

## Healthy ageing

### An effective approach to the implementation of the European Long-Term Care Strategy

The European population is ageing at a rapidly increasing rate. By 2050, the number of people aged 65 or over is projected to rise by 41%, from 92.1 million to 130.2 million, while the number of people aged 80 or over is expected to increase by 88%, from 26.6 million to 49.9 million.

Increased longevity is a testament to improvements in public health, education, working conditions, gender equality, and economic circumstances. People today are living longer and healthier lives compared to past centuries. However, this trend also presents challenges, particularly in terms of increasing pressure on pension systems, healthcare, and long-term care services.

A common assumption is that longevity automatically leads to greater demand for long-term care services, placing unsustainable pressure on the provision of social and healthcare services, the health and social workforce, and public finances. However, **the real challenge is not population ageing itself but ageing in poor health.**

The recent [European Commission Report on Ageing](#) highlights that the need for long-term care does not stem from ageing alone but rather from illness, disability, and frailty. The report envisions a healthy ageing scenario, where policies promoting healthy ageing result in reduced disability and illness among older people. Under this scenario, increased longevity does not necessarily lead to higher long-term care expenditures.

In relation to long-term care, the European Union, under [Principle 18 of the European Pillar of Social Rights](#), is committed to ensuring that “everyone

has the right to affordable long-term care services of good quality, in particular home care and community-based services.” To support this principle, the European Commission introduced the [2022 European Care Strategy](#), defining **long-term care as essential and enabling services to empower people to maintain their autonomy and live with dignity**; and the 2022 Council Recommendation on [access to affordable, high-quality, long-term care recognising the importance of promoting healthy and active ageing](#).

More recently, the 2025 European Competitiveness Compass has also highlighted support for active and healthy ageing as a key European priority, aiming to extend working lives and achieve sustainable prosperity and competitiveness.

Policies for long-term care services extend beyond simply providing support for older people; they are based on a comprehensive approach that focuses on preventing illness and disability in later life. Equally important, long-term care is not just about meeting basic needs but also about safeguarding older people’s rights, health, psychosocial and emotional wellbeing, fundamental freedoms, dignity, and overall quality of life.

**Strategies for healthy ageing must be integrated into long-term care policies**, as they offer promising solutions to address the challenges associated with an ageing population.

## Unhealthy ageing is avoidable

Genetic factors explain only part of people's health conditions, while many other risk factors affecting people's health. These risk factors are modifiable, and with the right conditions in place, people's health, especially that of older people, can be substantially improved. Since long, scientific evidence has shown that health promotion interventions, even later in life, have [benefits in improved health](#).

Differences in health outcomes most often reflect social inequalities, rooted in socio-economic factors such as the level of education, income level, and working conditions, leading to vulnerable people ageing in poorer health. The environments people live in, such as the quality of their neighbourhoods, communities, social interactions, and housing, as well as the level of pollution and access to green areas—starting from childhood—have long-term consequences on how people age.

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Non-communicable diseases, such as cancer, cardiovascular and chronic respiratory diseases, diabetes, and dementia, are the number one cause of disabilities and chronic diseases in old age. **However, 80% of non-communicable diseases are preventable** by targeting risk factors and implementing health promotion measures.

- Healthy eating.
- Regular physical activity.
- Refraining from tobacco use.
- Maintaining an active social life.
- Preserving cognitive ability.

Societal attitudes and values also have considerable implications for older people's health outcomes. **Ageism** is a form of discrimination, stereotypes, and prejudice based on age. Despite the evidence that healthy ageing interventions remain effective even for those aged 80+, the wrong assumption that poor health is natural and unavoidable part of ageing prevents many older people from receiving the care they need.

## Policies for healthy ageing

Healthy ageing measures aim to reduce avoidable deaths and serious disability throughout the life course, as well as increase physical, mental, and social functioning. These policies lead to gains in healthy life years and typically take a life course approach, beginning in childhood with programmes for health promotion, healthy nutrition, and physical activity. Healthy ageing policies are based on a set of multi-sectoral actions that enable older people to remain a valuable resource for their families, communities, and economies. Healthy longevity initiatives improve health, enhance wellbeing, and reduce social isolation and poverty.

