



HIGH-LEVEL FORUM ON
THE SILVER ECONOMY



Silver Economy Forum 2025 Outcomes Report

Age-Friendly Cities: Redefining Life, Work & Community



Global Coalition on Aging



Building Cities for All Ages: Insights and Actions from SEF 2025

Longevity as a Growth Engine: Enabling Thriving Cities

By 2050, one in six people globally will be over 65,¹ the majority residing in cities. This demographic shift is a \$22 trillion economic opportunity.²

Global Coalition on Aging’s flagship event, Silver Economy Forum (SEF) 2025 in Manchester, UK, convened mayors, ministers, business leaders, investors, and community organizations to answer the questions:

- Why do we need age-friendly cities?
- What does it take to build cities that work for all ages?
- How do we scale proven models?

This report translates SEF 2025 discussions and commitments into a practical roadmap organized around:

- **The Blueprint:** core pillars of age-friendly cities
- **Policy & Investment Imperatives:** priority reforms
- **Innovation & Community:** technology and trust-building
- **Roadmap for Action:** concrete next steps you can adapt to your context

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“Global aging is not a crisis. It is the triumph of development...Let’s make demographics a driver of development. Let’s make longevity a source of innovation, inclusion, and economic strength.”

Navid Hanif

Assistant Secretary-General for Economic Development,
Department of Economic and Social Affairs (DESA), United Nations



SECTION ONE

The Blueprint

A report by the McKinsey Health Institute examining 18 healthy aging interventions found that each one generates strong returns globally. **Lars Hartenstein**, Director of Healthy Longevity at the Institute noted that in the U.S., every dollar invested returns approximately three dollars in economic and healthcare benefits.³

Close collaboration with residents is essential to build an age-friendly environment. Mayor of Bilbao, **Juan Mari Aburto**, stressed that all citizens should be active participants in public policy. Bilbao's steering group, supported by decentralized neighborhood sites, gathers local needs and shifts the city's role from administrator to facilitator, empowering residents and enhancing participation beyond the city center.

Defining Success: What Makes a City Age-Friendly

Age-friendly cities promote healthier longevity, reduce pressure on healthcare systems and open new avenues for economic and social value. Across discussions in Manchester, including leaders from Bilbao to Chengdu, five foundational pillars consistently emerged as the defining characteristics of truly age-friendly cities.

Inclusive Design & Infrastructure

Age-friendly cities prioritize built environments that work for everyone: accessible public transit, adaptable housing, and neighborhoods designed for safe and confident mobility across all stages of life.

Prevention-First Health Systems

Age-friendly cities focus on upstream preventive care, addressing health risks early to avoid costly and avoidable emergency interventions.

Workforce Longevity

As populations age, cities must support older adults in accessing quality employment, flexible work options, retraining pathways, and roles that recognize experience as an asset.

Community Engagement and Co-Creation

The most successful age-friendly initiatives place older adults at the decision-making table, ensuring that policies reflect lived experience and local context.

Public & Private Investment

Age-friendly cities attract public and private investments in housing, transportation, leisure, and care, generating clear social and economic returns.

“When we talk about an age-friendly city, we talk not just about our own public institutions, but we talk about society at large playing a role.”

Councillor Bev Craig

Leader, Manchester City Council

Case Study: Greater Manchester Age-Friendly Strategy 2024-2034

Greater Manchester, the UK’s fastest-growing city region and the first to join WHO’s Global Network of Age-Friendly Cities and Communities, is widely recognized as a model for long-term, system-level commitment to healthy aging. Since 2009, it has adopted a whole-systems, age-friendly approach, grounded in political leadership, community partnership, and local governance.⁴

As **Mayor Andy Burnham** puts it, “It’s a place where everyone contributes...that’s the hallmark of Greater Manchester’s place and its people. It is a place built on service to each other.” This ethos is reflected in the work of the Greater Manchester Combined Authority Ageing Hub, led by **Paul McGarry**, which has helped embed long-term partnership across the region.

Their long-term strategy revolves around four themes: economy, work, and money; places; aging well; and working together. Greater Manchester recognizes that housing, employment, health, and civic participation are interconnected and essential to economic success.



David Sinclair, Chief Executive of ILC-UK and **Michael Hodin**, CEO of Global Coalition on Aging present the **Baroness Sally Greengross Award for Healthy Longevity Innovation** to **Andy Burnham**, Mayor of Greater Manchester.

Workforce Longevity: Facing an aging workforce and high rates of economic inactivity driven by poor health, Greater Manchester supports older workers through the Age-Friendly Employer Toolkit and Good Employment Charter, helping businesses tap into the fast-growing 50+ consumer and talent market.

