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Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030

Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030 will address significant demographic shifts in the WHO European Region, where older adults now outnumber children and adolescents. These demographic changes, coupled with health and care workforce shortages, rising health care demands and the digitalization of health and care present complex challenges to health systems. Adopting a twin-track approach, the strategy will emphasize interventions and approaches that promote health, functioning, care and well-being for older adults while laying strong foundations for lifelong health, fostering well-being at all stages of life. The strategy will call for urgent action to prioritize prevention with a life course approach, transform health and care models and systems, create enabling environments and reimagine ageing as a driver of progress, thereby harnessing the potential of ageing populations.

At the 75th session of the WHO Regional Committee for Europe (RC75), Member States will be invited to discuss the challenges and opportunities posed by population ageing and the current state of long-term care in the Region. This will inform the development of the strategy for adoption at RC76, in line with the priorities of the second European Programme of Work, 2026–2030 (EPW2).

Building on key frameworks, including the Strategy and Action Plan on Healthy Ageing in Europe, 2012–2020 (EUR/RC62/R6), the Global Strategy and Action Plan on Ageing and Health and the United Nations Decade of Healthy Ageing (2021–2030), the new strategy will chart a course of action for the Region up to 2030, addressing both immediate and long-term priorities.

This document is intended to support the discussion at RC75 and pave the way for a clear and coordinated process towards finalizing the strategy for its consideration at RC76.

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RATIONALE

1. Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030 envisions a future in which everyone can age with dignity and enjoy longer and healthier lives. Maintaining the capacity to perform essential daily activities – encompassing physical, mental and social well-being – will be central to achieving this vision. The strategy will support healthy ageing, enabling individuals to fully enjoy their later years and remain engaged in what matters to them, free from significant limitations. The strategy will focus on the creation of societal conditions that empower older individuals to maintain independence, purpose and meaningful engagement, even as their physical and mental capacities decline.

2. The WHO European Region is undergoing a profound demographic transformation, marked by increasing life expectancy, declining fertility rates and significant societal shifts. For the first time, there are now more older adults (65 years and older) than children and adolescents (15 years and younger). The proportion of people aged 60 and older in the Region is projected to increase from 23.9% in 2024 to 32.2% by 2050, while those aged 85 and older are expected to more than double – from 2.3% to 4.7% over the same period.[1]

3. The Region enjoys one of the highest life expectancy and healthy life expectancy levels at age 60 among all WHO regions, a testament to the strength of its public health systems and social protections. However, it also has the largest lifespan-health span gap – the difference between life expectancy and healthy life expectancy – measured at 5.1 years.[2,3] Closing this gap is critical, particularly given the Region's diversity and inequities between and within countries, and will require building on past successes while addressing persistent and emerging challenges.

4. At the same time, the burden of noncommunicable diseases (NCDs) has grown significantly across the Region. While disability-adjusted life-years (DALYs) due to communicable diseases have fallen by over 25% since 2000, DALYs from NCDs like diabetes and Alzheimer's disease more than doubled between 2000 and 2021. Four groups of conditions – diabetes, neurodegenerative diseases (including Alzheimer's and other types of dementia), mental health and substance use disorders, and musculoskeletal conditions – now account for 50% of all years lived with disability. The growing prevalence of multimorbidity – living with two or more chronic conditions – further exacerbates health and care needs and pressures on health systems. Notably, deaths from Alzheimer's disease and other types of dementia have quadrupled since 2000, particularly in high-income countries. These trends highlight the growing impact of NCDs on health systems and the urgent need to prioritize prevention, early intervention and care strategies for ageing populations.[4]

5. Prioritizing healthy ageing requires more than just improving health systems: it necessitates raising awareness within society and fostering a national commitment that should initiate an intersectoral debate. This debate must address rights such as guaranteed access to technology that is tailored to the individual needs of older adults, and respect for the personal decisions they make that ensure their dignity. Ageing manifests differently depending on social determinants, and the burden of illness and years lived with disability differ across all social groups. Healthy ageing depends on factors such as income, housing, purchasing power and available resources for support. As people reach the end of their lives, needs and vulnerability often intensify, and resource constraints can exacerbate inequities.

[1] World Population Prospects 2024. New York: United Nations Department of Economic and Social Affairs: Population Division; 2024 (accessed 3 September 2025).
[2] Life expectancy at 60 (years). Geneva: Global Health Observatory; 2025 (accessed 3 September 2025).
[3] Healthy life expectancy (HALE) at 60 (years). Geneva: Global Health Observatory; 2025 (accessed 3 September 2025).
[4] Global health estimates: Leading causes of death. Geneva: Global Health Observatory; 2025 (accessed 3 September 2025).

