

THE ECONOMIC CASE FOR INVESTING IN HEALTHY LONGEVITY

By 2060, the global population over age 65 will double, meaning that investing in health is investing in our future. In this report, the McKinsey Health Institute and FII Institute quantify the economic return on investments in aging interventions.



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EXECUTIVE SUMMARY

Introduction

Humanity is entering uncharted territory: A seismic demographic transformation is underway, rewriting the rules of economic and social systems. By 2050, the number of adults over 65 is projected to double, reaching 1.6 billion people, fundamentally reshaping economies, and societies.¹ This presents significant challenges, including rising healthcare costs, declining labor force participation, and mounting pressures on social safety nets. At the same time, age structures are expected to transition, with the global support ratio falling to just four working-age individuals per older adult, underscoring the urgency of addressing these trends. In the 2024 report [The Promise of Longevity for Human Health and Prosperity](#), FII Institute and the McKinsey Health Institute (MHI) issued a call to action for investment in eight strategic areas to address these profound shifts reshaping the global population.

Now, emerging evidence offers reasons for optimism. Recent findings from the International Monetary Fund (IMF) reveal that today's older adults possess better physical and cognitive capacities than previous generations, with improvements in metrics such as grip strength, lung function, and memory.² These insights elevate the case for extending healthspan—years spent in good health—thereby improving quality of life for individuals and growing societal contributions and benefits for all.

Methodology

This report underscores the economic case for investing in healthy longevity across Brazil, China, India, Italy, Nigeria, Saudi Arabia, and the United States. FII Institute and MHI make the economic case by **evaluating anticipated ROI by 2030 across eight established thematic “avenues”** that influence longevity: Address social determinants, ensure financial inclusivity, enhance public safety, promote consumer-driven wellness, provide technology, support societal participation, invest in science, and strengthen healthcare.³

Within these eight avenues, 10 interventions were selected based on impact and feasibility to be modeled for each country. Individual ROI calculations, measured using the following mathematical framework, were estimated by intervention, by country:

$$\text{Intervention ROI} = \frac{\text{Quantitative benefits}}{\text{Total spend on intervention}}$$

Key findings

The results of the economic case show that across all interventions sized in each country (more than 50 total scenarios), there is a positive ROI. **The median country-level ROI ranges from 2.3x (Brazil) to 6.0x (Saudi Arabia)**, meaning that for every dollar invested in healthy longevity, Brazil and Saudi Arabia could expect about \$2.3 and \$6.0 in economic return, respectively.

A look at healthy longevity interventions implemented in other countries around the world confirms there are meaningful opportunities. Japan's Silver Human Resource Centers⁴ and Zimbabwe's Friendship Bench provide best-in-class examples of initiatives that foster social inclusion for older adults, leading to significant mental and physical health improvements.

Overall, investments in these interventions translate to tangible impact, suggesting similar potential around the world, despite countries' different demographic and cultural contexts.

Implications

The evidence is compelling: Investing in strategic interventions to promote healthy longevity is economically sound. Such interventions have transformative potential to improve the quality of life for older adults and help turn demographic shifts into a societal opportunity.

Call to action

Going forward, it is essential to build the right ecosystems and to identify, unite, and empower leaders across the public, social, and private sectors to engage with this far-reaching societal issue.

- The public sector could consider creating overarching systems with supportive policies, farsighted funding, pragmatic programs, and sustainable governance structures to elevate healthy longevity as a national priority.
- The social sector could raise awareness, shift culture to appreciate the heterogeneity of older adults,

advocate for age-friendly policies, fund longevity priorities, and build the backbone of collaboration networks with governments and businesses.

- The private sector could launch longevity-focused products and services, invest in wraparound healthcare services, and implement age-inclusive workplace practices.

By aligning efforts across sectors and geographies, stakeholders can transform the challenges of an aging population into a global effort to improve quality of life, spur economic growth, and create a more equitable society for older adults now—and in the future.

THIS 2025 REPORT IS PART OF THE FII INSTITUTE AND MHI SERIES ON HEALTHY LONGEVITY THAT EXPLORES EFFORTS TO HELP INDIVIDUALS EXTEND BOTH THEIR YEARS IN GOOD HEALTH AND OVERALL LIFESPAN.⁵ WHILE HEALTHY LONGEVITY INITIATIVES CAN SPAN THE ENTIRE LIFE CYCLE, THIS REPORT SPECIFICALLY FOCUSES ON HOW COUNTRIES CAN INVEST IN THE HEALTH AND WELL-BEING OF OLDER ADULTS.

THE MCKINSEY HEALTH INSTITUTE AND THE FUTURE INVESTMENT INITIATIVE INSTITUTE

The McKinsey Health Institute (MHI) is an enduring, non-profit-generating institute within McKinsey. It was founded on the conviction that, over the next decade, humanity could add as much as 45 billion extra years of higher-quality life. Its mission is to catalyze the actions and investment needed across continents, sectors, and communities to realize this possibility. In collaboration with a robust ecosystem of organizations, it works to accelerate impact across historically under-invested areas of health. MHI does this by convening and activating leaders, advancing research, creating and promoting data and tools, and stimulating investment and innovation.⁶

The Future Investment Initiative Institute (FII Institute) is a global nonprofit foundation, driven by data, with an investment arm and one agenda: Impact on Humanity. FII Institute fosters great minds from around the world and turns ideas into real-world solutions and actions. The institute focuses on four critical areas where the inequalities are most glaring and where exciting collective solutions can be found: Artificial Intelligence (AI) and Robotics, Education, Healthcare, and Sustainability. FII Institute strives to become a catalyst for global cooperation by working across the globe with decision-makers and innovators to advance humanity.⁷

INTRODUCTION:

UNLOCKING THE PROMISE OF HEALTHY LONGEVITY

Global society is entering uncharted territory: A seismic demographic transformation is rewriting the rules of economic and social systems.⁸ Increasing life expectancy and declining fertility rates are driving a dramatic transformation: The number of adults over 65 globally is projected to double between 2021 and 2050, reaching 1.6 billion.⁹ This new demographic reality presents several economic challenges, including rising healthcare costs, lower labor force participation, and mounting pressures on social safety net support.

While there is evidence that people are living longer, less understood is how older adults will be supported as they age, as many are spending longer periods in poor health.¹⁰ At the same time, age structures are shifting at an alarming rate, transforming from pyramids to obelisks as the population of older people grows while the number of younger people declines. This transition will drive the global support ratio down to just four working-age individuals for every older adult.¹¹ In the 2024 report *The Promise of Longevity for Human Health and Prosperity*, FII Institute and MHI issued a call to action for investment in eight strategic areas to address this profound reshaping of the global population.

Emerging evidence is reinvigorating the call to action for healthy longevity. For example, in June 2025, the IMF published a report revealing that today's older adults have better physical and cognitive capacities than those of previous generations.¹² Considering individuals across 41 advanced and emerging economies, the study found improvements across key metrics such as grip strength, lung function, memory, and verbal fluency.¹³ These findings suggest that the narrative and reality around aging are evolving, with the potential for older adults to live not only longer but also healthier and more productive lives. For example, workforce participation could be expanded to include older populations reentering the workforce, which would increase aggregate savings rates and boost global productivity and GDP.

However, to fully realize the benefits of healthy longevity, broad, cross-sectoral collaboration and investment are critical. Accelerating progress on these fronts can help transform today's demographic challenges into opportunities to redefine healthspan and longevity for all. In this year's report, FII Institute and MHI analyze the anticipated economic case for these investments in longevity, catalyzing action across sectors around the world.

EIGHT POTENTIAL AVENUES TO INVEST IN HEALTHY LONGEVITY

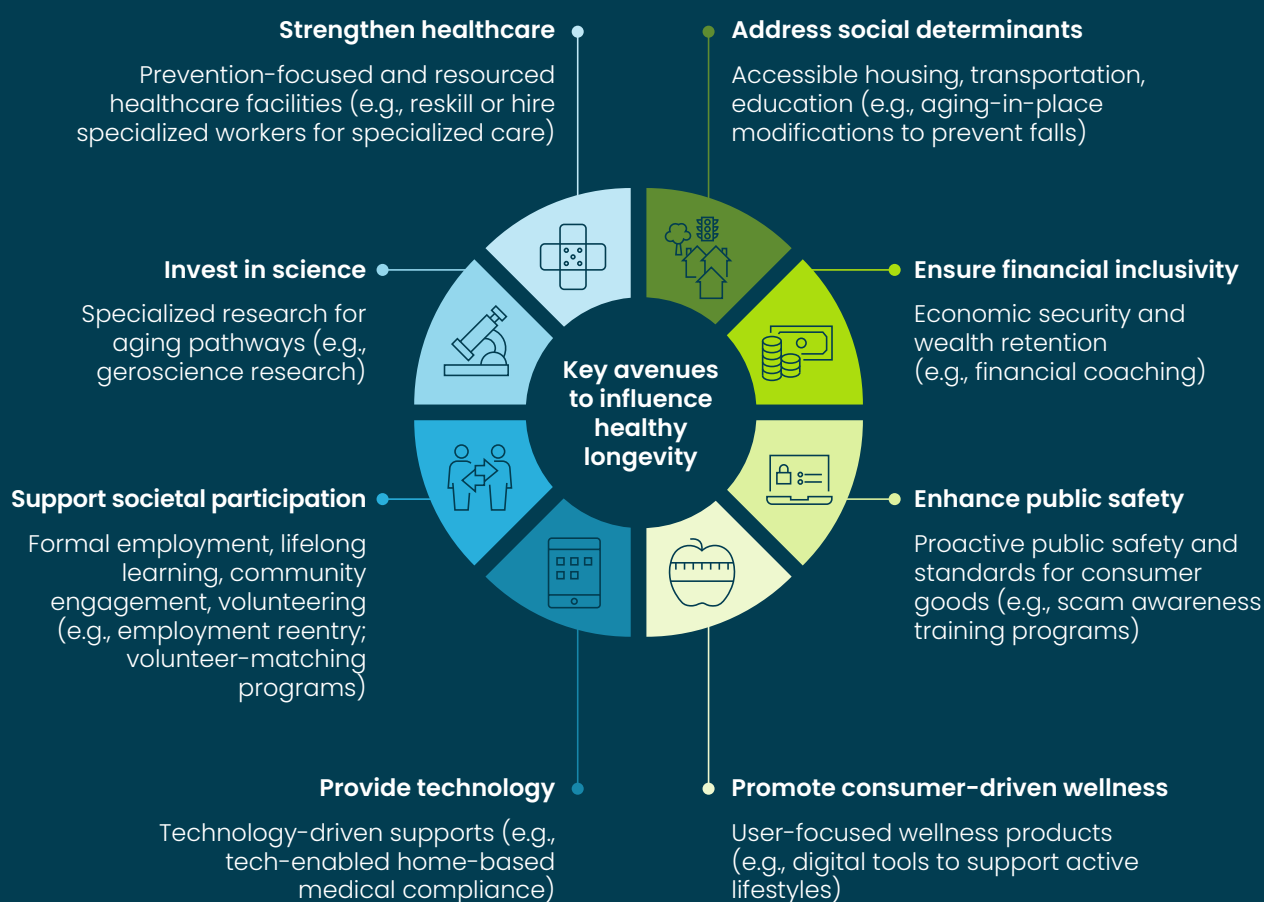
In the [2024 report](#), FII Institute and MHI laid out eight avenues for potential investments in healthy longevity: address social determinants, enhance public safety, ensure financial inclusivity, invest in science, promote consumer-driven wellness, provide technology, strengthen healthcare, and support societal participation (Exhibit 1).¹⁴

Among the many contributors to healthy longevity, these eight avenues encompass approaches with outsize potential to improve older adults' health. Within each avenue, several interventions were identified based on what is currently able to be implemented and has existing evidence of impact. Example interventions include subsidizing aging-in-place modifications to prevent falls to address social determinants, orchestrating volunteer-matching programs to support societal participation, and increasing accessibility of public spaces to enhance public safety (see Exhibit 1 for more).