Prevention-First Health Systems: The region targets key causes of emergency admissions for adults 65+, including falls and dementia, through community-based active living, social connection, and mental-wellbeing programs. Its Ageing in Place Pathfinder highlights essential services with targeted interventions for the most vulnerable.

Community Leadership: Older adults co-lead through the Older People’s Equality Panel and People’s Network, ensuring priorities and policies reflect lived experience.

Community-Centered Development: Public funding supports intergenerational engagement and local ties. Initiatives like Picture This demonstrate that age-friendly design benefits all ages and is commercially viable.

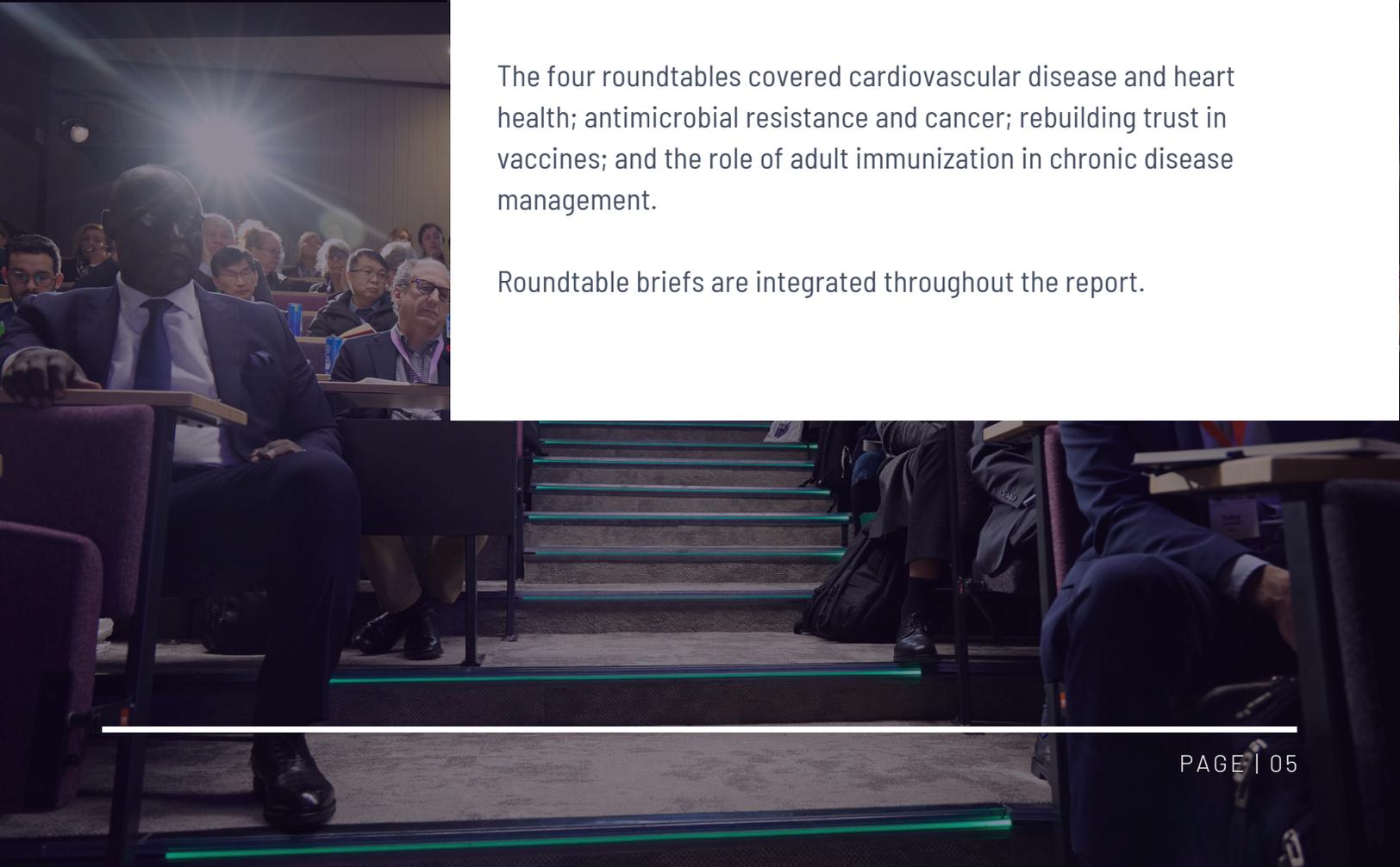


GCOA EXPERTS' INSIGHTS

Ahead of the forum, GCOA convened four closed-door roundtables, focused on issues central to the health, wellbeing, and long-term success of aging societies.