Healthy ageing must be framed in a multi-dimensional policy framework that aims to reduce avoidable diseases and disabilities, support and create the conditions for healthier behaviours, and increase physical, mental, and social functioning.

It is crucial to take a **holistic approach** based on multi-stakeholder engagement, from national to regional and local levels, civil society organisations, researchers, academia, and associations representing older people and their families. Strong integration between social and healthcare services is also necessary.

These policies need to put the wellbeing of older people at the forefront and should prioritise efforts to promote age-friendly environments, such as safe, accessible buildings and transport, urban planning that encourages walkability, and strategies that combat social isolation and loneliness.

**Age-friendly housing**, which is accessible and adapted to the needs of older people, and integrated with care and health service provision, is crucial for supporting healthy and active lives. Housing should be designed to minimise physical accidents such as falling, which often lead to disabilities and increased need for long-term care. Equally important is considering climate change and its impact on older people's health, ensuring [cooler housing environments in summer](#) and [warmer housing in winter](#). Currently, an estimated 70–80% of Europe's [existing building stock is not adapted](#) to the independent living of older people.

**Promoting mental health** is just as important as physical health, especially given that the two dimensions are interlinked: poor mental health leads to the deterioration of physical health, and vice versa. Mental health issues are not an inevitable part of ageing, and psychosocial and psychotherapeutic interventions can improve self-reported wellbeing in older people. Likewise, policies supporting regular physical activity [addressing psychosocial risks in the workplace](#) contribute to improved physical and mental health.

With the increasing digitalisation of social and health services, including for health promotion measures, [healthy ageing policies](#) must **improve the digital literacy** of older people. Older adults face considerable barriers to using and fully benefiting from digital social and health services [due to inexperience, insufficient technical skills, financial difficulties, and outdated technology](#). Older people with chronic diseases and disabilities are also more vulnerable to digital exclusion, as poor health often correlates with greater difficulties in accessing digital health services.

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**Affordable, accessible, and nutrient-rich food** is vital for older people's health, especially as a protective factor against diseases. Older people living alone, those who have lost a partner, have fewer social connections, or suffer from disabilities or depression are at risk of developing poor eating habits. Malnutrition, obesity, and being underweight increase the risks of diseases and chronic conditions. With rising food prices, access to nutritious and affordable food is becoming increasingly difficult for vulnerable and lower-income groups, including older people.

As a result, ultra-processed food (UPF) consumption is increasing, as these products are often cheaper. However they negatively impact health and contribute to [rising rates of non-communicable diseases](#), such as cardiovascular disease, certain types of cancer, and mental health issues.

Healthy nutrition programmes should start early, beginning in childhood with healthy food education in schools and continuing throughout the life course. Strong policy measures, such as making healthy food more accessible and affordable for older people, are essential for improving health outcomes.

A **gender dimension** must be integrated into long-term care and healthy ageing policies. Women tend to live longer than men, but they spend more years in poor health and require more long-term care. This also raises concerns about long-term care affordability for women, as they tend to have lower pensions compared to men due to employment gaps throughout their working careers. Healthy ageing interventions that have a strong focus on improving older women's health not only reduce their years spent in poor health but also lower their risk of poverty due to high long-term care costs.

Likewise, an **equity dimension** is also necessary. Currently, there is a difference of up to 10 years in healthy life expectancy between EU member states. Given the EU's objective of improving social convergence across the Union, healthy ageing policies must directly address this gap.

Finally, policies for improving health among older people need to be clearly considered as investments for the future and societal wellbeing, and not just as a cost. The [European Semester Process](#) can support EU Member States in reframing this issue.

Healthy ageing interventions bring considerable benefits in terms of older people's wellbeing and increased participation both in the labour market and in non-market productive activities, such as [volunteering, community activity, childcare, and informal caregiving](#). By increasing the number of healthy years of life, these policies contribute to stabilising public expenditure on long-term care services.

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## Healthy years of life and life expectancy at birth-gender breakdown

### Life expectancy at birth:

- 84.0 years for women
- 78.7 years for men

The indicator of life expectancy at birth provides quantitative information on the number of years a person is expected to live. However, it does not provide qualitative information. To better understand if extra years in life gained through increased longevity are spent in good or bad health, the indicator of healthy life years has been developed.