These interventions aim to enhance quality of life, boost global economic growth, and foster a healthier society. To invest effectively in these initiatives, it is crucial to understand both economic cases and also how each can be applied in specific global contexts and regions. This is particularly important in resource-constrained environments, in which competing priorities demand strong economic justifications for investment. This report explores investing in healthy longevity, assessing the ROI of current interventions and their economic and societal benefits. By quantifying these economic aspects, this report aims to provide actionable insights into strategies that can enhance longevity for older adults in the immediate and long-term future.

Exhibit 1

There are eight potential avenues to influence healthy longevity.



Source: *The promise of longevity for human health and prosperity*, McKinsey Health Institute and Future Investment Initiative Institute, October 31, 2024

METHODOLOGY:

SIZING THE HEALTHY LONGEVITY OPPORTUNITY

The report quantifies the economic case for investing across the avenues identified and aims to do so across countries representing both the Global North and Global South. The following section describes the overall approach to the economic case, including selection of interventions, selection of countries, and ROI calculation methodology.

SELECTION OF INTERVENTIONS

Over 50 potential interventions across the eight avenues were identified through qualitative research on successful case studies and leading longevity research, as well as validation with 11 country-specific experts. Each of these interventions was assessed based on the following evaluation criteria: evidence of an intervention's past impact and evidence of scalability to affect a broad subset of the older-adult population (Exhibit 2). This evaluation approach produced a prioritized list of 10 high-impact, high-feasibility interventions to analyze more granularly.

Finally, within each country, eight of the 10 interventions went through the process of ROI sizing. These eight were selected based on overlap with existing interventions and data limitations within the unique context of each country. For example, while enhancing digital financial services is critical to creating a more inclusive financial landscape in many countries (and was modeled for Brazil, China, India, and Nigeria), this initiative was not sized for the United States, given the high level of current adoption. Instead, assessment in the United States included a thematically similar intervention of expanding financial coaching, which ties back to the same healthy longevity avenue of ensuring financial inclusivity.¹⁵

Ten high-impact, high-feasibility interventions were considered for economic sizing.

50+

Potential interventions identified across 8 themes

Methods for identifying interventions:

- Analyzing reports from organizations with research on aging (World Health Organization, National Council on Aging, AARP, etc)
- Identifying successful case studies and innovative practices in peer cities, states, and countries

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Interventions selected

Intervention filtering criteria:

- Has there been a proof of concept conducted for the intervention?
- Would the intervention affect a broad subset of the older-adult population?

Selected interventions

- Subsidize aging-in-place modifications
- Expand financial coaching
- Enhance digital financial services
- Protect against financial fraud and cyberthreats
- Facilitate access to crisis services
- Increase access to digital tools to support active lifestyles
- Invest in tech-enabled home-based medical compliance
- Enable formal employment
- Orchestrate volunteer-matching programs
- Prepare the next generation of health workers

Note: The 8 themes were developed through analysis of other healthy longevity frameworks, including the WHO Age-friendly Cities Framework, International Longevity Centre UK Future of Ageing, California Master Plan on Aging, New York Master Plan for Aging, ASEAN Healthy and Active Ageing Index, Singapore Action Plan for Successful Aging, European Parliament aging policies, Missouri Master Plan on Aging, Utah for the Ages, North Carolina progress report for Multisector Plan on Aging, and AARP's 8 Domains of Livability.

SELECTION OF COUNTRIES

Countries were chosen to reflect a global representation spanning the world, including both high- and low-income nations. Additional selection criteria included demographic trends and the availability of data to support economic sizing. The countries selected for modeling the ROI of healthy longevity interventions were Brazil, China, India, Italy, Nigeria, Saudi Arabia, and the United States.

METHODOLOGY FOR ROI CALCULATION

ROI measured an investment's effectiveness by evaluating the total expected costs against the value of the generated benefits.¹⁶ For each intervention, a consistent methodology was used to weigh costs and benefits to determine the potential ROI. The following section outlines the methodology for ROI calculations, covering benefits, costs, and guiding principles.

SELECTION OF POPULATION

The ROIs for each intervention within each country were calculated based on target populations—those that will be affected by the initiative. The projections accounted for the following country- and intervention-specific nuances when ROI values were calculated.

First, the exact target population for the same intervention may vary by country due to local contexts (for example, income, demographics, and data availability), affecting how initiatives are implemented. For example, the aging-in-place modification initiative in India targets adults over 65 who fear falling and are in the poorest quintile, while in Italy, it targets only adults over 65 who fear falling without an income-level criterion, reflecting differences in population size and demographics.

Second, some of the individuals in the target population used to estimate an intervention's costs may not receive the benefits in practice, depending on the intervention's cost base. For example, the cost to launch an advertising campaign aimed at improving financial literacy reflects the cost of sending flyers to all older adults; however, benefits accounted for in the ROI calculation would only reflect the number of campaign recipients likely to enroll in the program (estimated at approximately 5 percent of total recipients).

STEPS IN ESTIMATING ROI

ROI was calculated by dividing the quantitative benefit by the expected cost of the intervention over one year. Where appropriate, up-front investment costs were annualized over a short period—typically within two to five years—to reflect multiple years of expected benefits.

To be conservative in sizing, this economic case does not directly account for the qualitative benefits, which often stem from these interventions (for example, quality of life, enjoyment and life satisfaction, familial interconnectedness, and social cohesion). Including these would likely yield even higher ROIs than these estimates.

Benefits were calculated by estimating two main types of quantitative benefits: economic uplift or healthcare cost savings.¹⁷ Any quantitative benefits to the system are considered, irrespective of whether the benefits accrue to individuals, organizations, or governments.

- **Economic uplift** comes from interventions that predominantly improve GDP growth, consumer spending, or labor compensation (for example, investing in affordable housing for older adults might increase labor compensation by increasing the likelihood that affected adults find employment).
- **Healthcare cost savings** come from interventions that predominantly reduce avoidable costs associated with healthcare for older adults (for example, preventing falls by installing home modifications reduces avoidable hospital visits).

The cost for each intervention was calculated using the costs associated with implementing the intervention. There are two main types of costs associated with interventions:

- **Up-front investment costs** to cover one-time expenses (for example, constructing a new helpline center)
- **Ongoing costs** for programs with recurring expenses (for example, paying helpline staff each month)

GUIDING PRINCIPLES FOR ROI ANALYSIS

This report's ROI calculations were informed by the following guiding principles to ensure a consistent approach across countries.¹⁸ Doing so delivers insights that are both directional and actionable.

1. **ROI estimates aim to be conservative:** ROI estimates are intentionally conservative. They focus on either economic uplift or healthcare savings as the "primary" benefit, excluding downstream or secondary benefits; exclude any monetary value of qualitative benefits (for example, quality of life, happiness, or satisfaction); focus on relevant subsegments of the population aged 65 and over for each intervention; and take the most conservative point estimates from studies and case reports referenced.
2. **Avenues, interventions, and benefits are nonexhaustive:** The avenues and interventions sized in this report are not representative of all possibilities. Future efforts to size additional interventions could show an even larger holistic economic case for investing in healthy longevity.
3. **Analysis uses recent, publicly available data from Brazil, China, India, Italy, Nigeria, Saudi Arabia, and the United States when possible, projected to 2030:** Data in the model relies on recent public sources from 2020 or later that demonstrate and quantify the effect of existing interventions; uses demographic characteristics of each country's older-adult population when possible; and is projected to annualized, expected values in 2030.
4. **ROI estimates are sized individually by intervention and represent only one factor in implementation considerations:** ROI is considered at an individual intervention level, and benefits across interventions should not be considered additive without further adjustment to account for potential interaction among interventions. Some interventions are complementary—meaning that the combined ROI could be higher than the sum of the individual interventions—while others are substitutes and may deliver overlapping benefits based on the respective implementation plans.

5. Costs are considered on a country-specific basis: Cost calculations reflect country-level expenses, excluding any external funding or financial support from other entities.

6. Peer-reviewed sources are used when available: Sizing estimates are based on data from peer-reviewed sources, when available, to improve the validity of estimations.

METHODOLOGY FOR IMPACT AND FEASIBILITY ASSESSMENTS

After the ROI sizing, impact and feasibility analyses were conducted for each selected intervention to help guide implementation planning.

Impact assessment criteria:

- **Size:** number of older adults who can be served through a particular intervention
- **Relevance:** potential to positively affect the subset of population selected
- **Synergies:** alignment with existing priorities and initiatives
- **Novelty:** newness of the program

Feasibility assessment criteria:

- **Cost:** the total cost associated with the intervention across upfront and ongoing costs
- **Speed:** implementation time from planning to active use or launch of an intervention
- **Evidence of impact:** demonstrated impact of the intervention when implemented in other countries or contexts
- **Stakeholder engagement:** likelihood of stakeholder consensus for the selection and implementation of intervention

To assess interventions against these criteria, MHI and FII Institute used various sources of input, including peer-reviewed research, 11 country-specific expert interviews, and research on successes of similar programs in peer cities, states, and countries.

Finally, these findings are best understood as directional estimates to inspire future investment, experimentation, and measurement in healthy longevity. Some key considerations to keep in mind in interpreting this report are as follows: There are variations in data availability and measurement standards across regions, which may affect exact ROI calculations. Additionally, each country's unique contexts and implementation approach may shape the feasibility and impact of interventions beyond what is currently assessed. Last, the focus was on direct costs and benefits, which may have overlooked secondary and downstream implications which are harder to estimate. Looking ahead, future research can build on this analysis by focusing on a broader set of interventions, more granular data at a country or local level, and a more holistic definition of benefits.

KEY FINDINGS: RETURNS ON INVESTMENT FOR INTERVENTIONS ACROSS SEVEN COUNTRIES

SUMMARY

Across all countries assessed, there was a positive ROI for every intervention sized. While impact and feasibility vary across contexts and countries, this report estimates that the median ROI for investing in healthy longevity interventions ranges from 2.3x (Brazil) to 6.0x (Saudi Arabia). In other words, for every dollar invested in healthy longevity, on average, Brazil and Saudi Arabia could expect approximately \$2.3 and \$6.0 in economic returns, respectively. ROI values for individual interventions range from 1.1x to 24.3x (Exhibit 3). This opportunity is consistent with historical ROIs for public health programs in high-income countries, which have typically been between 2x and 6x.¹⁹

This section of the report provides a summary of key findings on healthy longevity interventions across Brazil, China, India, Italy, Nigeria, Saudi Arabia, and the United States. These countries were selected to present a broad spectrum of age-related contexts, varying by population, socioeconomic conditions, healthcare systems, and more, ensuring that the findings are relevant and adaptable to different contexts. The following deep dives showcase interventions expected to have high levels of both impact and feasibility to improve healthy longevity.

