

## Coping with the Longevity Revolution

The longevity we witness today at a global level – and undoubtedly in Brazil – is a revolution. We already live thirty or more years longer than our grandparents. The implications of this process transcend the individual dimension and impact the legal, health, education, culture, labor, social services and social security sectors. Longevity also has a retroactive effect, with impacts on all stages of life: it is not a further thirty years of *old age*, but a further thirty years of *life*.

My first impression of an aging country was in England where I went to study for a Masters in Public Health in 1975. From that time onwards, I realized that Brazil was also aging quickly, albeit in a context of poverty, unlike developed countries that first evolve, prosper, and then grow old. I realized years later that Brazilian aging occurred in an extraordinarily compressed manner: our life expectancy now exceeds that of England in the 1970s and the fertility rate rose from the threshold to replacement in a few years.

My 20 years of academic experience in London and Oxford, in addition to the period when I ran the Department of Ageing and Health of the WHO, helped me formulate Active Aging: a Policy Framework, as defined by the WHO: *the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age*. Those who grow old with health and knowledge can participate fully in society. In the absence of such conditions, it is essential to provide protection and security to ensure that the elderly do not feel abandoned. Therefore, a policy that addresses the Longevity Revolution must promote the four major axioms for aging well: health care; access to knowledge; financial conditions, at least a minimum wage; and support and care of family, friends and neighbors.

The Longevity Revolution involves adopting a life trajectory perspective. The youth of today will be the elderly of tomorrow. To understand elderly individuals, we must look back at how they led their lives to become the people they are today. Therefore, it is essential to consider the determinants of active aging: *access to social and health services; behavioral* (lifestyles); *personal* (genetic, hereditary and personality); *environmental; social and economic*. These aspects are interdependent, according to every *culture* and *gender* perspective.

In Brazil today, people age better than they did 40 years ago. First, because in the 1988 Constitution, health became a right for all and also for the elderly. It is necessary to improve services, but people no longer die of starvation or waiting for the gesture of a charitable person. Second, there is now the minimum wage policy. Even though only a minimum wage is distributed, for many families, the elderly individual is no longer a burden.

But there is still much to be done: the glass is half empty. After 10 years, there are still many elements of the Statute of the Elderly to be implemented. A “Culture of Care” is lacking. Allow me to give a personal example, namely my mother who at 96 has already prevented what could be prevented and is already treating what can be treated. Nevertheless, with Alzheimer’s, she essentially needs to be *cared for* and is indeed being cared for. However, millions of the elderly have attained or are on the inexorable path to *longevity* without knowing who will look after them, in a context in which the family is increasingly fragmented.

Lastly, Brazil is also a better country for the elderly today because there is more knowledge. Forty years ago, aging was practically restricted to medical practice. In recent decades the interest in this field of knowledge has increased dramatically, as shown by the scientific production as witnessed in the well drafted articles in this Journal.

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