3. Landscape

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#### 3.1 Population Ageing

Today, for the first time in history, most people can expect to live into their sixties and beyond. This is a great public health triumph and reflects our successes in dealing with fatal childhood disease, maternal mortality and, more recently mortality in older ages. When combined with marked falls in fertility rates, these increases in life expectancy are leading to equally significant changes in population structure – population ageing (see box).

**Box: Population Ageing**

Between 2000 and 2050, the proportion of the world’s population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is projected to increase from 901 million in 2015, to 1.4 billion by 2030 and 2.1 billion by 2050, and could rise to 3.2 billion in 2100. By 2050, Europe will have about 34% of its population over 60; Latin America and the Caribbean and in Asia, about 25%; and although Africa has the youngest age distribution of any major area, it is also projected to age rapidly, with the population aged 60 years or over rising from 5% today to 9% by 2050. In addition, older populations will be increasingly concentrated in the less economically developed regions. (United Nations DESA. World Population Prospects: The 2015 Revision, Key Findings and Advance Tables)

#### 3.2 Longevity

Longer lives are an incredibly valuable resource. Yet, the extent of the opportunities that arise from increasing longevity will be heavily dependent on one key factor – the health of these older populations. If people are experiencing these extra years in good health, their ability to do the things that matter will be little different from that of a younger person. However, if these added years are dominated by rapid declines in physical and mental capacity without support, the implications for older people and for society are much more negative.

Based on the most recent WHO estimates¹, global life expectancy of a person aged 60 years was 20 years, a substantial increase of 2 years since 2000. Unfortunately, while it is often assumed that increasing life expectancy is being accompanied by an extended period of good health, there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age or that all older adults have the same opportunities to do so (see box).

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This does not have to be the case. Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases (NCDs). Many of these can be prevented or delayed by healthy behaviours. Other health problems can be effectively managed, particularly if detected early enough. Health and social systems can work together to maintain or strengthen intrinsic capacity; they can also reverse declines, as new evidence shows about frailty. And for people with declines in capacity, supportive environments can promote dignity and continued personal growth. Yet, the world is very far from this ideal.

Population ageing therefore demands a comprehensive response. Yet debate on just what this might comprise has been narrow, and the evidence on what can be done is limited. But this does not mean that nothing can be done now. Indeed, action is urgent.

3.3 Challenges and Opportunities

Ageing is a complex and challenging area, with many uncertainties and debates. And although international agreements to address population ageing have raised attention, much more can be done to meet challenges that shape the health of older people. To help address this complexity, Draft 0 of the GSAP draws heavily on the first WHO World Report on Ageing and Health, expected to be released in October 2015. The Report brings together what is currently known about ageing and health, provides a rationale for the focus on healthy ageing, and identifies evidence on effective action for countries at all levels of development. It also identifies a number of key challenges and incorrect assumptions, to developing a comprehensive response to population ageing, and potential policy opportunities to overcome these, including:

- Many popular perceptions and common assumptions about older people are based on outdated stereotypes. This can limit the way we conceptualise problems, the questions we ask and our capacity to seize innovative opportunities. In its most overt form, these stereotypes can lead to discrimination against individuals or groups simply on the basis of their age. This has been labelled ageism and may now be as pervasive form of discrimination as sexism and racism. One policy priority must be to combat this discrimination and to break down the many barriers that limit the ongoing social participation and contributions of older people.

- Older populations are characterized by great diversity. For example, some 80 year olds have levels of physical and mental capacity comparable to that of many 20 year olds. Moreover, what older adults can physically and mentally do – their capacity – is only part of their potential. What they are actually able to do (their functional ability) will depend on the fit between them and their environment. Policies must be framed in ways that enable as many people as possible to experience healthy ageing. But many other people will experience significant declines in capacity at much younger ages. For example, some people in their 60s may require help from others to undertake even basic activities. A comprehensive policy response to population ageing must also address the needs and rights of those with significant declines in functional capacity.
- **Ways to enable the abilities and meeting the needs of such diverse populations.** Currently actions and policies often appear disjointed, and may even be administered through different and competing arms of government. Yet, the diverse needs of older people are best viewed as a continuum of functioning. A comprehensive policy response must be able to reconcile these different emphases into a coherent narrative around ageing, that catalyses actions across sectors and stakeholders.