The analysis of healthy longevity interventions highlights several key considerations that influence the measurement of benefits and costs across countries. First, unique geographic, social, and economic contexts of each country play a critical role in shaping the feasibility and impact of interventions. Factors such as local infrastructure, cultural norms, economic stability, and healthcare systems can significantly influence outcomes. Moreover, while ROI calculations focus on measurable financial benefits, they often exclude nonmonetary outcomes such as improved quality of life, enhanced well-being, and social cohesion, which are important to the success of interventions. Finally, the time horizon over which costs and benefits are measured may not fully capture the long-term implications of these initiatives, because the analysis prioritizes immediate healthcare savings and economic uplift within a defined period. These considerations underscore the complexity of evaluating interventions and the need for a nuanced, context-specific approach.

7 COUNTRIES, 1 GLOBAL MISSION: TEST WHAT WORKS FOR HEALTHY LONGEVITY ACROSS DIVERSE ECONOMIES AND POPULATIONS

Exhibit 3

ROI was estimated by intervention and country.

ROI for healthy longevity interventions, estimated benefit-to-cost ratio

Not modeled Lower ROI Higher ROI

	Brazil	China	India	Italy	Nigeria	Saudi Arabia	United States
Subsidize aging-in-place modifications	2.5×	6.4×	4.1×	7.0×	3.1×	7.2×	2.1×
Expand financial coaching				5.7×		1.3×	3.0×
Enhance digital financial services	1.1×	4.8×	1.3×		3.8×		
Protect against financial fraud and cyberthreats				1.3×			4.8×
Facilitate access to crisis services	2.1×	2.6×	2.6×		1.2×	5.2×	
Increase access to digital tools to support active lifestyles	1.4×	4.1×	1.9×	5.6×	2.8×	9.7×	11.3×
Invest in tech-enabled home-based medical compliance	1.3×	3.0×	1.6×	4.2×	3.2×	5.5×	7.6×
Enable formal employment	3.0×	3.8×	6.6×	6.6×	4.9×	2.8×	4.3×
Orchestrate volunteer-matching programs	4.2×	9.1×	10.1×	4.7×	6.9×	8.8×	24.3×
Prepare the next generation of health workers	2.6×	8.2×	5.6×	7.9×	1.9×	6.6×	2.7×

Source: Analysis of country-level ROI estimates

2.3x ROI

On average, each \$1 invested in longevity is projected to yield \$2.3 in returns. Priority interventions include:

**Volunteer-matching****Access to elder abuse helplines**

Note: Average is median ROI across sized interventions.

RESULTS BY COUNTRY

Brazil

Brazil's population of 211 million people reached a significant milestone in 2021, when people aged 30 and up accounted for 55 percent of the population for the first time.²⁰ The country is experiencing a profound demographic shift, with the share of adults aged 65 or older expected to increase by more than six percentage points over the next 15 years, rising from 11.1 percent of the population in 2024.²¹ Thus, healthy longevity interventions can improve quality of life for older adults while also driving social and economic gains.

Our analysis shows that all interventions are expected to yield strong benefits for Brazil's population, with **ROI ranging from 1.1x to 4.2x**. Volunteer-matching programs and initiatives aimed at increasing access to crisis services (for example, elder abuse helplines) showed particularly high impact and feasibility (Exhibit 4).

Volunteer-matching programs: A large number of Brazilian adults express a desire to volunteer but face barriers that prevent them from doing so. For example, lack of flexibility in accommodating varying health and commitment levels, as well as physical limitations and transportation challenges, could inhibit people from volunteering.²² Addressing these barriers could lead to an additional 63 annual volunteer hours per capita for individuals aged 65 or older.²³ This intervention not only benefits older adults by fostering engagement, purpose, and community connection but also delivers broader societal value. Our estimates suggest that volunteer-matching programs could yield an **ROI of 4.2x**.

Facilitating access to crisis services with elder abuse helplines: More than seven million older adults in Brazil are at risk for elder abuse, with surges in reported cases.²⁴ Trained responders on elder abuse helplines can offer support that may result in earlier detection of abuse and reduce hospitalizations related to abuse. This intervention is estimated to deliver an **ROI of 2.1x**, based on approximately \$32.4 million in annual savings from reduced hospitalization costs and approximately \$15.7 million in annual operational costs for helpline centers (for example, staffing, operations, and awareness campaigns).

The urgency of this intervention is underscored by the more than 30,000 elder abuse reports registered in the first half of 2022 and an 87 percent surge in cases in 2023.²⁵ Improving access to and awareness of helplines is critical to preventing elder abuse and its associated health and economic consequences.

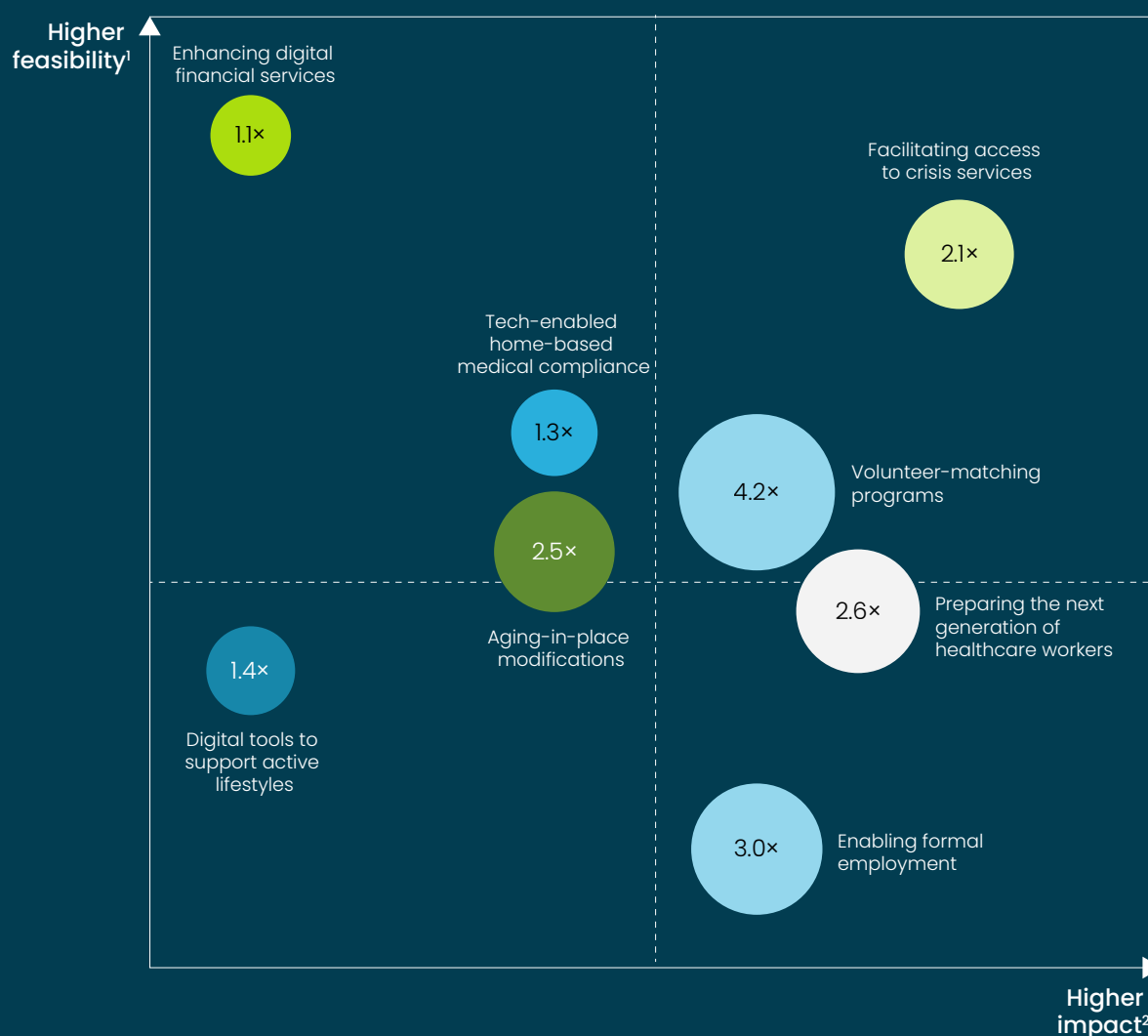
Interventions such as volunteer-matching programs and elder abuse helplines demonstrate both high impact and feasibility, delivering substantial returns on investment while improving health, well-being, and economic outcomes for older adults in Brazil. By prioritizing these initiatives, Brazil can address pressing challenges and create meaningful benefits for its aging population and society at large.

Exhibit 4

In Brazil, healthy longevity investments demonstrate an ROI of ~2x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, Brazil

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
● Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

4.4x ROI

On average, each \$1 invested in longevity is projected to yield \$4.4 in returns. Priority interventions include:

**Healthcare workforce****Aging-in-place**

Note: Average is median ROI across sized interventions.

China

By 2040, it is estimated that nearly one-third of China's population (about 366 million people) will be over 65, meaning China will have one of the oldest populations worldwide. This demographic transformation is magnified by the projected rise in the old-age dependency ratio, which measures the proportion of older people relative to the working-age population. In 2020, this ratio was 21.8 percent; by 2040, it is expected to be nearly 50 percent.²⁶ In other words, for every one person over 65, there will be only two people to support them (as opposed to the nearly five people today²⁷). There is an imperative for the nation to adapt to this new demographic situation.

In China, all interventions sized have a **positive ROI, ranging from 2.6x to 9.1x**. A couple of interventions—such as preparing the next generation of healthcare workers to expand geriatric service and modifying home environments to prevent falls—are expected to have high impact and feasibility (Exhibit 5).

Preparing the next generation of healthcare workers: Preparing the next generation of healthcare workers through upskilling has an **ROI of 8.2x** for China. In 2022, nearly 70 percent of tier-two and tier-three general hospitals had established geriatrics departments, enhancing their capacity to screen and treat chronic and age-related conditions; however, considerable gaps in workforce availability and specialized training remain.²⁸

Expanding the community health workforce can improve access to long-term coordinated follow-ups and readily available geriatric call services, helping reduce preventable hospitalizations related to chronic conditions (for example, cancer or diabetes).²⁹ Savings are based on the reduction of over 625,000 preventable hospitalizations per year from chronic conditions, lowering avoidable medical costs by \$1.6 billion per year.