**Healthy life years (HLY)**, also called **disability-free life expectancy (DFLE)**, is defined as the number of years a person is expected to live in a healthy condition (i.e. without any activity limitation). In the EU, the number of healthy life years at birth in 2022 was:

- 62.8 years for women
- 62.4 years for men

**Equity dimension of healthy life years (HLY)—** differences across EU Member States:

- **Women:** Greece, Italy, Slovenia, Bulgaria and Malta with HYL above 67 years old. Finland, Netherlands, Latvia, Denmark with HLY below 56.5 years old.
- **Men:** Italy, Sweden and Malta with HLY above 67 years old. Denmark, Slovakia and Latvia HLY below 57 years old.

## Healthy ageing and the Council Recommendation on long-term care

In 2022 the [Council Recommendation on long-term care](#) was approved with the aim of enabling people in need of care to maintain autonomy and live with dignity.

### Council Recommendation on long-term care: the definition

Long-term care means a range of services and assistance for people who, as a result of mental and physical frailty, disease and disability, depend on support for daily living activities and are in need of some permanent nursing care.

The daily living activities for which support is needed may be the self-care activities that a person must perform every day such as bathing, dressing, eating, getting in and out of bed and a chair, moving around, using the toilet, and controlling bladder and bowel functions. It may be related to independent living activities such as preparing meals, managing money, shopping for groceries and personal items, performing light or heavy housework, and using a telephone.

The key actions proposed by the Council Recommendation are around:

- **Improving access and availability**, including addressing territorial disparities in service provision, especially in rural and remote areas, expanding home and community-based care and ensuring strong coordination with prevention, healthy ageing, and active ageing policies.
- **Ensuring affordability** by reducing out-of-pocket expenses and preventing financial hardship due to care costs.
- **Enhancing quality** by establishing national frameworks and clear standards.
- **Supporting carers** by improving working conditions and addressing the workforce shortage.
- **Supporting informal carers** by facilitating their cooperation with long-term care workers, providing access to training, social protection, financial support, as well as psychological support
- **Improving governance** by involving relevant stakeholders, including social partners, civil society organisations, and care recipients.

## Healthy ageing in the 2022 Council Recommendations

Member States have committed to:

- Ensuring that long-term care services are well-coordinated with prevention, healthy and active ageing, and health services.
- Support autonomy and independent living.
- Restoring and preventing the deterioration of physical or mental conditions.

Austria, Czech Republic, Belgium, Finland, France, Italy, the Netherlands, Portugal, and Slovakia are all reporting having planned for wide-range strategies addressing:

- Loneliness and mental wellbeing.
- Healthy nutrition and physical activity
- Cultural and social participation and community engagement.
- Healthy and positive ageing throughout the life course.
- Health-assessment programme at early age.

In 2024, EU Member States submitted their actions, both completed and planned, for implementing the Council Recommendation to the European Commission. These country reports provide a useful overview of policies and reforms initiated in long-term care and represent a basis for exchange for mutual learning, exchange of good practice, and further in-depth analyses. When it comes to healthy and active ageing, the great majority of Member States have mentioned some forms of initiatives taken to promote health and wellbeing of older persons, with different degrees of comprehensiveness.

Many country reports also mentioned plans to improve health and social services integration as well as coordination with regional and local governments since many of the actions to support healthy ageing, such as community engagement, age-friendly urban planning and housing, requires the full engagement of local authorities and stakeholders.

## Two approaches to promote healthy ageing from EuroHealthNet

EuroHealthNet is a partnership of over 80 public health agencies and organisations, including civil society organisations, universities, and research centres. Its core mission is to reduce health inequalities by addressing socioeconomic determinants and working on health promotion, disease prevention, and the [Wellbeing Economy](#).

### Austria Health Promotion Fund

The [Austria Health Promotion Fund](#) is an agency responsible for establishing the health promotion framework in Austria, including initiatives on healthy ageing and emerging trends in [innovative policies](#). Recently, the agency identified that loneliness and social isolation contribute to poor health in older people as significantly as other risk factors such as smoking and obesity.

