



**Asia-Pacific  
Economic Cooperation**

# **APEC Regional Framework for Healthy Aging**

APEC Health Working Group  
*April 2026*







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Produced by

Project Overseer

Clara Davis, U.S. Department of State, Office of Outbreak Detection and Response

Project Implementation Team

Adrienne Mendenhall, Director, Crowell Global Advisors

Charlotte Watiez, Senior Consultant, Crowell Global Advisors

Gabriela Rodriguez, Associate Consultant, Crowell Global Advisors

For

Asia-Pacific Economic Cooperation Secretariat

35 Heng Mui Keng Terrace

Singapore 119616

Tel: (65) 68919 600

Fax: (65) 68919 690

Email: [info@apec.org](mailto:info@apec.org)

Website: [www.apec.org](http://www.apec.org)

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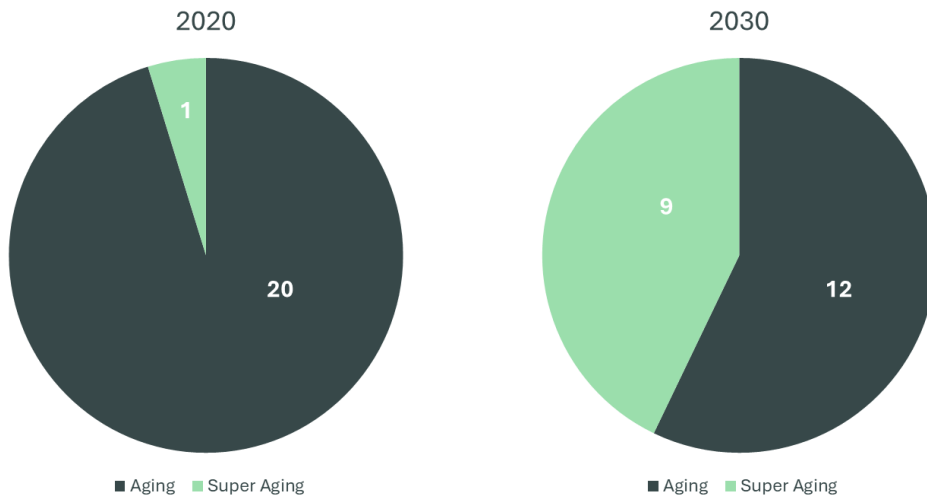
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# Introduction

The Asia-Pacific Economic Cooperation (APEC) region is undergoing a significant demographic shift: by 2025, one in every seven people will be 65 or older – twice as many as 1990.<sup>1</sup> In 2020, 20 APEC member economies qualified as having aged or aging populations, and Japan had already reached the status of “super aging” – meaning more than 20% of its population was over 65. By 2030, nine APEC economies are projected to reach this “super aging” status (Figure 1, full data found in Appendix 1).<sup>2</sup> This shifting demographic landscape creates an urgent need for policies and health systems that support well-being as people grow older – known as healthy aging.

**Figure 1: The number of APEC economies considered “aging” and “super-aging” (2020-2030)**



Source: World Population Prospects (2024)

Previously deemed a “silver tsunami,” population aging now presents an opportunity for economies to invest in the health and productivity of older adults. Better health enables older adults to remain in the workforce and actively engage in society, spurring greater efficiency and economic growth. Through their participation in society as consumers, workers, caregivers, volunteers, and other roles, adults aged 50 and older contributed USD 45 trillion to global GDP in 2020 (34% of the total). Defined as the “longevity economy,” the contributions to global GDP by older adults are projected to increase to USD 118 trillion by 2050 (39% of the total) (Box 1).<sup>3</sup> Health is the most important factor determining the value of the longevity economy.

Healthy aging has emerged as a holistic strategy to address the changing disease burden associated with aging. APEC economies are already responding to demographic change with cross-sectoral policies and healthy aging initiatives at both domestic and regional levels that aim to reallocate resources, share best practices, and build greater capacity to meet the needs of an aging population. This particularly includes increasing resources for the prevention, screening, diagnosis, and care of health conditions common among older adults such as cognitive decline, cancer, cardiovascular and metabolic diseases, and frailty. APEC projects on aging (Appendix 2) range from digital solutions for senior citizen’s connectivity to collaboration on re-employment, reflecting APEC’s commitment to addressing aging beyond the health sector. As the APEC Policy Support Unit notes, aging “is a structural issue that requires a structural solution.”<sup>4</sup> By taking a whole-of-society approach to healthy aging, APEC economies can adapt to demographic change and capture the full potential of their longevity economy.

## Box 1: Healthy aging and the longevity economy

Healthy aging is a policy and investment approach that creates value far beyond the health sector, spurring a longevity economy. Better health and longer lifespans enable older adults to continue generating economic value as workers, caregivers, volunteers, and consumers, contributing to global GDP growth.



**Workforce participation:** Across 101 economies, adults aged 50 and over made up more than 27% of workers in 2020.<sup>5</sup>



**Caregiving:** In the United States, 24.5% of adults aged 45 to 64, and 18.8% of adults aged 65 and older served as caregivers from 2015-2017.<sup>6</sup> A study by AARP found that unpaid family caregivers in the United States contributed an equivalent of over USD 470 billion in economic activity in 2017.<sup>7</sup>



**Volunteering:** Across the OECD economies, the rate for volunteering at least once a week is highest for those aged 55-65 and for early retirees. Volunteering is estimated to have an economic impact of 1.9% of GDP across OECD economies.<sup>8</sup>



**Consumer spending:** Adults aged 50 and over accounted for half of global consumer spending in 2020 (USD 35 trillion). By 2050, this figure is projected to reach nearly 60% (USD 96 trillion). Nearly one-third of global impact on GDP generated by adults aged 50 and over is driven by cross-border spending, either through direct overseas spending on products and services, or indirectly through global supply chains.<sup>9</sup>

## The APEC Regional Framework for Healthy Aging can drive effective whole-of-society transformation

To address demographic change, the *APEC Regional Framework for Healthy Aging* (“*APEC Framework*”) provides a regional approach to drive effective, whole-of-society transformation by promoting healthy aging and boosting investment in the longevity economy through increased APEC collaboration. At a breakfast dialogue held in August 2024, in Lima, Peru, alongside the APEC Health Working Group (HWG) Plenary Meetings, APEC economies reaffirmed their commitment to collaborate and share strategies on aging. Supported by this shared commitment, the *APEC Framework’s* vision is that older adults in APEC economies have the health and well-being to pursue a life of purpose and actively contribute to the sustained economic growth of the region.