China has a long history of involving community health workers, called “village doctors,” in its public health interventions, providing services to treat diabetes, cancer, mental disorders, and other diseases.³⁰ Continuing to invest in training and retaining community health workers—a program projected to cost about \$192 million annually—will be critical to improve health outcomes for older adults and build a care system equipped to meet the demands of China's rapidly aging population.³¹

Aging-in-place modifications: Increasing access to aging-in-place modifications that prevent falls (for example, grab bars, railings, and bathmats) has an estimated **ROI of 6.4x** for China. This was calculated based on an estimated \$6.6 billion in savings annually in reduced hospitalizations and an estimated \$1.0 billion in annual costs from the fall prevention equipment and occupational therapist support to assess individuals' risks and coach them to safely use any modifications. The target population for this intervention is all adults in China aged 65 and over who fear falling, or about 135 million individuals.³² Given the incidence of falls among older people in China, there is urgency to address fall prevention as a critical intervention for older adults.³³

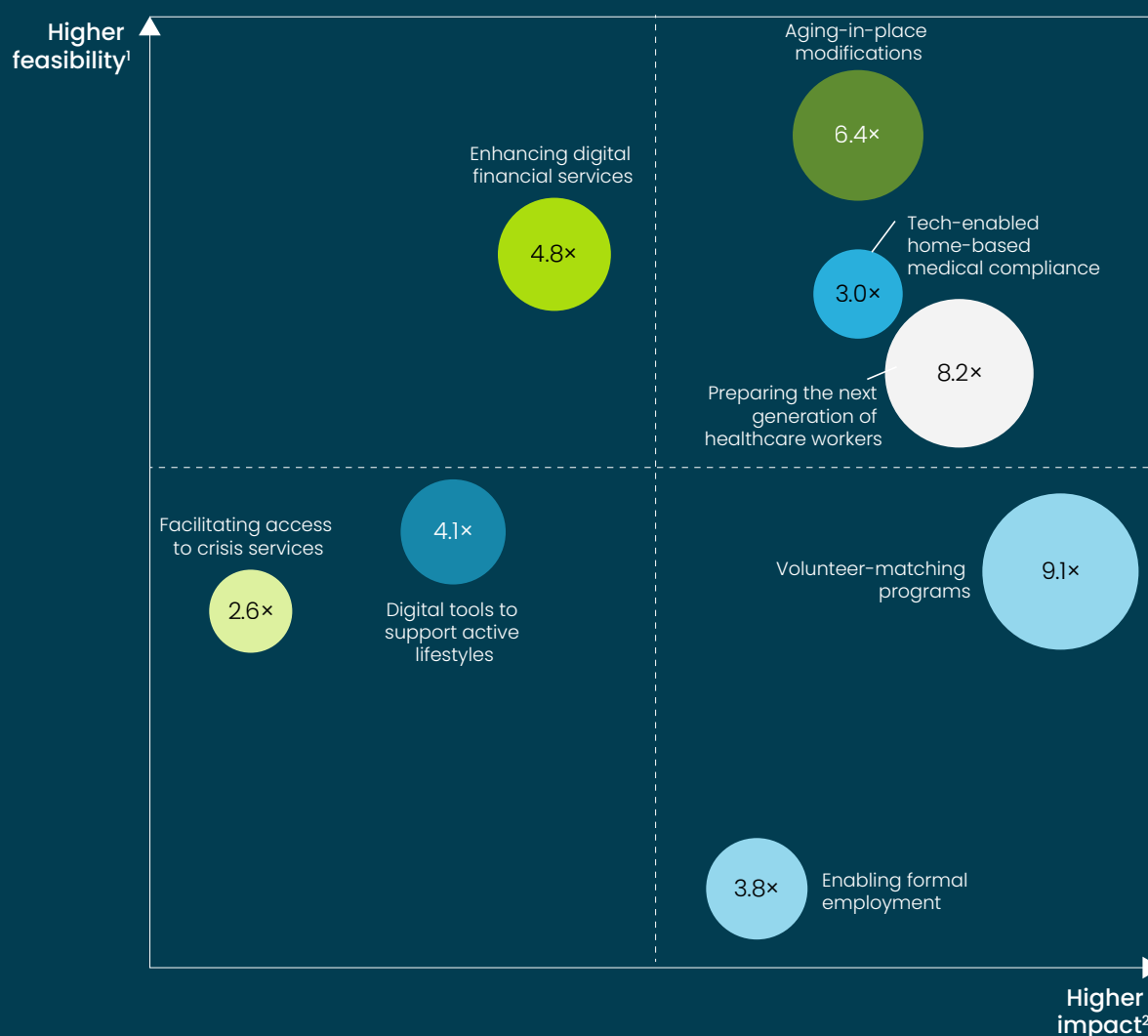
Example interventions such as preparing the next generation of healthcare workers and aging-in-place modifications have a positive ROI and have high impact and feasibility, showing that there could be a large effect on health and well-being for older adults in China.

Exhibit 5

In China, healthy longevity investments demonstrate an ROI of ~4x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, China

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
● Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

3.4x ROI

On average, each \$1 invested in longevity is projected to yield \$3.4 in returns. Priority interventions include:

**Healthcare workforce****Aging-in-place**

Note: Average is median ROI across sized interventions.

India

Despite having the largest population in the world and a growing economy (a three-year historical year-over-year average of 7.8 percent GDP growth), India spends only 3.3 percent of GDP on health expenditures.³⁴ Healthy longevity investments are critical because India is home to approximately 150 million people aged 60 or older, the second-largest older-adult population globally.³⁵ The older adult population is projected to double by 2050, growing at nearly three times the rate of the overall population.³⁶ Older adults in India navigate a diverse and evolving set of challenges, including a rising burden of chronic disease and multimorbidity, limited financial security (with an estimated 40 percent living near the poverty line), and uneven access to healthcare and age-friendly environments; these are further shaped by social changes, risks of isolation, and disparities in education and digital literacy across regions.³⁷

In India, healthy longevity interventions are estimated to have **ROIs ranging from 1.3x to 10.1x**. A couple of interventions stand out in terms of high feasibility and impact, including preparing the next generation of healthcare workers to expand geriatric services and home environment modifications to prevent falls (Exhibit 6).

Preparing the next generation of healthcare workers: Preparing the next generation of healthcare workers through upskilling has an **ROI of 5.6x** for India. The program is expected to cost approximately \$310 million annually from training, certifying, and paying approximately 983,000 new community health workers.³⁸ Expanding the community health workforce, however, can improve access to geriatric assessments, long-term coordinated follow-ups, and readily available geriatric call services, helping reduce preventable hospitalizations related to chronic conditions (for example, cancer or diabetes).³⁹ These total annual healthcare savings are estimated to be over \$1.7 billion, resulting from reduced avoidable hospitalizations from chronic conditions by more than four million cases each year. Several studies document a shortage of healthcare providers trained in elderly care, despite nearly one-third of medical interns expressing willingness to specialize in geriatrics.⁴⁰

Historically, India has successfully leveraged its community health workforce (known as Accredited Social Health Activists, or ASHAs) to bring essential health services to underserved communities.⁴¹ ASHAs played a key role in eradicating polio, facilitating measles vaccinations, and increasing exposure to maternal health services, which has been found to improve both maternal and infant health.⁴² Ultimately, medical savings from continuing to build up the ASHA force are projected to be over \$400 per adult.

Aging-in-place modifications: Increasing access to aging-in-place modifications that prevent falls (for example, grab bars, railings, and bathmats) has an estimated **ROI of 4.1x** for India. This was calculated based on an estimated \$409 million in savings annually in reduced hospitalizations and an estimated \$100 million in annual costs from the fall prevention equipment and occupational therapist support to assess individuals' risks and coach them on using modifications safely. The target population for this intervention is all older adults in India aged 65 and over who fear falling and live in the poorest quintile, which is approximately 27 million individuals.⁴³ An estimated 25 to 30 percent of older adults experience falls each year, with approximately 65 percent of these occurring indoors and nearly 60 percent resulting in injury.⁴⁴ Changes such as installing grab bars can reduce fall risk, helping older adults maintain their independence and quality of life.

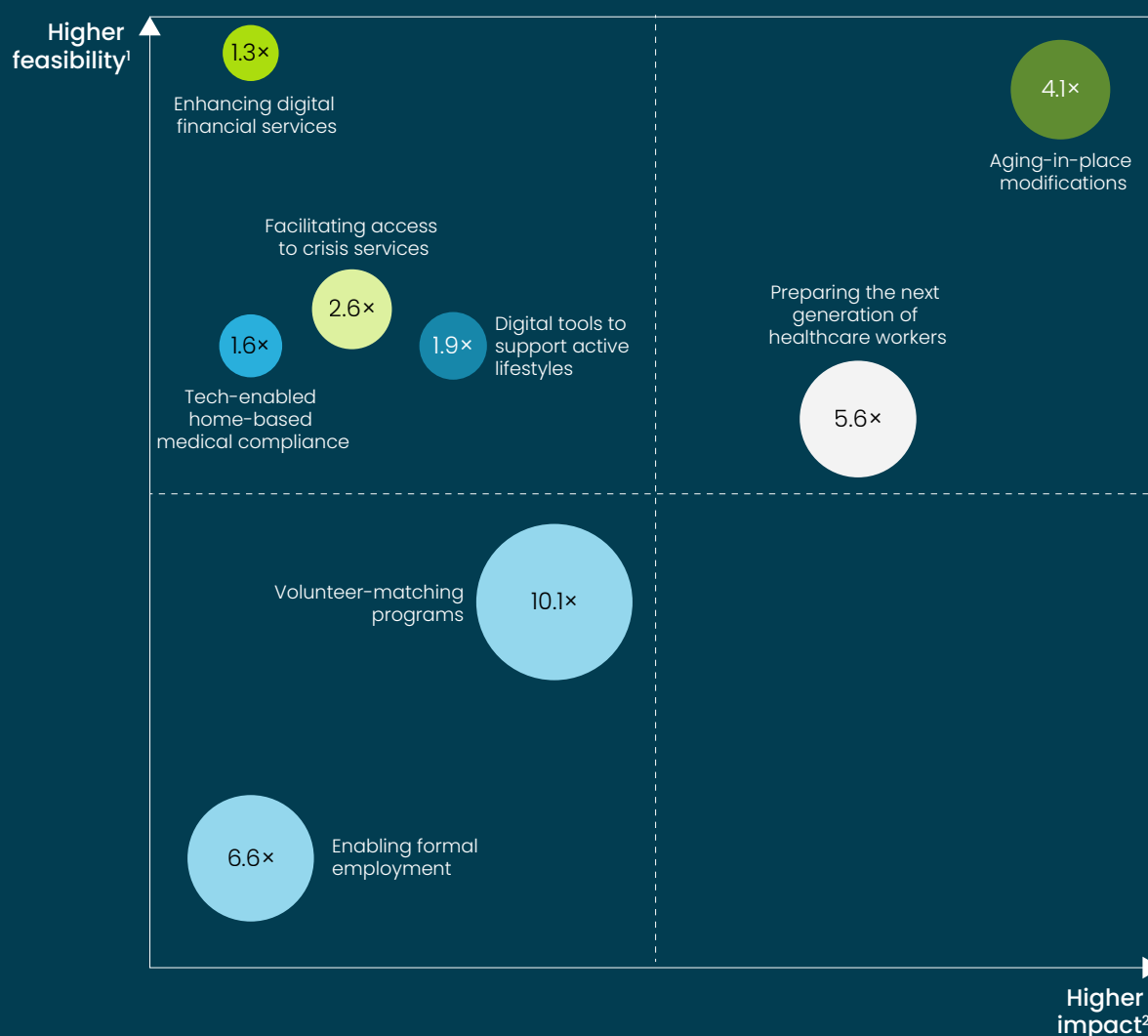
Example interventions such as preparing the next generation of healthcare workers and implementing aging-in-place modifications to prevent falls have a positive ROI as well as high impact and feasibility, indicating there could be a beneficial impact on health and well-being for older adults in India.

