

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

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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.

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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.



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