International
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The next frontier

Healthy ageing, prevention and economic growth in China



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Executive summary

China is ageing faster than almost any country has before:

- In 2024, more than 310 million people in China were aged 60 and over.[1]
- The pace of ageing has more than doubled in the past 20 years.[2]
- The World Health Organization estimates that China's population will be 11% smaller by 2050.[3]
- China's labour force peaked at 800.9 million in 2015 and has since declined.[4]

A smaller and older workforce means China will increasingly depend on people remaining healthy, productive and economically active for longer.

Older people are already driving the economy

China's ageing population is reshaping demand for goods and services.

- Adults aged 50 and over account for about $1 in every $3 of consumption in China, worth around $3 trillion.[5]
- By 2050, they are expected to account for more than half of all consumption, worth more than $8 trillion in today's prices.[6]
- Investment in senior living reached $1 trillion in 2022 and is expected to rise to $3 trillion by 2035.[7]

Ageing therefore represents a major source of future demand across consumer markets, financial services, technology, housing and leisure.

People are living longer, but not in better health

China has made striking gains in longevity and access to healthcare. But living longer has not meant spending all of those additional years in good health. Chronic disease now accounts for the overwhelming majority of deaths, while access to primary and preventive care remains uneven across the country. On ILC's Healthy Ageing and Prevention Index, China ranks 54th out of 147 countries. It has risen five places since 2019, driven by gains in happiness, income and clean air. Life span and health span, however, have stalled.

- Life expectancy rose from 70.3 years in 2000 to 80.1 years in 2023.[8]

- The gap between life expectancy and healthy life expectancy has widened from 8.4 to 10.6 years.[9]
- The number of deaths from chronic conditions among people aged 60 and over is projected to rise by 511% by 2050.[10]
- ILC analysis finds that preventable conditions already cost China $198.8 billion a year in lost productivity among workers aged 50 to 64.[11]

The consequences extend beyond the healthcare system. Poor health can shorten working lives, increase demand for care and reduce the economic contribution that longer lives can make. Health spending reached around US$1.27 trillion in 2024, or 6.7% of GDP, and without further reform is projected to rise to more than 9% of GDP by 2035.[12]

Prevention is the gap

Poor health is not an inevitable consequence of living longer.

China already has important preventive infrastructure through primary care, public health services, maternal and child health programmes and immunisation. But provision across adulthood remains more limited and uneven. This leaves significant scope to identify risks earlier and prevent disease before it becomes more costly to treat.

- New ILC analysis estimates that closing the gaps in adult vaccination coverage could be worth around US$170 billion a year to Chinese society, or about 0.9% of China's annual GDP.[13]
- Globally, around 40% of the disease burden over the next two decades could be avoided using interventions that already exist.[14]
- China spends less than US$100 per person a year on prevention, equivalent to around 9% of total health spending.[15]
- Only around 15% of older adults are vaccinated against influenza (flu), and around one in twenty against pneumococcal disease.[16]
- Reaching the WHO benchmark of 75% coverage would mean vaccinating an additional 186 million older adults against flu and 217 million against pneumococcal disease.[17]

Extending prevention more consistently across the life course through stronger primary care, earlier identification of risk and greater uptake of proven interventions could reduce future health pressures and help more people remain healthy and independent for longer.

Achieving this will require action within the healthcare system alongside changes in the workplaces, communities and environments that shape health throughout people's lives.

Five ways to close the gap

Building on Healthy China 2030, the next step is to make prevention more consistent throughout adult life and give health greater weight in the decisions that shape how people live, work and age.

1. Organise prevention around the life course

China's preventive services concentrate on children, mothers and people aged 65 and over, and no pathway consistently identifies and manages risk among working-age adults before disease develops. Hypertension illustrates the gap. Fewer than half of adults with hypertension know they have it, and only around one in seven have it under control.[18] A life course approach would give every adult a defined preventive offer, a primary care team responsible for acting on identified risks and funding tied to outcomes across the whole adult population rather than only among patients already in chronic disease programmes. The offer would be targeted by risk rather than delivered through universal health checks, which show little benefit when offered in isolation.

In practice

China could build a defined preventive offer for working-age adults into the National Basic Public Health Services programme. The offer could set clear coverage targets for adult vaccination and other priority interventions. Where primary care visits or existing employer and community health exams pick up raised blood pressure, high blood sugar or smoking, those results could be passed to family doctors for follow-up and treatment. Resident health records could then be linked across providers so that they follow people through the healthcare system. Local performance measures could be widened from patients in chronic disease programmes to the whole adult population, with central funding covering the extra cost in poorer areas.

