

## **Healthy ageing in the WHO European Region: policies and priorities**

The median age of the population in the WHO European Region is the highest in the world and it continues to increase rapidly. The average life expectancy at birth for the 53 countries in the Region is over 72 years for men and around 80 for women. This constant growth in longevity is a tremendous achievement but disparities in longevity, health experiences, and social participation at higher ages continue to grow as well.

### **A WHO strategy and action plan**

Enabling a greater proportion of older people to stay healthy and active has become key for the future sustainability of health and social policies in Europe and requires investment in a broad range of policies. WHO/Europe has developed a strategy and action plan on healthy ageing in Europe for 2012–2020. This strategy and action plan centres on four strategic priority areas and five priority interventions.

### **Four strategic priority areas for action**

#### **Healthy ageing over the life-course**

The main health burdens of older people are from noncommunicable diseases. Fighting this epidemic throughout the life-course is therefore the key to further health gains in Europe. Evidence is growing that more can be done to promote health and prevent disease, including among older people, for whom access to prevention and rehabilitation may be limited.

#### **Supportive environments**

A promising development is the growing network of cities and communities that cooperate among themselves and with WHO, to create policies for supportive, age-friendly environments. Such policies can have a big impact by improving the active participation and independence of older people and they have generated partnerships with other organizations, such as the European Innovation Partnership on Active and Healthy Ageing in the European Union.

#### **People-centred health and long-term care systems fit for ageing populations**

Making health systems fit for ageing populations is another challenge. How can the different levels of health and social care be better coordinated so that better services are provided for people with multiple chronic conditions and functional limitations? In many countries, people increasingly expect better access to high-quality health and social services. This includes expecting public support for the informal care provided by family, friends and other volunteers, not least to protect them from paying a large share of the health bill and to protect their own health and job opportunities.

## Strengthening research and the evidence base

WHO/Europe strives to facilitate the exchange of experience and to fill gaps in knowledge about healthy ageing in order to develop evidence-based policies. Knowledge exchange and transfer are key for a European Region that is rich in innovative examples of best practice for healthy ageing, including at the local level.

## Five priority and three supporting interventions

WHO/Europe proposes five priority interventions that focus on healthy ageing over the life-course. Evidence shows that they are “best buys” for countries at various stages of development of healthy ageing policies and demographic transition:

- prevention of falls;
- promotion of physical activity;
- influenza vaccination of older people and prevention of infectious disease in health care settings;
- public support for informal care-giving with a focus on home care, including self-care; and
- geriatric and gerontological capacity-building among the health and social care workforce.

Besides these five priority interventions, a number of supporting interventions are important in linking healthy ageing to its wider social context. These include the prevention of elder maltreatment, the prevention of social isolation and social exclusion, and quality of care strategies for older people. WHO/Europe addresses all three of these areas in its work with Member States.

### Facts and figures on priority interventions

- **Falls.** About 30% of people over 65 years and 50% of those over 80 fall each year. Older women are more vulnerable than older men as they tend to have less muscle strength and are more likely to have osteoporosis.
- **Physical activity.** This is one of the strongest predictors of healthy ageing. A large proportion of people in the Region, over half in some countries, is physically inactive.
- **Loss of muscle mass.** Age-related loss of muscle mass can amount to 30–50% by the age of 80. It currently affects over 40% of men in the European Region aged 70–79, and over 50% of women.
- **Influenza.** During seasonal influenza epidemics, people aged 65 or older account for over 90% of influenza-related deaths. Vaccines against influenza have been used for over 60 years and are considered safe and the best intervention available for preventing influenza-related morbidity and mortality.
- **Informal care.** In all European countries, most care (in terms of hours) is provided informally at home, mostly by women. Public support for informal care can help to increase its quality, protect the health of care-givers or help them reconcile work and care-giving.

- **Care at home.** Access to adequate care at home can reduce the need for acute care in hospitals or other care facilities and care at home is generally considered to be more effective and efficient in maintaining the quality of life.
- **Progress in geriatric education and capacity-building.** Over the last 20 years, the number of established chairs in geriatrics has increased substantially, by over 40% overall, while undergraduate and postgraduate teaching activities have increased by 23% and 19%, respectively.

**For further information, contact:**

Ina Parvanova  
Regional Communications Adviser  
WHO/Europe  
Tel.: +45 39 17 12 31, +45 21 19 43 74  
(mobile)  
E-mail: tpr@euro.who.int

Liuba Negru  
Media Relations Officer  
WHO/Europe  
Tel.: +45 39 17 13 44, +45 20 45 92 74  
(mobile)  
E-mail: lne@euro.who.int