HEALTHY AGEING: CHINA IN PERSPECTIVE

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Executive Summary

1. In 2021, China became an aged society when the share of its elderly population (age 65 and above) exceeded 14%, attributed largely to growing longevity. Life expectancy at birth increased from 71.4 in 2000 to 74.8 in 2010 and 77.9 in 2020.

2. In China as in other upper-middle income and high-income countries, life expectancy gains are increasingly concentrated at older ages with below-average health and economic activity. Governments worldwide are hence actively pursuing healthy and productive ageing.

3. While people are living longer, the proportion of years of life spent in good health (or poor health) has been remarkably stable. For every one-year gain in life expectancy, there is roughly a gain of nine months in good health or an extension of three months in poor health. This universal pattern suggests large potential for the healthy ageing agenda to reduce morbidity/disability.

4. China's first national policy on healthy ageing was the 13th Five-Year Plan (FYP) for Healthy Ageing (2016-2020) issued in March 2017. Among the nine domains identified for action, the priority was on integrating medical services and eldercare services and developing the health industries. The National Health Commission and Ministry of Civil Affairs are the co-drivers of the healthy ageing agenda.

5. China issued the 14th FYP for Healthy Ageing (2021-2025) in February 2022. It largely retains the previous policy framework, while giving more attention to policy implementation.

6. Healthy ageing by some measures is taking place. Like with other upper-middle income countries, China's young old in their 60s are healthier than the same age group two decades ago, evidenced in the lower prevalence level of almost all leading causes of premature death and disability.

7. The same could not be said of the older age group (70 and above). There is a substantial decline of leading disease burdens such as stroke and chronic obstructive pulmonary disease, but diseases such as Alzheimer and other dementias are on the rise. Many challenges are awaiting ahead.

8. Overall, China's healthy ageing agenda is part of the global effort to achieve longevity dividend by exploiting the malleability of age and increasing the proportion of years of life spent in good health.

9. In China as in other countries, the healthy ageing agenda can benefit from a multipronged approach that promotes behavioural changes for attaining healthier lifestyles, improving physical and social environment for ageing well, addressing socioeconomic inequalities throughout life stages, and advancing medical technology for better treatment and assisted living.

HEALTHY AGEING: CHINA IN PERSPECTIVE

ZHAO Litao*

A Shift in Focus on Healthy Ageing

1.1 China became an ageing society in 2000 as the share of its elderly population—age 65 and above—surpassed the benchmark of seven per cent. It reached another milestone in 2021 when the share of its elderly population doubled to 14.2%, marking China's demographic transition into an aged society.[1]

1.2 China's rapid population ageing has been driven by declining fertility and growing longevity. After decades of decrease, its TFR (total fertility rate) had dropped to an all-time low of 1.3.[2] Meanwhile, its life expectancy at birth has increased steadily, from 71.4 in 2000 to 74.8 in 2010 and 77.9 in 2020.[3]

1.3 Globally, the growing longevity is viewed as an accomplishment, achieved through sustained economic and social development. On the other hand, it has brought about unprecedented challenges such as rising health costs, which are normally higher for older adults than for young and midlife adults. The healthcare system has to reconfigure itself as accompanying population ageing is the epidemiologic transition from acute infectious and deficiency diseases to chronic noncommunicable diseases.

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1 See National Bureau Statistics of China (2022), "The Statistical Communiqué on the People's Republic of China's National Economic and Social Development in 2021" (in Chinese), http://www.stats.gov.cn/tjsj/zxfb/202202/t20220227_1827960.html, accessed 30 March 2022. The total number of the elderly reached 201 million in 2021, making up 14.2% of the mainland Chinese.

2 http://www.stats.gov.cn/ztjc/zdtjgz/zgrkpc/dqcrkpc/ggl/202105/t20210519_1817702.html, accessed 30 March 2022.

3 For 2000 and 2010 data, see *China Statistical Yearbook 2021*, table 2-3, http://www.stats.gov.cn/tjsj/ndsj/2021/indexch.htm, accessed 30 March 2022. China's 2020 data is reported in http://www.gov.cn/zhengce/zhengceku/2022-03/01/content_5676342.htm, accessed 2 April 2020.

1.4 A bigger challenge is whether the ageing (or aged) society can provide enough workers to care for the elderly and generate enough economic resources to finance pension, health care and social care. The issue boils down to the relationship of life expectancy, health and productivity.