Conversely, social participation acts as a protective factor for health and a resource for society. Measures aimed at reducing isolation and fostering engagement and physical activity have proven effective in improving physical and mental health, functional ability, and overall quality of life.

Several key intervention areas have been identified for local implementation in collaboration with cities and municipalities:

- Health promotion and health literacy services
- Neighbourhood and volunteer initiatives.
- Health-promoting living spaces.
- Community participation and the involvement of older people.

## Ageing and long-term care living lab of Maastricht University

The [Ageing and Long-Term Care Living Lab](#) at Maastricht University is a collaboration between long-term care facilities and universities, using research evidence to enhance the provision of long-term care and improve older people's quality of life. This includes promoting personal independence, physical activity, and overall wellbeing, including mental health.

The Living Lab aims to bridge the gap between research and practice by translating findings into policy changes for long-term care services and assessing care quality from the perspectives of users and their families.

The Living Lab collaborates with over 100 long-term care organisations, universities, and vocational training institutes for healthcare professionals. It enables researchers to work alongside older people, their families, healthcare professionals, and policymakers. The initiative also engages with primary care providers, hospitals, mental health services, and local municipalities.

As a safe space for experimentation, innovation, and dialogue, the Living Lab has generated valuable insights into alternative long-term care models. These include [small, home-like facilities and green care farms](#) as alternatives to traditional nursing homes of older people.

## Key references on ageing

[2024 EC Ageing Report: Economic and Budgetary Projection for the EU Member States \(2022-2070\)](#) presents the economic and budgetary impact of an ageing population under different projections. The aim is to anticipate future trends to devise adequate policies, including on ensuring that long-term care services are accessible, affordable, of good quality, and sustainable in the long-term. One of the report's conclusions is that population ageing must be accompanied by improvements in health status and reductions in disabilities to keep the older people's long-term care needs, and the associated costs sustainable. Investment in health promotion measures leads to a reduced number of dependent people requiring long-term care services, generating essential savings in the medium term.

Adopted in 2021, the [EU's Green Paper for Healthy Ageing](#), highlights the importance of education and training for healthy and active ageing to ensure a prosperous ageing society.

The Green Paper also covers the relevance of promoting healthy consumption and nutrition as well as physical and social activity. The concept of intergenerational solidarity is presented as a way to achieve societal wellbeing for all age groups, addressing old age poverty and ensuring that the long-term care needs of older people are met.

WHO leads the implementation on the [UN Decade of Healthy Ageing 2020–2030](#) in cooperation with public, private, academic, civil society, and media to foster longer and healthier ageing. The strategy seeks to reduce health inequities and improve the lives of older people, their families and communities through collective action in four areas:

- Changing how we think, feel, and act towards age and addressing ageism.
- Developing communities in ways that foster the abilities of older people.
- Delivering person-centred, integrated care and primary health services responsive to older people.
- Providing older people access to quality long-term care.

All these dimensions are critical for fostering healthy ageing. WHO is now in the process of revamping the strategy for healthy ageing for the period 2026-2030.

The [WHO Global Network for Age-Friendly cities](#) is a global movement working to put health high on the social, economic, and political agenda of city governments. Within the network, there is a specific focus on enabling health-friendly environments. WHO supports cities and local communities in creating the conditions for healthy ageing by developing accessible and safe infrastructure in transport, housing, leisure and cultural facilities, as well as addressing social isolation and encourage social participation.

## WHO's definition of healthy ageing

WHO defines healthy ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to:

- meet their basic needs.
- learn, grow, and make decisions.
- be mobile.
- build and maintain relationships.
- contribute to society.

WHO's work on **reducing social isolation and loneliness among older people** highlights that meaningful social connections are fundamental for older people's wellbeing. However, social isolation and loneliness are widespread, with some countries reporting that up to one in three older people feel lonely. WHO aims to address these challenges as pressing public health concerns by:

- Developing guidance on how to implement and scale up effective interventions to reduce social isolation and loneliness.
- Improving research and strengthening the evidence base for what works.
- Creating a global coalition to increase the political priority given to social isolation and loneliness among older people.