2. Treat workforce health as productive capacity

As China's workforce becomes older and smaller, raising retirement ages will achieve less if preventable ill health pushes people out of work early.

Neither occupational health policy nor the national Healthy Enterprise

programme launched in 2019 is designed around an ageing workforce, even though the statutory retirement age began rising in January 2025.

In practice

Occupational health standards could set out what employers should do to help older workers stay in work. That could mean early adjustments such as modified duties or reduced hours, which help people with musculoskeletal and mental health conditions return to work sooner. It could also mean flu vaccination at work for employees aged 60 and over and for those with chronic conditions, and phased or flexible routes into retirement. Existing legal limits on working hours and overtime could also be enforced more consistently, with the Healthy Enterprise programme recognising employers that go further.

Smaller firms are less likely to have their own occupational health expertise. Industry associations, sector bodies or community health centres could run shared services instead, tested in a small number of sectors before wider adoption.

3. Build health into housing, transport and environmental decisions

The homes, transport systems and urban environments China invests in today will shape the future of health. Health impact assessment (HIA) can bring health effects into project design before investment decisions are finalised. China recognises HIA in national policy and legislation but applies it unevenly, and health findings do not consistently influence the final design or approval of major projects.[19]

In practice

China could move from locally designed HIA pilots to a consistent national system for major housing, transport and urban development projects, with common rules on which projects require assessment. Where an assessment identifies significant health risks, project authorities should be required to show how they have modified the project. Where environmental impact assessment already applies, health impacts could be assessed through the same appraisal process.

4. Use purchasing power to bring vaccines for older adults into the national programme

China has already shown that committed public demand can transform the price of prevention. Pooled provincial procurement of the domestic human papillomavirus (HPV) vaccine cut its price to under US$4 a dose,[20] and in November 2025 the vaccine joined the national

immunisation programme free of charge for 13-year-old girls.[21] None of the vaccines recommended for older adults is yet in the programme, and their coverage is well below the WHO target of 75%.

In practice

China could pool procurement of vaccines for adults aged 60 and over, starting with flu, pneumococcal and shingles, offering manufacturers multi-year volume commitments in return for lower prices and reliable supply.

Once prices fall, these vaccines should join the national immunisation programme as a dedicated schedule for older adults, on a set timetable, with a national coverage target and contracts that require supply to reach rural and underserved areas.

5. Direct the silver economy towards maintaining independence

China's silver economy is expanding rapidly, but most spending on ageing responds to needs once they have already become substantial. Products and services that help people stay independent are harder to finance, because a home adaptation may only prevent a fall several years later, and existing support is targeted by income, disability or age rather than by the risk of losing independence.

The national long-term care insurance scheme launched in March 2026 offers a way in. Its planned expansion widens eligibility from severe to less severe disability, but the trigger throughout is impairment a person already has. Adding a tier that pays for support on the basis of risk, before impairment, would be a new entry point rather than a faster version of the existing one.

In practice

Long-term care insurance should add a prevention tier that funds home adaptations and assistive devices for people in the early stages of decline, such as those at high risk of falls. The free annual health checks already offered to people aged 65 and over could identify who qualifies. A pilot in a few cities could test whether this delays the onset of severe disability. If it does, it could be rolled out nationally alongside the scheme's wider expansion.

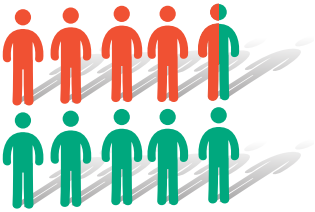
China has one of the fastest-growing ageing populations in the world

Since 2000, China has seen steady improvements in life expectancy, rising from 70.3 years to 80.1 years in 2023, although gains have stalled since 2019. At the same time, the country experienced four consecutive years of population decline between 2022 and 2025[22] (the first sustained decline since 1961) alongside falling fertility rates, both of which are contributing to rapid population ageing.[23] ILC analysis finds that:

Today, **adults aged 50 or over** account for **37%** of the **population.**



By 2035, they will account for **45%** of **China's population**.





