 2050

Proportion of residents age 60-plus in Kenya (1980-2050) and in other aging societies worldwide (2015-2050) ¹



Age Dependency Ratio in Kenya from 2000 to 2021 ²



¹ UNITED NATIONS: AGEING. DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS - POPULATION DIVISION, 2022. AVAILABLE AT [HTTP://WWW.UN.ORG/DEVELOPMENT/DESA/POPULATION/THEME/AGEING/INDEX.SHTML](http://www.un.org/development/desa/population/theme/ageing/index.shtml).
² STATISTA. SOCIETY - DEMOGRAPHICS. 2024. AVAILABLE AT [HTTPS://WWW.STATISTA.COM/STATISTICS/1229463/AGE-DEPENDENCY-RATIO-IN-KENYA/](https://www.statista.com/statistics/1229463/age-dependency-ratio-in-kenya/).

Aging in Kenya



Jane Nyawira Miano, 75
Rose Wanjao, 52 (caregiver)
Focus of Disabled Persons
Nairobi



Carole Osero-Ageng'o, 56
HelpAge International
Nairobi

Taking the Lead

A major highlight of our learning journey was a convening, organized by HelpAge Kenya, of their network members and affiliates. This gathering provided a significant opportunity for collaboration and the exchange of ideas.

Network member representatives shared insights into the perspectives of older people in their regions, emphasizing the unique challenges they face. Common themes also emerged, such as ageism standing in the way of the rights, well-being, and dignity of older persons.

Representatives traveled from various parts of the country, showcasing their dedication to addressing the needs of older persons and really showcased that “Together, we have the power to make change.”



Daniel Saraman Galoro, 64
Pastoralist Integrated Support
Programme (PISP)
Marsabit County



Jane Nyambura, 70
Kenyan Aged Require
Information, Knowledge, and
Advancement (KARIKA)
Nairobi



George Odhiambo Were, 76
Siaya County Older Persons
Organisation (SCOPO) and the
Kenya Society for People Living
with AIDS (KESPA)
Siaya County



Alice Nyakinyua, 74
Kibera Day Care Centre for
the Elderly
Nairobi



Kuya Longor Tepi, 63
Echami A Ito Welfare Association
Turkana County



Michael Ouma-Omoro, 64
Kibera Day Care Centre for
the Elderly
Nairobi



Lucy Njoki, 50
County Trackers Elderly Foundation
Nairobi



Elijah Mwega, 67
Kenyan Aged Require
Information, Knowledge, and
Advancement (KARIKA)
Nairobi



The Nairobi skyline, viewed from the rooftop of the Kenyatta International Convention Centre (KICC).







Along Haile Selassie Avenue in downtown Nairobi.





In the Maasai Mara National Reserve, protected lands offer vital refuge for elephants and countless other species.





Elephants are a key part of Kenya's wildlife heritage and play a central role in conservation and tourism efforts.

Matatus, or privately owned minibuses, are a popular mode of public transport in Nairobi. Many feature graffiti-style art, loud music, and flashing lights.





KENYA — MAASAI MARA



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Cultural Threads

Maasai Women Use Beadwork
to Connect Generations and
Preserve Heritage

By Lauren Hassani
Photos by Marco Javier

















The two dozen women and children look tiny under the vast Kenyan sky. They sit on the grass in a cluster, dwarfed by the billowing cumulus clouds overhead and the undulating landscape of the Maasai Mara all around them. They have traveled anywhere between five and ten kilometers by foot to meet at this rainwater collection site near the village of Enooronkon, located on the edge of the Naboisho Conservancy —

a remote place sparsely populated only by the people of their tribe, the Maasai.

The women are crafting traditional jewelry and belts, heads bowed over their work, chatting with each other and singing as they string tiny glass beads of white, red, blue, yellow, and green into elaborate patterns. They range from young mothers to salt-and-pepper-haired matriarchs and are accompanied by a bounty of children



— babies slung into brightly colored wraps, wide-eyed toddlers sitting in laps, and energetic preschoolers running around the periphery.

For this group, as it is for all Maasai, beadwork is more than an art form; it is a way of life and a cultural thread that connects generations and embodies centuries of tradition. In recent years, the jewelry they produce has also become a valuable commodity,

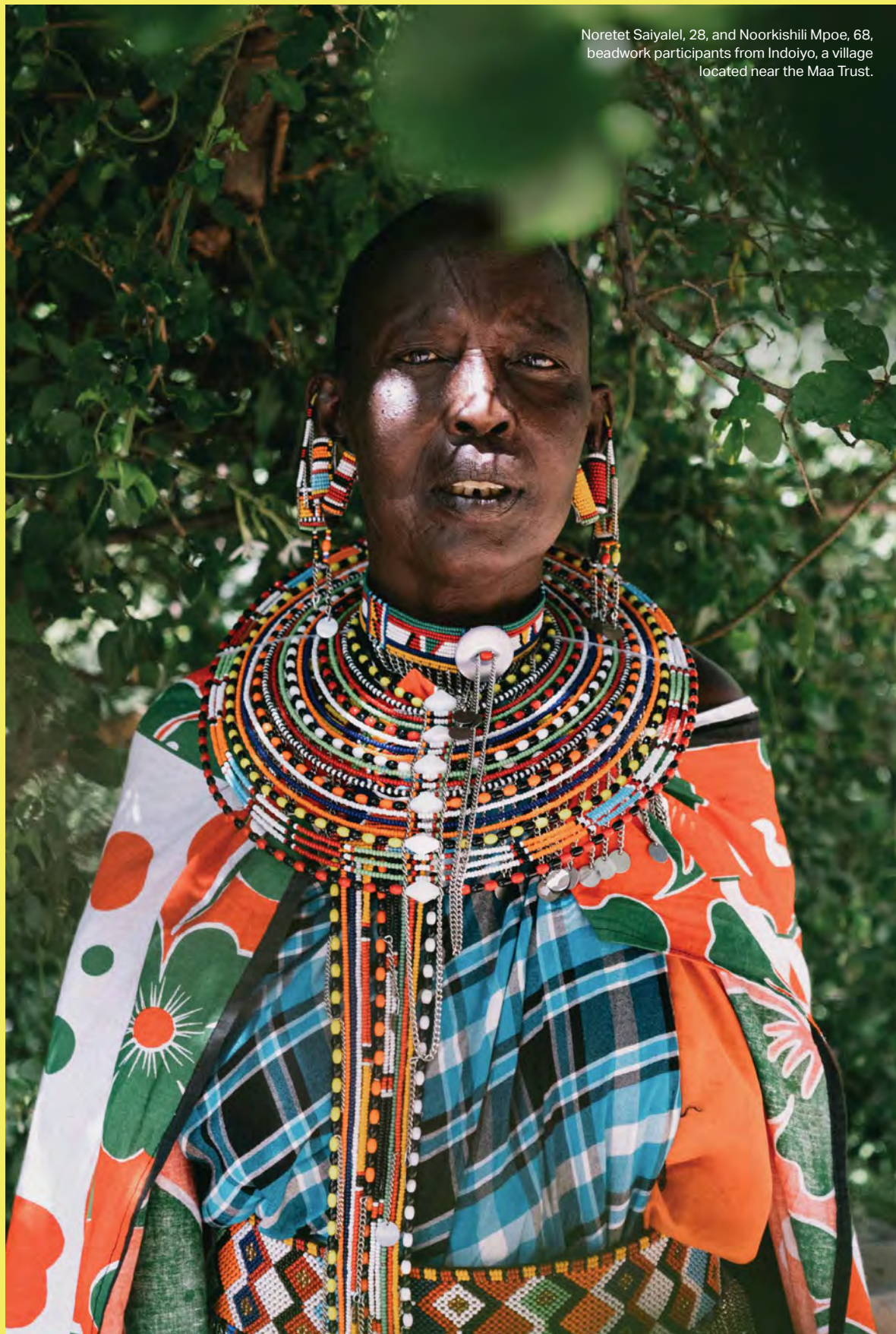
providing vital support for their families while preserving their heritage. Beadwork programs, like this one organized by the Maa Trust, build upon the rich cultural significance of the craft to create sustainable economic opportunities for Maasai women of all ages.

The Maasai are one of East Africa's most iconic indigenous groups, known for their distinctive dress, semi-nomadic pastoralism,





Noretet Saiyalel, 28, and Noorkishili Mpo, 68,
beadwork participants from Indoiyo, a village
located near the Maa Trust.





and vibrant traditions. Historically, the Maasai were the dominant tribe in Kenya, occupying vast tracts of land. However, colonial incursions in the early 20th century displaced many Maasai communities, reducing their territory and forcing changes in their way of life. Despite these challenges, the Maasai have preserved much of their cultural heritage, including their traditional beadwork, which remains a potent symbol of identity and artistry. Today, the Maasai Mara region faces significant socio-economic challenges. Poverty levels are high, and educational

attainment among Maasai women remains low. According to data from the Maa Trust, a staggering 90.8 percent of participants in the Maa Beadwork program have no formal education, and these women have an average of six children each. This lack of access to education and resources underscores the importance of initiatives like Maa Beadwork, which provide a pathway for economic independence and community upliftment.

From its home base on the northeastern boundary of the Maasai Mara National Reserve, the nonprofit Maa Trust works



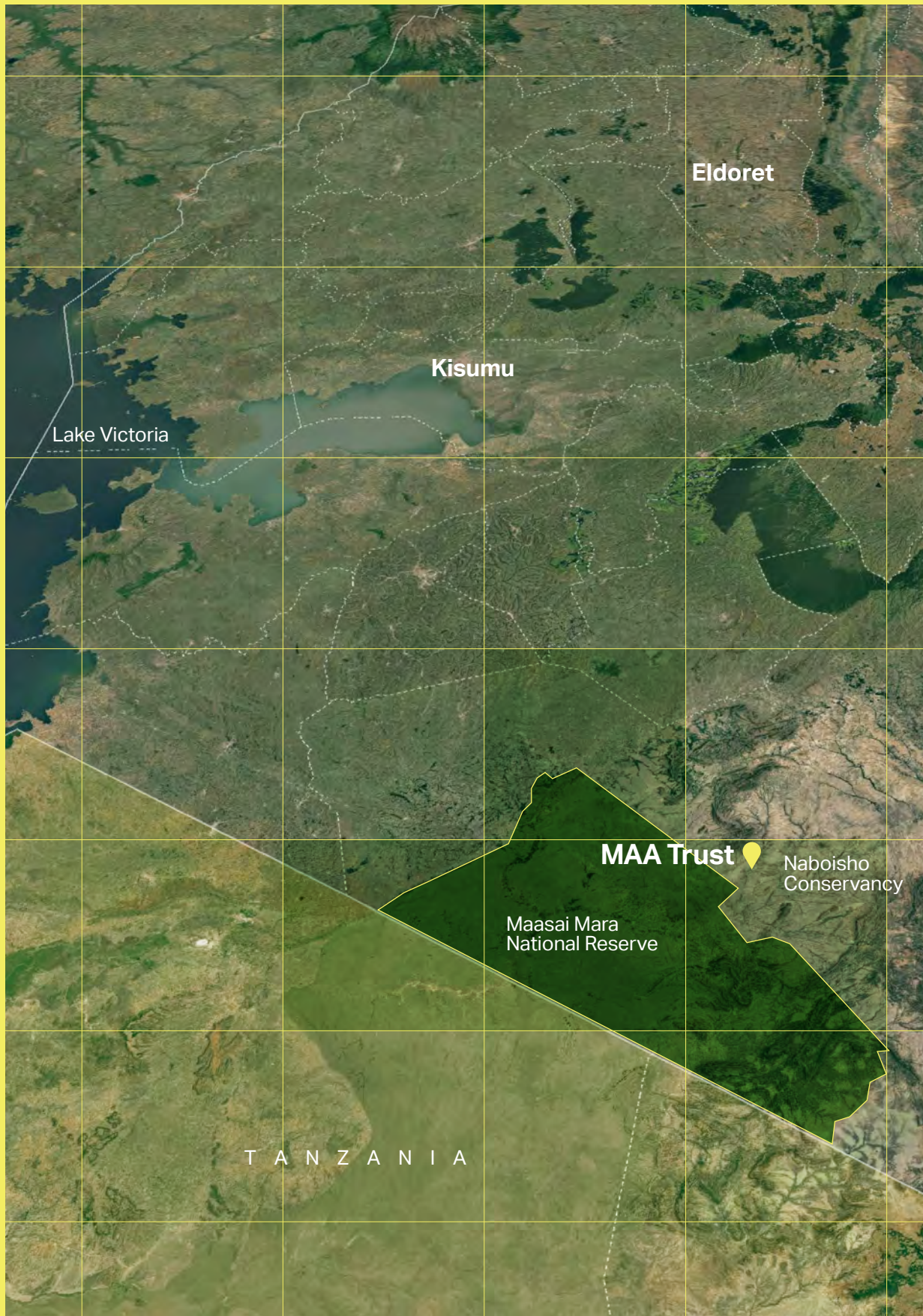
Clockwise from top left: Women work on their beadwork outside the Maa Trust headquarters; Rose Sairowua, 39, Maa Beadwork Field Operations Supervisor, puts together a training schedule for new members; and a range of beaded products are displayed at the Trust's shop.







The Maa Trust trains the women in a variety of stitch patterns, including the brick stitch, square stitch, triangular stitch, and Peyote stitch.



Eldoret

Kisumu

Lake Victoria

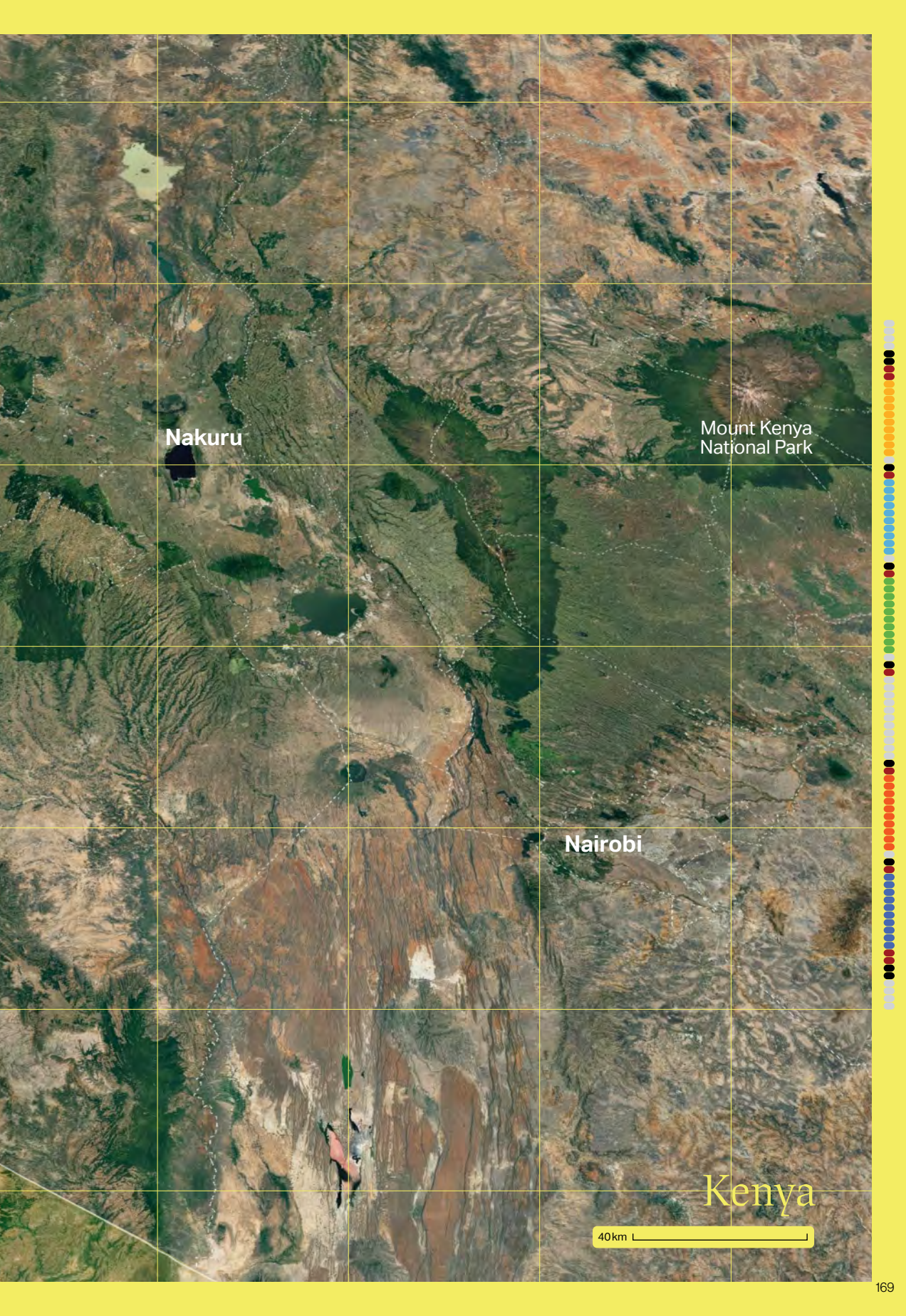
MAA Trust



Naboisho
Conservancy

Maasai Mara
National Reserve

TANZANIA



Nakuru

Mount Kenya
National Park

Nairobi

Kenya

40km



At the Maa Trust headquarters, women from Indoioyo bead under the sun, while in the leather workshop, artisans finish products and perform careful quality checks before items are shipped or placed for sale in the gift shop.

closely with local Maasai communities and wildlife conservancies on initiatives encompassing education, health, water access, income generation, and environmental stewardship. Among these, Maa Beadwork has emerged as the Trust's flagship program. Established in 2013, the initiative now engages 468 women across 17 groups, each representing a different village located around the Pardamat Conservation Area and the Olare Motorogi and Naboisho Conservancies.

