



Commission on Population and Development
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Theme: Health, morbidity, mortality and development

AARP Statement to the 43rd Session of the UN Commission on Population and Development

AARP is honored to be participating in the 43rd Session of the UN Commission on Population and Development, and pleased to be joining government delegations and civil society organizations for these important deliberations on health, morbidity, mortality and development.

AARP is a nonprofit, nonpartisan organization of nearly 40 million members whose mission is to enhance the quality of life for all as we age. Since its founding in 1958, AARP has served as a primary source of global information and advocacy on issues affecting aging populations particularly on the issue of primary health and global health concerns. By organizing policy discussions, disseminating statistical and demographic research, we strive to strengthen the network of opinion leaders, policymakers, and advocates who believe that everyone should age with dignity and purpose.

AARP has consulted with the UN Economic and Social Council for over 20 years and stands ready to offer our expertise, demographic research, and experience to these deliberations. AARP has collaborated with the UN for over 35 years by participating in major conferences and helping to forge an international constituency on issues impacting older persons.

The world is aging at a rate that is unprecedented. **By 2040 older people will outnumber children for the first time in history.** The effect on health and the way health care is delivered will be vast. While population aging is less advanced in developing countries, the populations of a majority of them are poised to enter a period of rapid population aging, increasing by more than five-fold in developing countries, compared to slightly more than two-fold in developed countries.

Coinciding with this demographic aging shift is the urbanization of our planet. As noted by the World Health Organization (WHO) on World Health Day 2010, **for the first time in history, more people are now living in cities than in rural areas and by mid-century, seven out of every ten people will live in a city.** Cities are growing larger and larger, and their populations of the poor are growing larger even faster. Needless to say, the consequences for health are immense. Also noted by the WHO, when municipal authorities think about the future of the cities they govern, they need to think about health, and plan for health. With poor urban governance, life expectancy can be as low as 35 years. In contrast in developing countries, the best urban governance can help produce 75 years or more of life expectancy.

As clearly stated in the Report of the Secretary-General on health, morbidity, mortality and development (E/CN.9/2010/3), life expectancy at birth increased from 30 to 67 years between 1800 and 2005, leading to a rapid growth of the population: from 1 billion in 1810 to nearly 7 billion in 2010. This marked increase in longevity has resulted from controlling the spread of communicable diseases and using improved medicinal treatments and technologies to treat them. The distribution of deaths by age has shifted to older ages and life expectancy has reached unprecedentedly high levels but older people may not receive appropriate health and social care because of their age. In many cases treatment can be denied and older people can receive poor or insufficient service. This type of discrimination must be addressed and must come to an end. Older persons have a right to health.

The capacity of governments to assure a fundamental quality of life and access to affordable health care for hundreds of millions of older citizens is certain to be tested in the decades ahead.

International demographic trends present a challenge to people of all ages. AARP strongly believes that addressing the needs of older persons will strengthen their ability to contribute to the well-being of their families, communities, and society.

It will be important to use the social and economic benefits that accrue to invest in the health and education of the population and to plan wisely for the aging boom ahead. Older people who are healthy and educated will then be able to continue to make valuable contributions to their societies.

In March 2010 in the United States, the health insurance reform legislation was signed into law. This new legislation brings new hope that we will see improvements in the health care system for older Americans and their families by making insurance more affordable for older Americans; putting an end to discrimination based on pre-existing conditions; and giving Americans more choices to live independently at home as they age.

We support efforts by all member states to ensure that health systems include comprehensive primary health and long-term care and reductions in susceptibility to disease and mortality, which are paramount to improvements in societal development.

Thank you.

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