Presentation by Alexandre Kalache, Chief, Ageing and Life Course Programme, World Health Organization, Geneva in the symposium "Longevity and Healthy Aging: Evidence and Action", held at the International Association of Gerontology's 17th World Congress of Gerontology, July 5, 2003.

In reflecting on the title of this presentation, I wanted to share with you the life history of a baby girl born in Sao Paulo, Brazil in 1900.

- In 1903, at the age of 3, a third of her cohort had already died of infectious diseases, respiratory diseases, and diarrhea.
- In 1909, we see her with her mother who is sad, reflecting on the loss of her son earlier that year from colitis and she had already lost a child from diphtheria.
- In 1912, the little girl had already seen the very first motorcar in Sao Paulo. And this would be only one of many wonders of technology that she would see throughout her life. In 1915, she is grieving the death of her father from pneumonia.
- And there she is in 1918 at the end of World War I having seen a million of her peers succumb from the Spanish Flu Epidemic.
- At her wedding in 1921 little did she know that a year later her husband would die of appendicitis, again a premature death.
- And in 1935, she makes one of the very first commercial flights from Sao Paulo to Manaus in northern Brazil and at that age, this woman had already achieved the life expectancy at birth of her cohort. If you think that this woman's life is tragic, surrounded by so many deaths, recognize that this was the norm. This was the life experience of a girl born in a developing country like Brazil at that time.
- By 1944 the new generations would have started to experience a very different life from the one that she had followed. Here we see her with the new babies, one of which was the very first in Brazil to receive treatment with penicillin. Her longevity, her quality of life and her health would benefit from the new advances in health technology that had been unavailable to previous cohorts.
- Because she was wealthy, because she had the means to buy health care, and here we see her in front of a private clinic, she could benefit from these advances in health technology to the point of her life, at the age of 60, when she was among the few survivors of her cohort. Only 10% of the babies born in Sao Paulo in 1900 reached the age of 60.
- In 1970, she had diabetes diagnosed which has been controlled since, with no problems. In 1980, we see her again after having receiving a pacemaker that enables her to continue to have quality of life, to live with independence -- benefiting from health technology because she could buy those services.

- We see her next in 1990 just after receiving a hip replacement, again technology allowing her to maintain her independence and continue to be above the disability threshold.
- By 2000, this baby born in 1900 reaches her 100th birthday and we see her celebrating with family, mentally and physically active.

This is an illustration of the life course of someone exceptional from among those born in 1900, a situation very different from the expectations of babies in poor or richer countries that are born in the year 2001.

Let us look at what is going to happen from now until the year 2050. What a different world it will be. We are going to see another 3 billion people by the year 2050 in the countries that today we call developing countries. But even more important, is that with this increase from 6 to 9 billion we are going to see another 50% of human beings in the planet.

If you look at the increasing demand of elderly people, we are going to see a three fold increase. That is where the action is going to take. Of the extra billions of people we are going to see a massive increase in the south, in the developing world and we are going to see an increase from 200 million today to over 1 billion, 200 million in another few years only a few years from now and real revolution. But this revolution hides something substantial - the contrasting realities of aging in the south and the north.

Again and again, in this conference we have heard the good news that disability rates are declining in the developed world, as illustrated here and in the United States. It is a very important trend that has accelerated over the last few years. I wish we could say that the same applied to the developing world. This slide is the reality in the developed world.

The profound effects of the aging of the baby boomers is shown here. Again, there is a very different reality for the developing world. First, the poor and sick children of yesterday are the poor adults of today who may turn into the excluded elderly people of tomorrow unless we act now. Let us go back to the extra millions of elderly people by 2050. How are they living now? Some have to be 15, 20, 25 in order to be an older person in 2050 .

Compare Switzerland or Japan with a $30,000-$40,000 per capita income with Egypt or Nigeria with a per capita income of a few hundred dollars. You can see at the bottom of this slide that per capita income is increasing in the rich world while in the developing world, for instance in Africa, they will continue with the $300 per capita they have today. In a nut shell, the developed world became rich before it became old and the developing countries are becoming old before they become rich.

I want to leave you with some key messages from the WHO Ageing and Life Course Programme that I have the privilege to direct. First of all, a culture of aging is a culture of solidarity -- between generations, between rich and poor and, very importantly, between north and south.

Another message is that aging belongs to the development agenda. As we said in the Brasilia Declaration, aging is a development issue; an elderly person is a resource for the family, the community and the economy.

Another important message relates to the life course. This perspective is essential for us to understand the aging process. I will not dwell on the efforts that are necessary throughout the different stages of life so that we can maintain as many older people as possible above the disability threshold so that they can continue to live independent lives. It is important, however, to put emphasis on prevention of non-communicable diseases and on health promotion.

If we look at the global burden of disease, non-communicable diseases in 1990 were responsible for only 27% of the total. By 2020, this percentage will jump to 43%. So when we think about the life course, we must think in terms of avoiding the accumulated risk factors that will increase and will be translated into a much higher prevalence of non-communicable diseases which are the aging-related diseases in the north and in the south.

Let me end by thanking Health Canada for the superb support that they have given the WHO Ageing and Life Course Programme. Together, joining hands, we have brought the evidence that exists today related to healthy aging to reality and we are going to launch today this paper "*Active Ageing – A policy framework*", which is already in existence in English and French and Spanish. The website is activeageing@who.int . Please take note of it. You can download the document if you so not have the opportunity to get from the Health Canada booth in the Exhibit Hall.

I will end by going back to that little girl born in Sao Paulo in 1900. That little girl is now a centenarian --a centenarian who has continued to learn new technologies. She continues to write her diary in which she has recorded the wonders she has seen over the century.

If you think she and you have seen a lot, just imagine what is ahead for those of us that can buy the services; for those that can afford them. Because I that a culture of aging is a culture of solidarity between generations I wanted to pay tribute to this old lady. This old lady is my grandmother's youngest sister, my godmother. Bless you and thanks for all you have given me.