Guest Editorial

Report and Commentary From Madrid: The United Nations World Assembly on Ageing

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Far-reaching advances in public health in the fields of medicine and biomedical research at the turn of the 20th century and later have been instrumental in increasing longevity and population aging over the past 100 years. Industrialized societies gained over 30 years of additional life in the 20th century, nearly 20% of which benefited persons over the age of 65. At the same time, there have been drops in disability rates. People are not only living longer but enjoying an improved quality of life. Having played a significant role in the creation of this historic demographic shift, is it not appropriate that the medical community participate in the process of helping society adjust to the resulting challenges (1)?

In 1982, I served as the World Health Organization (WHO) advisor to the first United Nations (UN) World Assembly on Ageing, which was held in Vienna, Austria, and attended by representatives of 124 nations. The result was an outstanding International Plan of Action. However, although both the Assembly and the plan raised the level of awareness of nations of the unprecedented aging of populations and had some influence on the policy of a few nations, it did not have the hoped-for impact. However, in collaboration with the government of Malta, the UN itself created a United Nations International Institute on Ageing that, over the years, has provided education for people engaged in services for older persons in the developing world.

Twenty years later, as president of the International Longevity Center, an official UN nongovernmental organization (NGO), I attended the United Nations Second World Assembly on Ageing, which was hosted by the Spanish government and held in Madrid in April 2002.

Representatives of over 160 nations attended. In fact, there were three assemblies. The first, held in Valencia, focused on research; the second was composed of meetings of the NGOs, which overlapped with the third—the official UN Assembly itself.

The Assistant Secretary of Aging, Josefina Carbonell, led the U. S. delegation and was joined by representatives of the U. S. Administration on Aging, the National Institute on Aging, and other advisors.

UN Secretary General, Kofi Annan, himself having turned 64 the day before the Assembly convened, asked, “Will they still feed me, will they still need me when I am 64?” He spoke of the importance of the continuing contributions of older persons in the workforce and in voluntary activities. (Ironically, rank and file UN employees must retire at 60, while concern over age discrimination in the workplace as well as in the delivery of services was on the minds of delegates.) Annan also noted, “In Africa, when an old man dies, a library disappears.”

The purpose of the second assembly was to review, revise, and update the International Plan of Action with particular emphasis on bridging the developed and developing worlds. First and foremost, population aging and advancing longevity were viewed as impressive human achievements by the UN, the WHO, and attendees. Moreover, special attention was given to the health disparities and inequalities of longevity within and among countries, the need to train health personnel to care for older persons, and the WHO emphasis on “active aging.” Director General Dr. Gro Harlem Brundtland described “active aging” as a paradigm of vigor and healthy aging. She noted, “we must be fully aware that while the developed countries became rich before they became old, the developing nations will become old before they become rich.” In addition, the issue of elder abuse was stressed by Secretary General Annan, who reinforced the need to detail the human rights of this growing population.

These concerns were incorporated in the revised plan of action.

In the next 50 years the number of people over the age of 60 will nearly quadruple, growing from about 600 million to almost 2 billion people. Today 10% of old persons are over 60, but by 2050 20% will be. By 2040 some 80% of persons over 60 will be living in the developing world (e.g., China, India, Indonesia, and Mexico) (2). The proportion of children is expected to drop by a third, from 30% to 21%. Although concern was expressed over the failing birthrates in Europe and Japan, in general it did not loom as an overriding issue.

Extraordinary worldwide poverty and disease were highlighted. Cited were the following: Two billion of the 6.1 billion people in the world have incomes of less than $2 per day. The economic status of older people remains especially abysmal in much of the world. Because of poverty and disease, there is “shortgevity” (as well as longevity) exemplified by Sierra Leone, which has an average life expectancy of 40 years compared with Japan’s 80. Furthermore, shortened lives are further compromised by significant disabili-
ties. Disability-free longevity in Sierra Leone, for example, is only 26 years.

Notwithstanding its significance, the World Assembly received only modest press coverage in the United States, although The New York Times (3) highlighted population aging and increasing longevity in an editorial that accompanied coverage.

To improve worldwide coverage, the International Longevity Center conducted workshops for journalists to enhance their understanding of the issues emphasized during the Assembly. A recommendation was made to establish a new public–private agency that included representation from the UN, governments, industry, the civil society, and individuals, in the hope of having a greater and more lasting impact than the 1982 Assembly. An evaluation of the progress being made in meeting the recommendations of the Assembly in 5 years was urged.

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What had been the special advantage of the few has become the destiny of the many. Moreover, fresh increases in longevity are likely to occur in the 21st century as a result of personalized medicine (pharmacogenomics), gene-based diagnostics, and treatments and regenerative or “spare parts” medicine. They will add both to the challenges and the opportunities. If medicine and society in general are not able or willing to address them, one could ironically ask, Should we halt biomedical research? It would certainly come at an awkward time, given the growing knowledge of the basic biology of aging, age-related diseases, and increasingly effective policies responding to population aging.

Contrary to the gloomy fears of some about the negative impact of population aging, in fact, improved health and longevity have resulted in the growth of the gross domestic product of nations. Moreover, medical research and health care have become powerful weapons against poverty and conflict in the world and may prove as effective in resolving both as diplomacy.

Further adaptation of societies to population aging will depend on each of the major players—business, the civil society, and government—accepting the responsibility of doing their part. The medical profession too will be called on to do its part.

ACKNOWLEDGMENT
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REFERENCES