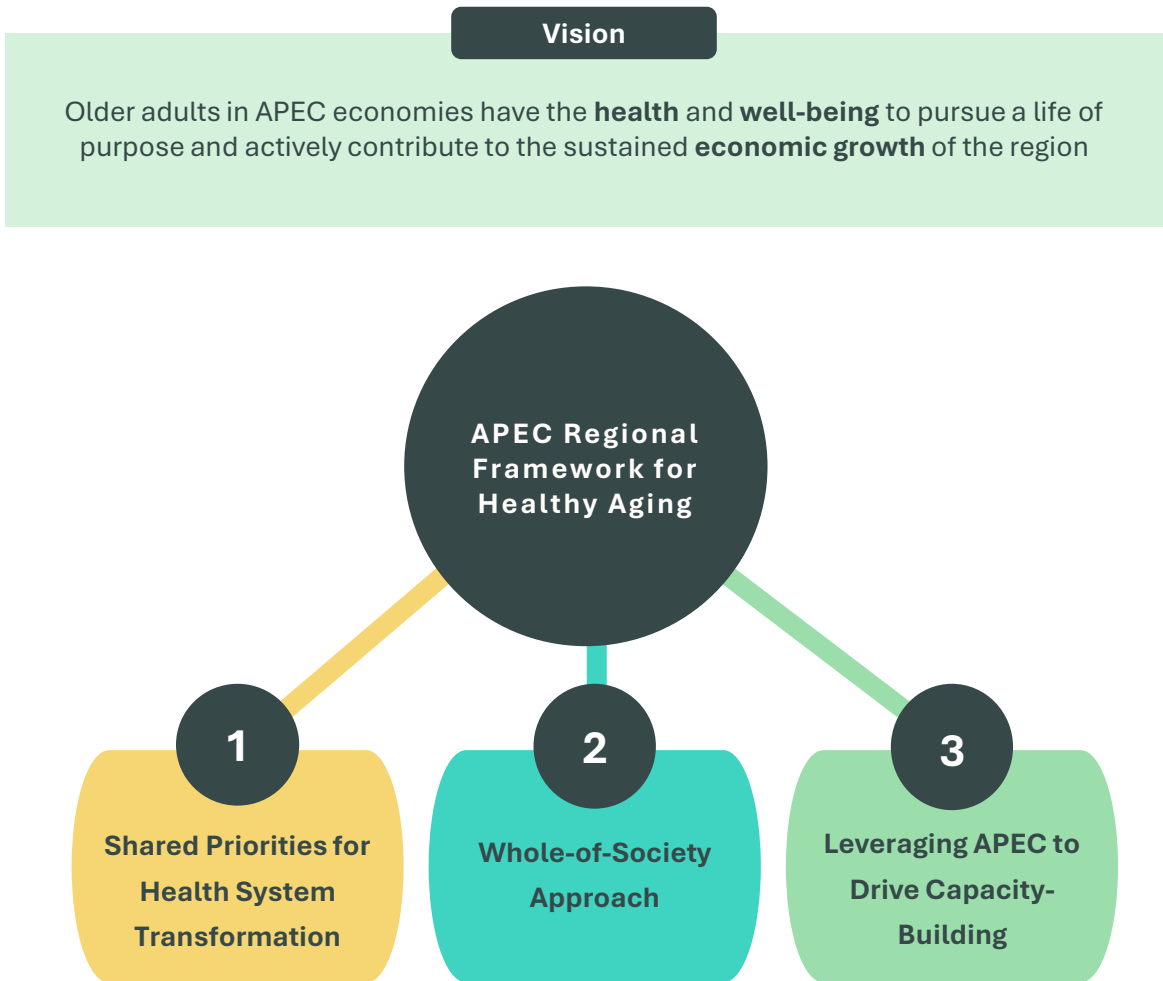
To realize this vision, the *APEC Framework* aims to define:

1. Shared priorities for the transformation of health systems in APEC to better meet the healthcare needs of an aging population
2. A whole-of-society approach to healthy aging that recognizes the full social, knowledge, and financial contributions of older adults
3. The potential role of APEC in driving intersectoral capacity-building that contributes to the region’s realization of healthy aging and catalyzes the growth of the longevity economy.

The creation of the *APEC Framework* was informed by literature review, desktop research, and two virtual consultations with members of the APEC HWG (full list of attendees in Appendix 3).

APEC economies can use the *APEC Framework* as a foundational guide for developing and refining domestic healthy aging policies, as well as for shaping discussions within the forum. For economies with existing healthy aging policies, the *APEC Framework* offers complementary elements to strengthen and update their approaches while supporting ongoing advocacy. For those still developing policies, the *APEC Framework* provides a clear reference for effective resource allocation, helping ensure all member economies advance healthy aging in a coordinated and impactful way.

**Figure 2: Objectives of the APEC Regional Framework for Healthy Aging**



# Shared Priorities for Health System Transformation

Better health is central to healthy aging and drives the value of the longevity economy. Achieving healthy aging and economic growth, however, will depend on collective action to transform health systems across the APEC region.

Historically, healthcare systems were designed to address accidents, infectious diseases, and other acute conditions requiring short-term care. While advances in public health have extended lifespans in the APEC region, health spans – the years lived in good health – have remained constant due to the rising burden of chronic diseases such as cancer, cardiovascular disease, dementia, and diabetes (Box 2).

## Box 2: Rising burden of chronic diseases

As lifespans increase, chronic diseases are becoming leading causes of global illness and death, with costs projected to reach USD 47 trillion by 2030.<sup>10</sup>

- **Cardiovascular health:** Cardiovascular diseases are the leading cause of death globally, accounting for 20.5 million deaths in 2021.<sup>11</sup> In 2023, the estimated direct costs for cardiovascular diseases in nine Asia-Pacific economies reached USD 177.9 billion.<sup>12</sup>

*Economy Spotlight:* Cardiovascular disease affects about 4 million Australians and causes almost 30% of all deaths. As a response to this leading cause of burden of disease, in 2020 Australia launched its National Strategic Action Plan for Heart Disease and Stroke to promote the effective prevention, treatment, and management of heart disease and stroke. The plan focuses on four priority areas: prevention and early detection, diagnosis and treatment, support and care, and research.<sup>13</sup>

- **Cancers:** The second leading cause of death globally, cancer accounted for 10 million deaths in 2019. Cancers are expected to cost the global economy USD 25.2 trillion from 2020 to 2050, a cost equivalent to an annual tax of 0.55% on global GDP.<sup>14</sup> Cancer incidence in APEC economies is projected to increase by around 35% from 2020 to 2030, with an anticipated 40% increase in mortality rates.<sup>15</sup>

*Economy Spotlight:* The Republic of Korea has rolled out a comprehensive framework for cancer control which includes its National Cancer Control Plan and its National Cancer Center and Regional Cancer Center network. To support cancer prevention and early detection, the Republic of Korea also has implemented Cancer Registry and evidence-based cancer screening programs for six cancers. The Republic of Korea's 5<sup>th</sup> Cancer Control Plan will be launched in 2026.<sup>16</sup>

- **Brain health:** More than 18% of all global health loss in 2021 was associated with brain conditions – including those associated with cognitive decline and mental disorders. Largely due to population aging, the global number of people with Alzheimer's disease and other dementias increased by 161% between 1990 and 2021.<sup>17</sup> The direct spending costs for all brain conditions amounted to USD 1.7 trillion in 2019.<sup>18</sup>

