



10 facts on healthy ageing in Europe

1. The continuous increase in longevity is an unprecedented success of societies.

The 53 countries in the WHO European Region have the highest median age in the world, and include 9 of the 10 countries with the longest life expectancy. On average, men can expect to live more than 72 years, and women, around 80.

2. Large health inequalities between countries shape differences in life expectancy.

These inequalities persist throughout the Region. For example, life expectancy at birth for the total population ranges from 69.1 years in the Republic of Moldova to 81.8 in Sweden.

3. Inequalities between countries extend into older age groups.

Inequalities in the health of older people in Europe are highlighted by the large differences in the age at which people can, on average, expect to live another 15 years. This ranges from 62.3 years in the Republic of Moldova to 72.2 in France.

4. Women still live much longer than men, but the gap is closing.

The difference in life expectancy at birth is smallest in Iceland (3 years) and largest in the Russian Federation (over 12 years). As this gap has shrunk in many countries, more couples can offer each other support when in need of care.

5. Populations age at different speeds, which poses some of the biggest challenges for the countries in the eastern half of the Region.

Age-dependency ratios (the ratios of the population aged ≥ 65 years to that aged 20–64) have grown in Europe over the last two decades, and the latest United Nations projections (from 2010) indicate that they will grow faster over the next 20 years.

In the newly independent states, age-dependency ratios are expected to grow by more than 50% over the next 20 years. Turkey and countries in central Asia show more favourable demographic prospects. Even in central Asia, however, dependency ratios will start to grow and be more than two thirds larger by 2030.

6. Tackling the epidemics of noncommunicable diseases (NCDs) has become key to healthy ageing in the future.

With ageing populations, NCDs account for an increasingly share of the burden of disease: 94% of all life-years lost among people aged ≥ 60 . Ischaemic heart disease, cerebrovascular disease (stroke) and lung cancer are the main causes.

Health-promotion and disease-prevention measures to tackle the common risk factors for NCDs can contribute greatly to healthy ageing. For example, the European Region has the highest alcohol consumption in the world. The average in the European Union, almost 3 drinks per person per day, is more than double the world average. Tobacco consumption is also relatively high in many European countries.

7. Health and social care plays an important role in mitigating the effects of common causes of disability.

The burden of disability grows with age: it is 3–4 times bigger for people aged ≥ 75 years than those aged 45–55. Dementia is the greatest cause of disability for older people, followed by hearing loss and osteoarthritis. These impairments call for efficient health care interventions.

8. Healthy and active ageing will help keep health-care costs manageable.

Population ageing is one of the factors contributing to growing expenditure on public health and long-term care. These factors have been projected to increase public spending by about an additional 1.5 percentage points of gross domestic product by 2035.

Demographic factors, however, are only one cost driver. Technological progress and citizens' rising expectations are more important. Moreover, health policy can help to achieve health gains by modifying risk factors and investing in health promotion and disease prevention over the life-course; this can help contain costs.

9. Public support to informal caregiving can be an effective way to support older people and their families in countries at all income levels.

In all countries, informal care, often given by family members, supplies a large share of the support and care needed by older people with disability. Most informal caregivers are women, many still of working age, but up to 10% are both men and women aged ≥ 75 years.

Public support to informal care – such as respite care, counselling, home care and carer leave schemes – is important to protect both the givers and receivers of care from the risk of negative health and social outcomes.

10. Action at the local level can make the difference for older people.

WHO/Europe works with cities and communities to encourage the creation of environments that support healthy and active ageing. About 1500 cities in the European Region have joined the Healthy Cities movement. Many joined through national networks that use WHO tools and guidelines, including on policies that address key aspects of age-friendly environments, such as accessibility, transport, intergenerational links and services.