Dr. Crystal Mogensen, CEO of the Maa Trust, explains the origins of the beadwork program. "The women were feeling a bit left out," she says. Maasai communities receive money through conservancies in the Maasai Mara and other parts of Kenya, often through land lease agreements and tourism revenue. However, it was the men who primarily benefited from these agreements. When interviewing the women in the community,

the Trust heard a common refrain: The men get the money, and the women only receive something small at their discretion.

The solution? Present the idea of beadwork in a way that aligned with the community's patriarchal structure. "We went to the men in the community and said, 'As men, you have sole responsibility for supporting your families. The women are sitting idle, not helping you. What can they do to contribute?'" Mogensen recounts. Every man in the area suggested beadwork, seeing it as an untapped resource. "Now, every man thinks this program was his idea," she laughs. This strategic approach ensured male buy-in and allowed the program to flourish.

The Trust provides women with all the necessary materials, including high-quality glass beads and processed leather, and oversees quality control and marketing. Women can work from home or gather weekly to bead in groups, where they find



Historically, the Maasai were the dominant tribe in Kenya, occupying vast tracts of land. However, colonial incursions in the early 20th century displaced many Maasai communities, reducing their territory and forcing changes in their way of life. Despite these challenges, the Maasai have preserved much of their cultural heritage, including their traditional beadwork, which remains a potent symbol of identity and artistry.



The colors, patterns, and jewelry style indicate age, social status, and marital status. This Maa Beadwork participant wears a *nborro*, a wedding collar with long strands of beads, signifying that she is a married woman.



companionship and solidarity. Beadwork has long been a cornerstone of Maasai culture. Traditionally, older women teach the craft to younger women, passing down skills and cultural knowledge through generations. Each color carries meaning: white represents purity and health; red, bravery and unity; blue, the sky and water; and green, the land. The designs themselves tell stories, with patterns reflecting identity, status, and life stages.

Historically, beadwork was purely decorative, worn to mark important rites of passage such as initiation, marriage, and motherhood. Today, it also serves as a vital economic resource. Women in the Maa Beadwork program use their earnings to improve their lives in tangible ways. “Some buy gas stoves to reduce the time spent collecting firewood,” says Rose Sairowua, 39, Field Operations Supervisor. “Others invest in water tanks, solar lanterns for their children’s studies, or even semi-permanent homes.”

The pay structure, based on Ksh 500 (approximately 3.86 USD) per day, allows women to earn according to how many pieces they complete. Older women, with more time available, often make more money, while younger women balance beadwork with household and child-rearing responsibilities. Recognizing the financial demands tied to education, the program structures payments

Isen Kipetu (second from left), Sustainable Livelihoods Manager at the Maa Trust, holds a forum with leaders in several of the Trust’s programs to understand the importance of older women in the Maasai community.









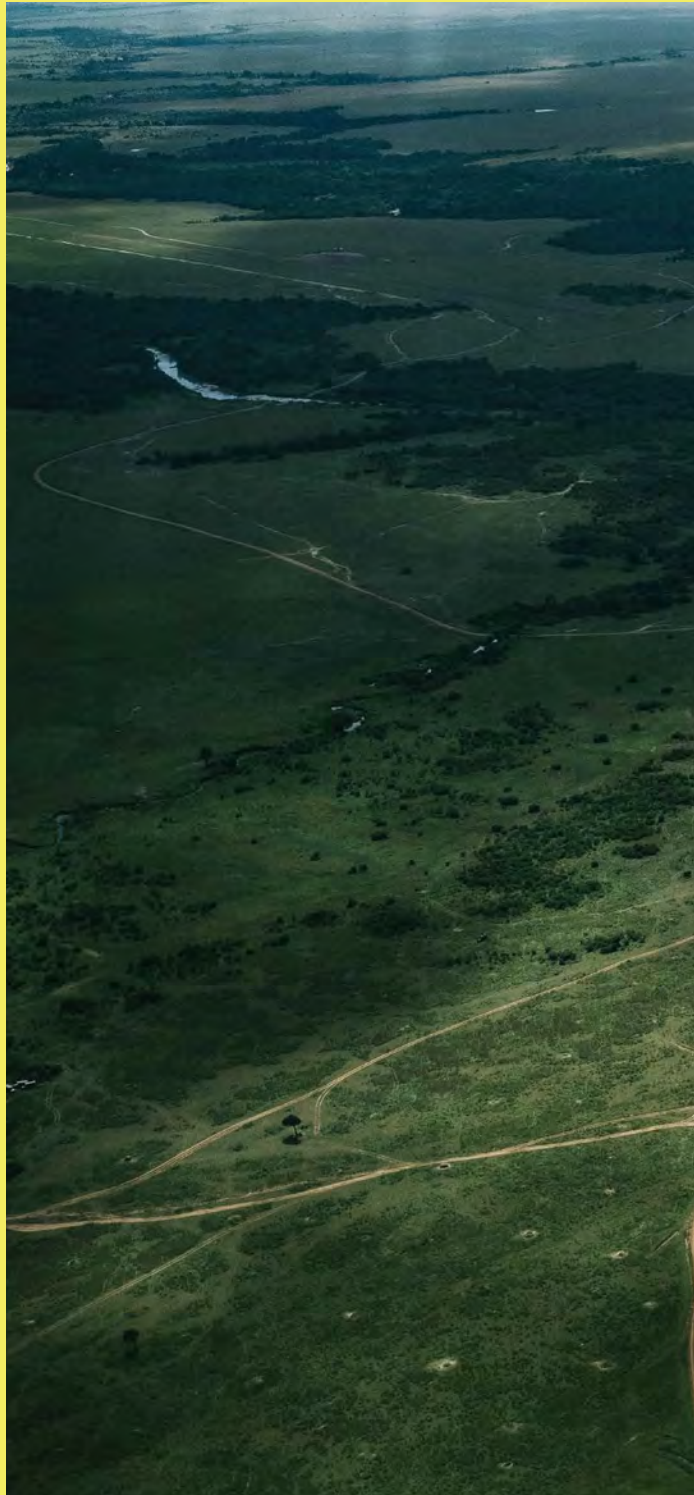
An older artisan guides a younger woman. Most of the women in the Maa Beadwork program originally learned how to bead from their mothers or grandmothers, but through the program, they continue to refine their techniques and learn new patterns for modern designs.

to align with the school calendar. Women are paid three times a year, just before school terms begin, ensuring they can cover tuition and supplies. “When women have money in hand right before school starts, they are far more likely to spend it on education,” Sairowua explains.

The program’s impact extends beyond individual households. In 2023, Maa Beadwork netted a profit for the first time since its inception, with sales reaching Ksh 18 million. Moving forward, profits will support the Trust’s women’s empowerment programs, creating a ripple effect across the community.

One of Maa Beadwork’s core successes is its fair and inclusive selection process. The Trust enlists the help of the *Mama* and *Mzee Kijiji* (mother and father of the village), the elected community leaders, to identify participants. Women are chosen based on need, with priority given to single women, widows, or those facing hardships. “It doesn’t matter on education level or status. It’s been a very fair, equal process,” Mogensen explains. This impartial approach has prevented the political conflicts and favoritism that have undermined similar programs.

The Trust also emphasizes skills development, categorizing participants into three levels: beginner (C), proficient (B), and expert (A/A+). Women are continuously upskilled to handle



An aerial view of the vast, remote landscape of the Maasai Mara, where beadwork groups meet weekly in villages scattered across the conservancies.



Older women, with more time available, often make more money, while younger women balance beadwork with household and child-rearing responsibilities. Recognizing the financial demands tied to education, the program structures payments to align with the school calendar. Women are paid three times a year, just before school terms begin, ensuring they can cover tuition and supplies. "When women have money in hand right before school starts, they are far more likely to spend it on education," Sairowua explains.



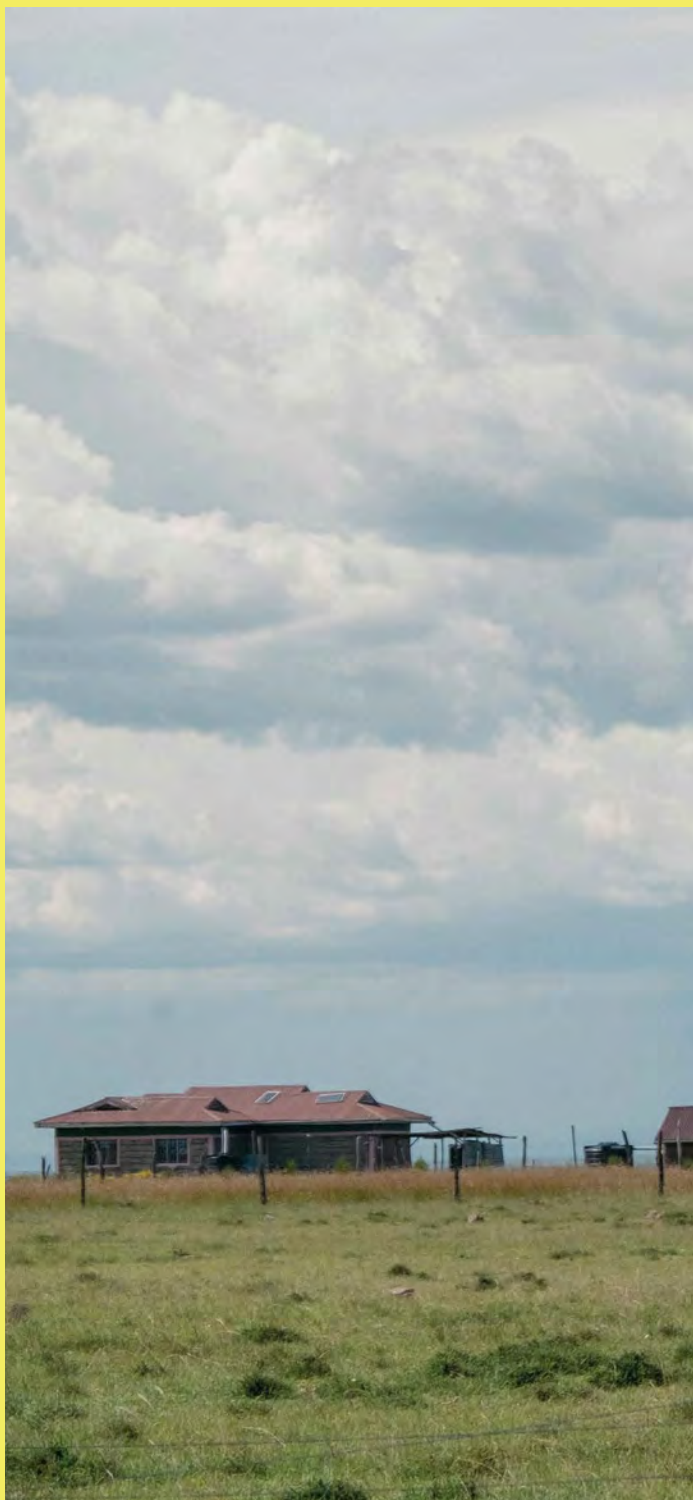
A beadwork member wears a variety of traditional jewelry, including earrings adorning her cut earlobes—a common cultural practice among older generations.

more complex orders, ensuring consistent quality. “Each year, our goal is to keep upskilling them so that they can just keep getting better and better,” says Mogensen. High-quality materials and modernized designs enable the women to create products that appeal to global markets while retaining traditional techniques. The gift shop at the Trust sells iconic Maasai collared necklaces and cuffs alongside objects for the twenty-first century lifestyle: beaded keychains, hair clips, tote bags and dog leashes.

Intergenerational knowledge transfer is another cornerstone of the program. Women like Noorkirupi Rakwa, 65, teach their daughters and granddaughters the craft. “I’m happy to see my grandchildren bead, just as I taught my children,” she says. Often, children start learning at an early age, sitting by their mothers and watching them work. This continuity strengthens Maasai identity, even as some worry about younger generations becoming less connected to traditional practices due to education and modern influences.

While the program’s economic benefits are transformative, its social and cultural impacts are equally profound. Beading sessions foster community and mutual support. Kinyikita Maitai, 63, a participant, shares how she and four other women in the program have teamed up to encourage and

An older woman from the Enooronkon beadwork group walks home across the open fields.





help each other. Sometimes they pool their money and rotate which one of them receives funds. “We make sure that all five of us can reach our goals,” she says. The camaraderie reduces isolation, particularly for older women, and reinforces the cultural practice of collaboration.

The future of beadwork, much like the Maasai culture, rests on the delicate balance of tradition and modernization. Programs like Maa Beadwork demonstrate that it is possible to honor heritage while adapting to contemporary challenges. For the Maasai women who gather weekly to bead, the craft is a link to their past, a means to improve their present, and a legacy for future generations.

Maitai doesn’t mind modifications to the craft, recalling that in the past women would use wire to make jewelry, but now use fishing line, which is stronger and rust-proof. She also embraces updates to the products, which increases their value in the global marketplace. The important thing, to her, is that the tradition will endure. “The design and colors may change,” she says. “But at least the beadwork is still there.” •

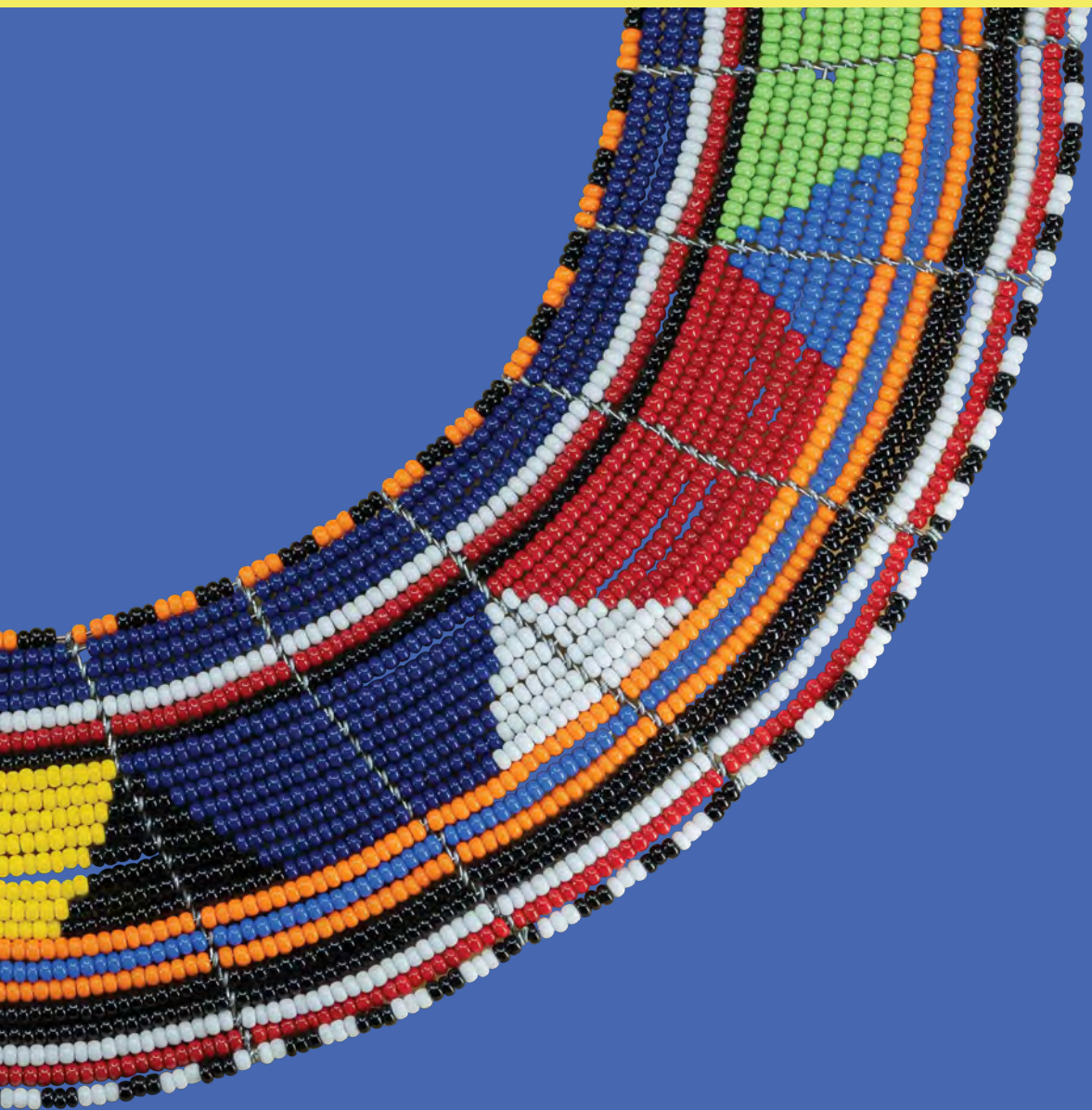


Daughter and mother beadwork participants from the Indoioyo beadwork group.



Maasai Colors and Meaning

For the Maasai, color holds profound meaning. It is a powerful language used across beadwork, attire, and ceremonies to mark identity, express beliefs, and signal social standing. Colors also play an important role during major life transitions, such as birth, marriage, and rites of passage, reinforcing their cultural significance. There are seven major colors in Maasai culture, each one symbolizing an essential aspect of daily life and tradition.



RED

Red symbolizes bravery, strength, and unity. It also represents the blood of cattle, which are central to Maasai life and vital to their survival and prosperity.

BLACK

Black stands for the color of the people and their daily struggles. It represents resilience and the strength drawn from overcoming hardship.