*Economy Spotlight:* In Malaysia, one in ten elderly suffer from dementia. As a response to a rising burden of dementia, Malaysia's Ministry of Health launched the Dementia Action Plan (2023 – 2030). The action plan details 21 strategies, and 58 activities focused on four priorities: 1) empowering healthy and active communities, 2) strengthening a sustainable healthcare and social support system for dementia, 3) research, innovation and information sharing, and 4) strengthening monitoring and evaluation of health programs for people with dementia.<sup>19</sup>

- **Mental health conditions:** Between 1990 and 2019, the proportion of global disability-adjusted life years (DALYs) attributed to mental disorders increased from 3.1% to 4.9%. Years lived with disability (YLDs) contributed to most of the mental disorder burden, with 14.6% of global YLDs in 2019 attributable to mental disorders.<sup>20</sup> The global cost of mental health conditions is projected to rise from USD 2.5 trillion in 2010 to USD 6 trillion by 2030.<sup>21</sup>

*Economy Spotlight:* To provide support for those suffering with mental disorders, Singapore has launched a digital mental health platform, First Stop for Mental Health, that offers self-help tools and resources. Singapore has also launched a mental health helpline and textline that provides 24/7 mental health support through call, text, and online chat. Additionally, through CREST, community mental health teams operated by social service agencies provide mental health screening and psycho-social support services for adults aged 18 years or older.<sup>22</sup>

- **Diabetes:** In 2021, there were 529 million people living with diabetes worldwide, with the global age-standardized rate for prevalence being 6.1%. By 2050, more than 1.31 billion people are projected to have diabetes.<sup>23</sup> The increase in global health expenditure due to diabetes in adults aged 20 – 79 years increased 316% from 2007 to 2021. Total diabetes-related health expenditure is expected to reach USD 1.03 trillion by 2030.<sup>24</sup>

*Economy Spotlight:* In Chinese Taipei, the Ministry of Health and Welfare launched the Diabetes Shared Care Program (DSCP) in 2001 to help patients with type 2 diabetes achieve better glycemic control. This program emphasizes team care, with physicians, diabetes specialists, nurses, and dietitians all working together to improve quality of care for patients.<sup>25</sup>

- **Bone and functional health:** By 2050, the worldwide incidence of hip fractures in men is projected to increase by 310% and 240% in women compared to rates in 1990.<sup>26</sup> By that same year, the global economic impact of hip fractures is projected to reach USD 131.5 billion.<sup>27</sup> It is estimated that, worldwide, 1 in 3 women and 1 in 5 men over the age of 50 will experience osteoporosis fractures in their remaining lifetimes.<sup>28</sup>

*Economy Spotlight:* In Japan, it was estimated that 80% of annual patients who experience a hip fracture due to osteoporosis do not receive treatment for osteoporosis. The one-year continuation rate of osteoporosis medications after a hip fracture was also estimated to be 20%. To address this gap, the Japanese Fracture Liaison Services (FLS) reimbursement scheme was updated in April 2022 to provide coverage for post-fracture patient care and prevention of secondary fractures.<sup>29</sup>

- **Obesity:** In 2021, the global prevalence of obesity had increased by 155.1% in men and 104.9% in females, compared to rates in 1990.<sup>30</sup> In 2023, it was estimated that the global economic impact of overweight and obesity would reach USD 4.32 trillion annually by 2035 if prevention and treatment measures did not improve.<sup>31</sup>

*Economy Spotlight:* Chile has taken a holistic approach to obesity prevention which includes its new Strategy to Stop the Acceleration of Overweight and Obesity in Children and Adolescents (2023-2030) that emphasizes early interventions related to nutrition, physical activity, and better public health education among children and adolescents.<sup>32</sup> Through its updated clinical practice guidelines for obesity in adults (2022), Chile is also currently in the early stages of facilitating better access to individualized care.<sup>33</sup>

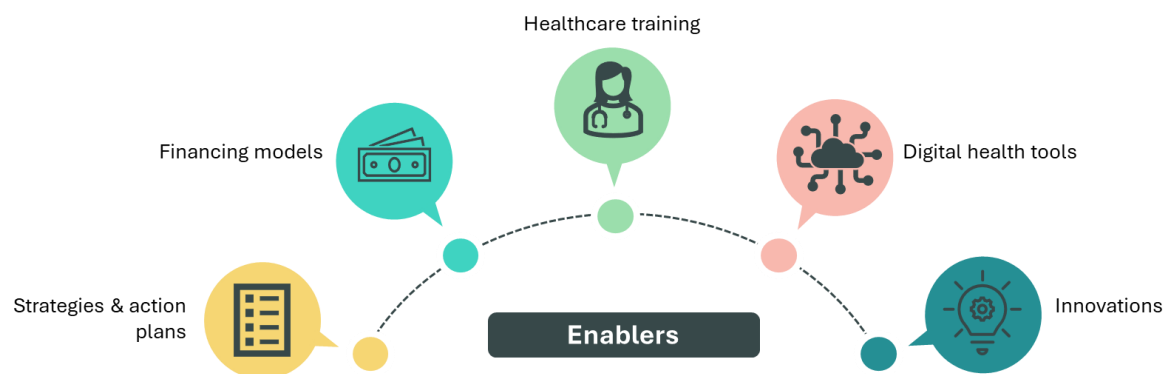
Chronic health conditions also increase the risk of severe illness, hospitalization, and death from vaccine-preventable diseases such as influenza, pneumococcal disease, herpes zoster, and pertussis. In the United States alone, vaccine-preventable diseases among adults aged 50 and older were estimated to cost society around USD 26.5 billion annually.<sup>34</sup>

Transforming health systems to effectively manage chronic diseases among older adults will be foundational for implementing whole-of-society strategies that support healthy aging. Achieving this transformation will require APEC economies to collaborate and align shared priorities to promote regional well-being and prosperity.

To guide this process, the *APEC Framework* identifies the following **priorities** for health system transformation to meet the needs of people across the life-course, including older adults:

1. Community-based integrated care that is rooted in primary care; meets the prevention, screening, early diagnosis, treatment, and care needs of aging populations; and addresses the social determinants of health.
2. Quality, person-centered long-term care that includes older adults in decision-making and prioritizes aging-in-place.