6. As people live longer, the amount of time spent with disease and functional limitations is increasing, particularly in later life. This places growing pressure on both formal and informal care systems, which are often ill-equipped to meet complex and growing needs. Reliance on families – especially women – to provide care perpetuates a cycle of health and socioeconomic inequality, limiting opportunities for individuals and families to thrive across generations. These challenges are further compounded by geographical disparities, including uneven access to services between urban and rural areas. Meanwhile, financial constraints, workforce shortages and inefficient care models severely limit the ability of health and long-term care systems to respond to increasing demands for care and to compensate for the decline in informal caregiving resources. The COVID-19 pandemic further exposed these vulnerabilities of health and care systems, underscoring the urgent need to prioritize quality long-term care. As health systems contend with rising multimorbidity, climate change and global emergencies, strengthening equity and resilience is critical to ensure that lives are not only longer but also healthier.

7. A public health approach to healthy ageing is essential to achieve this. Such an approach should centre on developing and maintaining a person's functional ability – the combination of an individual's intrinsic capacity and the characteristics of their environment that promote well-being in older age. Intrinsic capacity refers to a person's physical and mental capabilities, while supportive environments – including accessible public spaces, assistive technologies and tools to strengthen self-care – help individuals continue doing what they value, even as their capacities change over time. This approach shifts the focus from treating disease to supporting well-being throughout adulthood and older age, with a life course approach that addresses the wider determinants of health including air quality, housing and education.

SCOPE AND PURPOSE

8. Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030 will serve as a blueprint to guide Member States in promoting healthy ageing, addressing health inequities and bolstering the resilience of health and care systems to meet the needs of ageing societies across the Region. The strategy will take a twin-track approach, based on two complementary priorities:

- Later life: enhancing the health, independence and well-being of older adults while transforming health and care systems to meet the needs of ageing societies.
- Foundations for lifelong health: building strong health foundations through preventive measures throughout life.

9. The strategy will acknowledge the growing complexities of an ageing population and highlight the importance of timely interventions at every stage of life to ensure equitable and appropriate opportunities for a healthier future. At its core is a simple yet powerful message: ageing is living; and the journey is shaped by the choices we make and the environments we create today. The strategy will focus on four core action areas:

(1) Prioritizing prevention:

- This action area emphasizes health promotion and prevention throughout life, addressing inequities in exposure to modifiable risk factors and advancing population-level measures to create healthier environments (for example clean air, healthy food environments, tobacco and alcohol control, and safe housing). It seeks to reduce the incidence and prevalence of communicable and noncommunicable diseases, tackle multimorbidity, and strengthen early identification and management of geriatric syndromes and falls. Actions include vaccination and evidence-based screening, promotion of physical activity, clear communication of prevention options, building of health literacy to support healthy behaviours and counter misinformation, and targeted support for people with increased vulnerability, including those with lower immunity. It also supports targeted prevention by using securely linked and, where appropriate, well-governed artificial intelligence (AI) to identify higher-risk individuals for

tailored services. The action area will also highlight the epidemiological links between certain infections and cancers and underline the role of primary health care in delivering prevention and early intervention. This includes risk reduction for cognitive decline and dementia and supports early detection and accurate diagnosis in primary care.

- Promoting mental health and well-being in older adults is also a core element of prevention. Priorities include early detection; addressing social isolation, chronic illness and bereavement; training for health and care professionals; access to age-appropriate services in primary care and community settings; and sustained efforts to reduce stigma, culminating in the prevention of self-harm and suicide. This action area also underscores support for caregivers and the promotion of dementia-inclusive communities.

(2) Transforming health and care systems:

- This action area focuses on adapting health and long-term care systems to prevent, delay and mitigate multimorbidity and declines in functioning, while preserving dignity, independence and quality of life – even in the presence of disease and disability. It promotes a coordinated continuum of physical and mental health services with seamless interfaces between hospitals, primary care, social support services and civil society – from prevention and health promotion to rehabilitation, access to social and long-term care, and palliative care – underpinned by universal health coverage. Services should be designed in partnership with people with care and support needs and their formal and informal caregivers, with explicit attention to people living with cognitive decline and dementia. Moving towards a more comprehensive, community-based and preventive delivery approach through multi-sector collaboration, digitally enabled care at home, and proactive case-finding will better address the needs of ageing populations and rising multimorbidity, while reducing pressures on hospitals.
- Stronger coordination of interventions across the health and care sectors is essential to ensure continuity, quality and dignity in care, and to prevent the accumulation of disadvantages over the life course and inequalities in older age, as well as to manage those with no disease-modifying treatments. User empowerment and advance care planning should be scaled up to promote person-centredness and uphold autonomy and dignity. Further investment is needed to enhance geriatric care competences and skills of the health and care workforce and to increase capacity for innovation adoption in order to deliver high-quality health and care.