YELLOW

Yellow symbolizes hospitality and fertility. It evokes the sun's life-giving force and yellow dye is used on animal skins laid out in respect for visitors.

ORANGE

Orange signifies warmth, generosity, and friendship. It reflects the Maasai's emphasis on community ties and hospitality.

WHITE

White symbolizes purity, health, and peace. It is also linked to cow's milk, a sacred resource for the Maasai's pastoralist way of life.

GREEN

Green stands for the land and its vegetation, representing health, growth, and the rich pastures that feed the Maasai's cattle.

BLUE

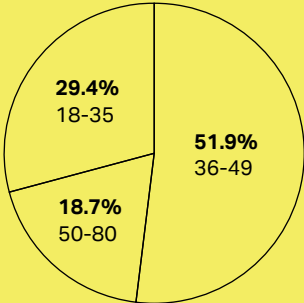
Blue represents the sky, which provides rain essential for cattle and crops. It symbolizes abundance and nourishment.

Women of the Maa Beadwork Program

KENYA — MAASAI MARA

The beadwork program includes 468 women organized into 17 groups across three conservancies in the Mara, with each group representing a different village. Every participant comes from a unique homestead, or boma, and indirectly supports an average of 19 community members through her participation. The program spans generations, bringing together women from their twenties to their seventies—including those pictured at right, a mix of program participants and Maa Trust staff.

Current demographic breakdown of Maa Beadwork participants by age:



Noretet Saiyalel, 28



Noorkishili Mpoel, 68



Nolari Ntaiya, 58



Noorbabali Rakwa, 37



Nasha Ntaiya, 24



Nariku-engera Lepore, 70



Nanyikae Kaleku, 35



Nolari Ntika, 42



Kiporisho Kiriama, 55



Florence Sianto, 26



SEED

EFFORTS TO
ATTRACT
KENYAN
YOUTH TO
COFFEE
FARMING
GAIN
MOMENTUM

BY DOMINIC KIRUI
PHOTOS BY MARCO JAVIER

CHAN

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GE

NEW YORK

NEW YORK

NEW YORK





Kangaita

Manyatta

Runyenjes

Gikuuri

Karurumo

Ishiara

Kagumo
Kerugoya

Mutunduri

Baricho

Kutus

Embu

Siakago

Kasioni

Kagio

Gachoka

Wang'uru

Kiritiri

Kiambere

Kamuw

Wamumu

Ndindiruku

Mashamba

Iriamurai

Karura

Makutano

Mavuria

Makuyu

Kivaa

Kaewa

Ekalakala

Mwingi

Mbondoni

Mambogo

Kangonde

Kithyoko

Kalimbui Migwani

Matuu

Kakeani

Katheka

Kithimani

Maiyuni

Mwambathana

Katutu

Katheka

Tulia

Ndolo Corner

Nguluni

Tala

Kangundo

Kikesa

Mwala

Mutune

Mitaboni

Kakuyuni

Kitui

Kathiani

Makutano

Katangi

Tiva

Kyuluni

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Nzaikoni

Masii

Kiusyani

Machakos

Muthetheni

Ikalaasa

Nguni

Tawa

Mwe

KENYA

10km

Musa

Mwambani

Kalawa









John Ngigi Kabaru, 73, demonstrates some techniques for tending the coffee trees. He has decades of experience in the industry, both as a farmer and consultant.

ON A SUNNY MID — MORNING

AT MAKWA VILLAGE IN
KENYA'S KIAMBU COUNTY,
ABOUT 50 KILOMETERS
NORTH OF NAIROBI, MARTIN
WANYOIKE TENDS TO HIS
FATHER'S COFFEE PLANTS
WITH PRACTICED CARE.

The 45-year-old father of three has spent much of his life on this farm, which has sustained his family for decades. Today, he's joined by his nephew, Brian Ngigi, a 22-year-old university student studying international relations in Nairobi. With a week off from school, Ngigi has come to learn the ropes alongside his uncle, working on the farm established by his grandfather.



Celestine Kimani Nguri opens the gates to his coffee farm, located in Kiambu County about 55 km northeast of Nairobi.

“RIGHT NOW, THE FARM BELONGS TO OUR GRANDPA, WHO IS IN HIS 80S WHENEVER HE EARNs THE PROCEEDS, IT WILL GO TO HIS ACCOUNT, THEN HE DISTRIBUTES IT TO OUR FATHERS, AND THEN THAT’S WHEN IT WILL COME TO US...”

KENYA — KIAMBU

Ngigi is interested in farming but uncertain about when or how he’ll be able to do so independently. “Right now, the farm belongs to our grandpa, who is in his 80s... Whenever he earns the proceeds, it will go to his account, then he distributes it to our fathers, and then that’s when it will come to us... I don’t have land, or the money to buy [my own farm],” Ngigi says.

Ngigi’s concerns reflect the challenges facing many young Kenyans who lack access to land and resources for farming. Yet, as more programs encourage young people to enter agriculture, there is a renewed hope that Kenya’s coffee industry can thrive across generations. These efforts are not only about creating jobs — they are about passing down the expertise and passion that has fueled Kenya’s coffee industry for decades.

Wanyoike, who began working on his father’s farm as a child, has seen firsthand how coffee farming has benefited his family. “We have been working here for as long as we can remember, and this is how our father has been able to take us to school,” he says. “Right now, we can comfortably say that the farm has produced four degrees and two PhDs, so we don’t joke with it.” Kenya has historically produced some of the highest quality Arabica coffees in the world, known for its acidity, intensity, and complexity of flavor. Coffee remains a critical export crop for the country, supporting hundreds of thousands of smallholders and generating significant national export income. The average age of Kenyan coffee farmers is advanced, with over half of them age 60-plus, and increasingly, younger people are not interested in pursuing



PHOTO CREDIT: DOMINIC KIRUI

Martin Wanyoike, 45, shows his nephew, Brian Ngigi, 22, how to remove unwanted flowers from coffee berries.

AGAINST THIS BACKDROP,
THE KENYAN GOVERNMENT
AND A HOST OF
ORGANIZATIONS ARE
RETHINKING WAYS TO
REVIVE THE INDUSTRY,
FROM REFORMS AT THE
NATIONAL LEVEL, TO OTHER
PROGRAMS, INITIATIVES
AND INVESTMENTS
THAT WILL HELP DRIVE
MORE INNOVATIONS AND
YOUTH ENGAGEMENT.



farming as a livelihood — a situation that poses risks for the sustainability of the coffee industry as an essential sector.

According to Kenya's Agriculture Ministry, coffee is grown in 33 of the country's 47 counties by more than 800,000 smallholder farmers and 3,000 estates, with Arabica constituting over 99 percent of production. However, since the 1980s, production has steadily declined by 40 percent, a result of a variety of factors including climate change, rising production costs, poor market infrastructure, lack of investment into new technologies, and an aging workforce.

Against this backdrop, the Kenyan government and a host of organizations are rethinking ways to revive the industry, from reforms at the national level, to other

programs, initiatives and investments that will help drive more innovations and youth engagement.

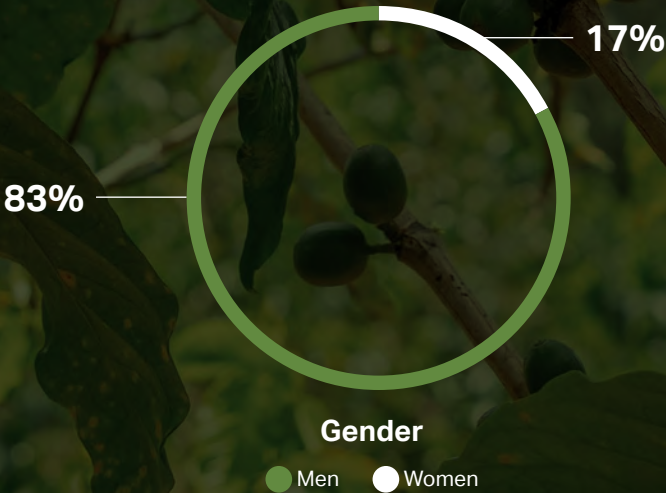
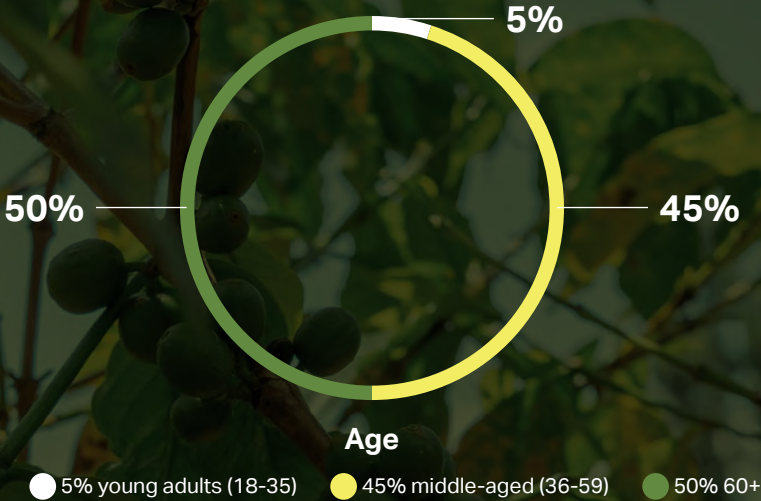
The Kenya Agricultural and Livestock Research Organisation, working with non-government organizations through the Coffee Research Foundation (CRF), recently ran a three-year project called Action Re-launch Agriculture and Branding Internationalization of Kenyan coffee in and out of Africa (ARABIKA). The initiative, which ran from July 2021 to December 2024, was the result of a collaboration between the governments of Italy and Kenya and was funded by AICS, the Italian Agency for Development Cooperation, with a budget of 3 million EUR. The goals of the program were to improve the incomes of smallholder producers and to increase the



PRODUCE OF KENYA

Paul Ngigi Muruu, 82, started farming in 1968 on land originally purchased by his father. He began with just 250 trees and has since expanded to 2,000 trees.

Kenyan Coffee Farmers Demographic



Behind the Scenes



Alice Kimani, 62, outside her home on the family coffee farm.

Alice Kimani is one of countless women who form the backbone of Kenya's coffee sector through their daily labor — often without formal recognition. On the farm she runs with her husband, Celestine Kimani Nguri, near the village of Gatokuyu in Kiambu County, she is fully involved in caring for their 800 coffee trees, managing dairy cows, and cultivating avocados and macadamia nuts. This mix of crops helps support the family in case coffee farming becomes unsustainable. Like many women across

the country, Kimani works behind the scenes of a sector where land ownership and cooperative membership often remain in men's names. With their son currently serving in the military, the couple hopes he will return to continue the family's agricultural legacy, which stretches back several generations. In the meantime, Kimani helps sustain not only the farm but also the home she shares with her husband and two granddaughters — keeping both the land and family traditions alive.



Gerald Muruu Ngigi, 50, tends to the family coffee trees on the farm where he grew up.

participation of women and youth in every aspect of the coffee value chain, from farming to marketing. ARABIKA targeted 21 cooperatives with 30,000 associated coffee farmers across seven counties.

“We were largely involved in the training of youth on coffee seedling propagation, pruning of bushes, and routine maintenance,” says a research scientist at the Coffee Research Foundation, discussing the organization’s work with ARABIKA. The project was designed to equip young people

with skills in nursery establishment and management, allowing them to participate in coffee farming even without owning land. At the same time, they were able to earn an income. Once trained, participants received seeds from the organization to propagate and sell to farmers.

The project also connected the young farmers with experienced older farmers in their communities who had established coffee farms. Through organized unions in the area, young farmers could apply what



His father, Paul Ngigi Muruu, 82, is still active and works in the fields daily.

they had learned by assisting these older farmers, accruing practical experience and financial support.

Jackson Maina, a 23-year-old participant in the ARABIKA Coffee Project, says the experience helped him transition into a job at Ngenda Coffee Factory after ten months working with local growers. Through this work with elder farmers, he gained valuable knowledge about coffee cultivation, which deepened his appreciation for the field and inspired him to pursue buying his own land.

“That was the best opportunity...Right now, I am gaining skills while saving money and will soon set up my own farm both on my father’s land and another one that I will buy,” Maina says.

The CRF research scientist notes that this type of youth involvement is essential, particularly with the growing contingent of aging coffee farm owners who often struggle to keep up with some of the necessary farm management practices. “We also trained [young people] on how to craft



A photograph of a coffee farmer, Celestine Kimani Nguri, standing in a lush green coffee field. The farmer is wearing a blue and white plaid shirt. The background is filled with dense green coffee bushes and trees. The text is overlaid on the top half of the image.

"I WILL RETIRE IN FIVE TO
SEVEN YEARS. RIGHT NOW,
I'M STILL SAVING FOR MY
TWILIGHT YEARS."

Celestine Kimani Nguri, 65, Coffee Farmer

ACCORDING TO THE CRF SCIENTIST, THE PROGRAM IS RECRUITING “AGRI-PRENEURS,” OR INDIVIDUALS WHO ARE INTERESTED NOT ONLY IN FARMING BUT ALSO IN INNOVATIVE WAYS TO ADD VALUE, IMPROVE EFFICIENCY, AND CREATE PROFITABLE, SUSTAINABLE AGRICULTURAL BUSINESSES.



existing old coffee plants to make them more productive and resistant to pests and diseases, while also scouting for these in the farms,” he explains. “Additionally, the youth were trained on how to propagate shade tree seedlings because coffee cannot grow alone. So, they sell all these services and the seedlings for money.”

There are other projects on the horizon that similarly capitalize on youth participation and training. Recruitment is currently underway for a national project called the National Agricultural Value Chain Development Project (NAVCDP), co-funded by the World Bank and the Kenyan government. According to the CRF scientist, the program is recruiting “agripreneurs,” or individuals who are interested not only in farming but also in innovative ways to add

value, improve efficiency, and create profitable, sustainable agricultural businesses. “These are fellows who have left universities and colleges, and we’ll train them in different value chains...Coffee is one of the value chains where they will be engaged.”


In Kagenga village, a few kilometers outside Murang’a Town, 89-year-old David Mwaniki reflects on the role of tradition in land ownership. Sitting outside his farmhouse on a chilly afternoon, listening to a Kikuyu-language radio program, he thinks about the future of his six-acre coffee farm. Like Ngigi’s grandfather, Mwaniki still manages the farm’s earnings, which he distributes among his sons, helping to support his grandchildren and great-grandchildren.

“According to the Kikuyu culture, and I believe in other communities in this



Because of the uncertainty around the future of the coffee industry, Gerald Muruu Ngigi works part-time as a bodaboda (motorbike) driver to make ends meet. He is unsure whether he wants his two children, ages 20 and 17, to become coffee farmers.



A photograph of a coffee plantation. In the foreground, two men are seen from behind, looking into a dense grove of coffee trees. The man on the left wears a light-colored jacket and a white cap, while the man on the right wears a dark shirt. The coffee trees have dark green, glossy leaves and some branches are covered in hanging coffee cherries. The ground is dry and covered with fallen leaves and branches. The lighting is bright, suggesting a sunny day.

Smallholder coffee farmers like the Kimanis produce over 70 percent of Kenya's coffee. They average smallholder farm is about 0.2 to 0.5 hectares (roughly half an acre to just over an acre).



Michael Kanyingi works closely with older residents of Kiambu and Muranga Counties, including many farmers, through his organization Mangu Integrated Community Project (MICOP).

country, you cannot take away a man's property while he's still alive. That one, you will be cursed," Mwaniki says. He explains that, while inheritance customs delay direct ownership for youth, these traditions encourage responsibility and stewardship for the land when the next generation eventually takes over.

Michael Kanyingi, the CEO and founder of the Mang'u Integrated Community Project, which works with the aging community, explains that many older people

in his area have a deep attachment to their coffee farms and worry the younger generation might not share their dedication. For many older farmers, this undertaking is a passion project, yet young people have practical concerns and expect to earn a living from it. "Older men are feeling threatened to hand over their farming activities and property to the young people... Some of these older people want to keep that good feeling that my coffee is still there. Coffee farming in this area is...a sort of pet activity.

MANY OLDER PEOPLE IN HIS AREA HAVE A DEEP ATTACHMENT TO THEIR COFFEE FARMS AND WORRY THE YOUNGER GENERATION MIGHT NOT SHARE THEIR DEDICATION. FOR MANY OLDER FARMERS, THIS UNDERTAKING IS A PASSION PROJECT, YET YOUNG PEOPLE HAVE PRACTICAL CONCERNS AND EXPECT TO EARN A LIVING FROM IT.

Even if there is no money, they just want to see that they have some coffee,” he says. Kanyingi adds that, historically, farming wasn’t seen as a high-prestige career, leading young people to pursue urban careers associated with more status. “The same older people were not thinking of farming as a commercial activity or an income generating activity for their children. We have actually put a lot of emphasis on education and white collar jobs. You only get respected as a young man if you are a doctor, an engineer, a banker, and not a farmer,” he explains.