Exhibit 6

In India, healthy longevity investments demonstrate an ROI of ~3x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, India

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
- Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

5.6x ROI On average, each \$1 invested in longevity is projected to yield \$5.6 in returns. Priority interventions include:



Healthcare workforce



Aging-in-place



Societal participation

Note: Average is median ROI across sized interventions.

Italy

By 2040, nearly 35 percent of Italy's population is projected to be aged 65 or older, making it one of the oldest populations globally.⁴⁵ Italy's old-age dependency ratio is expected to increase by about 30 percentage points from 2020 to 2040, potentially putting significant pressure on Italy's healthcare system, social structures, and economy.⁴⁶ This means that in 2040, for every seven older Italians, there will be ten working-age individuals (aged 25 to 64) to support them. Italy's aging demographic composition presents a unique opportunity for the country to lead the way in promoting longevity.

For Italy, all interventions evaluated have a **positive ROI, ranging from 1.3x to 7.9x**. A few interventions, including preparing the next generation of healthcare workers to expand geriatric services, supporting societal participation through employment reentry and volunteerism, and aging-in-place environment modifications to prevent falls, showed strong impact and feasibility (Exhibit 7).

Preparing the next generation of healthcare workers: Preparing the next generation of healthcare workers through upskilling has an estimated **ROI of 7.9x** for Italy. Training, certifying and paying Italy's community health workers would likely cost the country an estimated \$20 million annually.

However, expanding the community health workforce can improve long-term coordinated follow-ups and readily available geriatric call services, helping reduce preventable hospitalizations related to chronic conditions (for example, cancer or diabetes).⁴⁷ The uplift in reducing more than 28,000 preventable hospitalizations each year through increased access to geriatric care could save the country approximately \$160 million annually—or more than \$5,600 per person.

Formal employment and volunteer-matching programs: Investing in helping older adults aged 65 and over reenter the workforce has an **ROI of 6.6x** for Italy. This was calculated based on an estimated \$72.0 billion in savings from increased hours volunteered and an estimated \$10.9 billion in annual costs from employment programs (for example, reskilling or antidiscrimination). The target population for this intervention is all adults in Italy aged 65 and over who want to work but are not, which is approximately 2.4 million individuals.

Investing in an older-adult volunteer-matching program has an **ROI of 4.7x** for Italy. This was calculated based on an estimated \$4.2 billion in savings from increased hours volunteered and an estimated \$906 million in annual costs from operating these volunteer-matching programs. The target population for this intervention is all adults in Italy aged 65 and over who want to volunteer and are not, which is approximately 3.4 million individuals. Removing barriers to volunteering—such as limited flexibility or lack of accessible opportunities—could spur an additional 50 annual volunteer hours per capita for Italians aged 65 or older.⁴⁸

These initiatives not only provide older adults with meaningful ways to contribute to society but also foster social engagement, which has been shown to improve mental and physical health outcomes.

Aging-in-place modifications: Increasing access to aging-in-place modifications that prevent falls (for example, grab bars, railings, and bathmats) has an estimated **ROI of 7.0x** for Italy. This was calculated based on an estimated \$941 million in savings annually in reduced hospitalizations and an estimated \$134 million in annual costs from fall prevention equipment installation and training. The target population for this intervention is all older adults in Italy aged 65 and over who fear falling and live in the poorest quintile, which is approximately 8.4 million individuals.

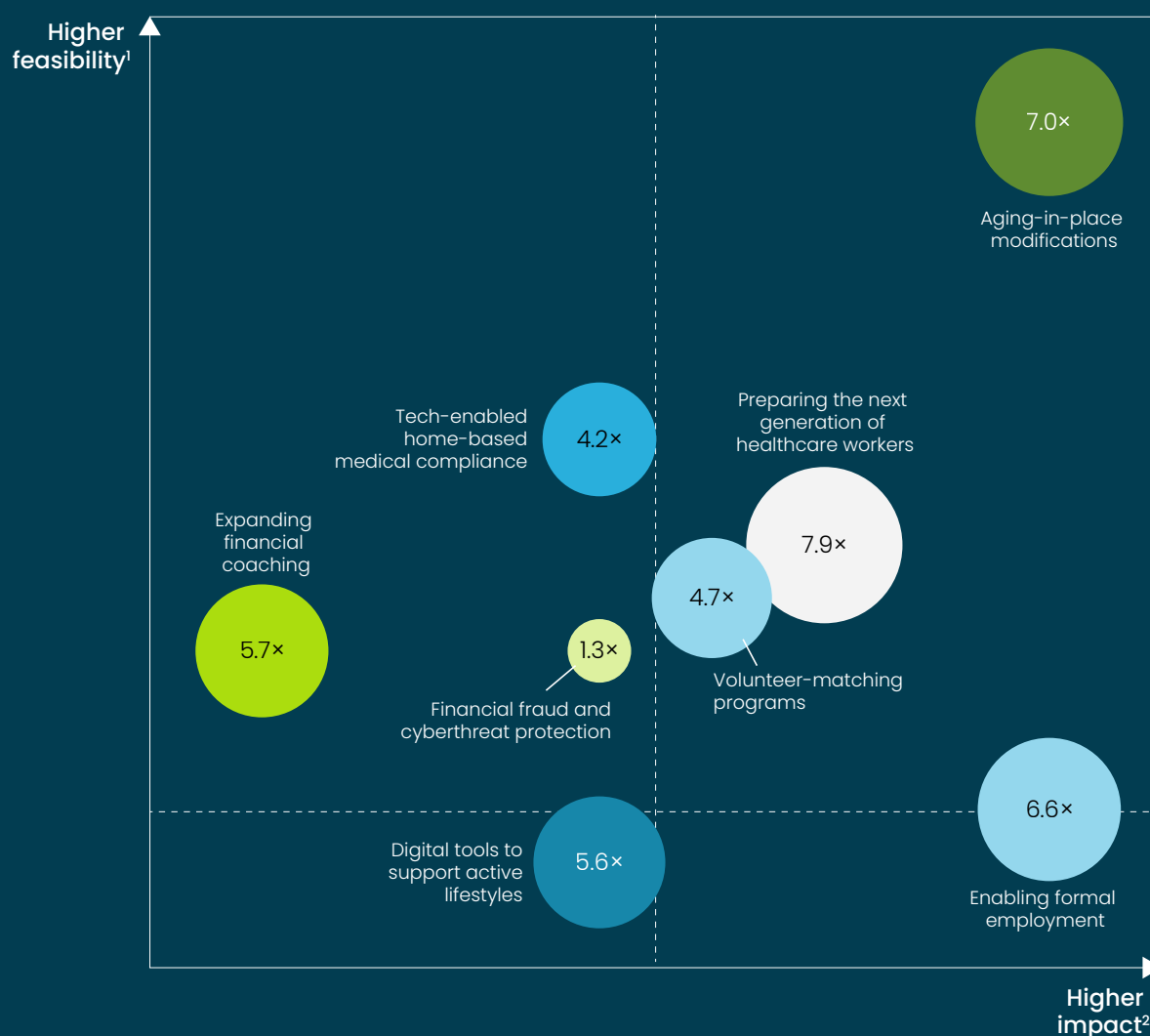
Italy's aging demographic composition presents both challenges and opportunities to redefine healthy longevity. These interventions are examples of ways to address the needs of older adults in Italy and build the groundwork for a healthier future for all generations.

Exhibit 7

In Italy, healthy longevity investments demonstrate an ROI of ~6x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, Italy

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
- Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

3.2x ROI

On average, each \$1 invested in longevity is projected to yield \$3.2 in returns. Priority interventions include:



Aging-in-place



Tech-enabled
medical-
compliance

Note: Average is median ROI across sized interventions.

Nigeria

Nigeria is Africa's most populous country, with 238 million people and a predominantly young population.⁴⁹ The country has recently extended its population's life expectancy, improving it by 9.0 years from 2000 to 2019, outpacing the global average increase of 6.3 years.⁵⁰ This is set to affect the country's approximately seven million older adults, a figure projected to more than double to 16 million by 2050. Moreover, it reiterates the need for healthy longevity infrastructure investments to support the coming wave of older adults.

For Nigeria, all interventions evaluated have a **positive ROI, ranging from 1.2x to 6.9x**. A couple of interventions including aging-in-place environment modifications to prevent falls and tech-enabled home-based medical compliance are expected to have high impact and feasibility (Exhibit 8).

Aging-in-place modifications: Increasing access to aging-in-place modifications that prevent falls (for example, grab bars, railings, and bathmats) has an estimated **ROI of 3.1x** for Nigeria. This was calculated based on an estimated \$18.6 million in savings annually in reduced avoidable hospitalizations and an estimated \$6.0 million in annual costs from the fall prevention equipment installation and training. The target population for this intervention is all older adults in Nigeria aged 65 and over who fear falling and live below the poverty line. Implementing evidence-based modifications could greatly improve safety and mobility for older Nigerians.

Tech-enabled home-based medical compliance: Investing in tech-enabled home-based medical compliance, such as at-home medication reminder technology, yields an estimated **ROI of 3.2x** for Nigeria. This was calculated based on an estimated \$2.6 million in savings annually in reduced hospitalizations due to medication compliance tech and an estimated \$0.8 million in annual costs for that tech. The target population for this intervention is all older adults in Nigeria aged 65 and over who have two or more chronic conditions and are living below the international poverty line, which is approximately one million individuals (estimated for 2030).⁵¹