**Figure 3: Enablers for health system transformation**

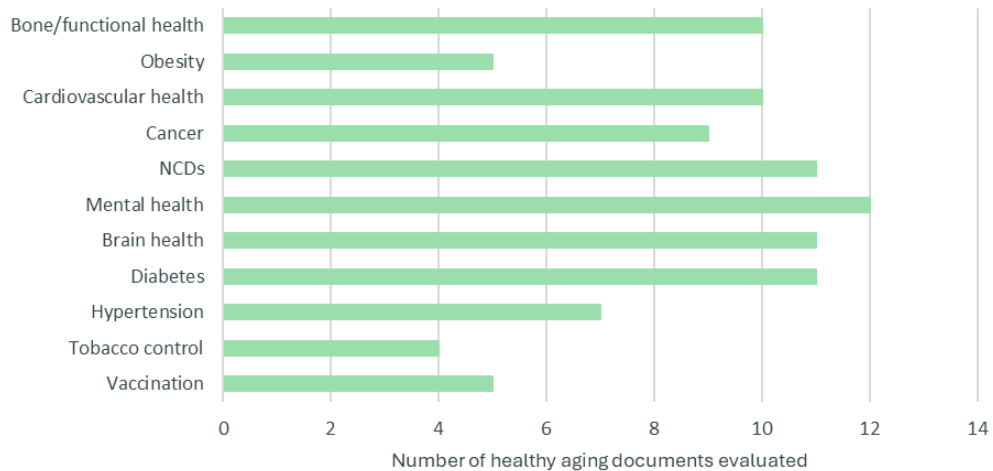


Important **enablers** for achieving these priorities include:

1. **Strategies and action plans:** Given the high demand that aging populations place on health systems, APEC economies need to effectively allocate resources in a way that addresses the most pressing health needs while ensuring maximum impact. Strategies can help align priorities for funding and distill the roles of relevant stakeholders. Strategies can support health ministries to:
  - i. Invest in creating and implementing action plans for prevention, screening, early diagnosis, treatment, and care of common health conditions in older adults (e.g., cognitive decline, cancer, cardiovascular and metabolic diseases, frailty, osteoporosis, mental disorders, lung disease).
  - ii. Proactively target risk factors such as smoking, air pollution, inactivity, poor nutrition, high cholesterol, high blood sugar, and obesity.
  - iii. Integrate existing community resources for better service delivery.
  - iv. Prioritize access for older adults in rural and hard-to-reach areas.
  - v. Partner with other ministries and with the private sector to ensure financial and resource security.

### Box 3: Review of healthy aging policies in APEC economies

To assess how APEC economies address common health conditions in older adults within the context of healthy aging, 14 policy documents were reviewed (see Appendix 4). While not exhaustive, this review provides a snapshot of how aging-related conditions have been incorporated into healthy aging policy actions over the past decade. Most documents mentioned prevalent conditions such as brain disorders, diabetes, and musculoskeletal disorders. However, key risk factors like obesity and smoking were less often addressed, highlighting the need for continued focus on both conditions and risk factors in healthy aging strategies.



Source: Analysis by Crowell Global Advisors

**2. Financing models:** The complex health needs of aging populations require financing that covers direct healthcare costs and invests in building the capacity of health systems. Dedicated financing models for healthy aging help expand the capital available to support community-based and long-term care. Financing models can:

- i. Incentivize doctors to work in community-based primary care and long-term care settings.
- ii. Encourage upskilling of nurses, community health workers, and health professionals to meet the holistic needs of older adults and their caregivers.
- iii. Raise capital and strengthen universal health coverage schemes through innovative models such as health taxes, supplemental insurance, and blended financing.
- iv. Reward efficient, high-quality care delivery that leverages digital tools to advance value-based healthcare.
- v. Facilitate collaboration with the private sector to close patient access gaps, lower out-of-pocket costs, and meet the rising demand for quality healthcare.

#### Box 4: Chinese Taipei's Cancer Drugs Fund (CDF)

Chinese Taipei has allocated TWD 10 billion (approximately USD 330 million) to establish a Cancer Drugs Fund (CDF) that helps cancer patients and families access essential treatments. The CDF subsidizes high out-of-pocket costs for innovative treatments not covered by the National Health Insurance (NHI), ensuring that financial barriers do not impede access to high quality care. Shan Yan-shen, dean of the Institute of Clinical Medicine at National Chen Kung University (NCKU), predicts the CDF could reduce cancer mortality in Chinese Taipei by a third by 2030.<sup>35</sup>

3. **Healthcare training:** Taking care of aging populations requires in-depth knowledge of not just geriatrics and gerontology, but also chronic disease management and the broader social determinants of health. Healthcare training that equips the care workforce to properly screen for and treat conditions impacting older adults is integral to ensuring healthy aging. Healthcare training can:
  - i. Promote specialization in geriatrics and gerontology to maintain effective healthcare worker-to-older population ratios.
  - ii. Empower older patients as decision-makers and train healthcare workers to collaborate with patients to set health priorities, particularly for the management of non-communicable diseases and functional health.
  - iii. Address social determinants of health, including abuse, violence, and loneliness, among older adults.
  - iv. Train healthcare workers to provide emotional support and technical education to family caregivers.
  - v. Offer mid-career pathways into the healthcare and caregiving fields.

#### Box 5: Rising demand and workforce shortages in APEC health systems

Aging populations in the APEC region are increasing demand on health systems that are already facing workforce shortages. Although the Asia-Pacific region is home to more than 60% of the world's population, it has only 40% of the global healthcare workforce,<sup>36</sup> with Southeast Asia projected to be short of 4.7 million healthcare workers by 2030.<sup>37</sup> While the shortage in healthcare workers can be attributed to a combination of factors such as funding, work environment, training, and resource distribution, addressing workforce gaps is essential when developing policies aimed at expanding care for aging populations.

4. **Digital health tools:** As demand for health systems increase with aging populations, it will be important to develop cost-effective ways to treat patients. Digital health tools help improve the effectiveness and quality of care, while allowing more patients to access treatment. Digital health tools can:
  - i. Expand access to care for older populations and facilitate self-care.

- ii. Educate patients, caregivers, and healthcare providers on health conditions, benefits packages, and evidence-based care guidelines.
- iii. Track epidemiological trends and healthcare practices to continuously improve care protocols and guide health systems planning.
- iv. Strengthen referral systems for seamless integration across care sites, social services, and caregivers.
- v. Improve the efficiency, financial security, and reach of universal health coverage programs by streamlining enrollment, premium collection, and reimbursements.

#### Box 6: Advancing digital health innovation in APEC

APEC economies are beginning to integrate innovative digital technologies for more efficient healthcare systems. The APEC report “Artificial Intelligence (AI) Policy Recommendations on Digital Transformation for Healthcare Ecosystem,” published in 2021, outlined four priorities for digital transformation: 1) regulating digital health technologies to balance innovation and patient safety, 2) increasing provider adoption of new technologies, 3) incorporating patient perspectives to boost uptake, and 4) collaborating with stakeholders to advance digital health and precision care.<sup>38</sup>

Recognizing the rapidly evolving nature of this technology, economies should also seek new approaches for incorporating AI into health system digital transformation. For instance, the United States Department of Health and Human Services’ AI Strategy, launched December of 2025, aims to guide its workforce on how to utilize this technology to enhance efficiency, foster innovation, and improve patient outcomes.<sup>39</sup>

5. **Innovations:** Transforming health systems to better treat populations going through demographic change will require new and agile approaches. Healthcare innovations offer promise for facilitating healthy aging and provide governments with effective solutions to current challenges. Innovations can:
- i. Foster collaboration with patient groups and healthcare providers to develop new care models.
  - ii. Streamline regulatory pathways for health technologies that significantly improve patient outcomes.
  - iii. Launch start-ups focused on healthy aging.