By mid-century, more than **1 in 2** **Chinese residents will be aged 50 or older**, creating the world's largest cohort of older adults in absolute terms.

The pace of ageing in China has also accelerated. Between 2001 and 2010, the proportion of people aged 65 and over grew by an average of 0.2% annually, and from 2011 to 2023 this more than doubled to an average of 0.5% per year and shows no signs of slowing.[24] Falling birth rates are accelerating the shift, and the population is projected to fall by 11% by 2050.[25] Births reached a record low of 7.92 million in 2025.[26]

China's demographic trajectory is increasingly shaped by regional economic opportunity

Ageing is most advanced in the northeast, but Shanghai and Beijing are also older than the national average, even though they continue to attract younger workers from inland provinces.[27] At the same time, demographic shifts are being shaped by rapid urbanisation and

declining rural populations. The urban share of the population has risen from about 43% in 2005 to 68% in 2025.[28] For instance, Guangdong saw the largest population gains, particularly into the Pearl River Delta with cities like Shenzhen and Guangzhou, reinforcing the province's 18-year streak as China's most populated region.[29]

In contrast, northeastern provinces such as Liaoning, Jilin and Heilongjiang have grappled with decades of industrial decline and youth outflow coupled with some of the lowest birth rates and rapidly ageing communities as a result.[30] Central provinces such as Henan, Hunan and Jiangxi[31] are also experiencing population decline as migrants move to more prosperous coastal provinces.[32] However, some provinces, notably Anhui, Fujian and Shaanxi, are beginning to see an uptick in population growth due to advances in industrialisation and job creation reducing the need for residents to leave.[33]

China has made recent progress towards adapting to longevity

China's policy effort over the past decade has been considerable. Healthy China 2030 is China's flagship health strategy, placing health at the centre of policymaking and recognising its role in economic and social development. The plan sets out China's long-term approach to healthcare.[34] It focuses on promoting healthier lifestyles, strengthening health services and building a more sustainable system, with a strong emphasis on prevention and earlier intervention.

The strategy includes commitments to tackle major diseases such as cancer and cardiovascular diseases, and to reduce premature mortality from non-communicable diseases by one third by 2030, a UN Sustainable Development Goal.[35] Evidence to date suggests it has improved health outcomes, including increases in physical activity and mental wellbeing, with the biggest gains reported by women, married people and those with medical insurance. However, disparities between urban and rural areas remain.[36]

In recent years, China has placed increasing emphasis on responding to population ageing by viewing ageing as a driver of economic and technological development. As part of the plan, the Government published a National Strategy to Address Population Ageing which sets out a series of policies to respond to an ageing society, including expanding public social care services; improving healthcare provision including through an increased focus on prevention; expanding health

insurance and pension schemes; and investing in social participation.[37] Its latest five-year plan (2026–2030) builds on its predecessor, further investing in social care, rehabilitation and disability support. These interventions follow previous ones such as the Healthy Cities pilot programme, which has helped to address an ageing population and an increase in the non-communicable disease burden, by putting health on the agenda of local governments while raising public awareness.[38]

Policy ambition has outpaced measured progress

But ambition hasn't always translated into outcomes. ILC's Healthy Ageing and Prevention Index[39] ranks countries on their adaptability to longevity across six metrics, namely life span, health span, secure employment, income, clean air and happiness. In the 2024 Index, China ranks 54th out of 147 countries, up five places since 2019, although it has slipped three places since 2022. Its biggest gain has been in happiness, where it has climbed from 85th to 60th, with smaller improvements in income and clean air. Life span and health span have barely changed since 2019, and the share of adults in secure employment has edged down slightly. Clean air remains China's weakest metric, ranking 91st.

Metric	2024 value	2024 global rank	2022 value	2022 global rank	2019 value	2019 global rank	Change since 2019
Life span (years)	80.1	34	79.9	32	80.1	33	No change
Health span (years)	69.5	21	69.4	19	69.6	26	-1.4 months
Secure employment rate (% of adults)	41.3	56	40.9	57	41.6	57	-0.3 points
Income (GDP/head, purchasing power parity, constant 2021 $000s)	22.7	59	21.5	59	18.8	63	+3.9K
Clean air (on a scale of 0-100)	62.7	91	62.9	87	57.6	94	+5.1 points
Happiness (on a scale of 0-10)	6.07	60	5.82	60	5.12	85	+0.95 points
Global rank	-	54	-	51	-	59	+5