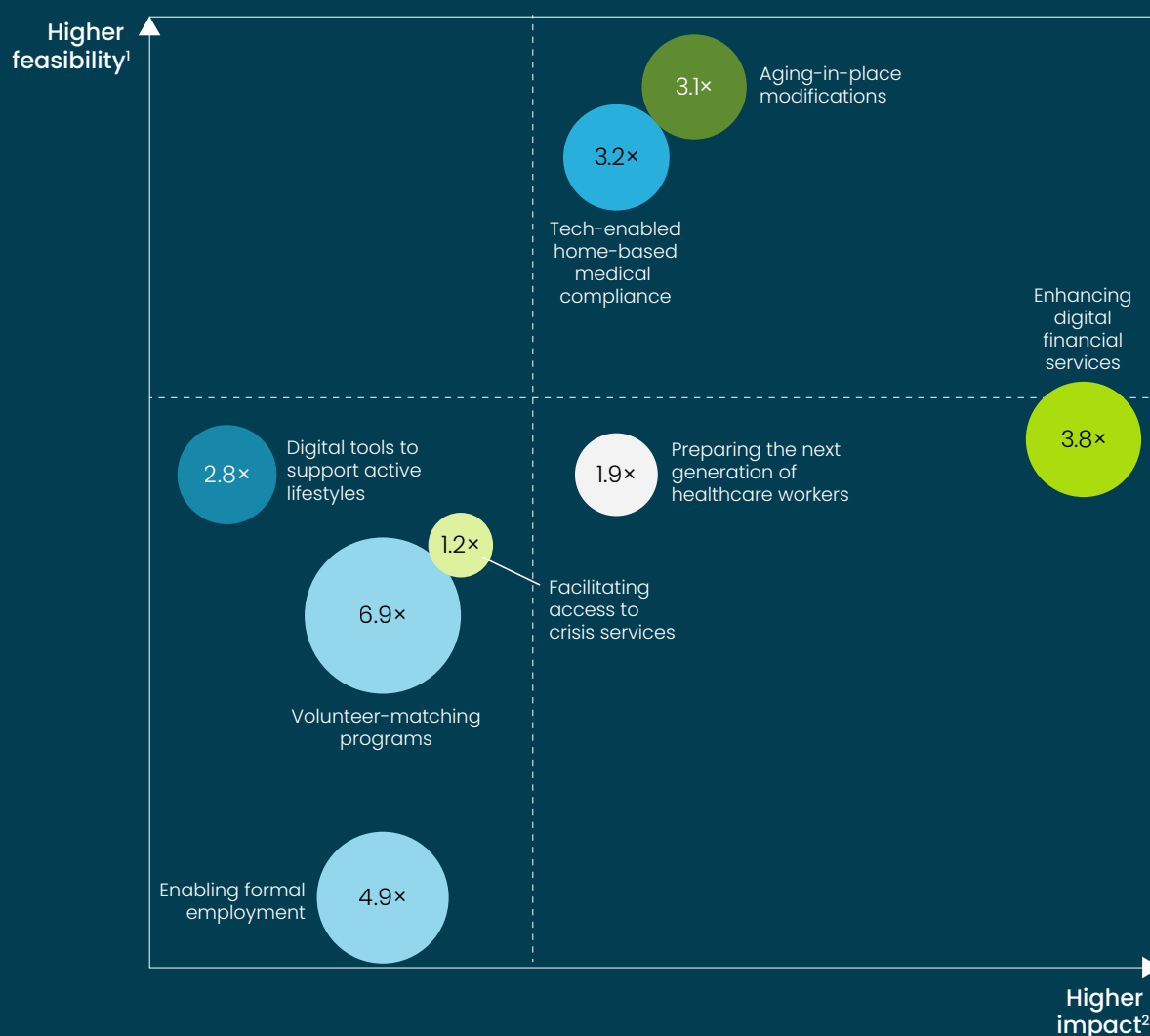
Interventions such as scalable aging-in-place modifications to prevent falls and accessible tech-enabled home-based medical compliance show positive ROI and are expected to have high impact and feasibility. This signifies great potential impact on health and well-being for older adults in Nigeria.

Exhibit 8

In Nigeria, healthy longevity investments demonstrate an ROI of ~3x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, Nigeria

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
- Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

6.0x ROI

On average, each \$1 invested in longevity is projected to yield \$6 in returns. Priority interventions include:

**Aging-in-place****Volunteer-matching**

Note: Average is median ROI across sized interventions.

Saudi Arabia

Saudi Arabia is proactively responding to its changing demographics by directing investments toward research of healthy longevity.⁵² This focus comes at a pivotal time: Saudi Arabia's population is aging, and birth rates are declining. The proportion of older adults (aged 65 and over) is projected to grow from 2.8 percent today to 14.0 percent by 2042, accompanied by a rising prevalence of chronic diseases, such as diabetes, heart disease, and kidney disease.⁵³

Continued investment in this area will be critical to ensure that older adults remain active, independent, and productive members of society, while also addressing the growing burden of chronic disease.⁵⁴

With investments and reforms to promote healthy longevity already underway, identifying and prioritizing the most effective interventions is critical. In Saudi Arabia, healthy longevity interventions are projected to generate **returns ranging from 1.3x to 9.7x**. Among these, a couple stand out for their high impact and feasibility, including volunteer-matching programs and aging-in-place environment modifications to prevent falls (Exhibit 9).

Volunteer-matching programs: In its Vision 2030 plan, Saudi Arabia has committed to encouraging civic engagement and social responsibility. Investing in programs to match older adults with volunteer programs in Saudi Arabia can both help to achieve these goals and also be highly beneficial for enhancing mental and emotional well-being and promoting healthy longevity. Older-adult volunteer-matching programs are expected to engage approximately 670,000 individuals, with an **ROI of 8.8x**. This was calculated based on an estimated \$507 million in savings from increased hours volunteered and an estimated \$58 million in annual costs.

Aging-in-place modifications: Increasing access to aging-in-place modifications that prevent falls (for example, grab bars, railings, and bathmats) has an estimated **ROI of 7.2x** for Saudi Arabia. This intervention could save approximately \$93 million annually by reducing hospitalizations due to avoidable falls, with an annual implementation cost of approximately \$13 million (reflecting purchase of fall prevention equipment and occupational therapist support post-fall). The target population includes approximately 1.1 million older adults in Saudi Arabia who fear falling.⁵⁵

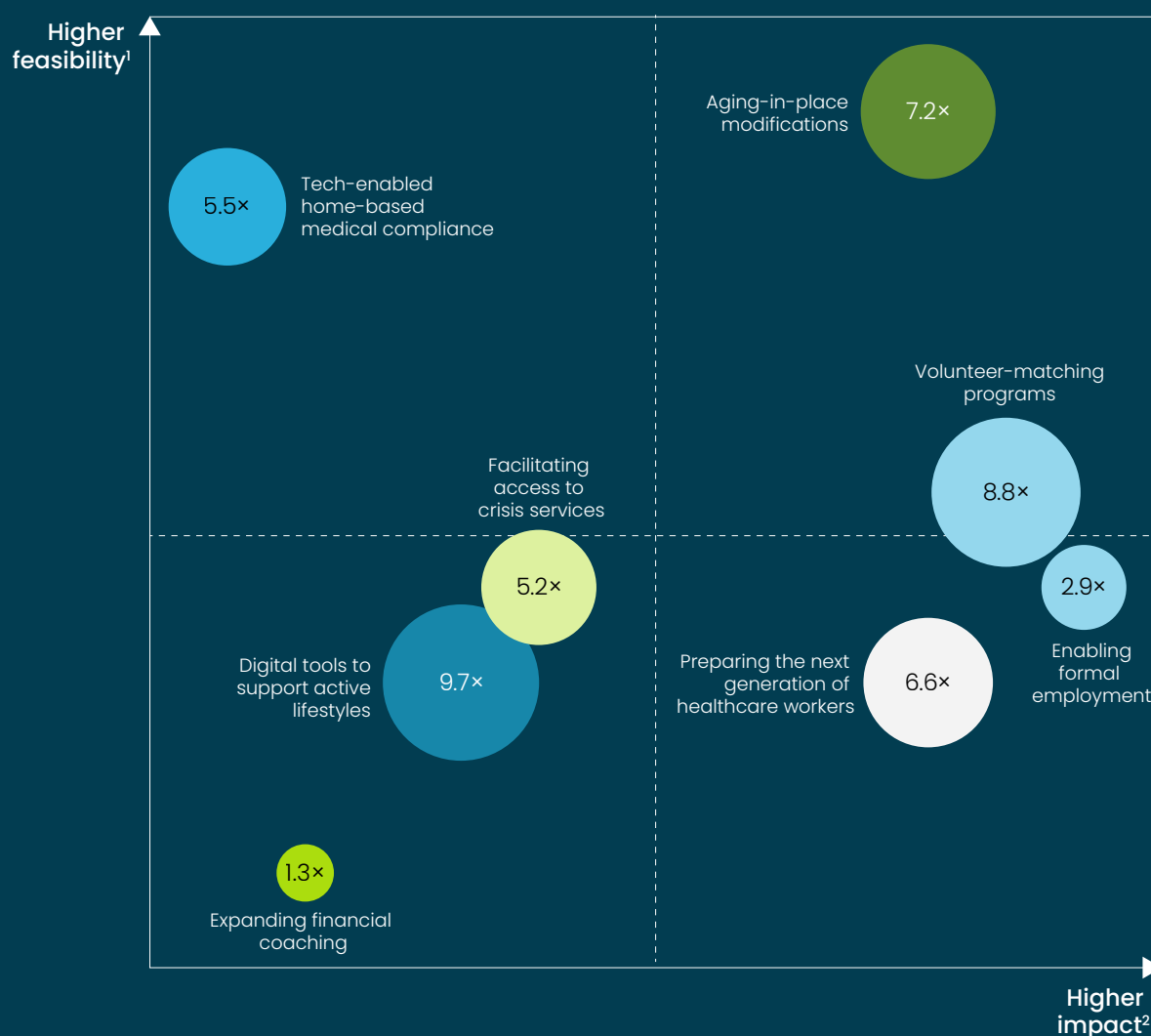
Interventions such as volunteer-matching programs and aging-in-place modifications demonstrate that investments in healthy longevity can deliver substantial economic and social benefits. These initiatives not only yield positive financial returns but also enhance the health, well-being, and independence of older adults in Saudi Arabia, positioning the country as a leader in addressing the challenges and opportunities of an aging population.

Exhibit 9

In Saudi Arabia, healthy longevity investments demonstrate a ~6x return on investment.

Preliminary categorization of healthy longevity interventions by impact and feasibility, Saudi Arabia

- Bubble size = level of ROI (estimated benefit-to-cost ratio)
- Address social determinants ● Ensure financial inclusivity ● Enhance public safety
● Promote consumer-driven wellness ● Provide technology ● Support societal participation ● Strengthen healthcare



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

4.6x ROI

On average, each \$1 invested in longevity is projected to yield \$4.6 in returns. Priority interventions include:

**Societal participation****Digital tools to support active lifestyles**

Note: Average is median ROI across sized interventions.

United States of America

The United States, a high-income, innovation-driven country, far outspends its peers on healthcare, with per capita spending of \$14,570 and nearly 18 percent of its GDP allocated to healthcare.⁵⁶ Despite this, the United States experiences some of the worst health outcomes among high-income nations, posing challenges for healthy longevity.

In the United States, the proportion of older adults (aged 65 and over) is projected to rise from 17.9 percent in 2024 to 22.0 percent by 2040.⁵⁷ By 2040, the number of Americans aged 65 or older is expected to reach approximately 80 million, more than doubling over a 40-year span.⁵⁸

For the [United States](#), all interventions sized have a **positive ROI, ranging from 2.1x to 24.3x**.⁵⁹ When feasibility and impact were considered, a couple of interventions stood out, including supporting societal participation through volunteer-matching programs and investing in digital tools that promote active lifestyles (Exhibit 10).

Formal employment and volunteer-matching programs: Increasing societal participation of older Americans is estimated to be one of the most effective ways to bolster these adults' health. Research indicates that there is an unmet demand for older Americans to be actively engaged,⁶⁰ making employment reentry and volunteer-matching programs meaningful opportunities to connect and engage this population.

Investing in helping older adults to reenter the workforce is estimated to have an **ROI of 4.3x**. Programs such as reskilling programs, hiring career counselors, and developing anti-ageism and antidiscrimination trainings across employers are estimated to cost approximately \$158.4 billion per year.⁶¹ While requiring high investment to reintegrate older Americans into the workforce, the economic benefits are estimated to be even higher, yielding an uplift of approximately \$679.3 billion.

