

Population ageing is characterised by a rise in the share of the older people resulting from longer life expectancy (see indicator “Life expectancy at birth and survival rate to age 65” in Chapter 3) and declining fertility rates. In Asia-Pacific countries, since 2000, life expectancy has increased by about 6 years in low and lower-middle income countries and by 4 years in upper-middle and high income countries. During the same period, fertility has decreased from 2.6 children per woman of reproductive age, to the population replacement level of 2.1. This has been mainly due to better access to reproductive health care, primarily a wider use of contraceptives (see indicator “Family planning” in Chapter 4). Population ageing reflects the success of health and development policies over the last few decades.

The share of the population aged 65 years and over is expected to increase by nearly two and half times in lower-middle and low income Asia-Pacific countries in the next decades to reach 14.1% for females and 11% for males in 2050. This is still lower than the high-income and upper-middle income countries average of 32.6% and 23.1% for females and 27.5% and 19.4% for males respectively in 2050 (Figure 3.36, left panel). The share of older people will be particularly large in Japan and the Republic of Korea and Singapore where more than one third of the population will be aged 65 and over in 2050. Ageing wears mainly a woman’s face, as women tend to outlive men.

Globally, the speed of ageing in the region will be unprecedented. In 2050, 10 Asia-Pacific countries will be qualified as “ageing society” (as compared to eight countries in 2020), five as “aged society” (six countries in 2020) and 11 as “super-aged society” (only one country in 2020, that is Japan). Only Papua New Guinea is expected to show a share of population over age 65 lower than 7%, while 12 countries fulfil this criterion in 2020. The speed of ageing is particularly fast in Brunei Darussalam and Viet Nam, where the share of the population over 65 is expected to increase by almost four- and three-fold respectively between 2020 and 2050. Many low and middle income countries are faced with much shorter timeframes to prepare for the challenges posed by the ageing of their populations.

The growth in the share of the population aged 80 years and over will be even more dramatic (Figure 3.36, right panel). On average across lower-middle and low income Asia-Pacific countries, the share of the population aged 80 years and over is expected to triple between 2020 and 2050, to reach 3.1% for females and 1.9% for males. This proportion is expected to triple and to quadruple in high income and upper-middle income countries for both females and males during the same period. The proportion of the population aged 80 years and over is expected to grow by over six times in Brunei Darussalam and more than five times in Macao, China for both females and males, and by over five times for males in the Republic of Korea and Singapore over the next decades.

The pressure of population ageing will depend on the health status of people as they become older, highlighting that the health and well-being of older people are strongly related to circumstances across their life course. Given overall numbers of older people in the population, there is likely to be a greater demand for health care that meets the need of older people in the Asia-Pacific region in coming decades. All countries in the region will urgently need to address drastic changes in demographic structures and subsequent changes in health care needs, especially shifting disease burden to NDCs. Health promotion and disease prevention activities will increasingly

need to address cognitive and functional decline, including frailty and falls. The health and well-being of older adults are determined by a complex interplay of factors that accumulate across a person’s lifetime including political, social, economic and environmental conditions that are largely outside the health sector. Therefore, WHO advocates that the health sector champions whole-of-government and whole-of-society approaches to health, addressing the individual’s life-long needs. Health systems will need to be reoriented to become more responsive to older people’s changing needs, including by investing in integrated and person-centred service delivery, supported by health financing arrangements and a health workforce with the right skills and ways of working, and integrated health and non-health services (e.g. welfare, social, education). The development of long-term care systems as seen in OECD countries may also be worth noting. Increasingly, there is a need to foster innovative home- and community-based long-term care pathways tailored to older people’s specific and diverse needs.

Over the next few decades, the increase in the population aged 65 years or more will outpace the increase in the economically active population aged 15-64 across countries in Asia-Pacific (Figure 3.37). In 2050, the ratio of people aged 15-64 to people aged over 65 years will be around one third of the 2020 value in high income Asia-Pacific countries (2 in 2050 vs 5.4 in 2020), whereas it will be slightly above half the 2020 value in upper-middle (3.3 vs 7.6) and lower-middle and low income (5.8 vs 12.4) Asia-Pacific countries. In Macao, China; Thailand; Singapore; Hong Kong, China; Japan and the Republic of Korea there will be two or less persons aged 15-64 for each person aged over 65 years. This underscores the importance of the society reform to encourage social participation of older people. Older adults contribute to society in a variety of ways including through paid and unpaid work, caregiver for family members, passing down knowledge and traditions to the younger generations.