The four roundtables covered cardiovascular disease and heart health; antimicrobial resistance and cancer; rebuilding trust in vaccines; and the role of adult immunization in chronic disease management.

Roundtable briefs are integrated throughout the report.





SECTION TWO

Policy & Investment Imperatives

Health & Prevention

Population aging is placing increasing pressure on health systems globally. Shifting from reactive, late-stage treatment to prevention-focused strategies can ease this pressure while improving outcomes, reducing costs, and bolstering long-term system resilience.

The case for prevention is particularly clear in cardiovascular disease, a leading contributor to morbidity and mortality in aging populations. As **Dr. John Deanfield**, Professor of Cardiology at the University of London, shared, early risk reduction is “well understood, highly effective, and inexpensive,” yet chronically underfunded. By “investing in our arteries” early, societies can extend productive years and convert a major health burden into an engine of economic growth.

A similar opportunity exists in fragility fractures, which are rising with global aging, often stripping independence overnight. As **Karen Hertz**, former President of the Fragility Fracture Network, emphasized, effective prevention and care strategies exist but require intentional adoption. Strong integrated health systems with well-trained multidisciplinary teams dramatically improve outcomes. Implementation of secondary fracture prevention through fracture liaison services is a barometer of health system functionality; gaps reveal inadequate support for older populations and missed opportunities for cost-effective care.

Yet, the existence of effective tools does not ensure their uptake. Widespread adoption requires trust, local ownership, and sustained engagement from both policymakers and the communities they serve.

EXPERT ROUNDTABLE

Heart Health in Aging Societies: Navigating Challenges and Innovations

Supported by Bayer

A closed-door roundtable sponsored by Bayer examined the escalating burden of cardiovascular disease (CVD) in aging societies. CVD remains the leading cause of death globally, responsible for roughly one-third of all deaths, with its impact expected to rise sharply over the coming decades as populations age.⁵ Despite this trajectory, CVD has been progressively deprioritized on the global health agenda, overshadowed by other emerging challenges.

The discussion highlighted the need for renewed focus on the economic and systemic consequences of CVD, alongside coordinated action across industry, academia, government, and the non-profit sector. Fragmented approaches are insufficient; instead, comprehensive strategies spanning primary, secondary, and tertiary prevention are essential to achieve sustained impact at scale.

Early detection and prevention across the life course emerged as a central theme. Participants emphasized that policymakers must move beyond siloed interventions toward holistic prevention frameworks that support individual behavior change, community-level action, and structural reform. This includes regulatory approaches to hyper-palatable foods, education initiatives to raise cardiovascular risk awareness, and investment in data systems capable of capturing both prevalence and urgency at the local level. Cities were identified as powerful drivers of change, provided they are equipped with the data and tools needed to act.

The economic case for prevention was repeatedly stressed. Of the approximately \$3.6 trillion spent annually on healthcare in the United States, only around 3% is directed toward prevention, despite the vast proportion of CVD-related costs that are avoidable.⁶ Participants pointed to promising innovations—including community-based health programs, digital technologies, and a better understanding of the integral connection between kidney and metabolic health to cardiovascular prevention—as pathways to reduce disease burden, strengthen health systems, and support healthier aging across populations.

“The WHO model shifts the focus of health away from the absence of disease to people’s functional ability to be and do the things they value.”

John Beard

Irene Diamond Professor of Epidemiology and Health Policy and Management, and Director, International Longevity Center USA, Columbia University

While prevention delivers higher returns than treatment, it remains difficult to measure and is still too often viewed as a cost center rather than an economic catalyst.⁷

Dr. Rosa Giuliani, Consultant Medical Oncologist, at Guy’s and St Thomas’ NHS Foundation Trust, argues the narrative must shift from “spending” to the costs of inaction. Reframing healthy aging as a driver of productivity, workforce strength, and long-term resilience reveals that early action delivers cross-disease and cross-sector benefits.

Trust is a critical element of prevention. **Dr. Adrian Hayter**, Medical Director for Clinical Policy, Royal College of General Practitioners, emphasized that sustained community engagement and effective, empathetic communication from health professionals is essential for fostering trust and improving outcomes.

Immunization illustrates this clearly. During COVID-19, low levels of trust led to the highest rates of vaccine refusal among adults 80+. Addressing this requires engaging communities, understanding their concerns, providing personalized, context-specific information, and partnering with trusted messengers.