China's ambition to achieve high-income status by 2035 underscores the urgency of building a more economically sustainable future. Investing in healthy ageing and prevention will be critical to achieving this, helping to support workforce participation, reduce long-term healthcare pressures and unlock the economic potential of longer lives.[40]

Older people's economic contributions are already worth trillions and show no signs of slowing

China's workforce is not only shrinking as a result of rising life expectancy, the legacy of the one-child policy and declining fertility rates, but is also ageing rapidly. The labour force peaked at 800.9 million in 2015 and has since declined.[41] Yet despite these demographic shifts, older adults (many of whom benefited from China's economic expansion) are already playing an increasingly important role in driving consumption and economic activity, particularly as overall economic growth has slowed since the 2010s.[42] More than half of adults aged 50 to 79 remain economically active, with a labour force participation rate of 52%.[43]

The average age of workers, particularly in agriculture and among migrant labourers, continues to rise. In 2023, the average age of migrant workers reached 43.1 years, with local farmers averaging 46.6 years and those working away from their hometowns 38.9 years. Workers aged 50 and over now account for more than 30% of the migrant labour force, while those under 40 make up less than 45%.[44]

Economic activity translates into significant contributions to China's economy. According to ILC research:

In China, adults aged 50+
generate around
18% of all **labour income.**

or around $1.9 trillion
out of the country's
$10.5 trillion total.



By 2050, their share will rise to 23%, or around
$3.9 trillion in today's prices.

Older workers are also helping to offset the shrinking workforce.

In 2023, China's labour market showed signs of recovery, with total employment increasing by 6.9 million jobs, marking the first rebound in nine years. This occurred despite a continued decline in the working-age population (aged 16–59), which fell by 10.75 million in the same year. One contributing factor is rising labour force participation among older workers, supported by planned increases in the retirement age from January 2025, to be phased in over 15 years. Over this period, the statutory retirement age for men will gradually rise from 60 to 63, while for women it will rise from 50 to 55 or from 55 to 58, depending on occupation.[45]

Such efforts, however, may miss the mark. Even with increases in retirement age, the growing burden of preventable ill health will continue to act as a key barrier for older people to remain in the labour market.

But ill health isn't an inevitable consequence of living longer. The global disease burden could be reduced by about 40% over the next two decades using interventions that already exist today; over 70% of those gains could be achieved through preventive policies.[46]

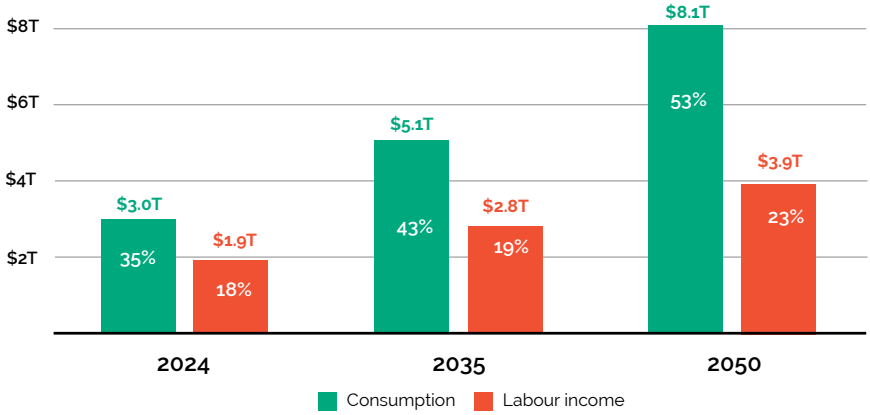
Although an ageing workforce presents challenges for economic growth, investment and productivity, older adults are already making a substantial economic contribution. Further investment, particularly in preventive health to support healthier ageing, could unlock even greater economic and social returns.[47]

The future consumer in China is older and already dominates spending

China's current older generation has benefited from decades of economic growth, with many holding significant income and assets. Adults aged 50 and over are not simply dependants but a major driver of consumption.[48] Today they generate about $1 in every $3 (around $3 trillion or about $5,600 per capita) of consumption. By 2050, they will generate more than half (more than $8 trillion or around $12,000 per capita in today's prices), making them the dominant consumer demographic commanding spending power more than one and a half times the size of Germany's current economy. Industries that thrive in the next 30 years will be those that design for longevity consumers, not just younger ones.