- **Unfair differences, in both opportunities for health and for support.** Much of the great diversity seen in older age is likely to be underpinned by the cumulative impact of advantage and disadvantage that we face across our lives. One result is that older people with the greatest needs at any point in time are also likely to be those with the fewest resources to call on to address it. Policy responses need to be crafted in ways that overcome, rather than reinforce, these inequities.

- **Shaping social norms to reflect reality.** A widespread ageist stereotype of older people is that they are dependent on others or a burden for society and their families. This can lead to an assumption in policy development that spending on older people is simply a drain on economies, and to a policy emphasis on cost containment. Aged-based assumptions of dependence ignore the many contributions older people make to the economy. This often also translates into ignoring their crucial role supporting other generations, or even leading to their neglect or abuse. Policies must shape ways that foster the ability of older people to make multiple contributions in an environment that respects people’s dignity and rights.

- **Incorrect assumption that the growing needs of ageing populations will lead to unsustainable increases in health care costs.** In reality, the picture is far less clear. While, in general, older age is associated with increased health-related need, the link with both health care utilization and expenditure is variable. In some high-income countries health care expenditure per person actually falls significantly after the age of around 70 (while expenditure on long-term care increases). Since more and more people are growing into advanced old age, enabling people to lead long and healthy lives may thus actually ease pressures on health-care cost inflation. While much more evidence is needed, predicting future health care costs on the basis of population age structures is thus of questionable value. Policies must take into account the increasing need for long-term care both for efficacy and efficiency purposes.

Many other major social changes are occurring alongside population ageing. Combined, these mean that getting older in the future will be very different from the experience of previous generations. For example, urbanization and globalization have been accompanied by increased migration and deregulation of labour markets. For older people, these changes may create new opportunities but also new challenges. Policies must be framed in a way that allows older people to make the most out of these opportunities and overcome these new challenges.

Gender norms are also changing in many parts of the world. In the past, a key role for women was often that of carer, both for children and for older relatives. This restricted women’s participation in the paid workforce, which had many negative consequences for them in later life including a greater risk of poverty, less access to quality health and social care services, higher risk of abuse, poor health and reduced access to pensions. Today, women are increasingly filling other roles, providing them with greater security in older age. Policies need to pay particular attention to the specific situation of older women, providing them with additional support to overcome the negative consequences of life-long inequities.

Technological change is also accompanying population ageing and creating opportunities that were never previously available. For example the internet can allow continued connection with family
despite distance, or access to information that can guide self-care or support caregivers. Assistive devices such as hearing aids are more functional and more affordable than in the past, while wearable devices provide new opportunities for health monitoring and personalised health care. These significant social and technological changes mean that policies should not be designed around outdated social models of ageing. **Rather policies must instead seize the opportunities significant social and technological changes provide for innovative approaches** (see box).

**Box: Policy Opportunities for Healthy Ageing – good policies can:**
- break down the many barriers that limit their ongoing social participation and contributions
- overcome, rather than reinforce, inequities in the determinants of healthy ageing
- foster the ability of older people to make multiple contributions in an environment that respects rights
- be designed around contemporary social models of ageing and seize the opportunities new developments provide for innovative approaches
- reflect participation of diverse stakeholders, including older people, health professionals and care givers, non-governmental organizations and associations, and policy makers in diverse sectors
- take into account the increasing need for long-term care
- not only focus on increasing life expectancy but on enabling longer, healthier lives without functional decline
- allow older people to make the most out of opportunities and to overcome new challenges resulting from urbanization and globalization trends
- pay particular attention to the specific situation of older women, providing them with additional support to overcome the negative consequences of life-long inequities
- enable as many people as possible to achieve positive trajectories of healthy ageing

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WHO Secretariat welcomes comments and suggestions

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