

# Promoting Healthy and Active Ageing

## Lesson 02

### Demographic trends and the global ageing population



# Intended Learning Outcomes

- Describe global and local demographic trends in ageing populations.
- Discuss implications of demographic transitions for healthcare systems and nursing practice.

# Global and Sri Lankan Population Ageing

## Global Population Surge

The world population stands at approximately **8.2 billion in 2024**, projected to peak around **10.3 billion by the 2080s** before a slight decline by 2100. This unprecedented growth reshapes our future.



## Accelerating Ageing

The share of people aged 65+ has nearly doubled from ~5.5% in 1974 to **~10.3% in 2024**, and is projected to roughly **double again by 2074**. This rapid shift presents unique challenges and opportunities.

## Growing Older Cohorts

There are currently around **830 million people aged 65+**, a number set to grow substantially. This demographic change profoundly impacts social and economic structures.



## Longer, Healthier Lives

Global life expectancy, recovering from the pandemic, reached **~73.3 years in 2024**. This, coupled with lower fertility rates, drives the phenomenon of population ageing.

# Sri Lanka: An Ageing Nation

Sri Lanka is experiencing population ageing at a pace faster than the global average, placing it at a relatively advanced stage for South Asia. This presents both challenges and opportunities for the nation's health and social systems.

<b>Total Population</b>	World: ~8.2 billion (2024)   Sri Lanka: <b>~23.0 million</b> (2023-2024 estimates)
<b>Percent Aged 65+</b>	World Average: ~10.3% (2024)   Sri Lanka: <b>~12%</b> (2024), <b>exceeding the global average</b>
<b>Median Age</b>	World: mid-30s   Sri Lanka: <b>~34 years</b> (2024 est.)
<b>Life Expectancy</b>	World: ~73.3 years (2024)   Sri Lanka: <b>~75 years</b> (high for the region)
<b>Economy</b>	Sri Lanka: Lower-middle income; GDP per capita ≈ <b>US\$3,900–4,500</b> (2024), impacting health financing and workforce capacity.

*Sri Lanka's demographic trajectory necessitates urgent attention to health services, long-term care, and social protection as the proportion of older adults, particularly the 'old-old' (75+), rapidly increases.*



# Why Healthcare in an Ageing World matters

The global demographic shift towards an older population has profound implications for healthcare systems worldwide. As people live longer, the nature of health challenges evolves, demanding significant adaptations in how healthcare is delivered and financed.

**Rising Demand for Chronic and Long-Term Care:** As populations age, there's an increase in multimorbidity, dementia, frailty, and disability. Health systems must shift from episodic acute care to integrated chronic care and rehabilitation models to meet these complex needs effectively.

**Higher Health Expenditure Pressure:** Older populations drive up costs for pensions, long-term care, and health services. Countries with limited fiscal space, including many Low and Middle-Income Countries (LMICs), face difficult trade-offs in resource allocation.

**Workforce and Skills Gap:** A significant shortage of primary care and geriatric skills exists globally. Age-friendly training and task-sharing initiatives are crucial to building a competent and compassionate healthcare workforce.

**Unequal Healthy Ageing:** Gains in longevity are not always matched by gains in healthy life years. Many older people, especially in lower-income settings, live with disability and unmet care needs, highlighting disparities in healthy ageing outcomes.



# Understanding and Combating Ageism

## Chapter 4: The Impact of Ageism

1

### Definition of Ageism

The World Health Organization (WHO) defines ageism as **stereotypes, prejudice, and discrimination based on age**. It manifests in interpersonal interactions, institutional policies, and structural practices, affecting individuals of all ages, though it disproportionately harms older adults.

2

### Ageism in Healthcare

Ageism subtly and overtly influences healthcare. Clinically, older patients' symptoms are often dismissed as "normal ageing," leading to under-investigation and undertreatment for treatable conditions. Policy-wise, age limits or biased prioritisation can disadvantage older adults.

3

### Workforce Attitudes & Training

A lack of specialised geriatric training and negative attitudes among healthcare providers can reduce the quality of care. This contributes to a cycle where older adults receive suboptimal treatment.

4

### Impacts on Health Outcomes

Ageism leads to worsened health outcomes, reduced access to essential services, and poorer mental health (e.g., isolation, low self-esteem). It also contributes to higher health system costs due to preventable complications and inefficient care.

# Practical Approaches to Enhance Care and Combat Ageism

## Policy & Legal Measures

Enact and strengthen anti-discrimination policies to explicitly include age. It is crucial to embed the rights of older adults within national health and social policies, ensuring their protection and equitable access to services.

## Workforce Education

Incorporate geriatrics and ageing modules into both pre-service and in-service curricula. Implement anti-ageism training and reflective practice for clinicians to foster positive attitudes and enhance care quality.

## Data & Research

Improve routine data disaggregation by age and collect comprehensive information on functional status and unmet care needs. Funding research into effective anti-ageism interventions and cost-effective eldercare models is vital for informed policy-making.

## Health-System Redesign

Implement integrated primary-care models that focus on person-centred care. This includes screening for multimorbidity, frailty, and social needs, and establishing clear pathways to rehabilitation and palliative care. Training in geriatric principles is essential.

## Public Campaigns

Launch mass communication campaigns to challenge ageist stereotypes. Develop school and community programmes that promote intergenerational contact, which has been shown to reduce prejudice against older adults.

## Service-Level Practices

Utilise age-friendly health service checklists focusing on mobility, communication, and medication review. Implement routine cognitive and frailty screening, deprescribing where appropriate, and shared decision-making that respects older adults' values and preferences.

# Translating Strategy into Action



Understanding the theoretical aspects of population ageing and ageism is crucial, but seeing these concepts in practical application highlights the real-world impact and the potential for positive change

## 1 Addressing Clinical Bias

Studies and WHO reports consistently document that older patients often receive fewer investigations or less aggressive treatment for treatable conditions. This is frequently based on assumptions about age rather than an individual's actual health status or prognosis.

Solution: Introduce decision aids and clinical guidelines that focus on functional status and prognosis rather than relying solely on chronological age. This ensures that treatment decisions are tailored to individual needs.

## 2 Systemic Gaps

Countries like Sri Lanka face rapidly rising care needs coupled with constrained financing. The traditional institutional care model is often unsustainable and culturally inappropriate.

Solution: Policy responses include re-orienting primary care to manage chronic conditions, expanding the roles of community health workers, and investing in family and carer supports to enable older adults to age in place within their communities.

# Translating Strategy into Action

1

## Enhance Training Curricula

Integrate geriatrics and ageing modules into both initial training programmes and ongoing professional development for healthcare providers.

2

## Implement Routine Screenings

Establish routine frailty and cognitive screening in primary care, ensuring clear referral pathways for comprehensive assessment and intervention.

3

## Audit Treatment Patterns

Regularly audit age-related treatment patterns to identify potential biases and set clear equity targets to ensure fair access to investigations and interventions.

4

## Launch Public Awareness Campaigns

Run community-based anti-ageism campaigns and foster intergenerational projects, actively measuring changes in attitudes and perceptions.

5

## Collect Disaggregated Data

Improve the collection of age-disaggregated data on service use, health outcomes, and long-term care needs to inform evidence-based policy and planning.

- [UN – World Population Prospects 2024 \(summary & data\)](#)
- [WHO – Ageing & Health; Global Report on Ageism; Decade of Healthy Ageing \(2020–2030\)](#)
- [World Bank / WHO Country Pages – Sri Lanka \(population, health systems, indicators\)](#)





Pic: Google image

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