Maina, the ARABIKA project graduate, hopes that more young people can access similar opportunities to gain skills and pursue their dreams of becoming coffee

farmers. “I have recommended the project to my friends who have been asking me if they can also join and as I hear, another similar project is coming soon,” Maina says. As more young Kenyans like Maina explore the potential in coffee farming, and as older generations continue to pass down their knowledge, Kenya’s coffee industry stands at a crossroads. With new generations bringing fresh ideas and energy, alongside the experience of seasoned farmers, there is hope for renewed growth in the sector. This intergenerational partnership could help revitalize Kenya’s coffee industry, providing a pathway to sustain the country’s rich coffee heritage into the future. •

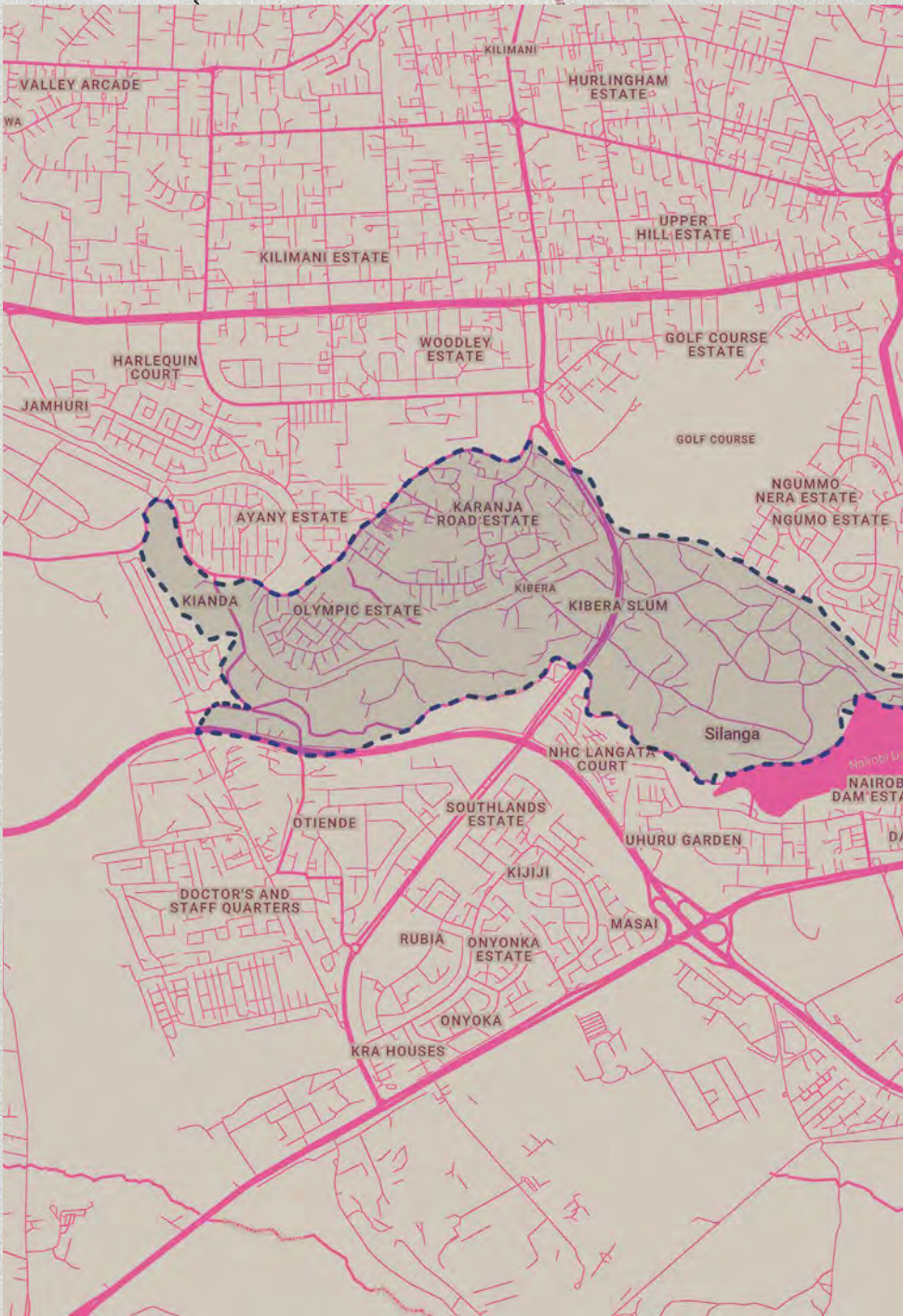


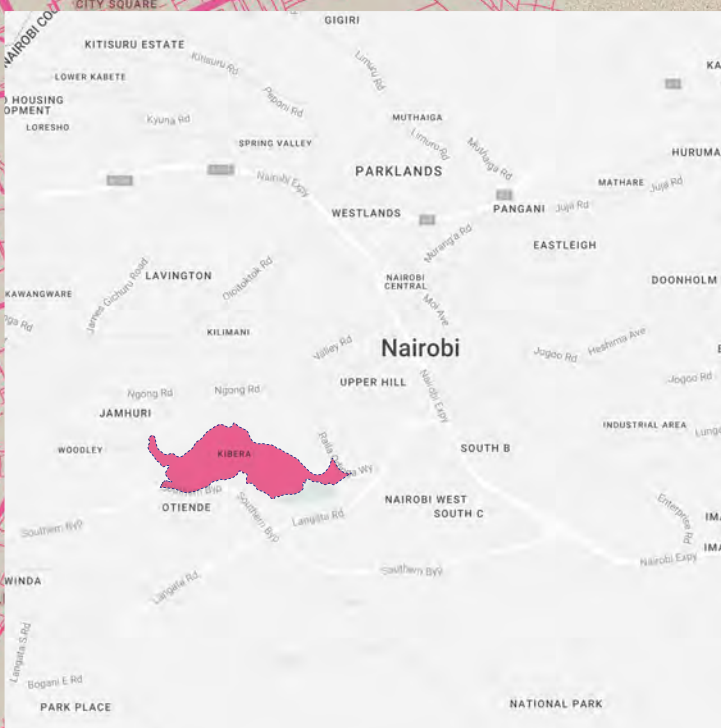
A VOICE

FOR THE VULNERABLE



AGNES KARIUKI'S
LIFELONG MISSION TO
PROTECT KIBERA'S
AGING COMMUNITY





KIBERA, one of Africa's largest informal settlements, is located in Nairobi, Kenya, about 3 miles southwest of the city center. It began in 1912 as a settlement on the outskirts of the city and has since grown into a densely packed urban area covering approximately one square mile. Population estimates vary widely, ranging from 200,000 to over 500,000 residents and poverty is widespread, with many earning less than \$2 per day, relying on informal jobs and small businesses to survive. However, despite limited infrastructure, high unemployment, and inadequate sanitation, Kibera is a community with strong social ties, entrepreneurial spirit, and grassroots activism. Various organizations work to improve access to health care, education, and essential services, offering hope amid economic hardship.



Kibera is not a continuous settlement; rather, it is a patchwork of "villages," each with its own identity. Some of the most well-known include Laini Saba, Gatwekera, Kianda, Makina, and Olympic.



OLD

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Let us celebrate
with dignity, for
"My Friends, Old

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The KDCCE facilities are housed in repurposed shipping containers.

Agnes's career in community service began in 1985 with the Kenya Water for Health Organisation (KWAHO), where her work in sanitation, hygiene, and economic development exposed her to the severe challenges facing older adults — neglect, abuse, and lack of basic care. Determined to create a safe space for them, she founded the Kibera Day Care Centre for the Elderly (KDCCE) in 1989 with a group of 17 older persons. Today, KDCCE serves over 3,200 older residents through 33 Older Persons Associations (OPAs), offering meals, medical care, home visits, and a vital community network.

Through partnerships with groups like HelpAge International, Agnes expanded KDCCE's reach. Programs like "Adopt a Granny" and Inua Jamii 70+ have provided financial and social support to thousands. Beyond services, Agnes advocated for the rights of older adults, rescuing those in need and promoting intergenerational dialogue on mental health and family issues, fostering a spirit of 'Leave No One Behind.' Her legacy continues to inspire and drive KDCCE's ongoing mission.

In February 2024, AARP had the honor of speaking with Agnes in her KDCCE office. In this interview, she reflected on KDCCE's



Agnes Kariuki in her office, where she oversaw the operations of the Centre.

founding, her role as a leader, and her hopes for a society that honors and cares for its elders.

AARP Tell us a little bit about your background and where you got started.

Agnes Kariuki I grew up in the upcountry. I came to Nairobi to look for a job after school, and my father happened to be in Kibera. So, I came to Kibera to join my father. That's when I got my first job as the Women's Coordinator in the Kenya Water for Health Organization. I studied social work and community development in

college. When I got the chance to work in the community, I knew that was where I was supposed to be. I joined KWAHO in 1988 and worked there for three years.

AARP Where did you get the idea to start the Kibera Day Care Centre for the Elderly?

AK At KWAHO, after seeing the challenges facing the older persons, we started meeting together, grouping them together, wanting to know more about them. And then in 1989, we registered and started the program. We started with 17 older persons — 10 women and 7 men. I used my salary to buy tea and



Every Tuesday, the KDCCE hosts gatherings from 9am to 1pm, where senior members engage in a range of social and educational activities.

food for them. They could come, we would sit down, have a cup of tea, and then have lunch, and then they would go home. After that, when I was free, I could visit them, both those who came to the meetings and those who stayed home. I decided to work with the government offices and companies to find food for them. I also had to talk to the government to see how those who were always sick could get free medical services.

AARP What steps did you take to help grow your program?

AK I approached HelpAge Kenya and visited

their office. They were amazed. "An Older People's Project?" they asked. I said, "Yes!" They came, saw the older people, and they supported us for one year with the feeding program. At that time, we would get food to cook and also bring other items for them to take home. The project started growing and we had a committee. We divided tasks among ourselves, visiting different areas.

Through HelpAge Kenya and HelpAge International, we started an "Adopt a Grandma" activity. Through this, 75 of our older persons were adopted, where they were given small money for their upkeep. Others could open businesses with this



These events foster a sense of community and address issues of loneliness and isolation among older Kibera residents.

money. When that program ended, we wanted to continue.

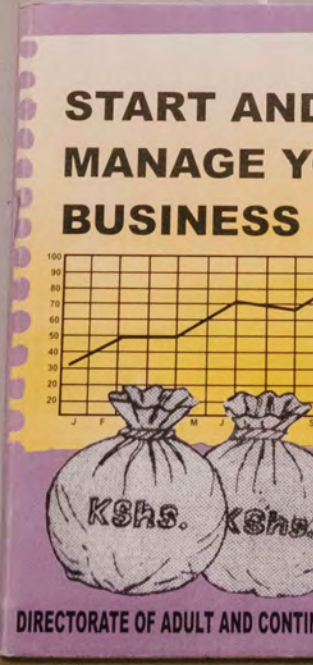
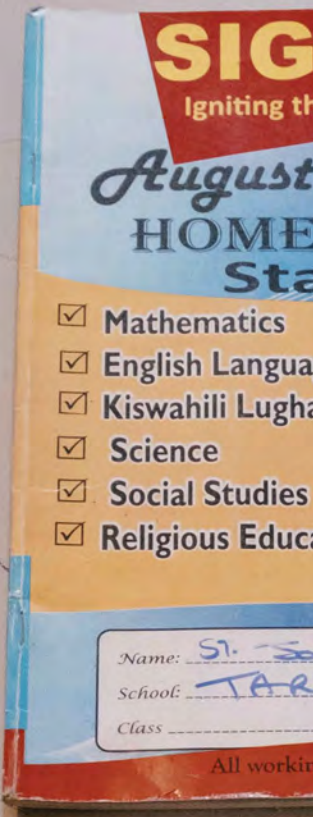
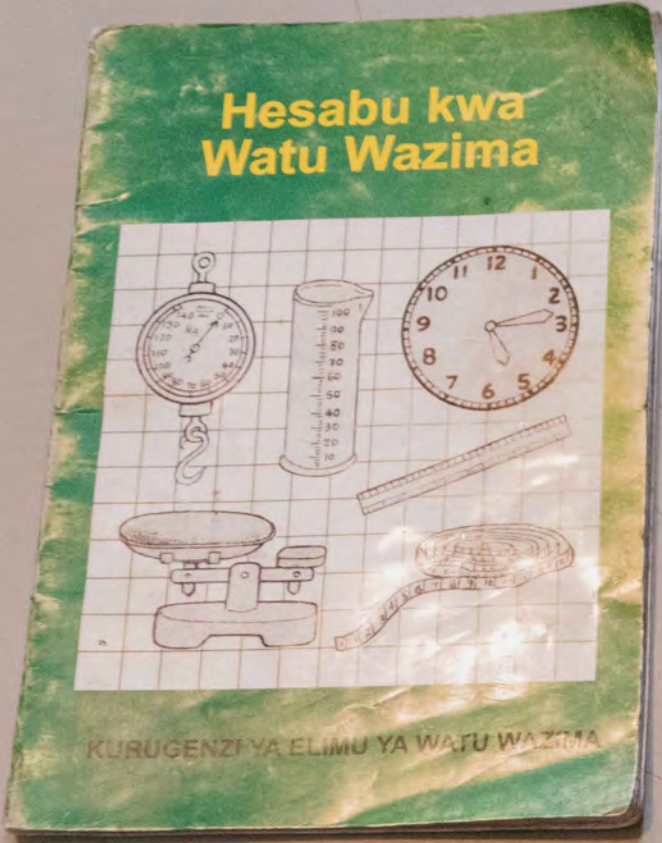
My vision was not just for that project; my vision was to see my government do something for the older persons. We teamed up with other community-based organizations, in Kibera and elsewhere, to request our government to give some support to these older people, because they have worked for this country. They made the country what it is. Why can't they be given a small token of appreciation? And that's how the government started giving cash transfers to the older persons, which was the Inua Jamii 70+ program. At the Kibera Day Care Centre,

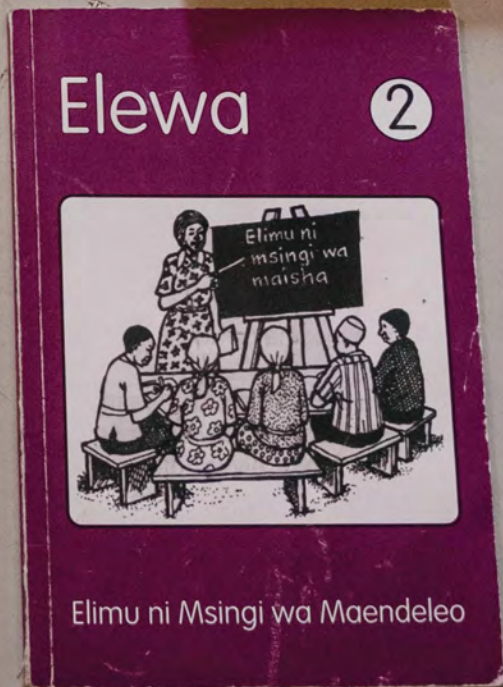
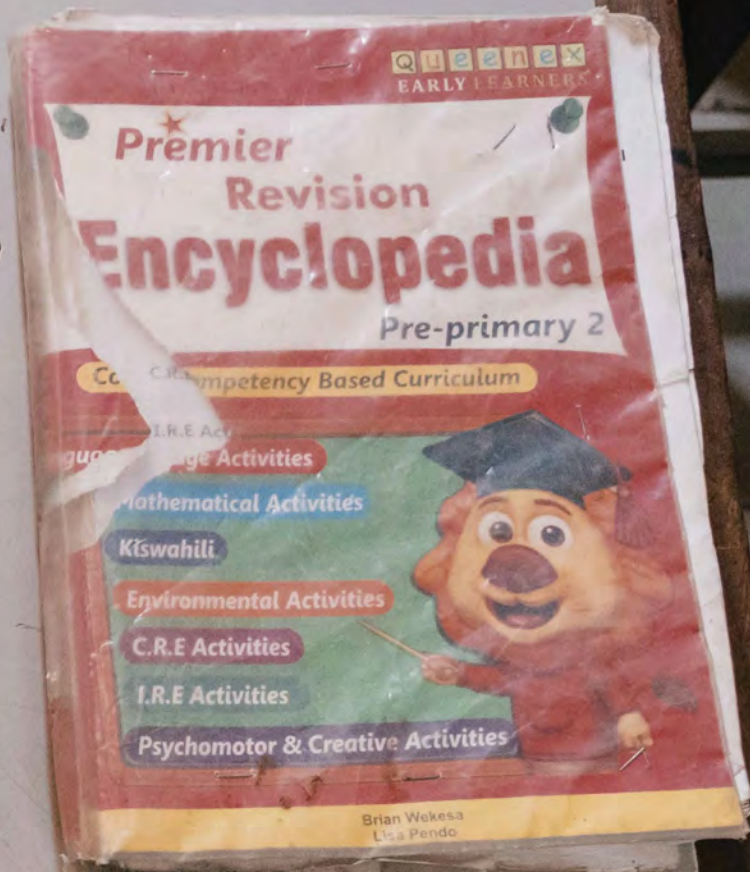
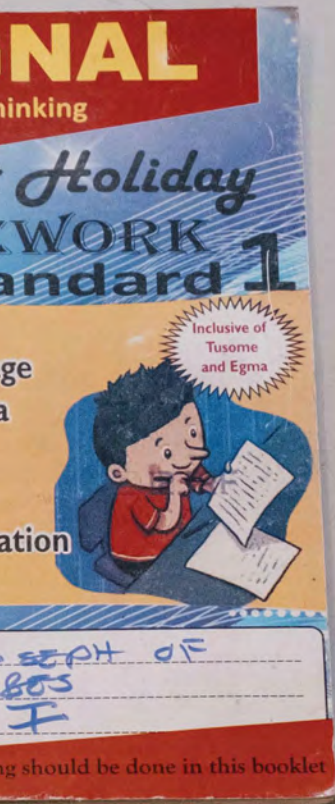
our work is to mobilize and inform the older persons who have reached the required age to receive the cash.

AARP What did you find were some of the main challenges facing older people?

AK In the meetings, the older persons would tell us how they were being abused by their children, family members, or even the community. They were seen as people who didn't know anything. So, we did capacity-building to tell them, "It is your right." They have a right to be treated like others.