1.5 In the 20th century, life expectancy gains in developed societies were concentrated at life stages with better health and productivity. Life expectancy, health and productivity were converging to produce the demographic dividend for the economy and society. However, the 21st century is witnessing a diverging trend as life expectancy gains are shifting to older ages where health and productivity are below average from the life course perspective.

1.6 US data show that over 80% of US life expectancy gains in the early 20th century were achieved before age 65 through reductions in infant and midlife mortality, but a shift has occurred. Now more than 75% of life expectancy gains are realised after age 65 when health is poor and employment is low.[4] Similar changes have taken place in other high-income countries.

1.7 If adding years to life is the preoccupation of the 20th century, adding life to years has become a major aspiration for the 21st century. Pursuing healthy and productive ageing has emerged as the main paradigm and policy agenda to regain a "three-dimensional longevity dividend", conceptualised as a positive correlation between life expectancy, health and productivity (or the economy).[5]

1.8 In China, adding years to life and adding life to years are occurring simultaneously. At the national level, the 13th Five-Year Plan (FYP, 2016-2020) for Health Ageing was formulated in 2017, an indication that healthy ageing had been adopted as one of China's national policy priorities. Dozens of ageing policies have been issued since then by different ministries individually or jointly.

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[4] Cited from Andrew J Scott (2021), "Achieving a Three-dimensional Longevity Dividend", *Nature Aging,* 1: 500-505, https://doi.org/10.1038/s43587-021-00074-y, accessed 30 March 2022.

[5] Ibid

Living Longer, but Also Healthier?

2.1 The relationship between long lives and healthy lives has become an important question. People are evidently living longer, but it is less clear if they are living healthier. Scholars have proposed three scenarios to describe possible changes in healthy lives along with growing longevity.

2.2 The first scenario is the expansion of morbidity. The advancing medical technology focuses on saving lives but not curing diseases, leading to growing longevity with chronic diseases. Consequently, the falling mortality is accompanied by an increase in morbidity. People live longer, but they also spend more years in poor health.[6]

2.3 The second scenario is more optimistic: the compression of morbidity. In this scenario, morbidity—disability and frailty—is compressed towards the end of life, leading to the postponed onset of morbidity and impairment. When it occurs at a faster pace than increases of life expectancy, people spend shorter periods in ill health.[7]

2.4 In between is the third scenario known as the "dynamic equilibrium", in which time periods spent in good health and ill health remain proportionally constant to the total length of life.[8] Gains in healthy life expectancy occur at roughly the same pace as gains in life expectancy.

2.5 Table 1 presents health-adjusted life expectancy (HALE)[9] and life expectancy (LE) at age 60 for China and country groups defined by the World Bank income classification in 2000, 2010 and 2019, based on data from the World Health

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6 The "expansion of morbidity" scenario was proposed by Ernest M Gruenberg (1977), "The Failures of Success", *Milbank Memorial Fund Quarterly/Health and Society,* 55: 3-24.

7 The "compression of morbidity" scenario was proposed by James F Fries (1980), "Aging, Natural Death, and the Compression of Morbidity", *New England Journal of Medicine,* 303(3): 130–135.

8 Earlier thoughts can be found in Kenneth G Manton (1982), "Changing Concepts of Morbidity and Mortality in the Elderly Population", *Milbank Memorial Fund Quarterly,* 60(2): 183–244.

9 HALE and healthy life expectancy are used interchangeably in the literature and in this background brief.

Organisation (WHO). LE is the average number of years a person expects to live, while HALE is the average number of years a person expects to live in good health.

TABLE 1 HEALTH-ADJUSTED LIFE EXPECTANCY (HALE) TO LIFE EXPECTANCY (LE) AT AGE 60 IN CHINA AND COUNTRIES BY WORLD BANK INCOME CLASSIFICATION: 2000, 2010 AND 2019

	HALE			LE		
	2000	2010	2019	2000	2010	2019
China	14.0	14.9	15.9	18.4	19.6	21.1
Low-income countries	11.4	12.4	13.0	15.2	16.5	17.4
Lower-middle income countries	12.1	12.9	13.5	16.6	17.8	18.6
Upper-middle income countries	14.0	15.0	16.0	18.5	19.8	21.2
High-income countries	16.6	17.8	18.2	21.9	23.5	24.3
Global average	14.1	15.1	15.8	18.8	20.1	21.1

Data source: WHO life expectancy and healthy life expectancy data, https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/life-expectancy-and-healthy-life-expectancy, accessed 30 March 2020.