Mayor Andy Burnham, Heidi Larson Founding Director, the Vaccine Confidence Project, former head of Global Immunisation Communication at UNICEF, and **Adrian Hayter** join **Madeleine Breckon**, Vice President, Vaccine Product and Pipeline, Global Communications and Government Affairs, GSK in a conversation about adult vaccines and trust.



EXPERT ROUNDTABLE

Listening to Act: Rebuilding Vaccine Confidence for Healthy Aging

Supported by GSK

Participants in GSK's closed-door roundtable discussed how to rebuild trust in adult vaccination and expand access through community-based approaches. While trust in science remains relatively high, institutional trust varies widely. Research from the Vaccine Confidence Project shows that trusted intermediaries like family members, general practitioners, religious leaders, and community organizations are crucial in shaping vaccine decisions, and the lived experience of one of the clinicians around the table bore this out, detailing the investment in time, care, and attention necessary to nurture trust with individuals and their families.

Participants shared global experiences that shed further light on persistent barriers to vaccine uptake: access constraints, misinformation, low awareness of prevention, and delivery models poorly suited to aging populations. Primary care was recognized as central to preventive care but lacking the needed structural support to deliver adult vaccines at scale.

Community-led programs provide a case study in effective practice and trust-building. In Baltimore, partnerships with trusted faith leaders successfully reached underserved populations. Similarly, a U.S. government initiative partnering with Meals on Wheels, Catholic Charities, and the Urban League reached 74 million people and delivered nearly 460,000 vaccinations by embedding services in trusted community networks.

Participants called for moving beyond pilot programs to sustainable solutions, including expanded roles for home care providers, flexible delivery regulations, and elevating the economic evidence supporting investment. Effective communication requires credible local voices rather than exclusively top-down messaging. Finally, participants emphasized that narratives emphasizing empowerment and dignity resonate more broadly than deficit-based approaches.

EXPERT ROUNDTABLE

Building Healthy Cities Through Prevention: Adult Immunization and Chronic Disease Management in the UK

Supported by Pfizer

In a closed-door roundtable discussion sponsored by Pfizer, participants explored the growing intersection between infectious respiratory diseases and noncommunicable diseases (NCDs), and how cities across the UK can play an important role in addressing both. Evidence discussed showed that infections—particularly pneumonia—can accelerate chronic conditions such as cardiovascular disease and diabetes, with impacts lasting years beyond infection. Data comparing COVID-19 pneumonia patients with matched controls show elevated chronic disease risk up to five years post-infection, while Veterans Administration analyses indicate significantly shorter survival following pneumonia hospitalization.

Participants emphasized that adult vaccination remains poorly integrated into chronic-care pathways, despite strong evidence of health and economic return. Vaccines were highlighted for benefits beyond infection prevention, including associations between influenza vaccination and reduced cardiovascular events and COVID-19 vaccination and lower long COVID risk. In the UK, RSV vaccination has reduced hospital admissions among older adults, while cross-country analyses suggest that adult immunization delivers substantial societal returns.

The discussion stressed the importance of reframing prevention through enabling narratives—linking vaccination to workforce participation, productivity, and economic resilience for policymakers, and to independence and healthy aging for individuals. Measuring functional outcomes, rather than disease endpoints alone, was seen as critical, with Greater Manchester’s Prevention Demonstrator cited as an example of prevention aligned with economic development.

“We’re seeing a logjam in the labor market: many people want to work longer, but employer practices haven’t fully aligned with hiring and retaining older workers...highlighting the need to protect both health and employability through continuous learning, reskilling, and flexible work, as more people begin to “unretire”.”

Catherine Collinson

Founding CEO and President,
Transamerica Institute

Economic Growth & Workforce

Longer lifespans are reshaping expectations around work, yet labor markets and organizational practices have not kept pace. Many people want to work longer, but age-exclusive hiring practices, health challenges, caregiving responsibilities, and outdated reskilling pathways continue to push individuals into earlier-than-necessary retirement.

Age-friendly employment practices are a competitive necessity. The challenge extends beyond older adults: rising mental health pressures among younger workers indicate a wider productivity and wellbeing crisis, making multigenerational workforce strategies paramount for attracting and retaining talent.

Siobhan Casey’s work as the Commissioner for Older People of Northern Ireland, demonstrates the power of working at multiple levels simultaneously:

- Strengthening older adults’ skills and financial independence
- Supporting employers to adopt age-inclusive practices
- Raising community awareness about demographic changes

This coordinated ecosystem-based approach has strengthened resilience and workforce participation.