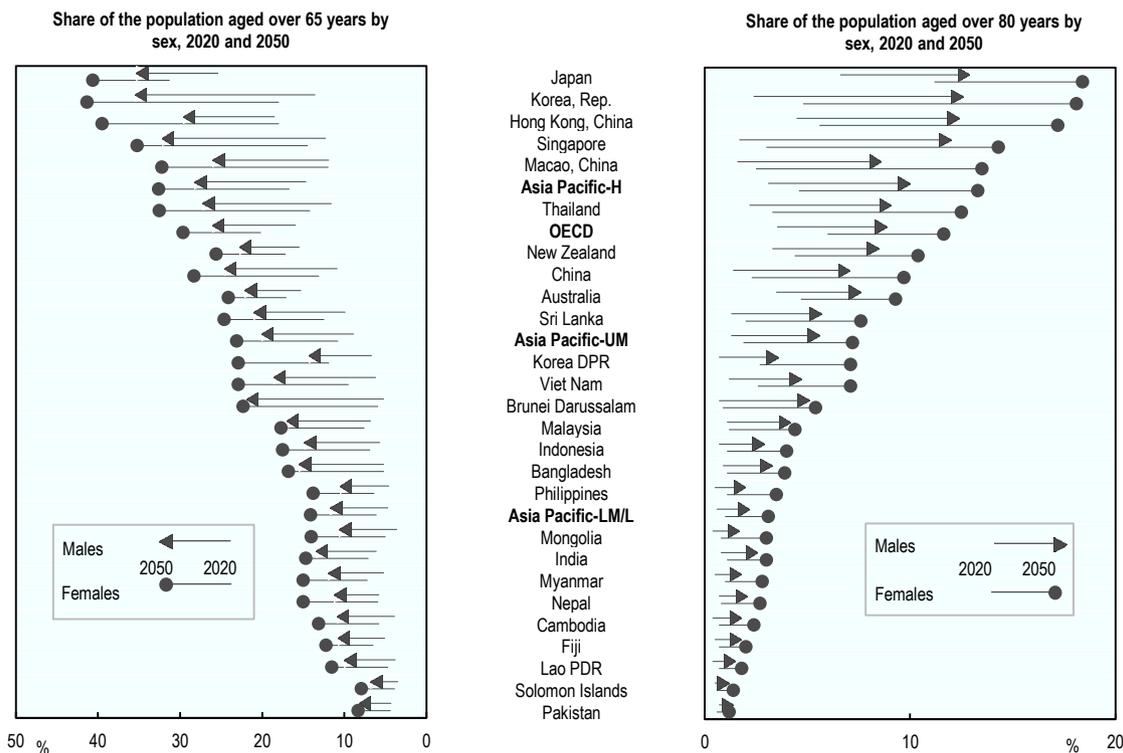
These dramatic demographic changes will affect the financing of not only health systems but also social protection systems as a whole, and also the economy. Moreover, older age often exacerbates pre-existing inequities based on income, education, gender and urban/rural residence, highlighting the importance of equity-focused policy-making in future. Population ageing does not only call for equity-focused, gender-responsive and human rights-based action within the health sector but also require collaboration across sectors to address the underlying determinants of health of older people, including housing, transport and the built environment.

#### Definition and comparability

Population projections are based on the most recent “medium-variant” projections from the United Nations (United Nations, 2019[37]).

In this report, we qualify a country as “ageing society” if the share of people aged 65 years or more is between 7% and 14% of the total population, as “aged society” if this share is between 15% and 20% and as “super-aged society” if this share is 21% or higher.

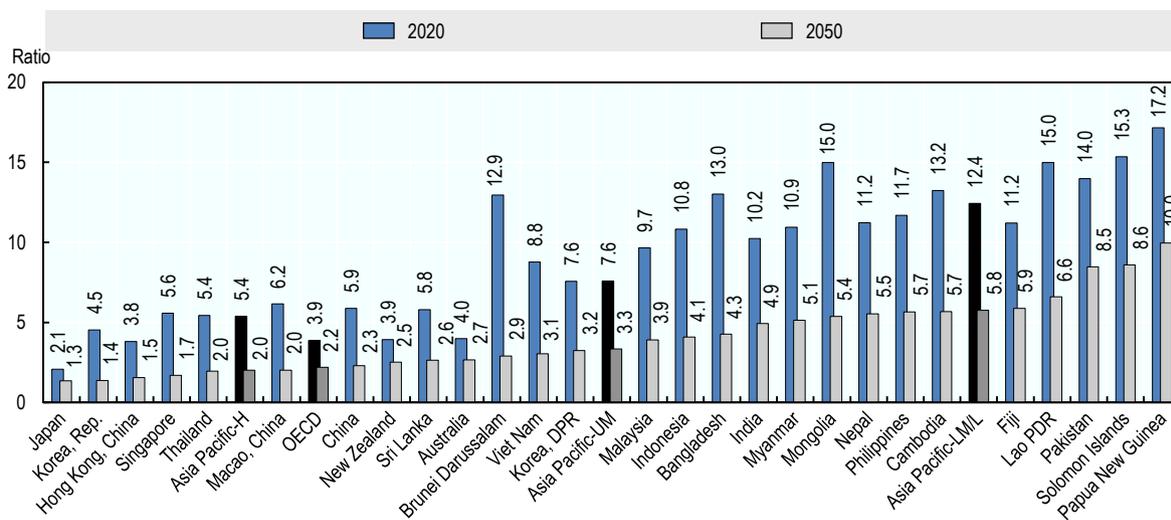
Figure 3.36. Share of the population aged over 65 and 80 years by sex, 2020 and 2050



Source: UN World Population Prospects, 2019.

StatLink <https://stat.link/uxmg8y>

Figure 3.37. Ratio of people aged 15-64 to people aged over 65 years, 2020 and 2050



Source: UN World Population Prospects, 2019.

StatLink <https://stat.link/w63fur>

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