2.6 In China, there was a gain of 1.2 years in LE at age 60 between 2000 and 2010, and a somewhat larger gain of 1.5 years between 2010 and 2019. In terms of HALE at age 60, China gained 0.9 years between 2000 and 2010, and one year between 2010 and 2019.

2.7 From a comparative perspective, China's gain in LE and HALE at age 60 kept pace with that of upper-middle income countries in the past two decades. Countries in other income categories, including high-income countries, had a comparable gain in the first decade, but lost momentum in the second.

2.8 The scenario that holds better for China and other countries could be discerned from Table 2 which presents the ratio of HALE to LE at age 60 in 2000, 2010 and 2019.

2.9 Despite varying paces of gains in LE and HALE across countries and between different periods, the ratio of HALE to LE at age 60 has been remarkably stable. For every one-year gain in LE, there is roughly a gain of nine months in HALE.[10]

[10] The Global Burden Disease (GBD) dataset also shows that the proportion of life in good health has largely remained constant. See GBD 2019 Demographics Collaborators (2020), "Global Age-sex-specific Fertility, Mortality, Healthy Life Expectancy (HALE), and Population Estimates in 204 Countries and Territories, 1950–2019: A Comprehensive Demographic Analysis for the Global Burden of Disease Study 2019", *Lancet,* 396: 1160-1203.

TABLE 2 THE RATIO OF HEALTH-ADJUSTED LIFE EXPECTANCY (HALE) TO LIFE EXPECTANCY (LE) AT AGE 60 IN CHINA AND COUNTRIES BY WORLD BANK INCOME CLASSIFICATION: 2000, 2010 AND 2019

	2000	2010	2019
China	0.76:1	0.76:1	0.75:1
Low-income countries	0.75:1	0.73:1	0.75:1
Lower-middle income countries	0.73:1	0.72:1	0.73:1
Upper-middle income countries	0.76:1	0.76:1	0.75:1
High-income countries	0.76:1	0.76:1	0.75:1
Global average	0.75:1	0.75:1	0.75:1

Data source: Author's calculation based on WHO life expectancy and healthy life expectancy data, https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/life-expectancy-and-healthy-life-expectancy, accessed 30 March 2020.

2.10 Overall, the scenario of "dynamic equilibrium" applies better to China and other countries than the two other scenarios. On a positive note, people are living longer; however based on the aforementioned finding, a faster gain in life expectancy implies a more rapid increase in the number of years lived in ill health. The desired scenario of compressed morbidity has yet to be realised in China and other countries.

Changing Disease Burdens

3.1 A growing attention to the population's health and well-being has led to an expanded focus on not only mortality but also morbidity. Along with a stronger interest in healthy life expectancy, health literature and policy increasingly look at the leading causes and risk factors that contribute to not only premature mortality but also years with compromised health.

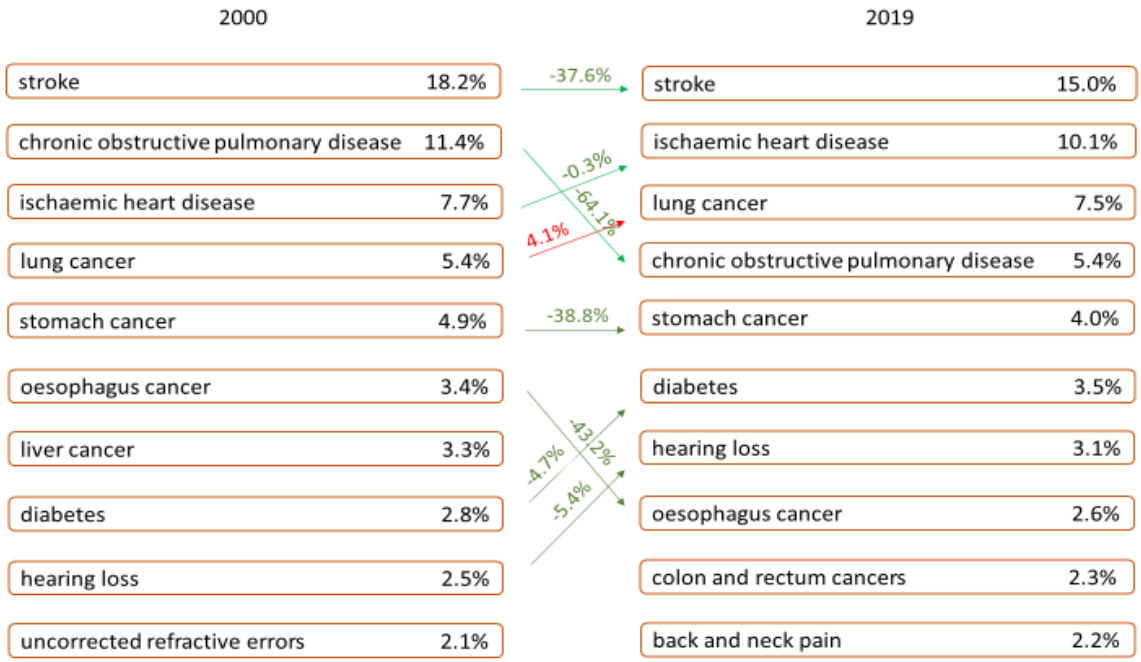
3.2 Disability-adjusted life years (DALYs) is a widely used measure that considers both reduction in life expectancy due to premature death and diminished quality of life due to ill health.[11] Based on WHO data, Figure 1 presents top 10 causes of DALYs in China for age group 60-69 in 2000 and 2019. It also shows how much these causes contributed to the reduction or growth of age-standardised DALYs