Siobhan Casey, Daniel Murphy, Risk and Resilience Specialist, World Economic Forum, **Catherine Collinson**; **Dai Yamawaki, CFA**, Vice President (Equities) Nomura Asset Management, UK; and **Connie Weaver**, Treasurer, National Council on Aging (NCOA) Board of Directors; Former Chief Marketing Officer, Equitable.

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“Women are 16 times more likely to apply for a role with flexible options than they are for a job title or pay and reward.”

Lyndsey Simpson

Founder and CEO, 55/Redefined Group

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“Tracking income progression and retirement preparedness is absolutely vital, because without clear data we cannot design the policy solutions that will truly change outcomes for women.”

Margaret Gillis

Founding President, International Longevity Centre Canada

Gender wage gaps, career disruptions from caregiving, and limited support create career disadvantages for women. While flexible leave policies for childbearing are common, few organizations offer similar midlife support for menopause, elder care, or multigenerational caregiving, making mid- and late-career progression more difficult.

Managers need tools and permission to lead inclusively across all life stages. Open communication and clear expectations help retain talent and strengthen culture.

Older women face gendered ageism, financial insecurity, healthcare disparities, and limited retirement resources. Closing these gaps requires investment in prevention, financial education, midlife health support, and gender-disaggregated data that illuminate inequities and guide targeted policy action.

Lyndsey Simpson, Founder and CEO, 55/Redefined; **Margaret Gillis**, Founding President, International Longevity Centre Canada, **Liz Kingston**, Director, Talent Acquisition: Digital, Networks and Corporate Units, BT Group; **Lisa Sha**, General Manager, Vaccines, Sanofi UK & Ireland join **Melissa Gong Mitchell**, Executive Director, Global Coalition on Aging.



Encouraging businesses to adopt age-friendly employment practices requires clear, data-driven evidence of the returns from hiring and retaining older workers. Companies must see how demographic adaptation drives productivity, resilience, institutional memory, and long-term performance.

Demographic change is also reshaping capital markets and investor behavior. **Dai Yamawaki**, Vice President, Equity Investment and Research, Nomura Asset Management, highlights how aging societies introduce new financial risks: rising public costs straining national budgets, pressures on pension systems, and shifts toward income-generating assets among retirees.

However, longevity also creates opportunities across the silver economy from healthcare and home care to financial products, housing, mobility, and longevity technology. **Daniel Murphy**, Risk and Resilience Specialist at the World Economic Forum, notes that while demographic challenges persist, forward-thinking companies are investing in inclusive talent strategies and longevity-focused innovation ecosystems to gain competitive advantage.

Successful aging societies will require public-private cooperation to ensure sustainable pensions, diversified investment portfolios, and an innovation ecosystem that supports health longevity.



Wang Hongbin, Director-General, Chengdu Civil Affairs Bureau and **Ian Philp**, Founder and CEO, AgeCare Technologies, sign a memorandum of understanding at SEF 2025.

Spotlight: Chengdu & Age Care Technologies Partnership

Chengdu offers a compelling example of integrating aging directly into economic planning. The city aims to become an innovation hub and has developed a five-tier urban and three-tier rural older adult care system. Chengdu's Memorandum of Understanding (MOU) with Age Care Technologies (ACT) commits both parties to annually improving healthy aging methods.

The partnership leverages Chengdu's technology, manufacturing, and research strengths to disseminate innovations across global markets – proving that treating aging as an economic opportunity enables cities to drive growth, attract investment, and strengthen resilience.



SECTION THREE

Innovation & Community

Technology, Design, and Social Fabric

SEF 2025 demonstrated how the aging megatrend is inspiring new technologies and business models across care delivery, social engagement, and economic participation. Solutions included AI-powered care coordination, fall prevention devices, social travel platforms, and technologies aimed at destigmatizing assistive devices.

These innovations align with the priorities of the UN Decade of Healthy Ageing: improving care, enabling equitable environments, and recognizing older adults as contributors, not dependents.

Historically, care has been undervalued and underfunded, relying heavily on informal provision by family members, predominantly women. This underinvestment results in workforce losses, caregiver burnout, worsening health outcomes, and earlier loss of independence.

As **Joseph Musgrave**, CEO of Home and Community Care Ireland, noted, recognizing care as infrastructure requires investing in it as deliberately as physical infrastructure.

Strong care systems keep people healthier longer, reduce emergency costs, and enable caregivers to remain economically active.

"If you visit rural villages, it's very common that half of the residents are older adults. How do we adapt whole communities, not just individual homes? That is the current challenge: moving beyond isolated fixes for old buildings to community wide solutions.