Adults over 50 account for a third of spending today and more than half by 2050

By 2050, 53c of every dollar spent and 23c of every dollar earned will come from adults aged 50 and over.



Values in 2024 US$ (today's prices). Percentages show the share of the national total. Source: ILC analysis of NTA Indicators 2024 (NTA Network) and UN World Population Prospects 2024.

Investment in the silver economy is relatively high. In 2022, investment in the senior living market alone was $1 trillion and is expected to increase to $3 trillion by 2035. Comparatively, investment in tourism was $318 billion in 2023, and investment in renewable energy was $890 billion.[49]

Health and care currently represent the largest and most established pool of ageing-related spending. Per capita healthcare expenditure for people aged 65 and over has been estimated at 7.25 times that of those under 25, and 1.61 times that of those aged 25–59.[50] Between 2000 and 2020, China's per capita health spending rose around fivefold in real terms.[51] This represents sustained demand for pharmaceuticals, medical devices and rehabilitation services. Indeed, preventive health services, such as physical examinations, will have significant room for growth. Industry data reveals that over 80% of China's older population with a monthly disposable income exceeding 15,000 yuan (US$2,067) and 40% living in top-tier cities[a] are likely to have regular health check-ups for longer periods of time (over five years).[52]

[a]A city tier is an unofficial classification that categorises cities based on their economic development, population size, political influence and commercial activity, widely used in business, real estate and consumer market analysis. Cities are typically classified into four or five tiers, with first-tier cities being the most developed.

Older consumers are reshaping finance, leisure and technology

With retirement periods lasting longer, households need their savings to go further and want ways to manage later-life costs. This is increasing demand for pensions, long-horizon savings vehicles, health-linked savings plans and insurance products designed around longevity and later-life medical risk. Banks and insurers have started to adjust their service models for older customers, with simplified processes, accessible digital interfaces and products designed around transparency and trust.

At the same time, older adults are increasingly spending disposable income on travel, sport, learning, food, health, culture and technology. Having benefited from decades of economic growth, this generation is helping to drive what some analysts describe as the "happiness industry".[53] Tourism by people aged 60 and over already accounts for over 20% of China's tourist numbers, contributing to a market estimated to be worth 1 trillion yuan.[54]

The smart care market for older people, a broad category covering technology-enabled care products and services, was projected to exceed 11 trillion yuan in 2024.[55] Internet users aged 50 and over now make up over a third of China's online population, spending an average of 135 hours per month on mobile apps.[56]

The longevity economy extends beyond markets into the foundations of family, caregiving and volunteering



Around 60% of middle-aged and older women provide regular **family caregiving**,

While over **one quarter of middle-aged adults** support older parents directly.

In China, unpaid caregiving, family support and community contribution from older adults enable large parts of the formal economy to function. Around 60% of middle-aged and older women provide regular family caregiving.[57] Fewer than 8% of Chinese toddlers are enrolled in formal nursery care and, in some cities, nearly 80% of households rely on older

adults for childcare. These contributions enable working-age adults to remain in full-time employment and sustain productivity across the economy.

Older adults are also contributing to the informal economy – more so than any other age group – through volunteering. ILC research finds that:



People **aged 65 and over** spend **more than**

70%

more time **volunteering than people at other ages**.

In 2003, China launched "Silver Age Action" to encourage older people to support development in less advantaged regions. To date, older volunteers across the country have contributed to over 4,000 aid programmes and helped 400 million people. A 2025 guideline issued by 19 government departments further strengthened this approach, with a focus on diversifying opportunities, improving delivery models and developing insurance products tailored to older volunteers.[58]

If volunteering were valued at prevailing wages, it would represent significant economic value. Across non-European G20 countries, the value of volunteering by adults aged 50 and over equates to nearly 0.5% of combined GDP. ILC research finds that:



Applied to China's economy, that would imply a **volunteering contribution by older adults** worth approximately

$95 billion per year.