[11] DALY is the sum of years of life lost due to premature death and years lost due to disability. It represents the gap between an "ideal" health situation for a population and the population's current health status. See https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates, accessed 30 March 2022.

measured by the number of DALYs per 100,000 population between 2000 and 2019.

3.3 Evidently, noncommunicable diseases have been the leading causes of disease burden in China. In particular, stroke, chronic obstructive pulmonary disease, ischaemic heart disease, lung cancer and stomach cancer were on the top five disease for the age group 60-69 in 2000 and 2019 (see Figure 1). They combined to account for 47.6% of total DALYs in 2000 and 42.0% in 2019.

FIGURE 1 10 LEADING CAUSES OF DALYS IN CHINA FOR AGE GROUP 60-69 IN 2000 AND 2019, AND % CHANGE IN DALYS PER 100,000 POPULATION BETWEEN 2000 AND 2019



Notes: Arrows in the figure show percentage change in age-standardised DALYs—DALYs per 100,000 population—between 2000 and 2019. Liver cancer dropped out of the 2019 top 10 list, accounting for 1.7% of total DALYs. DALYs per 100,000 population caused by liver cancer decreased 60.8% between 2000 and 2019. Uncorrected refractive errors also dropped out of the 2019 top 10 list, making up 2.2% of the total in 2019. There was a decrease of 22.5% in age-standardised DALYs caused by uncorrected refractive errors. Two diseases made it to the 2019 top 10 list. DALYs per 100,000 population caused by colon and rectum cancers increased 29.3% between 2000 and 2019, while DALYs per 100,000 population caused by back and neck pain decreased 5.2% during the same period.
Data source: Author's calculation based on WHO data, https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys, retrieved 30 March 2020.

3.4 Notably, stroke and chronic obstructive pulmonary disease have contributed a great deal to the overall reduction of DALYs in the past two decades because of their fast pace—a decrease of 37.6% and 64.1% respectively—and large share in

DALYs. [12] At a comparable pace, stomach cancer and oesophagus cancer decreased 38.8% and 43.2% respectively. Liver cancer, due to a 60.8% reduction, had dropped out of the top 10 list in 2019.

3.5 Some diseases changed little in terms of age-standardised DALYs, including ischaemic heart disease, diabetes and hearing loss. In contrast to other leading causes of DALYs on the 2000 list, lung cancer was the only disease to have a positive growth between 2000 and 2019, albeit small at 4.1%. Colon and rectum cancers, after a growth of 29.3%, made it to the 2019 top 10 list. Back and neck pain also entered the list, though it actually decreased by 5.2% in terms of age-standardised DALYs.