Du Peng

Dean, School of Population and Health, Renmin University of China

Case Studies

SeniorProof:

SeniorProof is pioneering a turnkey aging-in-place support system. Their model combines home safety assessments performed by occupational therapists, professional installation, and ongoing check-ins. All workers are trained through SeniorProof University, ensuring quality and consistency.

Their approach prioritizes low-cost, high-impact safety modifications, particularly essential for low-income families for whom aging in place is the only feasible option.

Freebird Club:

Freebird Club is a social-travel platform designed to address loneliness and unmet travel needs among older adults. Freebird connects members through home stays and group events, using travel as a catalyst for social connection.

The economic potential is significant: silver tourism is projected to reach \$2.6 trillion by 2030,⁸ yet few products target this market. Investments in active aging produce healthcare savings; with research showing that for every £1 invested in addressing loneliness, £3 is saved in the health system.^{9,10}

Essilor Luxottica:

Essilor Luxottica focuses on improving eye and hearing health, recognizing that one in four adults will experience hearing loss by 2050,¹¹ yet 70% take no action.¹² Stigma and negative perceptions delay hearing-aid adoption for 7-10 years.¹³

Nuance Audio, the company's integrated hearing-enhancement technology, embeds assistive tools into eyeglass stems, offering a discreet, accessible alternative, and reducing adoption barriers.



Mike Mansfield, Chief Executive Officer at ProAGE; **Sydney Hughes**, Founder & CEO, SeniorProof; **Peter Mangon**, Founder & CEO, Freebird Club; **Alan Pitcher**, Commercial Director UKI, Essilor Luxottica, **Ian Philp, MD**, Founder & CEO, Age Care Technologies

In home care, emerging technologies are reshaping delivery and sector capacity. As **Ian Clarkson**, President, Honor Technology, notes, “AI-driven agents” will soon support clients, caregivers, and families by coordinating needs, sharing information, and maintaining accurate care plans—strengthening both quality of care and patient autonomy.

Community: Care System Readiness

Care readiness—the capacity of health systems, governments, and communities to support aging populations—was a key theme at SEF 2025. Leaders from Singapore, Ireland, and the UK described shifting from reactive, institutional models to proactive, community-centered systems grounded in prevention and dignity.

Singapore’s Age Well SG and Healthier SG initiatives represent structural reforms built on three pillars: preventive health and early detection, community care through Right-Siting models, and integration of social and healthcare services across ministries. **Kwok Ming Lee**, Group Director, Ageing Planning Office, Ministry of Health Singapore, detailed the unique cross-ministerial collaboration where housing, health, and transport work together to build the ecosystem.

Joseph Musgrave emphasized Ireland’s shift from reactive “end-of-life triage” to proactive care rooted in choice, independence, and quality. The country has made significant increases to its home-care budget,¹⁴ strengthened regulation, established a national fixed price for high-quality care,¹⁵ and introduced a living wage¹⁶ and travel pay for care workers.

Martin Jones, CEO of Home Instead UK & International, highlighted the importance of designing technology with older adults, not for them. Many tools fail because they overlook user experience, leading to skepticism. He called for early intervention, proper training and fair wages for caregivers, prevention-oriented and home-based support, and a hybrid model where technology enhances, not replaces, human relationships.



Joseph Musgrave, Kwok Ming Lee, Martin Jones



Ian Clarkson and John Beard,
Director, International Longevity
Center USA, Columbia University



SEF 2025 took place at the Renold Innovation Hub in Sister, Manchester's new innovation district on the University of Manchester North Campus.



Community: Social Trust & Engagement

Care systems depend on trust. Faith groups, sports organizations, and design experts all demonstrated how trust-building and social connection are foundational to health.

Communities of color, low-income residents, and older adults often have deep-rooted skepticism due to historical exclusion and inequities. Effective policy requires genuine partnership, not just outreach.

Faith communities are particularly powerful. **Dr. Terris King** Sc.D., CEO of King Enterprise Group, explained, "As a pastor, my role is to authentically acknowledge and validate the community's past experiences and distrust so they see me as a true representative of their needs...By meeting people where they are and affirming their lived reality, I can help guide them toward preventive care and the opportunities they've long lacked."

He emphasized that community and faith-based organizations must be treated as equal partners in crafting health strategies, not afterthoughts. Social determinants such as transportation, food security, and housing are often addressed more effectively at the community level than in clinical setting.