#### Box 7: The Kobe City Eldercare Technology Implementation and Promotion Project

In Kobe, a city in central Japan, the Eldercare Technology Implementation and Promotion Project supports the adoption of age-tech in eldercare facilities to reduce caregiver workload, retain staff, and improve working conditions. Acting as a bridge between technology providers and eldercare businesses, the project helps overcome barriers to tech adoption and promotes innovations that better meet older adults’ needs. These efforts aim to increase familiarity with age-tech and drive innovation tailored to users.<sup>40</sup>

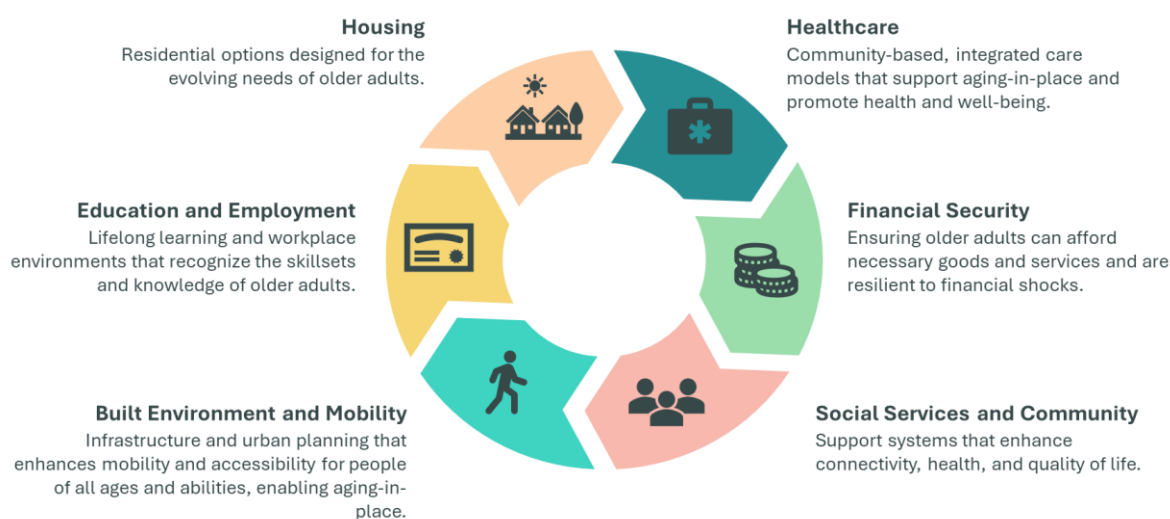
These shared priorities for the transformation of health systems in APEC can guide economies in creating resilient health systems that support well-being throughout the life-course. Collective action on these priorities will be vital to improving health spans and ensuring regional prosperity.

# A Whole-of-Society Approach to Healthy Aging

Healthy aging depends not only on healthcare, but also on social well-being, financial security, and safe environments. Adapting to aging populations requires a whole-of-society approach that strengthens healthcare, expands social services, promotes lifelong learning and employment, enhances financial security, and develops supporting infrastructure.

Existing global and regional frameworks for healthy aging consistently stress that 1) older adults are valuable assets, 2) healthy aging is shaped by personal, environmental, and societal factors, 3) institutions and systems must adapt to older adults' needs, and 4) cross-sectoral partnerships and innovation are vital for responding to demographic change.

**Figure 4: A whole-of-society approach to healthy aging**



Building on these themes, the *APEC Framework* identifies six key areas for APEC economies to advance holistic strategies for the physical, mental, and social well-being of older adults:

## **1. Healthcare: Community-based, integrated care models that support aging-in-place and promote health and well-being.**

Community-based integrated care models are essential for supporting aging-in-place and promoting healthy aging. By integrating health and social care and linking it to community services, these models can improve care quality, cost-effectiveness, and enable greater independence for older adults. Extending across the entire care continuum – from community and primary care through to secondary and tertiary care – these models also facilitate seamless referral pathways and strengthen management of non-communicable diseases (NCDs). Evidence from the Republic of Korea shows how such models can reduce frailty and loneliness while enhancing quality of life for older adults living alone.<sup>41</sup> To be effective at promoting healthy aging, these models must ensure accessibility, coordination, and individual choice.<sup>42,43</sup>

**2. Financial Security: Ensuring older adults can afford necessary goods and services and are resilient to financial shocks.**

Ensuring older adults can afford necessary goods and services and are resilient to financial shocks is fundamental for healthy aging. Financial security supports independence, protects against unexpected events such as illness or job loss, and enables older adults to lead active, social lives.<sup>44</sup> To achieve financial security among older adults, economies need robust retirement systems, widespread financial literacy, and pension reforms that extend coverage to vulnerable groups.

**3. Social Services and Community: Support systems that enhance connectivity, health, and quality of life.**

Robust support systems that enhance connectivity, health, and quality of life are crucial for healthy aging. Social networks often shrink with age due to life events such as death of a partner, illness, disability, and retirement. Strong social support increases resilience, strengthens mental and physical health, and fosters independence and purpose. Early interventions such as intergenerational programs, age-friendly communities, community-based group physical activity, and technology are essential to building and maintaining connectivity and support systems.<sup>45</sup>

**4. Built Environment and Mobility: Infrastructure and urban planning that enhances mobility and accessibility for people of all ages and abilities, enabling aging-in-place.**

Healthy aging depends on well-designed infrastructure and urban planning that enhances mobility and accessibility for older adults. A supportive built environment is essential for enabling aging-in-place, allowing older adults to remain active in their communities. Key factors such as accessibility, transportation, safety, community support, access to outdoor spaces, and affordability contribute to the mental and physical well-being of older adults. Among these, accessibility is particularly important as it promotes physical activity, independence, and greater social participation within the community.<sup>46,47</sup>

**5. Education and Employment: Lifelong learning and workplace environments that recognize the skillsets and knowledge of older adults.**

Lifelong learning and workplace environments that recognize the skillsets of older adults are crucial for healthy aging. Engaging in ongoing education and employment helps prevent cognitive decline and bolsters autonomy, enhancing overall well-being. Re-skilling programs not only benefit older adults by enabling them to remain in the workforce, but they also contribute to economic growth through enhanced productivity. To be effective, these programs must offer flexible learning options tailored to the specific needs of older adults and actively address ageism that is common in classrooms and workplaces.<sup>48,49</sup>