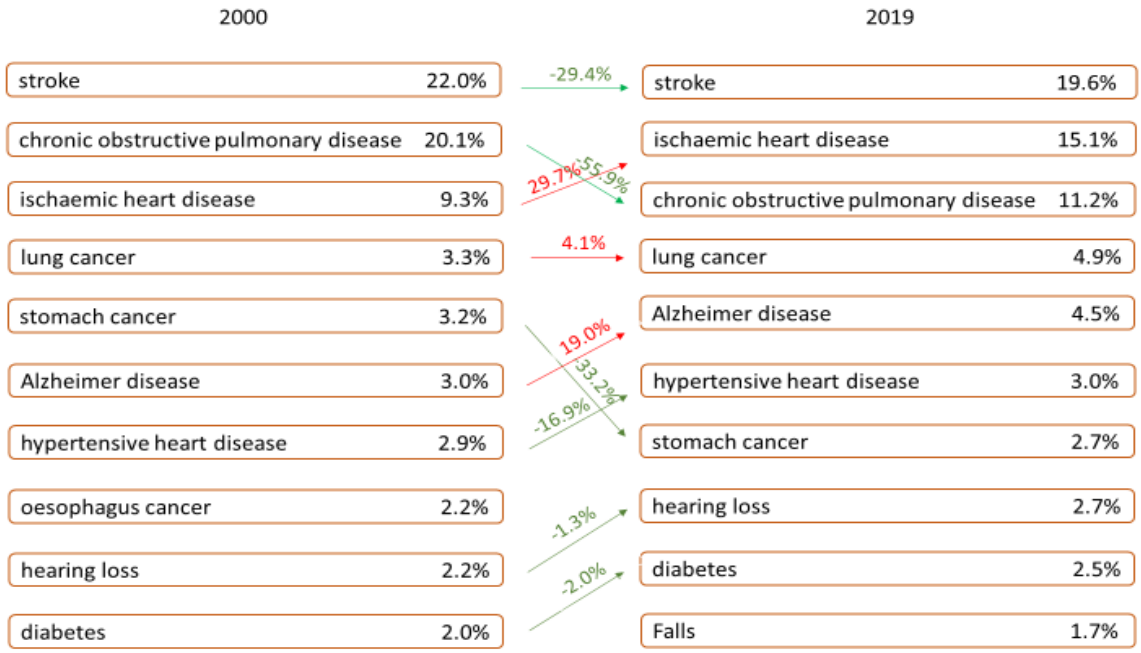
3.6 Figure 2 analyses age group 70 and above. In this group as in the 60-69 age group, stroke, chronic obstructive pulmonary disease, ischaemic heart disease and lung cancer were the leading causes of DALYs in the past two decades. However, there is a marked difference: their share in total DALYs was considerably higher in the age group of 70 and above than in the younger 60-69 group.

3.7 In terms of changes in the burden of disease between 2000 and 2019, age-standardised DALYs caused by stroke, chronic obstructive pulmonary disease and stomach cancer had notably dropped, a trend also observed for the 60-69 age group.

3.8 However, the pattern of change was more varied in this age group than in the 60-69 age group. In particular, DALYs per 100,000 population caused by ischaemic heart disease and Alzheimer disease were nearly 30% and 20% higher respectively in 2019 than in 2000 among mainland Chinese in their 70s or older.

[12] Based on the WHO data, DALYs per 100,000 population in the age group 60-69 caused by stroke dropped from 12,559 in 2000 to 7,841 in 2019, a decrease of 37.6%. In the case of chronic obstructive pulmonary disease, the number declined from 7,880 to 2,861.

FIGURE 2 10 LEADING CAUSES OF DALYS IN CHINA FOR AGE GROUP 70 AND ABOVE IN 2000 AND 2019, AND % CHANGE IN DALYS PER 100,000 POPULATION BETWEEN 2000 AND 2019



Notes: Arrows in the figure show percentage change in age-standardised DALYs—DALYs per 100,000 population—between 2000 and 2019. Oesophagus cancer dropped out of the 2019 top 10 list, accounting for 1.7% of total DALYs. There was a decrease of 38.0% in age-standardised DALYs caused by oesophagus cancer. Falls made it to the top 10 list in 2019. DALYs per 100,000 population caused by falls increased 37.8% between 2000 and 2019.
Data source: Author's calculation based on WHO data, https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys, retrieved 30 March 2020.

3.9 In a nutshell, mainland Chinese who were in their 60s in 2019 were generally healthier than those of the same age two decades earlier. However, the same may not be true for the older age group, in which the improvement in some aspects of health was complicated by the deterioration in some other aspects. Ischaemic heart disease and Alzheimer disease (and liver cancer to a lesser extent) have become more prominent in the recent two decades for mainland Chinese aged 70 and above.

China in Perspective

4.1 As described earlier (see Table 1), China's gain in HALE since 2000 is comparable to that in upper-middle income countries, which on average have a faster pace than countries in other income groups. China's current level of HALE

at 60—15.9 years in 2019—is also very close to the average of 16.0 years for upper-middle income countries.

4.2 To put China in perspective, Table 3 compares China and upper-middle income countries in terms of 10 leading causes of DALYs in 2019 for the age group 60-69.