Investing in an older-adult volunteer-matching program offers another opportunity to improve connection and activity for these individuals, with an **ROI of 24.3x** for the United States. This was calculated based on an estimated \$164.4 billion in savings from increased hours volunteered and an estimated \$6.8 billion in annual costs from operating the volunteer-matching program. The target population for this intervention is all older adults in the United States aged 65 and over who want to volunteer and are not, which is approximately 15.2 million individuals.⁶² With 27 percent of individuals aged 65 to 79 and 21 percent of those aged 80 and over expressing interest in volunteering but not currently engaged, there is a clear opportunity to better connect older adults with meaningful opportunities.

Digital tools to support active lifestyles: Unlike in many other countries where older adults may walk, bike, or otherwise stay active every day, older adults in the United States fall short of getting enough physical activity per week.⁶³ Investing in digital tools to support an active lifestyle, such as wearable fitness trackers, is therefore likely to have a greater impact on this population, estimated at **11.3x ROI**—the highest of any other country examined.

This ROI was calculated based on an estimated \$16.4 billion in healthcare savings from adults improving their quality of life by getting sufficient physical activity (for instance, 150 or more minutes of exercise per week) and an estimated \$1.5 billion in annual costs to supply the wearable fitness technology. The target population for this intervention is all older adults in the United States aged 65 and over who are not getting 150 or more minutes of physical activity per week, which is approximately 61 million individuals in the United States.⁶⁴ Only 25 percent of Americans aged 65 and over reported using wearable fitness or wellness technologies in 2023—lower than adoption rates among younger groups (for example, 40 percent among people aged 18 to 34 and

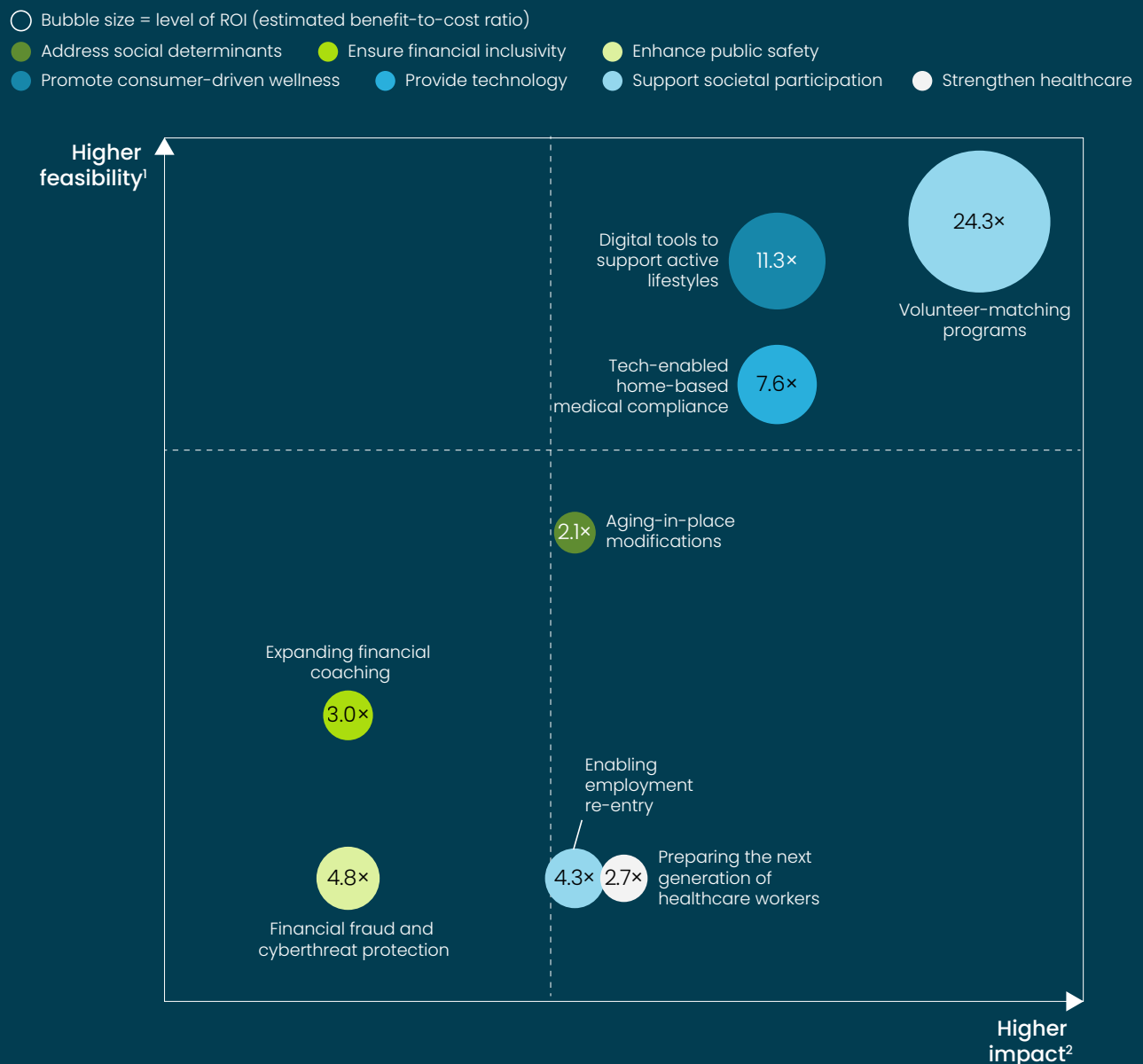
49 percent among people aged 35 to 44);⁶⁵ however, interest in these devices is notably higher. A 2022 AARP survey found that over 70 percent of adults aged 50 and over expressed interest in wearable health monitoring, underscoring a clear gap between interest and adoption.⁶⁶

The United States faces a pivotal moment to navigate the complexities of an aging population by investing in innovative and scalable solutions. Expanding volunteer-matching programs and increasing adoption of digital tools that promote active lifestyles are examples of positive-ROI interventions that show high impact and feasibility and that can allow older adults to stay socially engaged and physically active while improving their holistic health.

Exhibit 10

In the United States, healthy longevity investments demonstrate an ROI of ~5x.

Preliminary categorization of healthy longevity interventions by impact and feasibility, US



¹Feasibility includes cost, speed, stakeholder engagement, and evidence of impact.

²Impact includes size, novelty, relevance, and synergies.

Source: Analysis of country-level ROI estimates, expert interviews, and similar programs in peer countries

BOTTOM LINE

The findings across countries reveal the shared realities but distinct nuances of an aging society. From fostering societal participation and upskilling healthcare workforces to fall prevention through aging-in-place modifications, the solutions are as diverse as the challenges they address. Considering the distinct demographics of each country, there is a substantial opportunity to redefine aging in a way that prioritizes healthy longevity. This critical time calls for decisive action. By aligning with societal needs and embracing innovation, older adults can both thrive and contribute meaningfully to the well-being of future generations.

TRIED-AND-TRUE WAY FORWARD: LESSONS FROM PIONEERING, GLOBAL FRONT-RUNNERS

The economic case for investment in healthy longevity is compelling: Global trends and detailed data analysis demonstrate that extending both lifespan and healthspan can yield meaningful returns, with interventions that improve health outcomes and empower older adults to engage in society in the most impactful ways. The interventions put forth require the right ecosystems of stakeholders—from the public, social, and private sectors—to act. Leaders across spheres play a crucial role, and specific roles may vary based on the regional context.

SELECT EXAMPLES FROM GLOBAL LEADERS IN LONGEVITY

Countries around the world are pioneering innovative approaches to support healthy longevity by building the ecosystems and infrastructure necessary to address the needs of aging populations. These efforts offer valuable lessons for others seeking to create environments that promote longevity, enhance quality of life, and foster social inclusion for older adults. By examining these initiatives, society can identify actionable strategies that demonstrate how thoughtful planning and investment can enable healthier and more fulfilling lives for seniors.

In Japan, the Silver Human Resource Centers exemplify how older adults can remain active contributors to the workforce. These centers connect seniors with local job opportunities, provide skills training, and offer ongoing support for part-time and full-time roles. By enabling older workers to share their expertise across industries, Japan demonstrates how employment can be a powerful tool for maintaining purpose and economic participation in later life.⁶⁷

The Netherlands offers a unique model of dementia care through Hogeweyk, the “Dementia Village.” This innovative community provides a safe and supportive environment for residents with memory-related conditions, blending safety measures with a sense of normalcy. By prioritizing dignity and autonomy, Hogeweyk serves as a blueprint for reimagining elder care in a way that balances security with quality of life.⁶⁸

In Zimbabwe, the Friendship Bench initiative addresses mental health challenges among older adults by offering accessible, community-based talk therapy. Delivered by trained health workers in familiar settings, such as local benches, this program provides emotional support and fosters social connection. Zimbabwe’s approach underscores the importance of culturally relevant, low-cost mental health interventions.⁶⁹

Sweden has taken a holistic approach to elderly care by integrating health and social services. Legislative amendments, such as the Health and Medical Services Act and the Social Services Act, ensure that older adults receive joint individual care plans for seamless service delivery. Similarly, the Act on Coordinated Discharge ensures continuity of care for patients transitioning from hospital to home. These measures highlight the importance of coordinated care in safeguarding patient safety and well-being.⁷⁰ Sweden’s focus on integrated care aligns with broader Nordic efforts to create systems that prioritize the well-being of older adults, demonstrating the region’s commitment to comprehensive and inclusive aging strategies.

Finland's "Older People on the Move" program encourages physical activity among seniors through initiatives such as exercise counseling, guided activities, and publicly accessible online training. As part of a broader WHO European Region program coordinated by the Age Institute of Finland, the initiative works closely with municipalities to integrate physical activity and healthy diets, aiming to prevent age-related conditions such as osteoporosis and cardiovascular diseases. This approach highlights how cross-sector collaboration can effectively promote healthier lifestyles and enhance overall well-being for older adults,⁷¹ showcasing how Finland contributes to the shared goal of fostering active and healthy longevity.

The Nordic countries are at the forefront of fostering active and healthy longevity through initiatives such as the Active and Healthy Aging Project, led by the Nordic Welfare Centre. This project emphasizes the development of age-friendly cities and communities, ensuring that urban environments are inclusive and accessible for older adults. By adopting a heterogeneous and intersectional perspective, the initiative addresses the diverse needs of aging populations while actively combatting loneliness and social isolation. Additionally, the Nordic countries leverage welfare technology to enhance the quality of life for seniors, integrating innovative solutions into their care systems. A key strength of this approach is the development and use of KPIs to monitor progress, providing a robust framework for measuring impact and driving continuous improvement in healthy longevity efforts.⁷²

These examples illustrate that healthy longevity is not a one-size-fits-all endeavor. From employment and coordinated care to mental health and physical activity, each country's approach reflects its unique context and priorities. By learning from these global leaders, other nations can adapt and implement similar initiatives to address their own aging challenges, ensuring a healthier and more inclusive future for all.