WHO's **toolkit helps Member States transform their long-term care approaches**. This resource is a practical and innovative tool to support policymakers at the regional, national, and local levels in making long-term care systems more responsive, inclusive and sustainable. This initiative aims to improve the implementation of the EU Care Strategy and the Council Recommendation on long-term care.

WHO's **brief explores how population ageing affects health systems' financial sustainability**, focusing particularly on affordable access to health care. Using a simulator, it predicts the effects of the gap between health system revenue and expenditures, highlighting the impact on out-of-pocket payments. Policy recommendations help countries to prepare for the future.

The **OECD work on ageing and long-term care** supports countries in promoting healthy ageing, improving the quality of care, and finding new ways to improve the quality of care for people in the later stages of life. The OECD also organises mutual learning workshops and other types of capacity-building initiatives.

The **G7 Health Ministers' Communiqué (2024)** focused on active and healthy ageing throughout lifelong prevention and innovation and considers ageing as a global public health priority. Governments have committed to investing in effective healthy longevity policies and tools, including supporting age-friendly communities, integrated and accessible long-term care and initiatives to combat ageism.

## Improving the implementation of the Council Recommendation: suggestions for the way forward

- **Promoting healthy ageing requires a stronger focus:** investing in healthy ageing is a necessary policy for reducing the number of people in need of long-term care, ensuring greater sustainability of public finances, and promoting health equity, wellbeing, dignity and independent living for older people. It will be essential at national, regional and local levels to strengthen the role of health promotion and healthy ageing within the long-term care strategy, by adopting a fully integrated and comprehensive approach that covers the multi-dimensional nature of healthy ageing.
- **Better understanding of healthy ageing through scientific engagement:** research centres and universities specialising in healthy ageing can bring valuable and cutting-edge scientific knowledge and expertise to policymakers, practitioners and the long-term care workforce. A better understanding of the most effective policy interventions and practices, based on new medical discoveries and developments in longevity, will help scale up actions and identify the policy options that bring the best results.

- **Ensuring the right governance is in place:** a national policy framework for healthy ageing must be based on the engagement and ownership of sub-national governments across multiple sectors, as many actions need to be implemented at the local level in partnership with civil society and older people associations and their relatives to ensure that policy addresses people's actual needs.
- **Supporting mutual learning on healthy ageing:** to keep momentum and focus, the European Commission should organise mutual learning activities between Member States to exchange good practices, transfer knowledge, and address pressing challenges related to implementing healthy ageing policies.
- **Emphasising a strong focus on healthy ageing as social and health investment in the European Semester process:** the European Commission needs to encourage EU Member States to prioritise investment in healthy ageing within the Semester process as a way to mitigate the impact of population ageing on public expenditure. Investing in health promotion and healthy ageing measures should be seen as a productive investment, leading to social and economic returns on investment. Country-Specific Recommendations need to be issued on this topic.
- **Ensuring a strong healthy ageing dimension in current EU policy development:** healthy ageing must be included as a viable policy solution for achieving an inclusive, healthy, prosperous, and competitive Europe. It should be central to the European Anti-Poverty Action Plan, the Affordable Housing Strategy, the Skills Agenda, the Quality Jobs Roadmap, and the revision of the European Pillar of Social Rights Action Plan.



The **European Pillar of Social Rights Flashcard Tool** helps public health professionals and decision-makers contribute to the implementation of the Pillar.

Each flashcard explores one of 20 principles and demonstrates its relevance to the public health sector.



[epsr-flashcards.eurohealthnet.eu](https://epsr-flashcards.eurohealthnet.eu)

EuroHealthNet is a partnership of public organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities. We aim to tackle health inequalities within and between European States through action on the social determinants of health. For further information and further references go to [www.eurohealthnet.eu](http://www.eurohealthnet.eu).



Co-funded by  
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EuroHealthNet is co-funded by the European Union. However, the information and views set out in this document are those of the author and do not necessarily reflect the official opinion of the European Commission (EC). The EC does not guarantee the accuracy of the data included in this policy précis. Neither the EC nor any person acting on the EC's behalf may be held responsible for the use which may be made of the information contained therein.

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