Over the years, we have been advocating





Despite limited formal employment, Kibera is home to thousands of small businesses, including food vendors, barbershops, tailors repair shops, and informal recycling operations.







Tifina Kasiti, 69, prepares meals for the weekly gatherings.

for the government to give the older persons the same opportunities as others. Now, at least, they know their rights; they know when they are being abused. We have also started intergenerational dialogue between the old and the young because young people did not always respect the old ones. When the older persons meet, we invite some youth, so they can have a discussion.

AARP Why did you choose social work?

AK Growing up, I spent a lot of time with my grandmother. I liked supporting others, even the children at school. When I chose

my career, I found that this was the best fit for me. I can say it's God who chose it for me. Then, when I got my first job to work in the community, it gave me exposure. I really wanted to see people being supported in many areas.

AARP Why did you choose to work with older people specifically?

AK When I was working for KWAHO, I was working with women and youth on sanitation programs. That's when I would meet the older people. They could see me in meetings and daily in the villages. Older persons



Yasmin Abdulrahman, 49, handles the organization's finances.

often don't want to speak up. But a number of them would talk to me, tell me their challenges, what they are going through. I realized a lot of older people are passing through a lot of challenges. Who is going to hear their plight? Who is going to advocate for them? And then, my God spoke to me. "Here is a group being neglected. I have chosen you to do something for them." And it continued from there. I really love working with them, listening to them.

AARP What is the largest hurdle facing your organization?

AK Finances. When we go for home visits, we can't go empty-handed. We need to carry something, even if it's just a packet of milk. When we see the situation, we might end up paying for medicine for them. Sometimes, when one is admitted to the hospital, we have to ask friends for help to pay the bill. We have the medical cover, the National Insurance Fund, but not all older people can afford it unless they have family support. Also, we have to maintain our office. We pay for electricity, water, Wi-Fi. Right now, we don't have steady funding. The volunteers here spend their own money to support this work because they love helping the older people.

MY DAD IS 102 YEARS OLD, AND HE WAS THE ONE WHO USED TO SUPPORT ME WHEN I STARTED THIS WORK. NOW, HE IS BENEFITING FROM THIS PROJECT. WHEN I GO HOME, HE ALWAYS ASKS, "ARE YOU STILL SUPPORTING THE OLDER PEOPLE?" I BELIEVE IN HELPING OTHERS. IT ADDS MORE LIFE.



Members learn how to grow vegetables and herbs in the compound's small garden.





The morning starts with a group exercise class to promote healthy habits.



Alice Nyakinyua, 74, teaches adult literacy classes at the Centre.

AARP How do you keep finding the energy to keep going?

AK Let me tell you, I am approaching 68 years. When I tell people my age, they say, "No, you look about 50!" I feel good because whenever you support someone and see them succeed, God gives you more years. My dad is 102 years old, and he was the one who used to support me when I started this work. Now, he is benefiting from this project. When I go home, he always asks, "Are you still supporting the older people?" I believe in helping others. It adds more life.

AARP What advice do you have for people trying to build a program like this?

AK Listen, it is up to the entire community to work together. What should we do for older persons? We embrace them, we love them. We provide whatever we can for them. Just give to them. Don't keep resources for yourself when there is suffering. So, we the community, all the NGOs, we who are working for the government, let us really sympathize with them. Let us provide whatever little one has just to make even a meal for them.



An older member dances during the morning exercise class.

AARP How do you feel about what you've achieved so far?

AK I feel good that I've achieved something, especially when it comes to addressing loneliness and isolation. Whenever you visit someone, you talk to that older person and encourage them to step out of that isolation. Sometimes, it's as simple as talking to their family, helping them understand the need to let the older person come out and join others. I've done this, and it works — they come out and forget what they were going through when they see the others.

AARP What are your plans for the future?

AK Now, the world is changing and technology is everywhere. The older people have phones, but most of them only use them

to receive calls. They can't send messages or do other things. I hope I can get some donations to start a class for IT, where older persons can be taught how to use a phone or a laptop.

Right now, we rely on support from HelpAge Kenya, but my dream is to make the Kibera Day Care Centre self-sustaining. I want to start an income-generating activity. Maybe we can buy some rental houses, which can provide funds to run the office and support the older people who need it.

In the long run, my wish is to have a farm outside of Kibera for the elderly. If I can get a farm, I would construct houses where the very needy ones — those who have no one to take care of them — can live. It breaks my heart to see an old man or woman sleeping outside. I want to give them a place where they can be safe and cared for. •



KI BERA



Scenes from the KDCCE facilities and the surrounding neighborhood in Kibera.

AGNES KARIUKI

It is with deep sadness that we mark the passing of Agnes Kariuki, founder of Kenya's Kibera Day Care Centre for the Elderly (KDCCE) and a tireless advocate for the rights of older persons. Through her sheer force of will, Agnes transformed countless lives in Kibera and beyond.







Everyday Culture

From weddings to funerals, kangas are given to mark life's milestones, offering comfort, solidarity, or celebration through their patterned messages.

The message on this kanga is "Tumuombe mungu tupate baraka zake," which means "Let us pray to God to receive His blessings."





TANZ



ZANIA



Tanzania stands at a pivotal juncture in its demographic journey. While the population remains predominantly young, the number of people age 60-plus is rising rapidly — set to nearly triple between 2020 and 2050. This shift, fueled by a steady increase in life expectancy from 43 years in 1960 to 66 years by 2020, signals an urgent need to scale up policies and systems that can meet the evolving needs of an aging society.



A seashell merchant displays his wares at the Kivukoni Fish Market in Dar es Salaam.

Over 20,000 Older People's Associations (OPAs) have been established across the country — informal, grassroots networks led by older adults themselves that work to identify local challenges and create homegrown solutions.

The country was an early regional leader in aging policy, becoming the second African nation to adopt a national aging policy in 2003. The framework was ambitious in its goal: to recognize the contributions of older people, ensure access to basic services, and support their full participation in society. Yet, despite this progress, Tanzania's aging policy landscape remains fragmented. Constitutional protections for older adults are limited to general guarantees of equality and non-discrimination, with few binding legal provisions that directly address the rights and welfare of older persons.

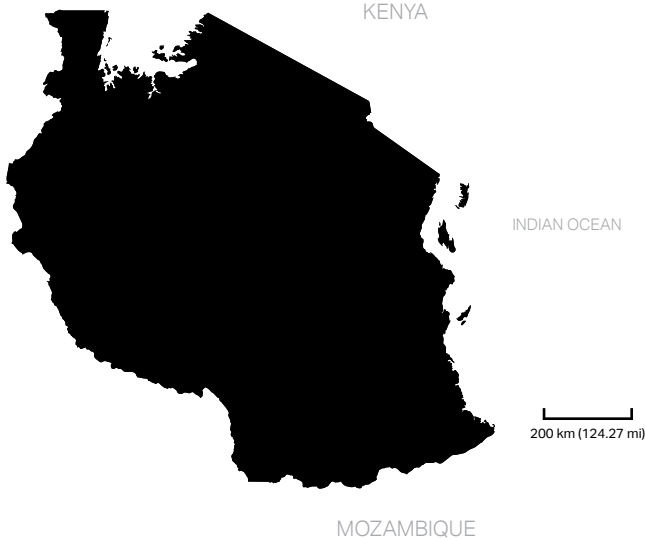
In recent years, community-based initiatives have filled part of this gap. Over 20,000 Older People's Associations (OPAs) have been established across the country — informal, grassroots networks led by older adults themselves that work to identify local challenges and create homegrown solutions. These associations are emerging as a vital platform for elevating older people's voices and driving change from the ground up.

At the national level, several programs offer varying degrees of support — from

health insurance schemes like the Improved Community Health Fund and the National Health Insurance Fund, to social security options through the National Social Security Fund. On the archipelago of Zanzibar, a universal pension scheme offers a modest but meaningful monthly stipend to older residents, helping to alleviate poverty and improve food security.

Still, significant challenges persist. Many older Tanzanians face barriers to health care, endure poverty, and lack access to long-term care. Accusations of witchcraft and social exclusion continue to affect older women in particular, and health insurance coverage remains low, reaching only a third of the population as of the latest data.

As Tanzania's older population grows, so too must its commitment to inclusive, comprehensive aging policies. The path ahead will require not only stronger legal and institutional frameworks but also greater investment in community-driven solutions that reflect the resilience, dignity, and potential of older adults across the country.



UNITED REPUBLIC OF TANZANIA



COUNTRY
United Republic of Tanzania

TOTAL AREA
947,300 sq km (365,755 sq miles)

POPULATION (WORLD RANK) 2023 EST.
66,617,606 (23RD)

POPULATION DENSITY (WORLD RANK)
77 per sq km (137TH)

DEMONYM
Tanzanian

RELIGION
Christian 63.1%, Muslim 34.1%,
folk religion 1.1%, Other/
Unspecified 1.6% (2020 est.)
Note: Zanzibar is predominantly Muslim

NET MIGRATION RATE
-0.4 migrant(s)/1,000 population
(2023 est.)

LIFE EXPECTANCY AT BIRTH
Total: 70.5 years (171ST)
Male: 68.7 years
Female: 72.3 years
(2023 est.)

BIRTH RATE
35.2 births/1,000 population
(2023 est.)

MOTHER'S MEAN AGE AT FIRST BIRTH
19.8 years (2015-16 est.)

POPULATION GROWTH RATE
2.9% (2023 est.)

URBAN POPULATION
37.4% of total population
(2023 est.)

AGE STRUCTURE
0-14 years: 41.5%
15-64 years: 55.15%
65 years and over: 3.35%

POVERTY HEADCOUNT (% BELOW \$2.15/DAY)
42.9% (2024 est.)

UNEMPLOYMENT RATE
2.4% (2022 est.)

GINI INCOME INEQUALITY INDEX (2017)
40.5 (53RD)

GENDER INEQUALITY INDEX (2021)
0.560 (146TH)

HEALTH EXPENDITURES
3.36% of GDP (2021 est.)

OBESITY RATE
8.4% (2016 est.,)

LITERACY RATE
82.0% (2022 est.)

LABOR FORCE BY OCCUPATION
Agriculture: 66.9%
Industry: 6.4%
Services: 26.6% (2014 est.)

RESIDENT LABOR FORCE
PARTICIPATION RATE
80.4% (2020 est.)

EXPORTS (US DOLLARS)
\$13.98 billion (2023 est.)

IMPORTS (US DOLLARS)
\$16.06 billion (2023 est.)

BUDGET (US DOLLARS) 2019 EST.
Revenues: \$8.968 billion
Expenditures: \$10.017 billion

GDP NOMINAL (US DOLLARS) 2023 EST.
\$85.49 billion

GDP PPP (US DOLLARS) 2023 EST.
\$291.05 billion

MAIN INDUSTRIES
Agricultural processing (sugar,
beer, cigarettes, sisal twine);
mining (diamonds, gold, and
iron), salt, soda ash; cement, oil
refining, shoes, apparel, wood
products, fertilizer

NATURAL RESOURCES
Hydropower, tin, phosphates, iron
ore, coal, diamonds, gemstones,
gold, natural gas, nickel

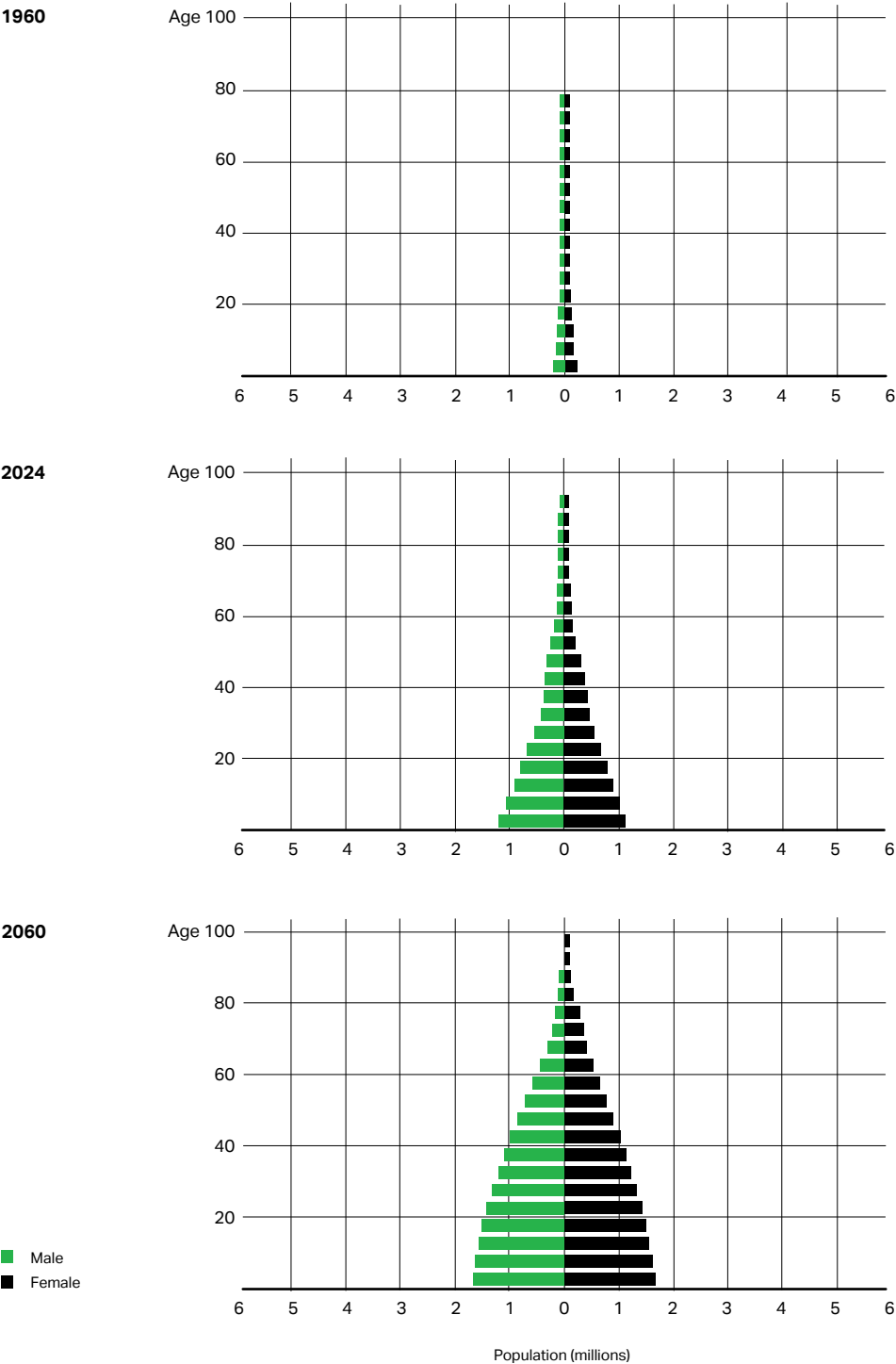
GOVERNMENT TYPE
Presidential Republic

ETHNIC GROUPS 2018 EST.
Mainland: African 99%, other
(Asian, European, and Arab) 1%
Zanzibar: Arab, African, mixed Arab
and African

LANGUAGES
Swahili (official), Kiunguja (name for
Swahili in Zanzibar), English, Arabic

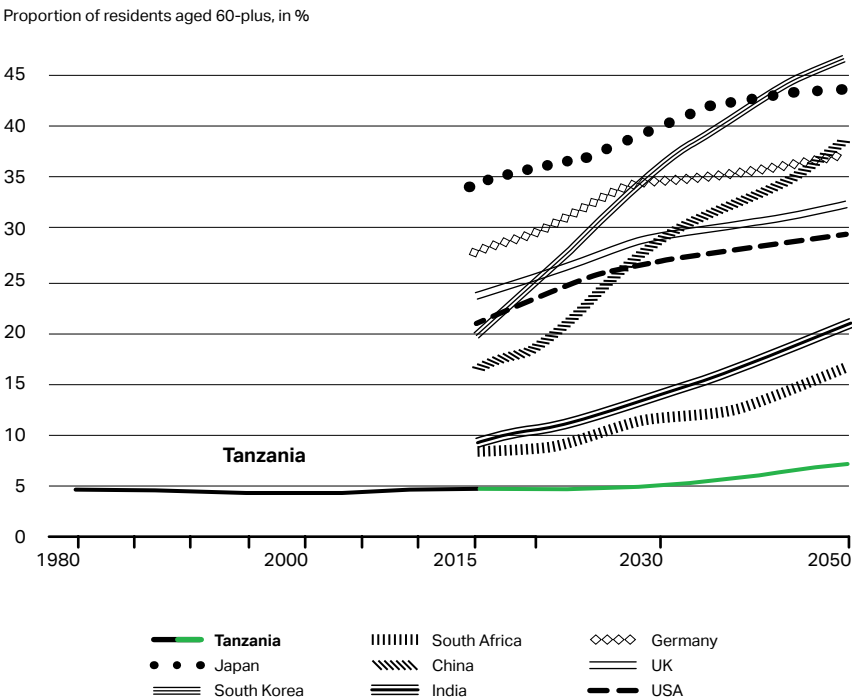
Aging in Tanzania

Demographic Profile

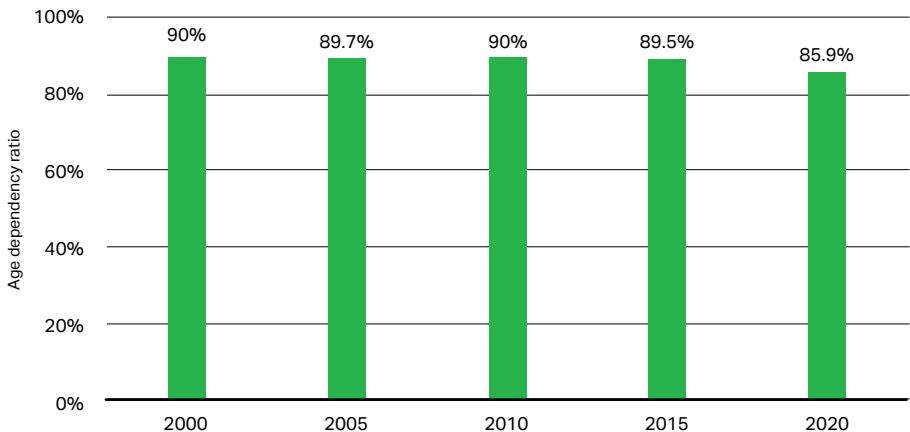


Aging Projections Through 2050

Proportion of residents aged 60-plus in Tanzania (1980-2050) and in other aging societies worldwide (2015-2050) ¹



Age Dependency Ratio in Tanzania from 2000 to 2020 ²



¹ UNITED NATIONS: AGEING. DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS - POPULATION DIVISION, 2022. AVAILABLE AT [HTTP://WWW.UN.ORG/EN/DEVELOPMENT/DESA/POPULATION/THEME/AGEING/INDEX.SHTML](http://www.un.org/en/development/desa/population/theme/ageing/index.shtml).
² STATISTA: SOCIETY - DEMOGRAPHICS, 2024. [HTTPS://WWW.STATISTA.COM/STATISTICS/1228860/AGE-DEPENDENCY-RA-TIO-IN-TANZANIA/#?text=IN%2020%209%20THE%20AGE%20DEPENDENCY,FORM%20THE%20WORKING%20AGE%20POPULATION](https://www.statista.com/statistics/1228860/AGE-DEPENDENCY-RA-TIO-IN-TANZANIA/#?text=IN%2020%209%20THE%20AGE%20DEPENDENCY,FORM%20THE%20WORKING%20AGE%20POPULATION).