China's healthcare system has undergone significant transformation, but access and affordability remain uneven

Over the last two decades, China embarked on one of the biggest healthcare system reforms the world has seen, aiming to extend health services beyond the country's prosperous urban centres. At the start

of the century, less than one-tenth of China's population had access to health insurance. Now around 95% do – making it the world's largest health security network.[59,60]

Healthcare in China is delivered through a multi-level system, with basic medical insurance as the core component, supported by medical aid and supplemented by commercial insurance, charitable donations and mutual aid schemes. Over the past four decades, China has lifted almost 800 million people out of extreme poverty, and economic growth, higher incomes and increased incidence of non-communicable diseases have increased demand for better healthcare.[61]

Out-of-pocket expenditure as a share of total health expenditure fell from about 60% in 2000 to approximately 27.7% in 2020 while medical aid coverage for low-income populations has remained above 99.9%.[62] Public health funding has also increased, with per capita subsidies rising from 15 yuan in 2009 to 84 yuan in 2022, and the government share of total health expenditure increasing to 30.4% in 2020, up from 17.9% in 2005.[63] Despite this progress, affordability remains a concern. In absolute terms, out-of-pocket spending has continued to grow, averaging around 10.8% a year between 2008 and 2020.[64]

Access to primary care and public health services also remains uneven. There are significant regional disparities; for example, in 2019 there were 4.3 general practitioners per 10,000 people in Beijing, compared with 1.8 in Guizhou.[65] The hospital fee-for-service model can incentivise hospitals to attract patients who might otherwise be treated in primary care settings.[66] Public health capacity is further constrained by infrastructure gaps. Intensive care provision remains relatively limited, with around 3.6 intensive care unit (ICU) beds per 100,000 population, compared with 11.4 in Singapore. These constraints were evident during the COVID-19 outbreak, when the healthcare system in Wuhan came under significant pressure.[67]

Longer lives are not yet matched by longer healthy lives

China's healthy life expectancy has increased from 61.9 years in 2000 to 69.5 years in 2023. However, the gap between life expectancy and healthy life expectancy has also increased from 8.4 years to 10.6 years. Nine out of ten deaths in China are attributable to non-communicable diseases, with the top causes of death being stroke, ischaemic heart disease, chronic obstructive pulmonary disease, trachea, bronchus and lung cancers and Alzheimer's disease and other dementias.

Lifestyle risk factors, particularly smoking and low levels of physical activity, play a significant role.[68] China is home to around a quarter of the world's 1.1 billion smokers, with projections suggesting smoking could cause one in three deaths among young Chinese men by 2050.[69] Health inequalities also persist, with higher rates of cardiovascular and respiratory disease mortality observed in more deprived, often rural areas and particularly among older populations.[70]

The rise in non-communicable diseases, driven by ageing, environmental and lifestyle changes alongside industrialisation and urbanisation (including significant imbalance between rural and urban healthcare coverage) is also contributing to increasing healthcare costs.[71] By 2050, the number of deaths linked to chronic conditions among those aged 60 and over is projected to rise by 511%, with men expected to face higher mortality rates and women higher rates of disease incidence.[72] Without further reform, health spending is projected to increase in real terms from 3.5 trillion yuan in 2014 to 15.8 trillion yuan by 2035, rising from 5.6% to more than 9% of GDP.[73]

ILC analysis confirms that preventable conditions cost the Chinese economy $198.8 billion in yearly productivity loss among those aged 50–64. Investing in preventive health, therefore, could help substantially reduce health spending and inject significant returns into its economy.

ILC calculations based on 2022 data show that the productivity loss due to preventable conditions breaks down as follows.

Preventable conditions	Productivity loss (USD)
Musculoskeletal disorders	110,547,808,890
Cardiovascular disease	35,856,743,584
Chronic obstructive pulmonary disease	22,012,157,704
Type 2 diabetes	19,685,781,342
Breast cancer	4,241,727,020
Colorectal cancer	3,797,065,248
Lung cancer	1,642,525,875
Prostate cancer	702,477,876
Ovarian cancer	302,047,295

Prevention is the missing piece

Immunisation remains one of the highest-return prevention tools available.[74] In 2024, China had 310 million people aged 60 and over. Today, around 15% are vaccinated against influenza (flu), and around one in twenty against pneumococcal disease. ILC research finds that:



Vaccinating an older person against flu every year is worth around

$9,600

to **society over their lifetime**, and **pneumococcal vaccination** around

$2,900.