TABLE 3 10 LEADING CAUSES OF DALYS IN 2019 AMONG AGE GROUP 60-69 IN CHINA AND UPPER-MIDDLE INCOME COUNTRIES

China		Upper-Middle Income Countries	
Leading causes	DALYs per 100,000 population	Leading causes	DALYs per 100,000 population
1. stroke	7,841	1. stroke	5,487
2. ischaemic heart disease	5,263	2. ischaemic heart disease	4,716
3. lung cancer	3,901	3. diabetes	3,010
4. chronic obstructive pulmonary disease	2,826	4. chronic obstructive pulmonary disease	1,885
5. stomach cancer	2,074	5. lung cancer	1,642
6. diabetes	1,820	6. hearing loss	1,443
7. hearing loss	1,626	7. back and neck pain	1,435
8. oesophagus cancer	1,340	8. breast cancer	1,221
9. colon and rectum cancers	1,177	9. kidney diseases	1,176
10. back and neck pain	1,166	10. other musculoskeletal disorders	1,133

Data source: Author's calculation based on WHO data, https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys, retrieved 30 March 2020.

4.3 China and other upper-middle income countries share many commonalities.[13] Stroke and ischaemic heart disease are the top two leading causes of DALYs on both lists. Some other diseases, including lung cancer, chronic obstructive pulmonary disease, diabetes, hearing loss and back and neck pain, also appear on both lists.

4.4 Differences include stomach cancer, ranked fifth on China's list, is not one of the 10 leading causes of DALYs in upper-middle income countries. The same is true for oesophagus cancer and colon and rectum cancers. Meanwhile, breast cancer, kidney diseases and other musculoskeletal disorders appear on the list of upper-middle income countries, but not that of China.

[13] China is one of upper-middle income countries based on the World Bank income classification. WHO data on upper-middle income countries also include China.

4.5 DALYs per 100,000 population give a measure of the prevalence level of listed diseases. Top diseases of the two lists, such as stroke, ischaemic heart disease, lung cancer and chronic obstructive pulmonary, have a considerably higher prevalence level in China than in upper-middle income countries. In contrast, China has a lower prevalence level in diseases such as diabetes and back and neck pain.

4.6 Taken together, China has much in common with other upper-middle income countries in terms of leading causes of DALYs. It also demonstrates some country-specific features (i.e. the prominence of stomach cancer, oesophagus cancer and colon and rectum cancers). Overall, mainland Chinese in their 60s are generally less healthy than their counterparts in other upper-middle income countries, evidenced in higher prevalence levels of most leading causes of DALYs in China.

4.7 Table 4 reproduces Table 3 for the age group 70 and above. Unsurprisingly, the prevalence level of each disease is much higher in this group than in the 60-69 group in China as well as in upper-middle income countries. Alzheimer disease, which is not on the top 10 list for the 60-69 group, ranks fifth and fourth respectively on China's list and the list of upper-middle income countries.

TABLE 4 10 LEADING CAUSES OF DALYS IN 2019 FOR AGE GROUP 70 AND ABOVE IN CHINA AND UPPER-MIDDLE INCOME COUNTRIES

China		Upper-Middle Income Countries	
Leading causes	DALYs per 100,000 population	Leading causes	DALYs per 100,000 population
1. stroke	21,471	1. stroke	16,448
2. ischaemic heart disease	16,628	2. ischaemic heart disease	16,109
3. chronic obstructive pulmonary disease	12,242	3. chronic obstructive pulmonary disease	7,033
4. lung cancer	5,432	4. Alzheimer disease	5,380
5. Alzheimer disease	4,937	5. diabetes	4,269
6. hypertensive heart disease	3,334	6. hypertensive heart disease	2,774
7. stomach cancer	2,966	7. hearing loss	2,760
8. hearing loss	2,943	8. kidney diseases	2,248
9. diabetes	2,712	9. lower respiratory infections	2,240
10. falls	1,920	10. lung cancer	2,131

Data source: Author's calculation based on WHO data, https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys, retrieved 30 March 2020.

4.8 From a comparative perspective, diseases that have a considerably higher prevalence level in China include stroke, chronic obstructive pulmonary disease, lung cancer, stomach cancer and falls. To a lesser extent, ischaemic heart disease, hypertensive heart disease and hearing loss are somewhat more prevalent in China.

4.9 On the other hand, diabetes, kidney diseases and lower respiratory infections are considerably more prevalent in upper-middle income countries than in China, while Alzheimer disease is somewhat more prevalent in the former than in the latter.