The architecture of Dar es Salaam, Tanzania's commercial hub and busiest port, blends modern high-rises with remnants of its colonial and mid-century past.





Families cool off at Coco Beach, a popular weekend spot for locals in Dar es Salaam.





At Darajani Market in Stone Town, Zanzibar, vendors sell everything from cloves and cardamom to fresh produce and textiles.



Between Tanga and Korogwe, the road passes through farmland and scattered villages—offering a glimpse of everyday life in Tanzania's agricultural northeast.





Stone Town, Zanzibar, a UNESCO World Heritage site, bears the architectural legacy of the Omani Empire and centuries of Indian Ocean trade.



DOMESTAS





MAMA

In Zanzibar, seaweed farming provides a path to empowerment for women of all ages

By Lauren Hassani
Photos by Marco Javier



TANZANIA - ZANZIBAR







NOTES OF CRISP LEMONGRASS,

spicy cinnamon, and
sweetly floral ylang ylang
permeate the production facility
at Mwani Zanzibar. Women of varying
ages dressed in identical azure-colored
dresses are busy cutting long blocks of fra-
grant soap into business card-sized bars and
wrapping them neatly in packaging made
of banana leaves. The magical ingredient
in this hand-crafted soap, which
boasts anti-inflammatory and re-
generative properties? Seaweed.
Specifically, *Eucheuma*
denticulatum (spinosum),
a species of spiny, bushy
red algae that grows
in the shallow waters
of the Indian Ocean,
just steps from the
workshop.





The Mwani Mamas are out at the beach every day to check on the seaweed. All of the seaweed used in the company's products is hand grown and harvested by their team.

The nine women employed at Mwani, located in the village of Paje, on the southeast coast of the island of Zanzibar, are skilled in every aspect of the production process — from growing and harvesting the plants, to making the company's line of small-batch, high-end beauty products. They are just some of many seaweed “mamas” of Zanzibar, so called because of the female-dominated seaweed farming industry on the island.

Seaweed farming in Zanzibar is an inter-generational practice, with skills typically passed down from mother to daughter. For many women, the cultivation of seaweed has been a boon, allowing them to significantly improve their quality of life and that of future generations within a conservative Muslim society that offers them little autonomy or financial security.

However, the job also comes with increasing hardships, including the negative effects







Pili Khalid Pandu tends to the seaweed lines in the shallow waters near the Mwani headquarters. Seaweed seedlings are first tied to ropes stretched between wooden stakes and then allowed to mature for two months before harvesting.



The seaweed is naturally regenerative and sustainable, requiring no fertilizers or pesticides.

of climate change, market fluctuations and uncertainty, and often backbreaking labor for lower pay, that make the future of this unique practice tenuous. Across the island, there are examples of businesses attempting, with differing approaches, to create a more sustainable and equitable path forward for the seaweed farming industry and the women who depend on it.

Just 15 miles off the coast of mainland Tanzania, the semi-autonomous Zanzibar

archipelago is comprised of two large islands (Unguja, also known as Zanzibar Island, and Pemba) and many smaller islands. They are collectively referred to as the “Spice Islands” because of the predominance of the spice industry — specifically, cloves, cinnamon, nutmeg and black pepper. However, in recent years, seaweed has come to rival spices as a top export; 92 percent of Africa’s seaweed exports come from Tanzania. The global demand for seaweed and seaweed products



The village of Paje, where Mwani is based, is a laid-back place known for its white sand beaches.

continues to grow, with extracts like carrageenan used widely in food, pharmaceuticals, and cosmetics as emulsifying agents.

Although Zanzibaris have harvested wild seaweed for many generations, commercial farming did not arrive until the late 1980s with the introduction of new varieties of seaweed from the Philippines. Today, there are some 23,000 seaweed farmers in Zanzibar, 90 percent of whom are women. Most of these women are small-scale farmers from rural

areas and make approximately 30 USD per month (far below the region's 150 USD minimum wage average) for full-time work, with no health care benefits.

Mwani (which means “seaweed” in Swahili), is one of the local businesses looking to change this model. Originally a struggling NGO called the Mwani Seaweed Center, Mwani was revitalized and turned into a sustainable, luxury skincare company by co-founders and partners Klaartje Schade



Mwani founders Andrew Anthony and Klaartje (Klara) Schade. Opposite page: Mwani headquarters in Paje is a tranquil escape that offers visitors the chance to see the production process, visit the seaweed farms, and purchase Mwani's line of seaweed-based products.

and Andrew Anthony over the course of the last decade.

“There is a lot of seaweed farming in Zanzibar. It’s not unique to us,” explains Schade. “But what is unique to us is that we’re the first company to actually produce something from it.” The brand enjoys a large following in France and recently expanded to the U.S. market; on Zanzibar, they produce custom soaps for various luxury boutique hotels. The Mwani Mamas have become

skincare artisans, which, according to Schade, “puts them in a whole different bracket of income and training.” Although they still farm seaweed, 80 percent of their time is now spent in production.

At Mwani, the Mamas make 250-300 USD per month, roughly twice the minimum wage and about 900 percent more than their seaweed farming peers. The company also provides full benefits, including maternity and sick leave. As a result, all of the women







All Mwani products are made on site at the production facility.





Scenes from the facility where the Mwani artisans craft their products using precise, handmade production techniques.

...the
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Early on, they relied
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managing the others,
and for navigating any
culturally specific
challenges.

have flourished, becoming breadwinners at home and respected leaders within their communities, with salaries that have enabled them to purchase land, build houses, and send their children to school.

Schade and Anthony have exercised a careful, culturally sensitive approach that takes to heart the Swahili phrase “pole pole,” meaning “slowly, slowly” — a common mantra in this region that permeates all aspects of life. In this case, the Mwani founders

understood that for the business to work, they would need to proceed with the utmost respect for local traditions, thus earning the trust of their employees. Early on, they relied on some of the more senior women as guides — for hiring and managing the others, and for navigating any culturally specific challenges.

Although the initial intent did not include building an intergenerational workforce, one formed quite organically. The



Operations Manager Pius Mwaisumo, 53, explains the intricacies of seaweed farming.



Hadija Nassor Mwalim comes from a family of seaweed farmers. She has worked at Mwani for six years.

women range in age from 22-54 and many of the current employees are daughters of the company's first employees. The unique dynamic between the women has proved to be an important and unexpected factor contributing to the enterprise's success.

Despite having six years at Mwani under her belt, Hadija Nassor Mwalim, 28, still considers herself a relative newcomer. According to Mwalim, having a mix of older and younger team members is beneficial not just in

terms of work, but also with life. She and her younger colleagues frequently look to the more senior women for both professional and personal advice.

Mwalim, who has four children ages 12 and under, recounts a time that she felt overwhelmed by the responsibilities of motherhood and full-time work and considered leaving Mwani. Patima Haji Pandu, who at 54 is the most senior of the Mwani Mamas, gave her some tough love. "She said, listen,



Patima Haji Pandu is a production manager at Mwani and has been with the team since the company's inception. Her daughter Salama, 25, also works for Mwani as a seaweed farmer and product artisan.



Because the production process is so technically precise and the company adheres to rigorous standards, co-founder Klaartje Schade estimates that it takes five years to get each employee fully trained.

this is how life is. There are challenges everywhere,” recalls Mwalim. “Without the money from this job, will your husband be able to fulfill your financial needs?” After listening to Pandu’s lecture, she agreed to keep working. “This is why I am still here, because of the advice from her and the older women. If I was by myself, I would have left.”

In Tanzania, older people are respected for their wisdom and life experience, and this holds true within the close-knit Mwani

headquarters. “It makes sense that our team would reflect the culture of the greater community,” Schade says.

On the other side of Zanzibar Island, in the village of Bweleo, another intergenerational company is breaking the cycle of poverty through seaweed. Isha Products is the collaboration between mother and daughter duo Safia Hashim Makame, 60, and Aisha Bakar Makungu, 31. Their family-run business produces a range of seaweed-based



Seaweed at Mwani drying in the sun, gradually turning a pinkish-purple hue. This natural transformation enhances the seaweed's potency, preserving its beneficial properties for use in soaps, scrubs, and oils.





The shallow, clear waters of Bweleo, on the western side of the island, are ideal for seaweed cultivation and other traditional fishing practices.

“I
didn’t
want my
children to
experience the
same struggles I had,”
says Makame. “That is my
motivation for starting the
business and helping
them to become
independent.”

products, including soaps, body lotions and scrubs, shampoos and hair oils, as well as food and beverage items. They sell their offerings at their shop in Bweleo, and through other retailers in Tanzania.

Makame, who began farming seaweed in the early 1990s, transitioned to producing value-added seaweed products in 2006 after attending a workshop through the nonprofit organization Zanzibar Seaweed Cluster Initiative (ZaSCI). Her business

quickly grew, allowing her to build a house and send all six of her children to school. All the children were introduced at an early age to the business, including Makungu, who started following in her mother’s footsteps at age seven.

“I didn’t want my children to experience the same struggles I had,” says Makame. “That is my motivation for starting the business and helping them to become independent.”

Safia Hashim Makame, 60, has been involved in seaweed farming for more than 30 years. With the money from her business, she was able to provide for her six children.



“Women
are denied
opportunities
when it comes to
employment,” says
Makungu. “We like to
support young women,
especially the widows
with children, because
they have so many
responsibilities.”

Both Makame and Makungu contribute product ideas that appeal to their respective age groups, and Makungu handles much of the brand’s marketing through social media channels. They have become an inspiration to female entrepreneurs in Zanzibar and lead classes to train others in the skills they have learned over the years. In another effort to pay forward their success, the business hires local, unemployed women; currently they have four such women, all in their 20s and

early 30s, who help with everything from production to marketing.

“Women are denied opportunities when it comes to employment,” says Makungu. “We like to support young women, especially the widows with children, because they have so many responsibilities.”

Their longer-term vision is to obtain the proper certifications so that they can expand Isha Products into other countries, and to other industries, including cosmetics — no

Aisha Bakar Makungu, 31, was able to grow her business with initial help and training through the HerStart Innovate the Future program, run by nonprofit organization Youth Challenge International.







At the Isha Products headquarters in Bweleo, the team processes the seaweed and creates a wide variety of seaweed-infused products.





The storefront stocks the entire lineup: soaps, scrubs, oils, and balms, as well as edible products, from snacks to teas.



An older fisherman in Bweleo cleans debris from his net.

small feat for a business of their size. They have been waiting for two years to receive an approved certificate and license, but struggle with the mountain of requirements and costs to bring their facility, equipment, and production process up to code.

Plans for a new, TZS 8 billion (3 million USD) seaweed processing facility on the island of Pemba, part of the Zanzibar archipelago, offers some hope for businesses like theirs, and for smallholder farmers.

The factory would be the largest of its kind in all of Africa, capable of processing more than 30,000 metric tons of seaweed annually. The Zanzibar Seaweed Company (ZASCO), a state-owned firm, is backing the project, with assistance from Tanzania's NMB Bank, in an effort to boost the region's seaweed farming industry.

Under the new agreement, farmers affiliated with ZASCO will be eligible for loans, financial literacy programs, and technical



A group of local seaweed farmers rest on the rocks by the water.

“All the
blessings
that come to
my daughter
extend to me.
I’m happy that
I can inspire her
generation to do
even more.”

training. All of this signals the government’s interest in the continued growth of seaweed exports, which increased by 123 percent in 2023 alone.

This government-backed support, along with the achievements of Isha Products and Mwani, are proof of the profitability of seaweed-related businesses — and that this success can be both sustainable and fair to all involved. These two businesses also stand as proof that the intergenerational aspect of seaweed farming is alive and well, and an important factor in the continuity of the industry.

Aisha Bakar Makungu envisions a future where she is able to build her own home, just as her mother did. But she has far more ambitious dreams, including building a larger production facility for Isha Products and taking the company global.

“All the blessings that come to my daughter extend to me,” her mother, Safia Hashim Makame says, smiling proudly. “I’m happy that I can inspire her generation to do even more.” •







TANZANIA - ZANZIBAR

A person's profile is visible on the left side of the image, looking towards the right. The background is a vibrant, patterned fabric with a repeating diamond motif in green and brown, and larger circular medallions featuring floral and geometric designs. The overall tone is warm and textured.

THE BEAT GOES ON

In Zanzibar,
young and old
are helping
to save
traditional
music

By Lauren Hassani
Photos by Marco Javier



ZANZANIA — ZANZIBAR



WHEN TRYPHON EVARIST WAS A HOUSEKEEPER



in his early 20s, the idea of playing music for a career seemed like an impossible dream. That all changed the day he heard an ad on the radio inviting the public to audition at the Dhow Countries Music Academy, known as DCMA. There were scholarships available, even for those with no musical training at all, to study at the school.





“Before that, I never even thought that there is a music school here in Zanzibar,” Evarist, 31, says with a laugh. To his surprise, he received a scholarship to attend DCMA for four years. During his studies, he learned to play five different instruments and became highly skilled in taarab, a traditional Zanzibari music style. Today, he is not only a teacher at the academy but also an artistic director, the lead musician in a modern

five-person taarab band, and a staunch protector of a vanishing cultural art form.

Musicians like Evarist, along with DCMA, are working to bring taarab into the modern era, attracting new musicians while also preserving its deep roots. Even as the genre’s popularity fades with younger generations, DCMA, which refers to itself as a “guardian of a living cultural heritage,” has become a vital institution. It serves as a conduit

DCMA Artistic
Director Tryphon
Evarist in his office.



for passing on these specialized skills from seasoned musicians to the next generation, in an effort to prevent taarab's decline.

Located in Stone Town, the historic center of Zanzibar City, DCMA offers a variety of classes and workshops specializing in the traditional music of Zanzibar and the “dhow region” — taarab, as well as other genres like kidumbak and ngoma. This region, named for the traditional

Arab sailing vessels that once filled the waters around East Africa and the Arabian Peninsula, served as a hub for trade and cultural exchange for centuries.

In the 1880s, when Zanzibar was under the rule of the Sultan of Oman, taarab was brought from Egypt to the island's royal court. Initially, the music leaned heavily on its Arabic roots but gradually incorporated native Swahili influences. This evolution was





Evarist's instrument
of choice, a qanun.



led by musicians like Siti Binti Saad, a pioneering female taarab singer from Zanzibar who, in the 1920s, began blending the music with Swahili poetry.

As taarab spread along the Tanzanian and Kenyan coasts, it absorbed influences from Indian, Persian, and European music. A distinctive instrument in a taarab ensemble is the qanun, a 72-string Middle Eastern zither that is plucked by hand. Other typical

instruments include the violin, oud (a fretless lute), accordion, and various percussion instruments like the Arab tableh (drum) and riq (tambourine).

Over time, new musical styles such as bongo flava — a fusion of hip-hop, R&B, reggaeton, and traditional Tanzanian music — have eclipsed taarab in popularity, particularly with younger audiences. By the time DCMA was founded in 2002, taarab was on



The exterior of the school, located in a quiet, residential neighborhood in Stone Town.

the brink of extinction in Zanzibar.

Today, however, the sounds of musical instruments and children's voices reverberate through the open corridors of the school, telling a far more optimistic tale. Private lessons in violin, trumpet, and piano take place in the small classrooms lining the hallways, while group music classes are held in larger common spaces. The top floor houses a large room full of instruments of all kinds and a

library stocked with sheet music and albums from around the world.

Students as young as five are eligible to take classes and the majority (around 80 percent) receive financial aid to support their studies. The school offers certificate and diploma programs, lessons, workshops, concerts, and masterclasses. To make music education more accessible, DCMA also extends its programs to local schools and rural



Amryn Salum, 16, attends a private lesson at the school. Abeid Suleiman, 74, is a singing teacher and taarab composer.