(3) Creating enabling environments:

- This action area emphasizes creating societies in which people can age with dignity and access the health and care they need. This is achieved by investing in age-friendly environments that foster independence, social connection and well-being, and by strengthening key domains such as housing, transport, public spaces, social participation, inclusion, civic engagement, communication and health care.[5] This includes the immediate support ecosystem – primary care, families and civil society. Adapting environments to be accessible and responsive to older persons living with illness or disability can reduce morbidity and premature mortality as well as enable social participation. Ensuring access to high-quality care, including equitable access to social and long-term care, and linking people to community assets (for example through social prescribing) supports social connection and allows people to meaningfully contribute to their communities. Identifying and addressing gaps in provision is essential for equity. Design should consider personal, cognitive and financial resources, and tailor support accordingly. Addressing violence while fostering supportive communities and driving social innovation promotes safety, inclusion and equality.

[5] Age-friendly environments in Europe: A handbook of domains for policy action. Copenhagen: WHO Regional Office for Europe; 2017 (accessed 3 September 2025).

(4) Reimagining age and ageing:

- This action area focuses on challenging persistent ageist beliefs and misconceptions to enable people to live with purpose and dignity at every stage of life. This includes safeguarding the right to health, work, social inclusion and freedom from violence, while fostering environments that support autonomy and meaningful engagement. In so doing, ageing becomes an opportunity to create a healthier, more inclusive and equitable future for everyone.

10. To implement the strategy, five cross-cutting enablers have been identified to drive tangible results across the four core action areas:

(1) Leadership through partnership:

- Effective collaboration across sectors and all levels of governments – international, national, subnational and local – is essential. Partnerships with civil society; academia; the private sector, including health insurers and, crucially, with older people, caregivers and communities, promote dignity, independence and quality of life. Collaboration enables coordinated policy-making, shared accountability and responsible innovation across prevention, long-term care and age-friendly environments, and helps counter ageism. This can include facilitating the exchange of good practices and innovation across countries and stakeholders, and developing practical methods for intersectoral cooperation to strengthen cross-sector engagement and awareness with and for older persons.

(2) Investing in prevention and care systems for today and tomorrow:

- Strategic investment is essential to building inclusive and resilient systems that can respond to demographic changes and supporting healthy ageing at every stage of life. This involves making the case for investing in age-inclusive models of prevention, integrated health and long-term care delivery, universal health coverage and workforce strategies that better meet the complex and evolving needs of older adults – thereby ensuring better outcomes today and sustainability for future generations.

(3) Driving and scaling innovation in a digital era:

- Digital tools and technologies – including assistive devices, robotics and AI-driven solutions – can improve service delivery, enhance autonomy, expand access to prevention and care, and relieve pressure on the health and care workforce. Addressing digital barriers and promoting digital literacy among older persons will support equitable uptake. Innovation can also shape adaptive and inclusive environments that help older adults remain engaged, well-informed, safe and connected. Digital tools should be inclusive and accessible by design and responsive to ageing populations, and digital approaches can be designed to complement – not replace – meaningful person-to-person interaction and social connection. Partnerships with the pharmaceutical and technology sectors can add value when carefully aligned with health systems and the needs of the field.

(4) Strengthening capacity:

- Ensuring that systems are fit for purpose requires investment in skills, knowledge and institutional capacity: training the health and care workforce, supporting informal caregivers, strengthening leadership in health and long-term care policy and financing, and building community capacity. Raising public awareness helps shift attitudes and increases the uptake of preventive measures and inclusive, person-centred services. Providing technical and programmatic support for national and local authorities, service providers and health partners can further accelerate implementation. This support can include practical guidance with case studies and the translation of research evidence into policy-ready tools.