4.10 By age-standardised DALYs, mainland Chinese aged 70 and above are generally less healthy than their counterparts in other upper-middle income countries, except for several diseases such as diabetes, Alzheimer, kidney diseases and lower respiratory infections. Overall, there is considerable room for China to improve the health of its citizens aged 60 and above, if the average performance of upper-middle income countries is used as a benchmark for China.[14]

China's Healthy Ageing Agenda

5.1 China's first national policy on healthy ageing—the 13th FYP for Healthy Ageing—was announced in March 2017. This document identified nine domains for policy action, including (1) health promotion and education, (2) public health service, (3) medical service system, (4) integrated medical and aged care services, (5) medical security system, (6) traditional Chinese medicine, (7) health industry, (8) supportive environment and (9) professional workforce.

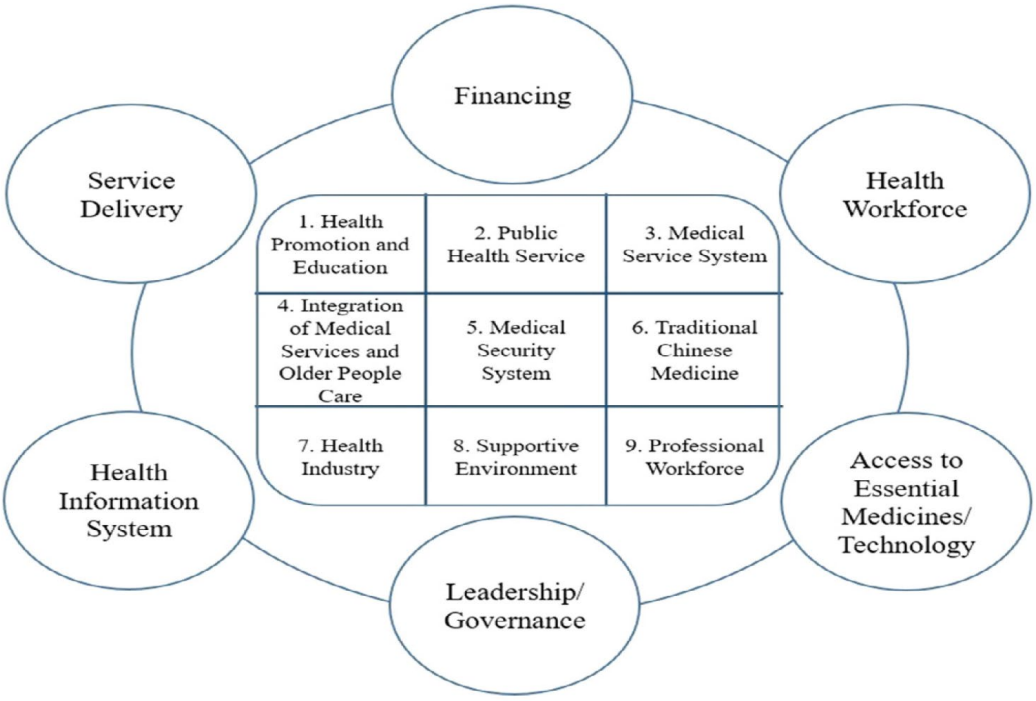
5.2 Figure 3 illustrates China's policy framework for healthy ageing.

5.3 A comprehensive search identified a total of 99 policy documents issued by the State Council and its affiliated ministries/agencies in the 13th FYP period (2016-2020). In terms of policymaking, 21 policy documents were issued by the State Council. At the ministerial level, the National Health Commission and Ministry of

[14] China data include both urban Chinese and rural Chinese. Urban Chinese aged 60 and above are likely to be as healthy as their counterparts in other upper-middle income countries, if not more.

Civil Affairs issued the largest number of documents (27 and 23 respectively), indicating their leading status in promoting healthy ageing in China.[15]

FIGURE 3 THE POLICIY FRAMEWORK OF HEALTHY AGEING IN CHINA



Source: Pengpeng Ye et al. (2021), "A Scoping Review of National Policies for Healthy Ageing in Mainland China from 2016 to 2020", *The Lancet Regional Health – Western Pacific,* 12, 100168.

5.4 In terms of priorities, the integration of medical services and eldercare services (医养结合) and the development of health industries (养老产业) received most policy attention, addressed in 65 and 52 documents (out of 99) respectively. By comparison, traditional Chinese medicine appeared in the fewest number of documents.[16]

5.5 In terms of main pillars, service delivery prioritised community- and home-based eldercare services; financing focused on mobilising various financial resources, establishing public-private partnership and piloting reverse home mortgage; health workforce emphasised expanding the workforce, providing in-service training and promoting interdisciplinary cooperation; access to essential medicines and

[15] See Pengpeng Ye et al. (2021), "A Scoping Review of National Policies for Healthy Ageing in Mainland China from 2016 to 2020", *The Lancet Regional Health – Western Pacific,* 12, 100168.