DCMA students study a variety of instruments that are used in traditional Zanzibari music, as well as in other genres like jazz, afro-fusion, pop, and rock.



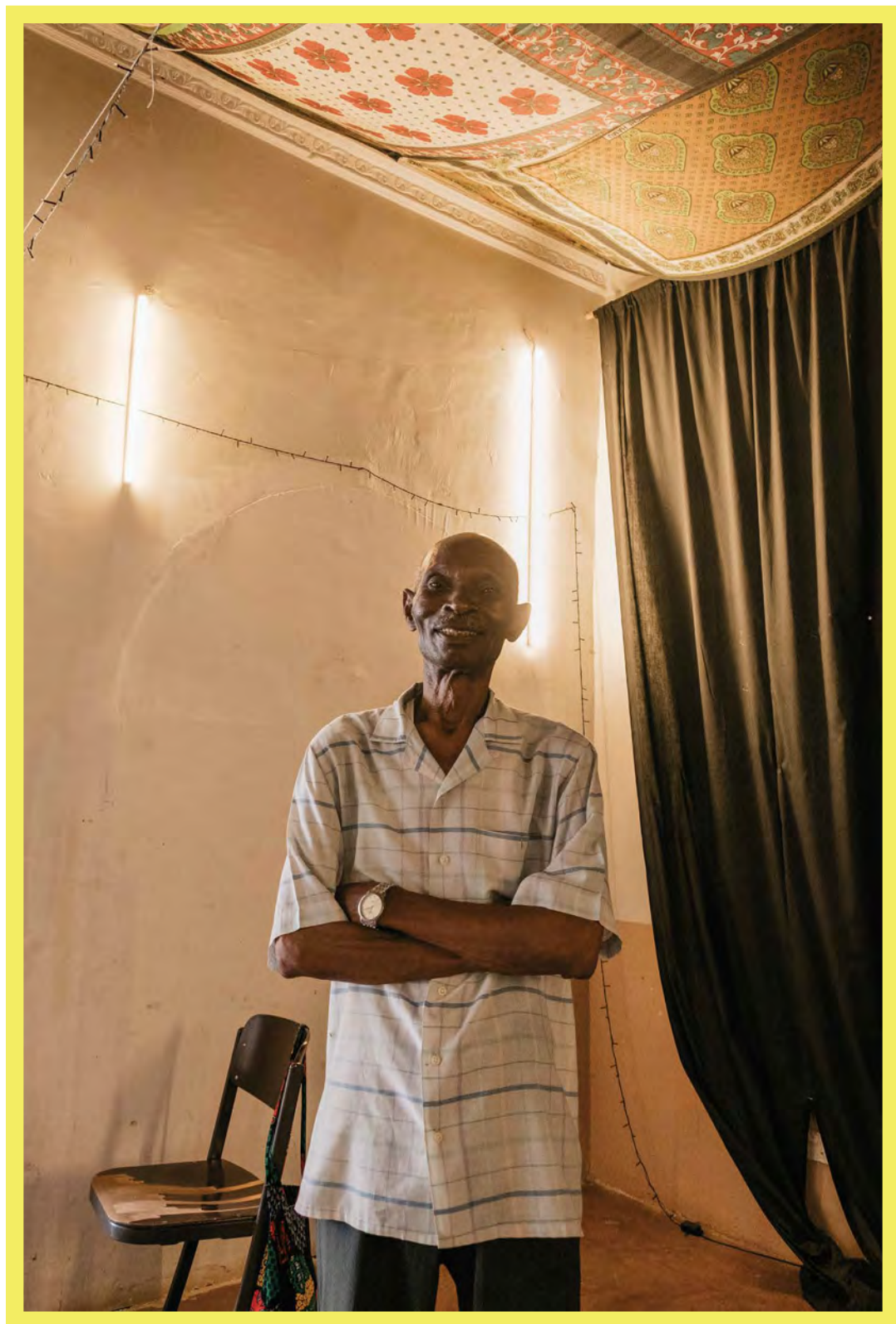
Halda Alkaanan, 53, is the first Zanzibari native to lead the DCMA.

areas across Zanzibar and Pemba, with a special focus on women, children, and youth, including children with physical disabilities.

According to Halda Alkanaani, 53, Managing Director of DCMA, almost 90 percent of the instructors are graduates of the school. “We are very proud of what the academy produces,” she says, referring not only to the newly minted faculty but also to

the teachers’ efforts to transcribe taarab into written form. The teachers serve as archivists, preserving an important part of local history. “This is so that any musician who can read notes can play taarab music,” she explains.

One of the leading figures in this effort is Thabit Omar Kiringe, 75, a founding teacher and the current Headmaster of DCMA. Kiringe was the first person in East Africa



In addition to teaching music theory, Thabit Omar Kiringe, 75, teaches trombone, piano, conducting, and composition.





The DCMA building serves as a vibrant hub for music education and cultural exchange.



TANZANIA - ZANZIBAR



The school's library holds a diverse collection of instruments, from classical Western examples like violins and guitars to indigenous Tanzanian and Zanzibari instruments. Waleed Jeba, 23, demonstrates how to play a version of the zeze, a traditional East African stringed instrument.



Mohamed Ilyas, 72, regarded as one of the most accomplished traditional taarab musicians, performs at the Zanzibar Serena Hotel.

to document traditional taarab music using notation. After a long career as a professional musician and composer, he joined DCMA as a music theory teacher. Over the past two decades, he has passed on his knowledge to hundreds of students.

Kiringe worries that the newer “remixed” versions of taarab are straying too far from the original form and that the genre could become unrecognizable. “That’s why I will

keep on writing so that I can record pure, original taarab songs for future generations,” he says.

This sentiment is common among the older generation of taarab musicians throughout Zanzibar. Mohamed Ilyas, 72, is one of the stalwarts of traditional taarab; he leads the storied group *Nyota za Meremeta* (Twinking Stars), which still performs in venues throughout Stone Town. Ilyas has



Waleed Jeba, 23, oversees the DCMA's media content, including videography, photography, and managing the school's online presence.

mentored various luminaries in the taarab world, including Mohamed Issa Matona Haji, the founder of DCMA.

Like Kiringe, Ilyas is troubled by the modern remixes of taarab, which he believes dilute the genre's essence. "It's really painful," he says, describing the experience of hearing younger musicians alter traditional songs. "The world is changing, but culture should remain as it is."

Ilyas is one of the last living taarab composers in Zanzibar, which once boasted as many as 25 active composers. He has lobbied the Ministry of Culture to apply for taarab's inclusion on UNESCO's List of Intangible Cultural Heritage, hoping that international recognition will help preserve the genre.

Despite the tensions between the traditionalists and the modernists, everyone

"[OUR MUSIC CULTURE]
IS VERY IMPORTANT
BECAUSE IT SHOWS US
WHERE WE CAME FROM,
WHERE WE ARE, AND
WHERE WE ARE GOING."

TANZANIA — ZANZIBAR





Tryphon Evarist has taught hundreds of students during his time at the DCMA.

agrees on one thing: taarab, with its deep cultural roots in Zanzibar, is worth saving.

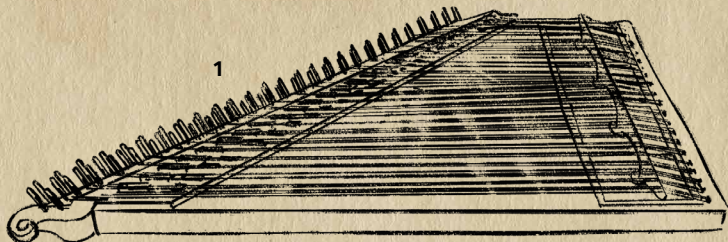
“We have to preserve our identity, who we are,” says Tryphon Evarist. Sitting in his office at DCMA, surrounded by instruments both old and new — his qanun and accordion alongside a laptop and microphones — he reflects on the importance of the island’s musical heritage. “[Our music culture] is very important because it shows us where we came from, where we are, and where we are going.”

Evarist’s band, Waungwana, plays a fusion of taarab that musicians like Mohamed Ilyas might view skeptically. However, the group,

comprised of fellow DCMA graduates and students, is energetic and youthful, with a presence on social media and SoundCloud. They are the future of taarab — whether purists like it or not.

At its core, taarab has always been a reflection of cultural blending. The genre was born from centuries of musical and cultural exchange, and its future will likely continue to involve this push and pull between tradition and innovation. As long as new generations remain captivated by its rich melodies, taarab will endure, as steady and constant as the waves of the Indian Ocean lapping at the shores of Stone Town. •

TAAARAB MUSIC INSTRUMENTS



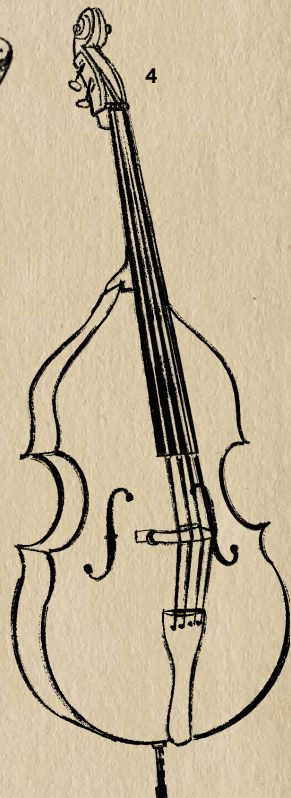
1 QANUN A Middle Eastern zither used in Arab music since the tenth century, with 63 to 81 strings that are plucked for cascading tones.

2 VIOLIN/VIOLA Classical string instruments developed in 16th-century Italy, played with a horsehair bow and adding melodic depth and expressive ornamentation.

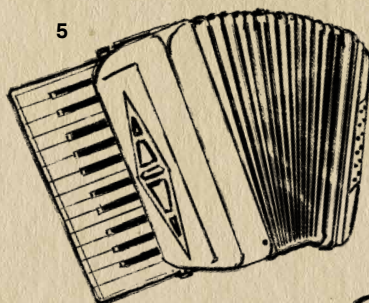


3 TABLAH A goblet-shaped drum, played with hands, widely used in Middle Eastern music. Also known as a darbukkah or dumbak.

4 DOUBLE BASS The lowest-pitched member of the violin family, sounding an octave lower than the cello. Also called the contrabass, string bass, and bass fiddle.



5 ACCORDION A bellows-driven instrument with a reedy timbre, invented in 19th-century Germany with earlier influences from China and Europe.



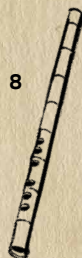
6 BONGO A pair of small, open-bottomed hand drums with Afro-Cuban roots.



7 OUD A fretless, pear-shaped lute, typically with 11 strings, that produces deep, warm tones, dating back to ancient Mesopotamia and Persia.



8 NAY A simple, end-blown flute made of cane producing airy melodies, played for over 5,000 years in Egypt and Mesopotamia.



9 RIQ A small tambourine with brass cymbals, traditionally made from goat skin stretched over a wooden frame inlaid with mother of pearl, used in Arabic and Ottoman classical music.



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2.-5. JULI 2009

4. VOLKSKULTURFEST OBWALD

OBWALDEN NIDWALDEN
SANSIBAR

IN GISWIL, OBWALDEN

**JUMBALA CULTURE
MUSICAL CLUB
JINEF NGULIWA RASMI
NA MHE RAMADHAN
ABDALLA SHAABAN
WAZIRI WA HABARI
UTAMACUWI UTALJI NA
TARANA
TAREHE 18 JAN 1991**

**CULTURE MUSICAL CLUB SANSIBAR JODLER-
KLUB WIESENBACH SEPP WALLIMANN CHASCHBI
AWAGGER
ST JAKOB
LIG BUCHS
UNGERN**

**WILTI GRUESS ECHO VOM LOEWITAL JODLERCHERLI
BRISENBLICK SYLVIA & PETER RYMANN HELVETIC
FIDDLER JODLERGRUPPE BARGROSELI ALPNACH
CHLEPFESHT BI KIDUDE HO DANI & THEOY CHRISTEN
JODLERKLUB GLAUBENBERG RITA BARMETTLER**

**JODLERQUARTETT BARGFRÜHLIG VOLKSMUSIK-
VEREIN ENNETMOOS HORNBLÄSER OBWALDEN
RAJAB SULEMAN ALPHORNDUO DOERMATT
FAMILIENKAPELLE FOLKA JODLERQUINTETT BUCHS
JODLERKLUB GISWIL QUANTENSPRUNG CAMERATA
ZIMMERTAL FAMILIENKAPELLE WASER**

A poster featuring a Zanzibar taarab group performing at the 4th OBWALD Folk Culture Festival in Obwalden, Switzerland.

MASIKINI ROHO YAKO

MUSICIAN: ADI IKHWAN SAFAA
Writing: THABIT O. KIRINGE

Moderato

f

dim.

mf

ssf

1. Ma si

na lla

Masi

ki — ni — ro ho ya — ko —

hi — i — na ky che — ka —

hi vyo — kwagi ki ra — za ko ya —

A taarab composition transcribed by Thabit Omar Kiringe, titled "Masikini Yoho Yako," or "Your Poor Soul."

Handwritten musical score on ten staves, featuring lyrics in Swahili. The notation includes treble clefs, a key signature of one flat (B-flat), and various musical markings such as *1st*, *2nd*, *1st*, *2nd*, *tr*, *sf*, *mf*, and *f*.

Lyrics:

u na dha ni na ku ta ka a—
 Hi vyo Hu ki ju wi che o cha ko che o
 cha ko ne no u si nge ta m—ka DiS
 m ka tr tr tr tr tr tr
 tr tr tr tr
 mf kwako ni ki pe nde ni
 ni mf
 M tu ni lo si ti ri ka
 f N na wa ngu wa ma yo—





Students, faculty, and staff at the DCMA pose in the school's performance hall.

SECOND ACT: MARIAM HAMDANI



Mariam Hamdani, 80, is living proof that it's never too late to master a new skill. At age 65, after retiring from a long career as an accomplished journalist, she decided to pursue music — a natural choice, given that her husband Mohamed Ilyas is one of Zanzibar's most revered taarab musicians. She started by learning how to play the piano and then traditional taarab instruments like the qanun.

Mariam, however, had a larger goal in her sights. She wanted to create an all-women's taarab band — the first of its kind in Zanzibar. Though women historically have been integral to performing taarab, they have only participated as vocalists, never as instrumentalists.

In 2009, Mariam purchased second-hand instruments using her pension and started assembling a group of women who were also interested in learning how to play taarab. Her husband estimated that it would take seven years for the women to become proficient,

but in just six months they were performance ready. "The women, if they are determined, you will be surprised," she says with a smile.

She named her group Tausi, which means "peacock" in Swahili. Their numbers have fluctuated over the years, especially during the pandemic, but they still gather weekly to practice and perform at different venues, including at the annual Sauti za Busara music festival in Zanzibar. The women's ages range from early-20s to 80s, but they find common ground through music.

In recent years, as Zanzibar's religious culture has grown more conservative, Tausi's existence serves as a quiet challenge to tradition. For the women in the group, Tausi provides not only a creative outlet but also a sense of independence. It offers them modest revenue and opportunities to travel for performances, experiences that are otherwise rare in their daily lives. Mariam is determined to keep the group



going for as long as she can, finding satisfaction in helping these women grow through music and fostering a sense of camaraderie.

"Age is just a number," she says simply. "At 80, I see it as a privilege to introduce people to taarab." Under her tireless direction, she and Tausi continue to demonstrate that the love for music and the empowerment it brings can transcend generations. •




Hamdani has been an influential force in promoting women taarab musicians. Her group's repertoire includes traditional love songs, as well as songs that promote gender equality and address abuses against women and children.



Artisans Unite

Artisans

By Lauren Hassani
Photos by Marco Javier



to Preserve

Unite

Tanzanian Traditions



The sculpture on display

in the crowded storefront is expertly crafted from smooth African Blackwood, or *mpingo*, carved into an intricate totem and polished to a rich, dark sheen. Human figures spiral and weave around one another — a complex portrayal of unity and interconnectedness. Known as “Ujamaa” carvings, or “Tree of Life” sculptures, pieces like this have become iconic symbols of Tanzania’s cultural heritage, showcasing the artistry of the Makonde tribe.



An Ujamaa carving
by artist Elias Cprian
Mchingama. Opposite
page: A large block of
raw African Blackwood
sits in the shop.



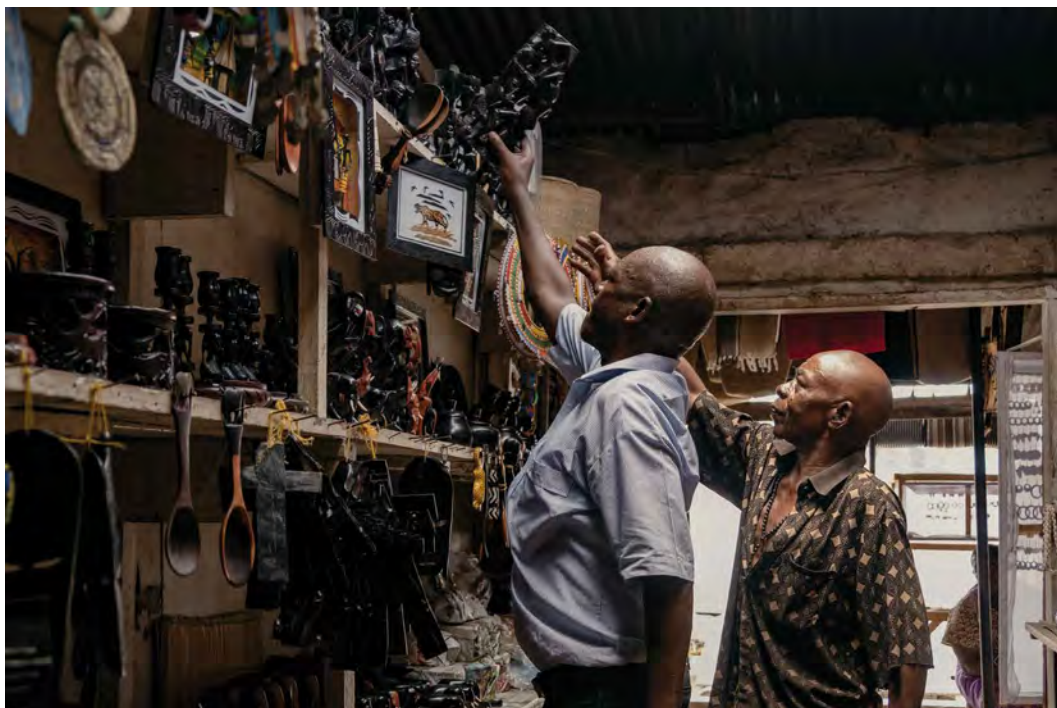
The Mchingama storefront at the Mwenge Woodcarvers Market is filled with carvings hand crafted by the family.