**6. Housing: Residential options designed for the evolving needs of older adults.**

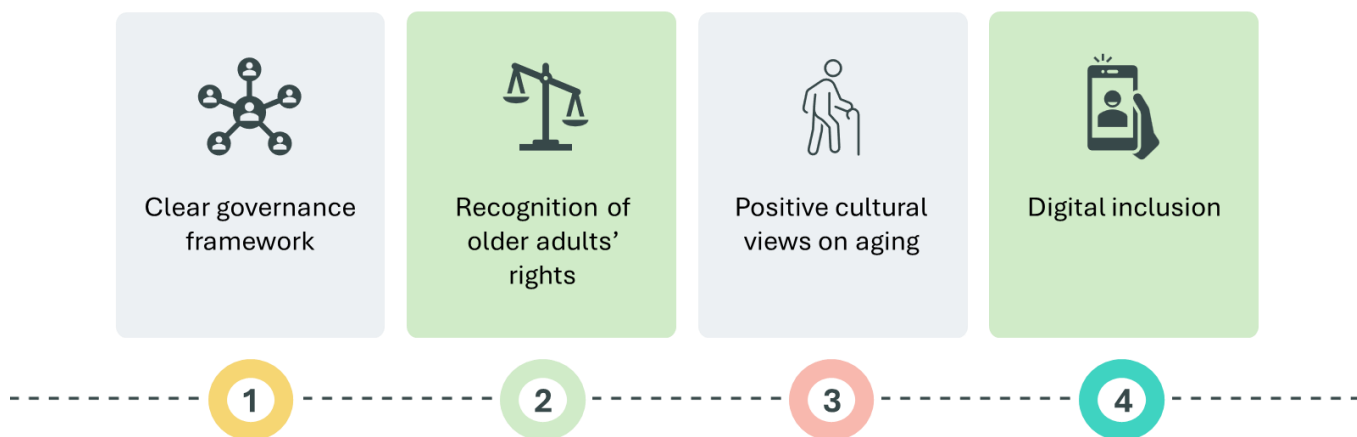
Designing residences that meet the evolving needs of older adults is important for healthy aging. Strong cognitive and affective ties to a home environment make it a desirable setting for personal care as people age. Preventing relocation and enabling aging-in-place are among the most essential needs of older adults.<sup>50</sup> Providing a range of accessible and adaptable housing choices enables older adults to maintain independence and avoid relocation. Key features of a home environment that promote healthy aging and well-being include good physical condition, incorporation of assistive technology, and ongoing design modifications to improve accessibility throughout the life course.<sup>51</sup>

Successful implementation of whole-of-society healthy aging strategies requires the presence of the following four key enablers:

- 1. Clear governance framework:** Whole-of-society approaches are challenging to implement because of competing sectoral priorities. Success requires a clear governance framework that defines sector roles, ensures transparent communication, and includes efficient monitoring and outcome evaluation. In Singapore, for example, the Ministerial Committee on Ageing coordinates healthy aging efforts across sectors, with the Ministry of Health’s Ageing Planning Office as its Secretariat, overseeing policy implementation.<sup>52 53</sup> In addition to centralized coordination, governance frameworks should leverage the frontline role of local governments in service delivery, empowering them to lead in policy implementation and localization.
- 2. Recognition of older adults’ rights:** For whole-of-society healthy aging strategies to be effective, they must recognize and protect the rights of older adults. Policies and legislation should guarantee access to resources and services, uphold dignity, and promote the autonomy and decision-making power of older adults.
- 3. Positive cultural views of aging:** Healthy aging starts early in life, not just in older age. Whole-of-society strategies should adopt a life course approach that frames aging as a positive, continuous process and emphasizes the importance of investing in health and disease prevention across all ages. Recognizing older adults as assets encourages all age groups to prepare for healthy aging. A positive perspective on aging also highlights the range of conditions among older adults, enabling policies to address both those at greater risk and those who are not.
- 4. Digital inclusion:** Service delivery is increasingly shifting to digital platforms, making digital literacy and security essential for older adults. Whole-of-society healthy aging strategies should prioritize digital inclusion to expand access of services, increase efficiency, reduce resource burdens, and keep older adults connected to society.

By adopting a whole-of-society approach that values the social, knowledge, and financial contributions of older adults, APEC economies can more meaningfully transform their societies to prosper amidst demographic change.

Figure 5: Enablers for successful implementation of whole-of-society healthy aging strategies



# Role of APEC in Driving Capacity-Building

As the premier economic forum across the Asia-Pacific, APEC is uniquely positioned to build intersectoral capacity for healthy aging in the region and drive growth of the longevity economy. By convening diverse stakeholders and facilitating collaboration across sectors responsible for healthcare, financial security, social services, built environment, education and employment, and housing, APEC's working groups can foster the structural transformation needed to support aging populations and economic growth.

The *APEC Framework* sets out the following recommendations to guide member economies in leveraging APEC to advance whole-of-society healthy aging strategies, adapt to demographic change, and expand the longevity economy:

## **1. Member economies should set healthy aging as an APEC-wide policy priority, led by the Health Working Group (HWG)**

Healthy aging should be established as an APEC-wide policy priority, coordinated by the Health Working Group (HWG), to drive economic growth and respond effectively to demographic change. Although multiple APEC working groups have initiated projects that support healthy aging, these efforts remain fragmented without a unified policy objective. By designating healthy aging as a central policy goal and empowering the HWG to lead, APEC can align cross-sectoral initiatives, highlight health's foundational role in economic growth, and ensure lasting impact.

The HWG is best positioned to lead given that health is the key driver of older adults' ability to remain active and productive. The HWG can contribute to APEC's agenda on healthy aging while prioritizing capacity-building and knowledge sharing for health system transformation to address aging and the rising burden of chronic diseases. Together, these efforts can provide the leadership needed for a coordinated, long-term approach to healthy aging across the region.

## **2. The HWG should coordinate cross-sectoral collaborations with other APEC working groups to maximize the impact of healthy aging strategies**

The HWG can coordinate joint initiatives with other APEC working groups to ensure healthy aging is addressed through a comprehensive, whole-of-society approach. Proactive collaboration across groups is essential because, in addition to health, healthy aging depends on financial security, social services, the built environment, education, employment, and housing. For example, collaboration with the Finance Ministers' Process can align efforts on older adults' financial security and healthcare investments to support economic growth, while joint projects with the Digital Economy Steering Group, Human Resources Development Working Group, and Education Network can strengthen digital readiness and workforce participation among older adults. A coordinated, multi-sectoral approach will enable APEC to address aging comprehensively and maximize the impact of its healthy aging agenda.

**3. APEC should promote greater data sharing and evidence exchange to demonstrate the economic and societal value of healthy aging**

Since health is the primary driver of older adults' productivity, robust data is needed to demonstrate and quantify the economic and social impact of healthy aging and the longevity economy. By encouraging research and sharing of evidence, APEC can help reframe aging as an economic opportunity, inform effective policy solutions, and strengthen the case for investing in healthy aging throughout the region.