City in the Community (CITC) in Manchester, UK, shows a different way to build trust and promote intergenerational engagement through sport. Programs like Walking Football and One City Disability support activity, belonging, and community connection. In the past year, CITC reached more than 18,000 people, with 84–85% reporting greater empowerment in adopting healthier lifestyles.¹⁷

Gensler, a global architecture and design firm, brought a complementary perspective on how the built environment itself can either facilitate or undermine community connectedness. Conventional design, based on a "mythical middle" user, often fails in diverse populations, undermining social trust and engagement. Their philosophy of "designing into the edges" means creating environments, products, and cities that protect autonomy and adapt to the needs of people who are aging, neurodiverse, or living with disabilities.

Authentic relationships, community partnerships, and inclusive design create the foundation of effective health systems. Governments, businesses, and health institutions will achieve stronger results by integrating community voices from the start.

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“We need to talk about this [AMR] more openly, as we do with other complex diseases like cancer or HIV. These conditions are nuanced, but the public has far more capacity to understand them than we often assume.”

Robin Hiley

CEO/Artistic Director of Scottish Charity Charades Theatre Company & Composer/Lyricist of musical LIFELINE

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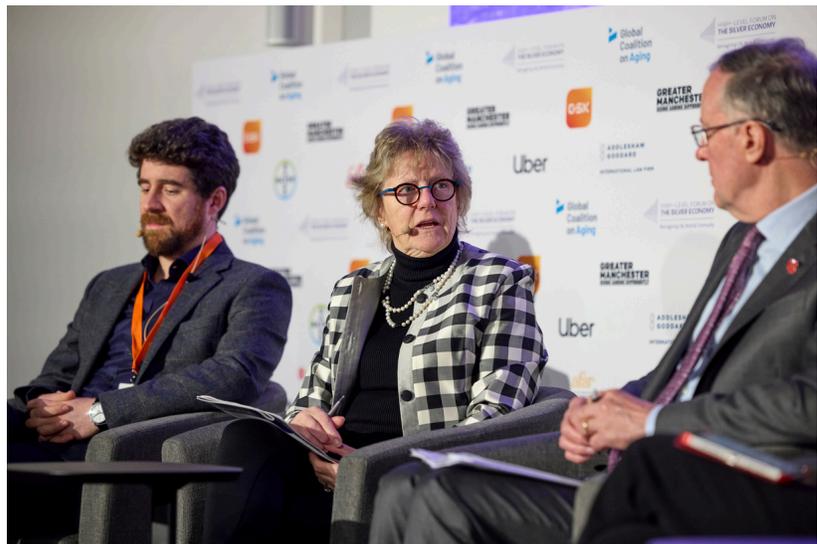
“For too long, we’ve treated this [AMR] solely as a medical or clinical issue, which it is, but it’s also an economic one. Investing earlier can help avoid far greater costs later. We need to pair patient stories with a clear economic narrative that shows how this will shape not only health outcomes, but the future of aging societies and their economies.”

Pol Vandenbroucke

Chairman, Global Longevity Council, World Demographic and Aging Forum, and Vice President, Global Government Affairs, Shionogi

Community: Communicating through Storytelling

Antimicrobial resistance (AMR) is often framed as a complex scientific or policy challenge, but progress depends on storytelling that makes the threat human and immediate. From industry leaders likening antibiotics to “fire extinguishers kept behind glass,” to patients, clinicians, and older adults facing infections with dwindling treatment options, stories translate abstract risk into lived reality. As **Dame Sally Davies**, UK Special Envoy on AMR, emphasized, AMR is not too difficult for the public to understand, it simply hasn’t been told in ways that foster empathy, engagement, and urgency. Whether through film, theatre, or music, storytelling cuts through fear and fatigue, helping audiences grasp both the stakes and the solutions of this challenge, and turning awareness into collective action.



Robin Hiley, Sally Davis, Pol Vandenbroucke

EXPERT ROUNDTABLE

Discussion on Cancer, AMR & Aging

Supported by BD and Shionogi

Antimicrobial Resistance (AMR) is a major threat to aging populations. A roundtable at SEF 2025, sponsored by Shionogi and BD, showed that deaths from drug-resistant infections in people over 70 rose 80% in three decades.¹⁸ Cancer patients are twice as likely to get resistant infections, which worsen outcomes for surgeries, chemotherapy, and chronic diseases.

The crisis is worsened by a collapsed development pipeline, with 18 pharmaceutical companies withdrawing from antibiotic research because of scientific and economic challenges. Existing reimbursement systems incentivize volume sales, which conflicts with stewardship objectives. Participants explored innovative solutions, such as the UK's subscription model, which separates revenue from sales volume to help maintain the market for new antibiotics.

