



Healthy longevity is within reach

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We are entering an unprecedented era: soon, one-third of our lives will unfold after age 60. A first in human history. Our societies have never faced such a demographic challenge, nor such an opportunity.

To meet this great societal challenge and reap its benefits for all, we must develop the necessary measures to enable active, engaged, and productive aging, and make healthy longevity a driver of shared well-being and economic growth. For the World Health Organization, healthy aging means **maintaining our abilities to continue doing what matters most to each of us**.

A study published in *Nature Aging* by Beard^[1] reveals that intrinsic capacity (a clinical measure of aging) observed at age 70 today is comparable to that of people aged 60 thirty years ago. We are aging better than before; and we can continue to build on this progress. Geroscience, the science that studies the mechanisms of aging to prevent the diseases associated with it, is now opening the way to predictive, preventive, personalized, and participatory medicine. The decline in intrinsic capacity begins at least 10 to 20 years before the clinical onset of disease: it is there, silently, that healthy aging is determined. And that is where we can intervene.

One of the goals of healthy longevity: **Pushing back individuals' functional age by twenty years, so that an 80-year-old of tomorrow will have the biological and functional profile of a 60-year-old today**. This is not science fiction: it is a possibility grounded in rigorous scientific evidence, and if accompanied by collective medical ambition, it could represent a considerable economic lever. Scott *et al.*^[2], estimate that a slowdown in aging producing a 1-year increase in US life expectancy would be worth US\$38 trillion in aggregate willingness-to-pay to the US population, rising to US\$367 trillion for a 10-year increase. In France, the public finance contribution to compensating loss of autonomy for the elderly alone was €31.1 billion in 2024^[3], resources that could be redirected toward innovation and solidarity. The tools exist: the World Health Organization's (WHO's) Integrated Care for Older People (ICOPE) program^[4], already deployed with more than 120,000 people in France, enables personalized, digital maintenance of intrinsic capacity. In January 2026, the French National Academy of Medicine established a clinical framework for what is reasonable and necessary today^[5]. This framework will evolve in the coming years as biological aging markers emerge.

This is the entire purpose of the 2026 Longevity Summit in Paris: to bring together 150 of the world's leading decision-makers, experts, researchers, healthcare professionals, scientists, healthcare institution directors, and public and private stakeholders around a shared ambition: to unite our forces and knowledge to make healthy longevity a reality for all. To this end, we will seek to answer the following questions:

- Where do we currently stand in our understanding of aging?
- What is geroscience, and what prospects does it open up?
- How can advances in geroscience knowledge be translated into concrete medical and societal applications?
- How is biological age measured? And what are the prospects for preventing or treating age-related diseases?
- How can we prepare and adapt our healthcare system, and society more broadly, for these major transformations?
- What can each of us do in our specific domain with the means available to us? It turns out that together, we can already do a great deal right now!

This document captures the emerging priorities and key insights from the May 20th Longevity Summit, reflecting the shared vision of the experts, researchers, and stakeholders.



Several priority directions were identified:

- Reimagine the three phases of life (education, working life, retirement) no longer as linear stages, but as alternating and continuous ones, in keeping with the unprecedented demographic transformations our societies are undergoing^[6].
- Establish a “prevention time” in schools and the workplace, offering employees dedicated time (annual check-ups and periodic interventions) for prevention and healthy longevity. University hospitals, general hospitals, and local hospitals across the country must be able to play a major role.
- Systematize the ICOPE program for patients from age 50 onward, and offer it to all people entering a primary care facility, including staff, caregivers, and visitors.
- Fight ageism. The pervasive negative portrayal of aging, as a time of inevitable decline and dependency, remains one of the most significant barriers to older people’s participation in the workforce and society more broadly, as well as weakening effective research, policy, and individual action. It distorts public understanding of aging, undermines funding priorities, and discourages people from engaging in preventive behaviors. A major, sustained national campaign is needed to challenge age-related stereotypes and promote a positive, realistic, and inclusive vision of what it means to grow older.
- Create territorial Healthy Aging Coalitions modeled on the Conference of the Parties (COP) approach from climate diplomacy. These multi-stakeholder bodies, bringing together elected officials, local governments, businesses, associations, healthcare professionals, insurers, and citizens, would collectively define shared healthy longevity goals, with concrete commitments and an annual public accountability review.
- Update academic reference frameworks annually on what is reasonable and necessary for a medicine of healthy longevity, and ensure broad dissemination to healthcare professionals across all disciplines as well as to the general public.
- Create a national and European consortium for the development of a geroscience framework focusing on increased longevity.

Declarations

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