The store is housed within Dar es Salaam's Mwenge Woodcarvers Market — a lively place full of handcrafted pieces of all sorts, from paintings to masks to jewelry. But the market is perhaps best known for being a hub for artisans specializing in Tanzanian woodwork, such as the striking, symbolic carvings of the Makonde people, famous for their ebony wood creations.

The market operates as a collective of more than 200 local artisans and craftsmen, primarily woodcarvers, who work together

under a cooperative model. This system allows individual carvers to retain ownership of their work while benefiting from shared resources and a central location to sell their products. Senior artisans often mentor younger or less experienced carvers within the co-op. This passing of knowledge helps preserve traditional woodcarving techniques and ensures that skills are maintained and developed across generations, even as fewer Tanzanians are seeking to pursue the craft.

In a narrow stall, where shelves overflow




A wide range of items is for sale, from carved spoons and trinkets, to masks and larger sculptures.

with intricate carved treasures, 40-year-old Elias Cprian Mchingama works beside his father, Cprian Mchingama Lukanga, 71. The Mchingama family, proud members of the Makonde tribe, have been master woodcarvers for generations. They first opened their shop at Mwenge in 1984, the year the center was established.

Like his father, grandfather, and great-grandfather before him, Elias Mchingama learned the craft in his youth, spending countless hours in the family workshop. For the Makonde,

carving is typically a family tradition passed down from father to son. He knew from an early age that his path would follow theirs. Today, he dedicates his time to mentoring young carvers through the co-op, sharing the knowledge and precision techniques that define his family's legacy. He notes the unique method of hands-on instruction at Mwenge.

"They mainly learn by observation. It's not like in a normal classroom. This is how I first learned," he explains. He is currently guiding



Like his father, grandfather, and great-grandfather before him

Elias Mchingama learned the craft in his youth, spending countless hours in the family workshop.





Elias, 40

Elias Cprian Mchingama began learning the family trade at age 12 from his grandfather.



Cprian, 71

Elias and his father, Cprian Mchingama Lukanga, have honed distinctly different artistic styles.



two apprentices; when they become proficient, he will take on a new batch of students.

There is no expectation for any of his three children to enter the profession. The demands of modern life have made it increasingly difficult to make a living through carving, and the viability of continuing the

tradition seems uncertain. This concern is shared by his father, Cprian Mchingama.

"I'm afraid that this work won't continue like it did before. Things are changing and I don't think many people appreciate this type of art," the elder Mchingama reflects. Sales of Makonde art have declined in recent years, a




Antique masks carved by previous generations of Mchingamas, some dating back to the 19th century. Opposite page: A work in progress by the elder Mchingama.



Cyprian Mchingama Lukanga
carves a sculpture in his
workshop at the Mwenge
Woodcarvers Market.





Elias Mchingama observes two apprentices in the workshop. Students at the co-op often sleep and eat here, in addition to spending hours learning their craft.







The Tingatinga Arts Cooperative Society is located in the Oyster Bay area of Dar es Salaam.

result in part of changing tastes and a dwindling appreciation for the craft among locals and foreign visitors, as well as the effects of the COVID-19 pandemic on tourism.

For many years, the Tanzanian government has made some effort to support Makonde woodcarvers, the most significant being allocating a plot of land with a 99-year lease for them at Mwenge in 1984. Aside from creating an important tourism hub, this act also led to the formation in 1987 of CHASAWATA, the Carvers Association of Tanzania, which has played a vital role in advocating for its members.

Preservation of Tanzanian arts is not limited to the Makonde tradition. Another significant cooperative is the Tingatinga Arts Cooperative Society in Dar es Salaam, which focuses on the vibrant Tingatinga painting style. This distinctive art form, characterized by bold colors and whimsical depictions of

Tingatinga painting by
the artist Saidi Abasi
Mitumbati (Shaha), 42.











Rashidi, 50

Rashidi Said Chilamboni, 50, holds one of his paintings. Previous page: Closeup of the artwork.



Chilamboni's work station and supplies.

Tanzanian wildlife and culture, was founded in the 1960s by Edward Said Tingatinga. Today, the cooperative consists of roughly 100 artists and operates as a collective. Members contribute 15 percent of their earnings to support the school, covering the cost of utilities and workshop space.

One of the cooperative's senior artists, 50-year-old Rashidi Said Chilamboni, has dedicated his life to preserving the Tingatinga tradition. Chilamboni, who learned the craft from his older brother, now teaches

three students, ages 35, 35, and 25. His four brothers are also painters at the cooperative, continuing a family legacy that traces back to their father, a Makonde woodcarver.

"Tingatinga is in our blood. It represents Tanzanian culture," Chilamboni explains as he works on a new canvas. "I hope that one day my children and grandchildren will carry on the Tingatinga tradition."

Like the Makonde carvers, the Tingatinga artists rely on the cooperative model to sustain their art. The collective provides not



Artists selling their work line the halls of the Tingatinga Arts Cooperative Society.
Opposite page: Closeup of painting by Augustino Mpochoho.

only a space for creation but also a platform for mentorship and intergenerational knowledge transfer. Chilamboni's role as both artist and teacher embodies the cooperative's mission to preserve the tradition while fostering innovation and growth.

Despite challenges such as changing tastes, economic pressures, and the decline in tourism, Tanzania's art cooperatives play a crucial role in safeguarding the country's cultural heritage. From the intricate Makonde woodcarvings at Mwenge to the colorful

canvases of Tingatinga art, these cooperatives ensure that traditional art forms are not only preserved but celebrated, connecting generations of artists and keeping Tanzanian culture alive for the future.

"I'm proud of this art and the way it is inherited through the generations," says Cprian Mchingama. "Our work is not like other creative works, like music, which can be fleeting because of technology and trends. Our work lasts." •



**“I hope that one
day my children
and grandchildren
will carry on
the Tingatinga
tradition.”**

Zanzibar's Universal Pension System

The Zanzibar Universal Pension System (ZUPS), launched in 2016, provides citizens age 70-plus with a modest but life-changing monthly pension. It is the first universal pension scheme in East Africa to be fully funded by the government, marking a milestone in social protection for the region. For many in rural communities, this predictable income has offered not only financial relief but also a renewed sense of agency and purpose.

In the village of Donge Mtambile, a remarkable group of 15 older adults — men and women in their seventies and eighties — have turned their pension into a collective force. Pooling a portion of their monthly payments, they established a cooperative farm spanning four acres, cultivating crops like banana, cassava, green pepper, cucumber, lemongrass, and papaya. Their joint efforts have enabled them to hire younger workers, invest in tools, and expand their agricultural output. The cooperative has become more than just a livelihood — it is a source of dignity, independence, and social connection. Beyond farming, the group also supports one another with emergency expenses and its members were among those who successfully advocated for the creation of a government-supported medical center dedicated to older people in their community. While profits are modest, the shared enterprise demonstrates the powerful ripple effect a basic social pension can have when combined with grassroots initiative.





Zanzibar's
Universal
Pension
System

TANZANIA — ZANZIBAR



Asha Juma Ame, 75 (bottom left), launched a farm cooperative by encouraging fellow pensioners to pool part of their income. With support from Zanzibar's Universal Pension System, the group expanded her farm into a shared enterprise, now sustained by multiple contributing members.



Zanzibar's
Universal
Pension
System



The cooperative's four-acre plot produces bananas, cassava, cucumbers, green peppers, lemongrass, and papaya. Members reinvest part of their pooled pension in seeds, tools, and labor, hiring younger neighbors for the heavier work — a strategic partnership that keeps the land productive and creates informal jobs for the next generation.



Zanzibar's
Universal
Pension
System

TANZANIA — ZANZIBAR



Each member contributes around 10,000 TZS (about 4 USD) monthly to the shared fund — not only for farm costs, but also to support one another through illness, school fees for grandchildren, and even funeral expenses. What began as a farming project has grown into a mutual aid network fostering independence in older age.



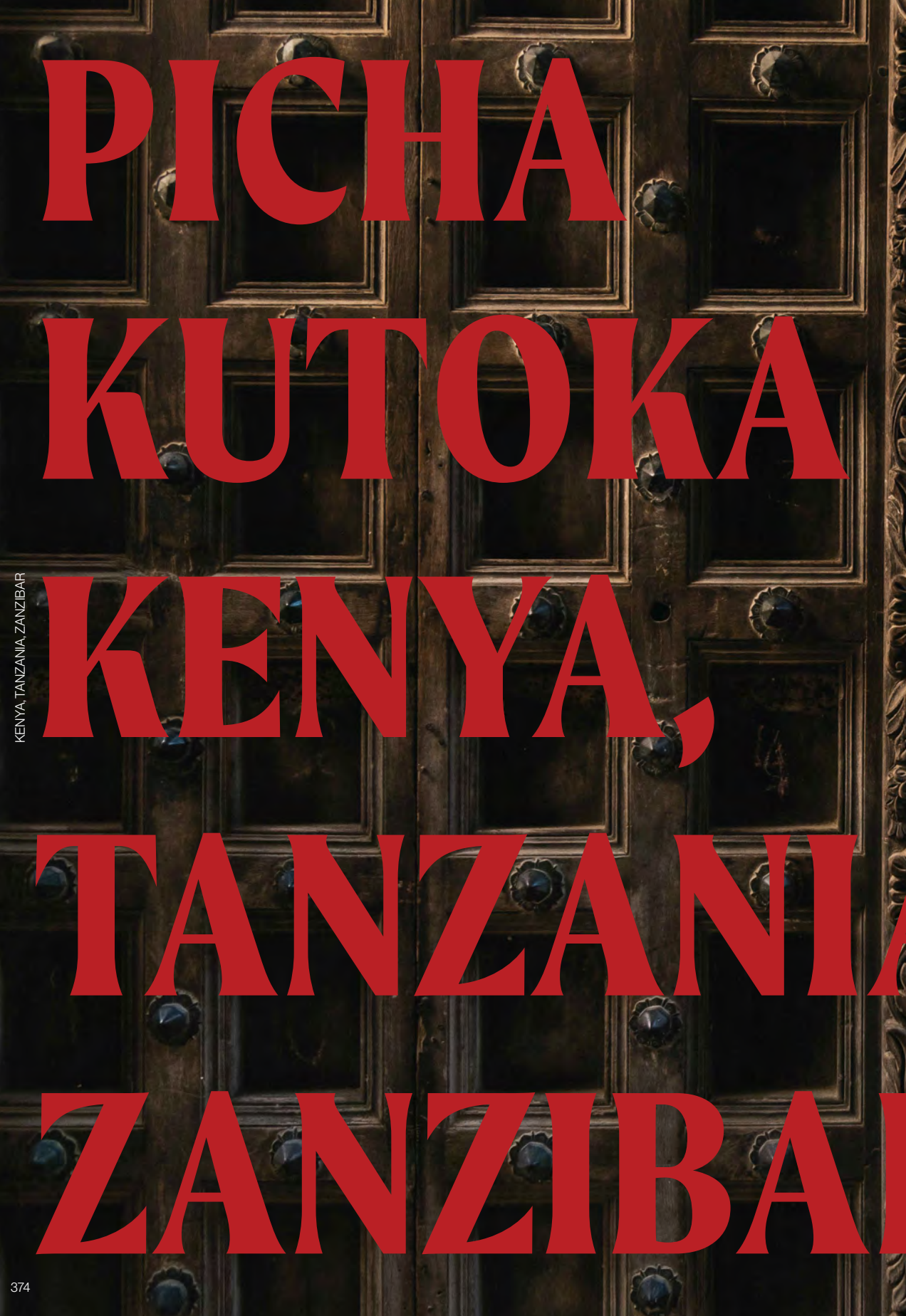
Everyday Culture

Born from centuries of coastal trade, the kanga blends African, Arab, and Indian influences into a textile tradition unique to the Swahili coast.

This kanga proclaims, "Utukufu wa mungu ni wa milele," or "The glory of God is eternal."








PICHA KUTOKA KENYA, TANZANIA ZANZIBAR

KENYA, TANZANIA, ZANZIBAR



IMAGES
FROM
KENYA,
TANZANIA,
AND
ZANZIBAR

A, NA
R



One of the many *matatus* (buses) in the streets of downtown Nairobi.



A shoeshine stand in Nairobi.



Street vendors selling secondhand clothing in the neighborhood near Kibera.



The grounds of the Nairobi National Museum, the premier institution for showcasing the Kenya's natural and cultural heritage.



An exhibit of tribal clothing at the Nairobi National Museum.



Animals on display at the Nairobi National Museum.



Kiambu County coffee farmers Celestine and Alice Kimani and their granddaughters.



A spread of traditional pan-African dishes at African Heritage House, a cultural landmark overlooking Nairobi National Park.



African Heritage House showcases a rich collection of art, textiles, and artifacts from across the continent.



Roadside shops like this one—painted in Safaricom's signature green—are a common sight across Kenya, offering mobile money services through M-Pesa.



At Nairobi's Giraffe Centre, visitors can get up close with Rothschild's giraffes.



A residential building on the outskirts of Nairobi, where rapid urban expansion is reshaping once-rural areas.



A *boda boda*, Kenya's widely used motorcycle taxi, transports a passenger along a rural road.



A roadside guest house and tire repair shop share a building along a highway outside Nairobi—a common pairing in Kenya.



Mount Longonot, from the Mai Mahiu–Longonot Viewpoint along Kenya's Great Rift Valley escarpment.



The Longonot Earth Satellite Station, built in the 1970s, was once a hub for Kenya's international telecommunications network.



Isen Kipetu, Sustainable Livelihoods Manager at the Maa Trust.



Jonathan Mako, Economic Empowerment Coordinator, and Audrey Lulu Mandi, Communications and Public Relations Manager for the Maa Trust.



The AARP team meets with members of an Older People's Association in Rotian, Narok County, alongside Titus Abworo of Ageing Concern Foundation.



Older Maasai members of the Rotian OPA gather to share their experiences and priorities.



Chatting with Noretet Saiyalel, a participant in the Maa Trust's Beadwork program.



John Kool, founder of the DUPOTO Disabled Group in Narok County, advocates for greater inclusion and support for people with disabilities.



Maurice, a guide and driver for a Maasai Mara-based safari camp, supported *The Journal* team with driving, translation, and on-the-ground coordination.



An assortment of masks in a souvenir shop.



Red-tiled rooftops of Zanzibar's Stone Town, a UNESCO World Heritage Site.



Stone Town, where historic walls and narrow alleys hold centuries of daily life.



Kailash Kantilal, third-generation owner of Popat Mulji & Sons, carries on his family's carpentry and furniture-making legacy in Zanzibar.



Popat Mulji & Sons has operated from its Kenyatta Road storefront in Stone Town since 1932.



Stone Town's winding streets reflect its blend of Swahili, Arab, and colonial history.



A carved wooden door in Stone Town. Doors were traditionally crafted by hand and passed down through generations.



Built in 1904, Darajani Market stands as one of Stone Town's oldest trading hubs.



Fresh octopus for sale at the Darajani Market.



Zanzibar locals Arkam, 25, and his father Ibrahim, 59, work together as tour guides.



At Mwani Zanzibar's headquarters in Paje, visitors head to the beach to observe seaweed farming in action.



Low tide in Paje, on the eastern coast of Unguja Island, Zanzibar.



Sunset along the shoreline of Stone Town, Zanzibar.



Kivukoni Fish Market, located along Ocean Road in Dar es Salaam, is a central hub for the city's seafood trade.



A fishmonger sells the day's catch at Kivukoni Fish Market.



At the market, vendors grill and fry a variety of fresh seafood for locals and tourists.



Bertha Kijo of the Good Samaritan Social Service Trust, which provides health care, digital education, and rights-based support to older people across Tanzania.



A view of Dar es Salaam's city streets—once Tanzania's capital and still its commercial and financial hub.



Tuk-tuks (three-wheeled taxis) are an affordable way to navigate the city.

KENYA, TANZANIA, ZANZIBAR



An older man cycles along a shoreline path in Dar es Salaam, with the Indian Ocean in view.



The city's harbor, where cargo ships and fishing vessels share the busy Indian Ocean waterfront.



A local Tingatinga artist demonstrates his painting technique at the Tingatinga Arts Cooperative.



Tourists relax in a hotel pool in downtown Dar es Salaam.



Buses in Dar es Salaam wait to transport daily commuters.



A merchant at Kivukoni Fish Market sells locally sourced shells to visitors.

SPECIAL FEATURE

Kenya
Tanzania
Zanzibar



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