(5) Enhancing data systems and evidence:

- Improved data systems are essential to providing guidance and informing decision-making, monitoring progress and promoting accountability. This includes developing and using clear, comparable indicators of healthy ageing at national and local levels; strengthening the collection, disaggregation and application of data on functional ability, equity and service quality; and supporting research and evaluation to address evidence gaps. Developing shared tools and data models for functional ability and care quality can support implementation and accountability, facilitate cross-country learning and benchmarking, and inform service planning. Implementation will align with the United Nations Decade of Healthy Ageing (2021–2030) monitoring and evaluation framework to track outcomes, inform action and challenge ageism.

ALIGNMENT BETWEEN REGIONAL AND GLOBAL LEVELS

11. The strategy builds on the second European Programme of Work, 2026–2030 (EPW2), which prioritizes "living and ageing in good physical and mental health". Anchored in EPW2 and its forthcoming paper "Health forward: a future we build together" (the "Futures Paper"), it recognizes the issue of ageing as both a public health achievement and a call to action – requiring coordinated efforts to ensure longer lives are lived with health, dignity and purpose. The strategy aligns with key global and regional agendas, including the Global Strategy and Action Plan on Ageing and Health, the United Nations Decade of Healthy Ageing (2021–2030), the 2030 Agenda for Sustainable Development, the Madrid International Plan of Action on Ageing (A/57/546) and the United Nations Population Fund (UNFPA)'s focus on demographic resilience.[6] The strategy draws on lessons learned from the Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 and takes inspiration from the Lisbon outcome statement: regional summit on policy innovation for healthy ageing in the WHO European Region, emphasizing innovation and practical solutions to meet the needs of ageing populations.[7] The strategy complements the forthcoming "Healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030", reinforcing a shared vision for equity and resilience across all ages.

PROCESS

12. The development of the draft strategy is being shaped through an inclusive and consultative process involving Member States and key stakeholders that will run over a period of 18 months and is supported by regional data and analysis. This document, along with guiding questions (see below) will support the strategic discussion at the 75th session of the WHO Regional Committee for Europe (RC75) in 2025, ahead of the strategy's submission for consideration at RC76 in 2026. The strategy draws on three main sources:

(1) Stakeholder consultations:

- Engagements are under way in 2025 to identify priorities and practical actions at national, subnational and local levels. These include the following:
  - nominated national focal points from ministries of health (February, November);
  - non-State actors, civil society organizations and youth networks (March, May, October);
  - subnational and local authorities, through the WHO's Regions for Health Network (RHN), WHO European Healthy Cities Network and the Global Network for Age-friendly Cities and Communities (March, June, November); and
  - research and academic networks (May, September, November).

[6] Decade of Demographic Resilience. Sofia: UNFPA; 2024 (accessed 3 September 2025).
[7] 2023 Lisbon Outcome Statement of the Regional summit on policy innovation for healthy ageing in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023 (accessed 3 September 2025).

(2) Regional data and background analysis:

- A regional information document is being developed to assess the current state of healthy ageing and long-term care in the Region. It explores trends in health and disease burden, estimates current and future long-term care needs, and examines the potential for prevention. The analysis draws on data relating to DALYs, intrinsic capacity and functional ability, with further work under way to inform the strategy's development.

(3) Survey for action prioritization:

- A simple Likert scale survey was circulated to national focal points and subnational authorities to help identify the most relevant and feasible actions for implementing the strategy over the next five years. These actions were derived through a structured review of relevant WHO documents, frameworks, strategies, toolkits, guidelines and global priorities, and were validated by technical experts.

13. An expert group led by the WHO Secretariat has been established comprising experts in various technical areas from the WHO Regional Office for Europe (WHO/Europe), as well as several external participants including from WHO collaborating centres. The expert group supports and advises on the development of the working and information documents for submission to the Regional Committee.

14. An advisory committee of a selected number of Member States representing all subregions in the Region has also been established to provide political support and champion the development of the draft strategy.

15. A draft strategy will be developed based on the findings from these consultations, analyses and the survey. A formal consultation on the draft will be conducted with Member States and key stakeholders between late January and April 2026, ahead of its submission to RC76.

GUIDING QUESTIONS FOR DISCUSSION

- Strategic alignment: Do the proposed action areas and enablers align with your country's priorities for advancing healthy ageing and building resilient, inclusive health and care systems? Are there any gaps that need to be addressed?
- Opportunities for national action: What opportunities exist to advance healthy ageing at national level? Are there contributions, good practices or innovations from your country that could inform and strengthen regional action?
- Support from WHO/Europe: How can WHO/Europe best support Member States in operationalizing the strategy at national and subnational levels, including fostering cross-sectoral collaboration, providing technical support and facilitating knowledge exchange?

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