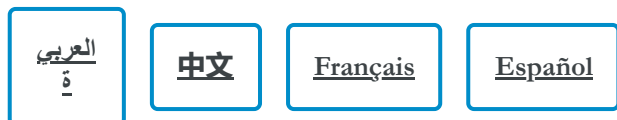


Ageing and health

5 February 2018



Key facts

- Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.
- By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
- In 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

People worldwide are living longer. Today, for the first time in history, most people can expect to live into their sixties and beyond. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015. Today, 125 million people are aged 80 years or older. By 2050, there will be almost this many (120 million) living in China alone, and 434 million people in this age group worldwide. By 2050, 80% of all older people will live in low- and middle-income countries.

The pace of population ageing around the world is also increasing dramatically. France had almost 150 years to adapt to a change from 10% to 20% in the proportion of the population that was older than 60 years. However, places such as Brazil, China and India will have slightly more than 20 years to make the same adaptation.

While this shift in distribution of a country's population towards older ages – known as population ageing - started in high-income countries (for example in Japan 30% of the population are already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change. By the middle of the century many countries for e.g. Chile, China, the Islamic Republic of Iran and the Russian Federation will have a similar proportion of older people to Japan.

A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health.

There is, however, little evidence to suggest that older people today are experiencing their later years in better health than their parents. While rates of severe disability have declined in high-income countries over the past 30 years, there has been no significant change in mild to moderate disability over the same period.

If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.

Ageing explained

At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease, and ultimately, death. But these changes are neither linear nor consistent, and they are only loosely associated with a person's age in years. While some 70-year-olds enjoy extremely good health and functioning, other 70-year-olds are frail and require significant help from others.

Beyond biological changes, ageing is also associated with other life transitions such as retirement, relocation to more appropriate housing, and the death of friends and partners. In developing a public-health response to ageing, it is important not just to consider approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth.

Common health conditions associated with ageing

Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia. Furthermore, as people age, they are more likely to experience several conditions at the same time.

Older age is also characterized by the emergence of several complex health states that tend to occur only later in life and that do not fall into discrete disease categories. These are commonly called **geriatric syndromes**. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers.

Geriatric syndromes appear to be better predictors of death than the presence or number of specific diseases. Yet outside of countries that have developed geriatric medicine as a speciality, they are often overlooked in traditionally structured health services and in epidemiological research.

Factors influencing Healthy Ageing

Although some of the variations in older people's health are genetic, much is due to people's physical and social environments – including their homes, neighbourhoods, and communities, as well as their personal characteristics – such as their sex, ethnicity, or socioeconomic status.

These factors start to influence the ageing process at an early stage. The environments that people live in as children – or even as developing foetuses – combined with their personal characteristics, have long-term effects on how they age.

Environments also have an important influence on the development and maintenance of healthy behaviours. Maintaining healthy behaviours throughout life, particularly eating a balanced diet, engaging in regular physical activity, and refraining from tobacco use all contribute to reducing the risk of non-communicable diseases and improving physical and mental capacity.

Behaviours also remain important in older age. Strength training to maintain muscle mass and good nutrition can both help to preserve cognitive function, delay care dependency, and reverse frailty.

Supportive environments enable people to do what is important to them, despite losses in capacity. The availability of safe and accessible public buildings and transport, and environments that are easy to walk around are examples of supportive environments.

Challenges in responding to population ageing

Diversity in older age

There is no 'typical' older person. Some 80-year-olds have physical and mental capacities similar to many 20-year-olds. Other people experience significant declines in physical and mental capacities at much younger ages. A comprehensive public health response must address this wide range of older people's experiences and needs.

Health inequities

The diversity seen in older age is not random. A large part arises from people's physical and social environments and the impact of these environments on their opportunities and health behaviour. The relationship we have with our environments is skewed by personal characteristics such as the family we were born into, our sex and our ethnicity, leading to inequalities in health. A significant proportion of the diversity in older age is due to the cumulative impact of these health inequities across the life course. Public health policy must be crafted to reduce, rather than reinforce, these inequities.

Outdated and ageist stereotypes

Older people are often assumed to be frail or dependent, and a burden to society. Public health, and society as a whole, need to address these and other ageist attitudes, which can lead to discrimination, affect the way policies are developed and the opportunities older people have to experience **Healthy Ageing**.

A rapidly changing world

Globalization, technological developments (e.g. in transport and communication), urbanization, migration and changing gender norms are influencing the lives of older people in direct and indirect ways. For example, although the number of surviving generations in a family has increased, today these generations are more likely than in the past to live separately. A public health response must take stock of these current and projected trends, and frame policies accordingly.

WHO's response

In accordance with a recent World Health Resolution (67/13), a comprehensive **Global Strategy and Action Plan on Ageing and Health** is being developed by WHO in consultation with Member States and other partners. The Strategy and Action Plan draws on the evidence of the **World report on ageing and health** and builds on existing activities to address 5 priority areas for action.

- [Consultation on Global Strategy and Action Plan on Ageing and Health](#)
 1. **Commitment to Healthy Ageing.** Requires awareness of the value of Healthy Ageing and sustained commitment and action to formulate evidence-based policies that strengthen the abilities of older persons.
 2. **Aligning health systems with the needs of older populations.** Health systems need to be better organized around older people's needs and preferences, designed to enhance older peoples intrinsic capacity, and integrated across settings and care providers. Actions in this area are closely aligned with other work across the Organization to strengthen universal health care and people-centred and integrated health services.
 3. **Developing systems for providing long-term care.** Systems of long-term care are needed in all countries to meet the needs of older people. This requires developing, sometimes from nothing, governance systems, infrastructure and workforce capacity. WHO's work on long-term care (including palliative care) aligns closely with efforts to enhance universal health coverage, address non-communicable diseases, and develop people-centred and integrated health services.
 4. **Creating age-friendly environments.** This will require actions to combat ageism, enable autonomy and support Healthy Ageing in all policies and at all levels of government. These activities build on and complement WHO's work during the past decade to develop age-friendly cities and communities including the development of the Global Network of Age Friendly Cities and Communities and an interactive information sharing platform Age-friendly World.
 5. **Improving measurement, monitoring and understanding.** Focused research, new metrics and analytical methods are needed for a wide range of ageing issues. This work builds on the extensive work WHO has done in improving health statistics and information, for example through the WHO Study on global AGEing and adult health (SAGE)

- [Age-friendly World](#)

Publications

- [Consultation on Global Strategy and Action Plan on Ageing and Health](#)