**4. Member economies can partner with the private sector to expand capacity to meet the needs of older adults across the region**

Public-private collaboration is essential for healthy aging. Innovative financial tools, advanced technology, age-friendly infrastructure, and a skilled care workforce are all needed to support older adults' health, independence, and quality of life. Leveraging the private sector's resources and expertise enables economies to accelerate progress in these areas. With the private sector already playing an official role in APEC, the forum is uniquely positioned to foster these partnerships. By working together, economies and the private sector can build the skills, resources, and systems needed to deliver effective services for older adults, co-create impactful policy and market solutions, and support economic growth as populations age.

By advancing these recommendations, member economies can leverage APEC's unique platform to drive intersectoral capacity-building, advance whole-of-society healthy aging strategies, and harness the growth potential of the longevity economy.

# Conclusion

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Population aging is transforming the APEC region, presenting both urgent challenges and new opportunities. The *APEC Framework for Healthy Aging* reframes older adults as valuable assets to be invested in, rather than burdens to be managed. By transforming health systems, promoting whole-of-society strategies that value older adults' full contributions, and leveraging APEC's unique platform for intersectoral capacity-building, member economies can turn a "silver tsunami" into a "golden opportunity." Investing in healthy aging will empower older adults to participate fully in society and unlock the growth potential of the longevity economy – securing a more resilient and prosperous future for the APEC region.



# Appendix

## Appendix 1: Percentage of 65+ Population in APEC Economies

**Source: World Population Prospects (2024)**

<b>Economy</b>	<b>2020</b>	<b>2030 (Projected)</b>
Australia	16.3%	<b>19.8%</b>
Brunei Darussalam	5.6%	9.1%
Canada	18.0%	<b>22.5%</b>
Chile	12.6%	17.0%
People's Republic of China	12.7%	18.3%
Hong Kong, China	18.8%	<b>29.0%</b>
Indonesia	6.6%	9.0%
Japan	<b>28.9%</b>	<b>31.1%</b>
Republic of Korea	15.8%	<b>25.1%</b>
Malaysia	6.7%	9.5%
Mexico	7.5%	10.0%
New Zealand	15.6%	<b>19.7%</b>
Papua New Guinea	3.1%	4.3%
Peru	8.7%	10.7%
The Philippines	4.7%	6.8%
Russian Federation	15.5%	<b>19.8%</b>
Singapore	11.6%	16.9%
Chinese Taipei	15.9%	<b>24.4%</b>
Thailand	12.9%	19.4%
The United States	16.1%	<b>20.4%</b>
Viet Nam	7.6%	11.8%

## Appendix 2: APEC Projects on Aging

Project	Year	Working Group	Economy Sponsor
<a href="#">Developing a Framework for Healthy Aging in the APEC Region</a>	2025	Health Working Group	Sponsor: United States Co-Sponsors: China; Japan; Peru; Thailand; Viet Nam
<a href="#">The 1<sup>st</sup> APEC Healthy Aging Policy Dialogue</a>	2025	Health Working Group	Sponsor: China
<a href="#">Preventing Influenza-Related Hospitalizations and Deaths Among the Elderly to Promote Healthy Aging in the APEC Economies</a>	2025	Health Working Group	Sponsor: United States Co-Sponsors: Peru
<a href="#">APEC Digital Solutions and Technologies for Senior Citizens' Connectivity and Healthiness</a>	2024	APEC Policy Partnership on Science, Technology and Innovation	Sponsor: China Co-Sponsors: Chile; Hong Kong, China; Korea; Malaysia; Papua New Guinea; Peru; Thailand
<a href="#">Policy Sharing on Digital Inclusion for Elderly</a>	2024	Telecommunications and Information Working Group	Sponsor: Korea Co-Sponsors: Australia; China; Japan; Singapore; Chinese Taipei; United States
<a href="#">The Effects of Structural Reform on Digitalization, Productivity and Labor Migration on APEC Economies in the Age of Ageing Population</a>	2024	Economic Committee	Sponsor: Japan Co-Sponsors: Canada; Malaysia; Singapore; Chinese Taipei; Thailand; United States
<a href="#">Digital Healthy Ageing in Asia Pacific: Potentials and Ways Forward</a>	2024	Health Working Group	Sponsor: China Co-Sponsors: Hong Kong, China; Indonesia; Korea; Singapore
<a href="#">Conference on Policies and Technologies to Promote Healthy Aging with Healthy Diet</a>	2023	Health Working Group	Sponsor: Chinese Taipei Co-Sponsors: Malaysia; Mexico; Peru; Thailand; Viet Nam
<a href="#">Fostering Digital Competency, Building Re-Employment Capacity, and Enhancing Well-being for Older Adults in the Digital Economy</a>	2022	Human Resources Development Working Group	Sponsor: China Co-Sponsors: Chile; Indonesia; Korea; Malaysia; New Zealand; Papua New Guinea; Thailand
<a href="#">Best Practices for Healthy and Active Ageing Initiatives</a>	2021	Health Working Group	Sponsor: Malaysia Co-Sponsors: Canada; Indonesia; The Philippines; Singapore; Chinese Taipei; Thailand; United States; Viet Nam
<a href="#">Study on Barriers and Opportunities in Using Digital Technologies to Provide Services for Older Adults in Poverty Condition in APEC Economies</a>	2021	Digital Economy Steering Group	Sponsor: Peru Co-Sponsors: Canada; China; The Philippines; Russia; Chinese Taipei

## Appendix 2: APEC Projects on Aging

Project	Year	Working Group	Economy Sponsor
<u>Study on Barriers and Opportunities in Using Digital Technologies to Provide Services for Older Adults in Poverty Condition in APEC Economies</u>	2021	Digital Economy Steering Group	Sponsor: Peru Co-Sponsors: Canada; China; The Philippines; Russia; Chinese Taipei
<u>Ageing-inclusive Digital Economy: Bridging the Digital Divide for the Elderly by Standards and Conformity Assessment</u>	2020	Sub-Committee on Standards and Conformance	Sponsor: China Co-Sponsors: Australia; Hong Kong, China; Peru; Russia; Singapore; Thailand
<u>From Promotion and Prevention to Continuous, Integrated and Comprehensive Care for a Positive, Active and Healthy Aging</u>	2019	Health Working Group	Chile
<u>APEC Conference on Urbanization, Population Aging and Technology Innovation</u>	2019	Health Working Group	Sponsor: Chinese Taipei Co-Sponsors: Russia; Singapore; Thailand; United States; Viet Nam
<u>Industry-Academia-Government (IAG) Collaboration on Alternative Re-Employment Project for Aging Population: An Innovative Employment Management Model (IEMM)</u>	2019	Human Resources Development Working Group	Sponsor: Malaysia Co-Sponsors: Australia; Brunei Darussalam; China; Indonesia; Japan; New Zealand; Papua New Guinea; Russia; Singapore; Chinese Taipei; Viet Nam
<u>Organize International Workshop on Sharing Experience on Adaptation to Aging Population</u>	2016	Health Working Group	Sponsor: Viet Nam Co-Sponsors: Australia; Canada; Chile; China; Japan; Korea; Mexico; The Philippines; Singapore; Chinese Taipei; Thailand; United States
<u>Study on APEC Member Economies Experiences in Raising the Retirement Age</u>	2016	Human Resource Development Working Group	Sponsor: Russia Co-Sponsors: Chinese Taipei; Thailand
<u>Study on APEC Member Economies Experiences in Providing Long-Term Public Care for Senior Citizens</u>	2016	Human Resource Development Working Group	Sponsor: Russia Co-Sponsor: Thailand
<u>2nd APEC Conference on Age-friendly Cities and Age-friendly Economy</u>	2014	Health Working Group	Sponsor: Chinese Taipei Co-Sponsors: Japan; Korea; Thailand
<u>ICT Applications for People with Special Needs (Ageing and Handicapped)</u>	2011	Telecommunications and Information Working Group	Sponsors: Japan; Singapore Co-Sponsors: Australia; Canada; China; Indonesia; Korea; Peru; The Philippines; Russia; Chinese Taipei; Thailand; United States; Viet Nam
<u>Initiative on Ageing Issues in APEC</u>	2007	Finance Ministers' Process	Sponsor: Korea Co-Sponsors: China; United States