[16] Ibid.

technologies sought to develop medical products for geriatric diseases and innovative technologies for personal care; leadership/governance stressed the themes of streamlining administration, devolving power and improving regulation; and the health information system aimed at data sharing and link-up across information silos.[17]

5.6 China issued its 14th FYP for Healthy Ageing (2021-2025) in February 2022. While recognising achievements and progress made in the 13th FYP period (2016-2020), the document highlighted challenges and problems yet to be addressed. In particular, it pointed out that over 20% of the population will enter the age group 60 and above in the 14th FYP period. Yet there is inadequate supply of institutions, workforce, services and policy support to meet the rising health needs of the ageing population.[18]

5.7 China's 14th FYP for Healthy Ageing (2021-2025) largely retains the policy framework developed in the 13th FYP for Healthy Ageing, but gives more attention to policy implementation. Notably, the 14th FYP for Healthy Ageing for the first time proposed specific development targets (see Table 5).

TABLE 5 MAIN TARGETS OF CHINA'S 14TH FIVE-YEAR PLAN FOR HEALTH AGEING (2021-2025)

Main indicator	2000	2025	Anticipatory or mandatory
Health literacy rate of the elderly people (%)	—	somewhat higher	anticipatory
Incidence of disability in the age group 65-74 (%)	—	somewhat lower	anticipatory
% of urban and rural residents aged 65 and above receiving community health management services	—	≥65	anticipatory
% of people aged 65 and above receiving traditional Chinese medicine and health management services	68.4	≥75	anticipatory
% of secondary and above comprehensive hospitals with geriatrics	31.8	≥60	anticipatory
% of comprehensive hospitals, rehabilitation centres, nursing homes, and community health facilities that are age-friendly	—	≥85	mandatory
% of tertiary traditional Chinese medicine hospitals with rehabilitation medicine	78.0	≥85	mandatory

Data source: http://www.gov.cn/zhengce/zhengceku/2022-03/01/content_5676342.htm, accessed 2 April 2022.

17 Ibid.

18 http://www.gov.cn/zhengce/zhengceku/2022-03/01/content_5676342.htm, accessed 2 April 2022.

Prospects and Challenges

6.1 In high-income and upper-middle income countries, life expectancy gains are increasingly concentrated at later stages with below-average health and economic activity. China follows this general pattern, but in a context characterised by a much larger scale and faster pace of population ageing in the decades to come.

6.2 There is growing recognition of the need to generate longevity dividend by investing in healthy and productive ageing, an agenda actively pursued by many governments in high-income and upper-middle income countries. This involves exploiting the malleability of age and the extra years that longer lives bring by promoting flexible working, assistive technology and lifelong learning, while addressing the diverse needs for employment, leisure and care among older adults.[19]

6.3 Healthy ageing is taking place in China and globally. Today's young old in their 60s are healthier than those in the same age group two decades ago, evidenced in the lower prevalence level of almost all leading causes of premature death and disability (see Figure 1 and Table 3). The picture is more mixed for the older age group (70 and above). There is substantial decline in leading disease burdens such as stroke and chronic obstructive pulmonary disease, but diseases such as Alzheimer disease and other dementias are evidently on the rise (see Figure 2 and Table 4).

6.4 For some causes of death and disability such as falls, there is evidence of the effectiveness of multipronged interventions in areas such as education, exercise and home safety retrofitting. However, the ability to intervene by prevention and treatment remains limited for diseases such as dementia.[20]

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[19] Andrew J Scott (2021), "Achieving a Three-dimensional Longevity Dividend", *Nature Aging* 1: 500-505, https://doi.org/10.1038/s43587-021-00074-y, accessed 30 March 2022.

[20] GBD 2019 Diseases and Injuries Collaborators (2020), "Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990-2019: A Systematic Analysis for the Global Burden of Disease Study 2019", *Lancet,* 396: 1204-1222.

6.5 Looking into the future, the healthy ageing agenda can benefit from major breakthroughs in medical technology and multipronged efforts in promoting behavioural changes (towards healthier lifestyles), environmental changes (for clean air and water, improved amenities and safe neighbourhoods), and socioeconomic changes (in the reduction of socioeconomic inequalities through life stages).

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Best regards,
East Asian Institute,
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