Rapid diagnostics are vital for guiding correct antibiotic use, but global gaps in testing remain with fewer than 2% of African labs conducting microbiology tests.¹⁹ Strengthening infection prevention protocols in hospitals and care homes, along with specialized vascular access care teams, is crucial for aging populations managing chronic diseases.

Global equity remains a core focus, as low- and middle-income countries grapple with two major issues: limited access to antibiotics and diagnostics and increasing resistance. Participants called for a comprehensive strategy that includes increasing public awareness through storytelling and mobilization. They emphasized that to reach vulnerable older populations. Addressing AMR requires more than developing new antibiotics and protocols; it requires engaged communities that understand the risks and push for action.

Three main takeaways from this roundtable conversation are that we need to:

1. Rebuild the antibiotic pipeline with modern incentives like subscription models (e.g., UK's) to decouple revenue from sales, enabling sustainable antibiotic development and reversing scientific and economic barriers.
2. Scale diagnostics and bolster infection prevention by expanding microbiology testing, especially in low-resource areas, and implementing enhanced protocols, including vascular access care teams, to protect aging adults and chronic-disease patients from drug-resistant infections.
3. Create a public-awareness strategy modeled on HIV/AIDS efforts to mobilize older adults, caregivers, and health systems against AMR.



SECTION FOUR

Roadmap for Action

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“Cities and communities are where the longevity transition becomes real where health, housing, mobility, technology and community all intersect.”

Gregor Sneddon

Secretary General, International Federation on Ageing

How to Use This Framework

The following priorities emerged from SEF 2025 discussions across 30+ cities, sectors, and disciplines, reflecting the most transferable, actionable insights for building age-friendly, longevity-ready communities.

Adapt these priorities based on your city or organization’s maturity, resources, demographics, and policy environment.

What We Learned

Health & Prevention

- Prevention-first strategies deliver cascading benefits. Adult immunization and early investment in cardiovascular health demonstrate how timely action can avert costly long-term conditions and comorbidities later in life.
- Trust is essential for successful prevention initiatives. Achieving widespread adoption of new practices depends on building confidence in health institutions, made possible through community partnership, multisector leadership, and co-ownership.

Economic Growth & Workforce

- Longer working lives make age-inclusive workplaces a business imperative, underpinning productivity by preserving institutional knowledge and reducing churn.
- Women over 50 are driving workforce growth but remain constrained by pay inequities, caregiving demands, and poor midlife health support.
- Our health is our wealth: health systems shape who can work, for how long, and at what level of productivity.

These dynamics are reshaping capital markets, with Japan demonstrating how longevity investment—enabled by public-private financing and regulatory clarity—can support long-term economic planning.



“We recognize that just researching and bringing a treatment forward isn’t enough. You have to have a clear way to make it accessible to patients all around the world.”

Mike Devoy

EVP, Chief Medical Officer of Bayer AG

Conclusion

The Silver Economy is vast and continually expanding. GCOA provides a variety of ongoing resources to help stakeholders stay updated on developments in healthy aging, longevity policies, and innovations beyond the Forum. Participants can access regular publications, research briefs, and insights on global trends in prevention, care systems, workforce transformation, and age-friendly economic growth. Through these efforts, GCOA ensures ongoing visibility into emerging best practices, policy changes, and collaborative efforts to harness aging as an opportunity for positive achievement.



“Our contributors are the leaders of the mindset change, the people who will ensure that actions happen. At every phase of this, we are reshaping narratives to be about the economic opportunities and the wealth creation, so that we change hearts and minds about the potential of aging.”

Melissa Gong Mitchell

Executive Director, Global Coalition on Aging

Technology & Care Innovation

- Technology-enabled home care is transforming aging by improving assessments, predicting needs, coordinating services, and preserving independence.
- Innovation and multisector, multiregional collaboration is required to ensure the opportunities of the aging megatrend are realized and implemented system-wide.

Social Trust & Engagement

- Community organizations and leaders act as trusted bridges between residents and health systems.
- Rebuilding trust requires listening, co-creation, and validation.
- Storytelling changes narratives. Shifting from a “burden” framing to one that emphasizes contribution, capability, and opportunity helps create social and political momentum for healthy aging.



Michael Hodin, Melissa Gong Mitchell, Jo Garsden, Paul McGarry

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About the Global Coalition on Aging

The Global Coalition on Aging aims to reshape how global leaders approach and prepare for the 21st century's profound shift in population aging. GCOA uniquely brings together global corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. Through research, public policy analysis, advocacy, and strategic communications, GCOA is advancing innovative solutions and working to ensure global aging is a path for fiscally sustainable economic growth, social value creation and wealth enhancement.

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