### Appendix 3: Virtual Consultation Attendance

Wednesday, June 18: 8:00 – 9:30 pm SGT

Name	Economy	Organization
Dr. Rene Guzman Montes	Chile	Office of Adult and Aging Persons, Ministry of Health
Dr. Xiaoning Hao	People’s Republic of China	Public Health and Risk Management Research Center, China National Health Development Research Center, National Health Commission
Baojun Chen	People’s Republic of China	China National Health Development Research Center, National Health Commission
Yuwei Xie	People’s Republic of China	China National Health Development Research Center, National Health Commission
Chuyi Zhou	People’s Republic of China	China National Health Development Research Center, National Health Commission
Natthapong Kunthawong	Thailand	Bureau of Elderly Health, Department of Health, Ministry of Public Health
Songpol Kamnungkiattiwong	Thailand	Bureau of Elderly Health, Department of Health, Ministry of Public Health
Sataporn Theyanarong	Thailand	Bureau of Elderly Health, Department of Health, Ministry of Public Health
Pasin Piriayahaphan	Thailand	Center for International Cooperation, Department of Health, Ministry of Public Health
Somruetai Kantiwong	Thailand	Center for International Cooperation, Department of Health, Ministry of Public Health
Clara Davis	The United States	Office of Global Health Security, U.S. Department of State
Jennifer Brannan	The United States	Office of Global Health Security, U.S. Department of State
Peter Mamacos	The United States	Office of Global Affairs, U.S. Department of Health and Human Services
Dr. Javier Guzmán	NMP	Inter-American Development Bank (IADB)
Adrienne Mendenhall	Project Overseer Team	Crowell Global Advisors
Charlotte Watiez	Project Overseer Team	Crowell Global Advisors
Gabriela Rodriguez	Project Overseer Team	Crowell Global Advisors

### Appendix 3: Virtual Consultation Attendance

Thursday, June 19: 8:00 – 9:30 am SGT

Name	Economy	Organization
Igarashi Kumiko	Japan	National Institute of Public Health, Ministry of Health, Labour, and Welfare
Shoko Misaka	Japan	International Affairs Division, Ministry of Health, Labour, and Welfare
Junghwan Park	Republic of Korea	Preparatory Office for the APEC 2025 HLMHE, Ministry of Health & Welfare
Jimena Limay	Peru	Directorate of International Cooperation, Ministry of Health
Adriana Vásquez	Peru	Directorate of International Cooperation, Ministry of Health
Gabriela Mansilla	Peru	Directorate of International Cooperation, Ministry of Health
José Aldana	Peru	Directorate of Life Course Interventions and Integrated Care, Ministry of Health
Patricia Díaz	Peru	Directorate of Life Course Interventions and Integrated Care, Ministry of Health
Dr. Francisco Parodi	Peru	Life Stage - Older Adults Expert Group, Ministry of Health
Dr. Thanin Wechapinan	Thailand	Department of Medical Services, Ministry of Public Health
Dr. Bootsakorn Loharjun	Thailand	Institute of Geriatric Medicine, Ministry of Public Health
Kanokporn Chucherd	Thailand	Medical, Technical, and Academic Affairs Division, Ministry of Public Health
Piyanut Chaisawat	Thailand	Institute of Geriatric Medicine, Ministry of Public Health
Petchada Watcharawutpattana	Thailand	Medical, Technical, and Academic Affairs Division, Ministry of Public Health
Clara Davis	The United States	Office of Global Health Security, U.S. Department of State
Toshiki Matsukiyo	The United States	U.S. Department of State
Kathy Ko	APEC Secretariat	APEC Secretariat
Dr. Angelique Chan Wei-Ming	NMP	Center for Ageing Research and Education, Duke-National University of Singapore Medical School
Dr. Piya Hanvoravongchai	NMP	Thailand National Health Foundation
Suguru Ito	NMP	ASEAN Center for Active Ageing and Innovation
Susana Harding	NMP	International Longevity Centre Singapore, Tsao Foundation
Adrienne Mendenhall	Project Overseer Team	Crowell Global Advisors
Charlotte Watiez	Project Overseer Team	Crowell Global Advisors
Gabriela Rodriguez	Project Overseer Team	Crowell Global Advisors
A. Vigneswari	Project Overseer Team	Crowell Global Advisors

#### Appendix 4: Evaluated Healthy Aging Documents

APEC Economy	Healthy Aging Documents
Australia	Ageing Well in Our Region: A Healthy Ageing Strategy (2022-2027)
Canada	Canadian Institutes of Health Research (CIHR), Institute of Aging Strategic Plan (2023-2028)
Chile	National Integrated Health Plan for the Elderly (2020-2030)
Indonesia	National Action Plan for the Elderly (2016-2019)
Japan	The Guideline of Measures for Ageing Society (2018)
New Zealand	Healthy Ageing Strategy (2016)
People's Republic of China	Opinions of the General Office of the State Council on Developing the Silver Hair Economy and Enhancing the Well-Being of the Elderly (2024)
Peru	National Multisectoral Policy for Older Adults (2021-2030)
Republic of Korea	Fourth Basic Plan for a Low Birth Rate and Aging Society (2021-2025)
The Philippines	Philippine Plan of Action for Senior Citizens (2019-2022)
Singapore	Living Life to the Fullest: 2023 Action Plan for Successful Ageing (2023)
Thailand	The 2 <sup>nd</sup> National Plan on the Elderly (2002-2021)
United States	Ageing in the United States: A Strategic Framework for a National Plan on Aging (2024)
Viet Nam	Towards a Comprehensive Policy for an Ageing Viet Nam (2019)

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