BUILDING THE ECOSYSTEM FOR SUCCESSFUL IMPLEMENTATION

To successfully implement interventions, it is essential to build the right ecosystems and empower public, social, and private sectors to each play a role in investing and engaging in healthy longevity. By aligning efforts across sectors and geographies, stakeholders can transform the challenges of an aging population into a global opportunity to improve quality of life, drive economic growth, and create a more equitable society for older adults—now and in the future.

ROLES OF PUBLIC, SOCIAL, AND PRIVATE SECTORS

Public sector: The public sector, particularly federal governments and agencies, can play an important role in establishing healthy longevity as a top priority, helping align stakeholder incentives through strategic programmatic planning. Government agencies can create supportive policies, public commitments, and funding opportunities that encourage interventions (for example, they can fund research on common aging pathways and prioritize societal participation for older adults in their master plan on aging). Additionally, public sector players can participate in interregional or international coordination and collaboration through public forums (for example, a consortium on research into aging).

One example is Singapore, the country with the longest healthy life expectancy at older ages in the world—in addition to high levels of life satisfaction and high proportions of life being spent in good health.⁷³ In 2023, the government launched a program called “Action Plan for Successful Aging,” with three key goals: helping older adults maintain their physical and mental health, encouraging them to stay active in society by sharing their knowledge and skills, and ensuring they remain connected to their families and communities. Over the past year, several initiatives from the plan have been implemented.⁷⁴

Social sector: Social sector players, such as nonprofits and foundations, can generate awareness for and disseminate resources on healthy longevity interventions, advocate for age-friendly policies, raise funding for related causes, and support collaboration with partners in the private and public sectors.

Established in 1983, HelpAge International is an example of a global nonprofit organization dedicated to improving the lives of older adults, particularly in low- and middle-income countries.⁷⁵ Headquartered in the United Kingdom and operating in nearly 100 countries, HelpAge partners with governments and local organizations to develop initiatives aimed at strengthening older-adult communities. In August 2025, for example, its Vietnam chapter committed to establishing 12,000 Intergenerational Self-Help Clubs by 2035, creating a cohort of older people in support of learning, health, and community activities.⁷⁶ In addition to strengthening older-adult communities, HelpAge is also active in improving access to age-appropriate healthcare, supporting income security, and addressing age-based discrimination.

Another example of a social sector player is the Hevolution Foundation, a nonprofit organization based in Saudi Arabia that has pledged \$1 billion per year to support research on longevity and geroscience.⁷⁷ The organization focuses on investment in early-stage companies that develop therapies and technologies addressing the fundamental causes of aging.⁷⁸ Organizations like Hevolution that contribute keystone investments are pivotal in generating broader visibility to the aging field and attracting subsequent investments from other organizations.⁷⁹

Private sector: The private sector has an underutilized, influential role to play in solving the unmet needs of older adults across several industries. In the United States alone, adults aged 70 and over hold 30 percent of the country's wealth, creating a key opportunity for the private sector to develop products and services for their specific demographic needs.⁸⁰ Moreover, around the world, investing in holistic employee health and well-being for employees of all ages could yield [nearly \\$12 trillion globally](#) through reduced healthcare costs, increased productivity and performance, improved talent attraction and retention, and other drivers.⁸¹

Below are a few examples of how select industries may play a role in preparing and responding to the transitioning demographics through interventions:

Consumer companies

- Understand the specific needs of older-adult consumers through intentional and detailed customer analysis and segmentation (for example, avoid treating the older-adult population as homogenous in their needs and wants), and design offerings that directly address their expressed pain points.
- Identify channel partnerships that help relevant products and services reach a target audience of older adults (for example, nursing homes and AAA centers), and include older adults in advertising and marketing campaigns (for example, promoting representation and reducing stigma).

Healthcare providers

- Invest in omnichannel care delivery and wraparound services to ensure the success of patients' care journeys and reduce episodes of emergency care and acute challenges (for example, medication adherence and transportation to appointments).
- Train employees to have a thorough understanding of local public and private programs that can support patient health and wellness needs beyond clinical care (for example, social programs and physical activity programs).
- Partner with local community-education services (for example, a local fall-prevention program) to host informational events for older patients to support themselves at home.

Healthcare payers

- Develop programs that prioritize follow-up care after particular procedures, and offer wraparound care to holistically support health outcomes and avoid recurring emergency treatments.
- Support community-based services by connecting patients with key services (for example, transportation and meal-delivery programs) to support their care regimen.
- Work with providers to develop care coordination solutions (for example, case managers and digital portals) to ensure older adults have integrated care plans and are aware of them.
- Provide reimbursements, training, and support to caregivers who play an integral role in the quality of care for older adults.

Employers

- Implement approaches within the workplace to drive accountability (for example, audits on age-inclusive practices and incorporating hiring goals) and strengthen age-inclusive practices (for example, flexible work hours, tailored benefits packages, and continual career development opportunities).
- Develop mentorship programs between younger and older employees, to promote mutual learning and understanding.

STEPS TO SUCCESSFUL IMPLEMENTATION AND AMPLIFICATION

Beyond actions from individual stakeholders, translating these robust economic cases into real-world interventions requires an ecosystem of coordinated efforts among stakeholders. To build this ecosystem, each geography can identify the right partners and select anchor institutions, pilot interventions, track outcomes, scale interventions, and disseminate lessons learned for other stakeholders and regions. Notably, the approach to successful implementation may vary across geographic contexts based on the resources available to and momentum among stakeholders to engage and invest in healthy longevity interventions.

Identifying partners and anchor institutions: Building a successful ecosystem begins with clarity about which stakeholders and partners are required. Effective partner selection requires mapping capabilities to the needs of each intervention and prioritizing entities with local influence, community trust, and a proven commitment to resource investment.

Anchor institutions are the cornerstone to successful partnerships. As foundational partners, they must align with project goals, possess community trust and expertise, and contribute both financial and nonfinancial resources (Exhibit 11). They play a critical role in governance, driving ecosystem functionality and enabling successful foundations and real-world interventions. Anchor institutions should be selected based on organizational alignment, capacity to support, and desire to champion positive, enduring change. For example, Wichita, Kansas, partnered with AARP to create Grandparents Park, a community space with multigenerational support that includes a playground and an exercise station geared toward adults aged 50 and over. AARP served as an anchor institution for this undertaking, in line with AARP's own mission, providing community expertise with older adults and bringing both influence and resources.⁸²

Exhibit 11

Anchor partners should exhibit four qualities.



Alignment with project goals

Aligned mission and values, ensuring commitment to trust-based collaboration and successful intervention implementation



Community expertise

Robust skills, experience, and knowledge of the local population, its communities, and health needs providing invaluable context to navigate challenges and make informed decisions



Trust and influence

Established credibility and a reputable track record in the community helping to instill confidence, gather support, and facilitate collaboration among other stakeholders and the public



Resource commitment

Earmarked financial and nonfinancial contributions providing the funding, staffing capacity, equipment, information, and technology from kickoff to longer-term implementation

Strategic planning and design: After identifying partners, strategic planning is essential for scaling initiatives. A clearly designed, data-driven road map should include baseline diagnostics, pre-negotiation phases, and change management processes. Establishing measurable KPIs and robust dashboards enables real-time monitoring, validates progress, identifies issues early, and supports agile decision-making.

Foundational interventions: Foundational programs (for example, pilot programs) test interventions in real-world settings, focusing on iterative learning and adaptation based on established KPIs and relevant performance data. Robust tracking mechanisms ensure alignment with preestablished goals, while stakeholder collaboration can help define benchmarks in areas lacking clear standards. For example, reintegrating retired citizens into the workforce does not have clear preestablished measures or criteria and may require creative problem-solving to measure and implement. Regular reviews and real-time tracking ensure foundations remain on course to deliver meaningful outcomes and their intended impact.

Foundational scaling: Finally, once foundational programs have been successfully built, models can be scaled and amplified. Scaling is not a mere duplication of early pilots; it is a redesign of the approach to accommodate any new geographies and population needs. Success in one geography may result in failure in another due to, for example, different healthcare delivery models or different ages of retirement per local legislation. Insights from pilot phases help ecosystems expand their impact and transform healthy longevity outcomes.

Further, the amplification of initiatives requires adopting a coordinated, system-level approach. A clear strategy, stakeholder alignment, agile operations, and strong governance are all critical for countries to scale sustainable solutions and drive impact.⁸³

Recent shifts in global governance demonstrate the role of scaling and amplifying foundational efforts in effecting global change. For example, in August 2024, the United Nations implemented a new disability rights framework that reframed inclusion from being a rights principle to instead being a systemic development imperative. This reframing helped drive coordination across stakeholders (for example, the Committee on the Rights of Persons with Disabilities and the Human Rights Committee) and generate intentional policy (for example, emerging technologies and urban design) to ensure robust governance.⁸⁴ This comprehensive framework unifies sectors to transform previously fragmented approaches, leading to important accessibility improvements globally, particularly benefiting individuals in lower-income countries and specific areas such as healthcare.⁸⁵

Healthy longevity is making inroads into the global development agenda—for instance, in disability rights. In May 2024, the Open-ended Working Group on Ageing (OEWGA) held its 14th session to discuss evaluating and strengthening the rights of older people under international human rights frameworks.⁸⁶ Continuing this momentum toward scaled and amplified foundations could help accelerate and sustain change at a global scale.

Disseminate lessons and findings: Sharing insights and outcomes from foundation-building is critical to fostering broader adoption and innovation. This involves documenting best practices, challenges, and lessons learned and distributing them through reports, workshops, and knowledge-sharing platforms. Dissemination ensures that stakeholders across ecosystems can replicate successes, avoid pitfalls, and collectively advance the overarching goals of the intervention.

CONCLUSION

The world's aging population is growing rapidly. While this demographic shift poses challenges for healthcare systems and labor markets, it also presents a transformative opportunity to reframe aging as a driver of innovation, societal progress, and economic growth rather than a challenge to overcome. Results from this ROI analysis demonstrate that investments to improve healthspan around the globe have a positive economic impact for individuals, communities, and nations.

This framework of interventions provides a valuable starting point for countries to identify and implement policies tailored to their unique demographic and economic contexts. Efforts such as upskilling healthcare workers, fostering societal participation, and promoting consumer-driven wellness offer a pathway to creating a future where healthy longevity thrives. The benefits of such an approach extend far beyond individual well-being. A society that embraces healthy longevity can realize substantial economic gains, reduce healthcare burdens, and strengthen connections across generations.

Seizing this opportunity requires bold, collective action. Many communities are already prioritizing healthy longevity, launching initiatives such as the Netherlands' Hogeweyk dementia village and Finland's "Older People on the Move" program. In Japan, more than 25 percent of adults aged 65 or older and 52 percent of those aged 65 to 69 foster social engagement through continued employment.⁸⁷

However, coordinated and comprehensive efforts will be needed to maintain this momentum: Trusted partnerships across sectors and regions will be critical to driving progress and sharing knowledge. Additionally, stakeholders will need to make systematic investments in infrastructure, innovation, and preventive care. Data-based strategies can generate measurable outcomes by informing foundation-building and design, facilitating performance management, and supporting continuous improvement.

The imperative to act is now. By taking thoughtful, evidence-backed, and deliberate steps today, global society can shape a future that is more inclusive, resilient, and prosperous for older adults and the world at large.

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