Using the WHO target of 75% flu coverage for older people as a benchmark for both vaccines, closing the vaccination gap from current levels would mean reaching approximately 186 million additional older adults for flu and 217 million for pneumococcal disease.[75]

Closing that gap would also carry a measurable economic return. Over the rest of their life, vaccinating an older person every year against flu is worth around $9,600 to society, and pneumococcal vaccination around $2,900. This is many times the cost of the vaccines. Reaching the benchmark would therefore be worth roughly $2.4 trillion over the remaining lifetimes of those vaccinated, or around $170 billion a year, about 0.9% of China's annual GDP.[76]



Closing the gap would be worth up to

$170 billion

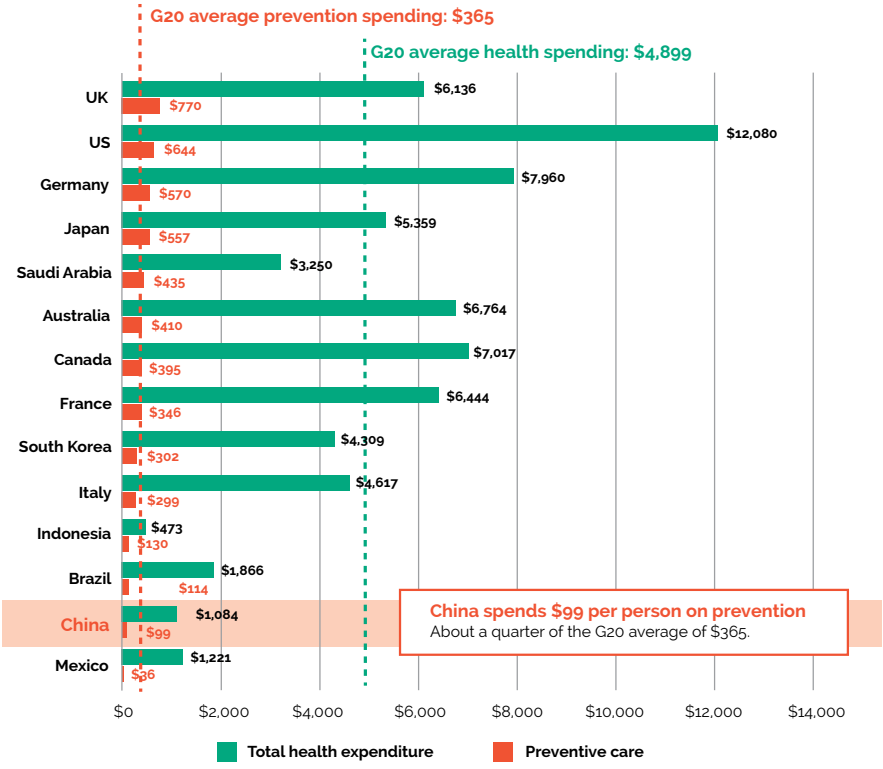
a year to Chinese society, around

0.9% of China's annual GDP.

Compared with other G20 countries for which data is available, China spends less than US$100 per person a year on preventive health. That ranks behind Indonesia, Saudi Arabia, the UK and Japan, among others. Increasing preventive spend will be critical to unlocking the longevity dividend.

China spends less than $100 per person on prevention, among the lowest in the G20

Per capita spending on healthcare and on preventive care, G20 countries, 2021 (PPP $)



Spending per person, PPP $. G20 countries with available data. Dashed lines show the simple average of the 14 countries. Source: ILC analysis of G20 health expenditure data, 2021.

What happens next?

A prevention-oriented growth strategy for an ageing China

China is ageing more rapidly than almost any country has before, and it is still building the institutions that a long-lived society requires.[77] Older people are already central to consumption and increasingly important to the workforce. Health coverage has expanded dramatically. But longer lives are also bringing a growing burden of chronic disease and preventable ill health.

Around 40% of the disease burden over the next two decades could be avoided using interventions that already exist.[78] Prevention therefore matters to the sustainability of the healthcare system, but its economic importance goes much further. Better health can help people remain in work for longer, maintain their independence and continue contributing to the economy as they age.

Delivering this will require action within the healthcare system and across the wider economy.[79] Primary care determines whether risks are identified early and preventive services reach people throughout adulthood. Employers shape the conditions in which an older workforce works. Housing and transport decisions influence health for decades. Industry determines whether preventive products are available and affordable.

Healthy China 2030 and the National Strategy to Address Population Ageing already place health and ageing within China's wider economic and social priorities. The next step is to make prevention more consistent throughout adult life and give health greater weight in the decisions that shape how people live, work and age.

1. Organise prevention around the life course

China should establish a life course approach to prevention, identifying and managing health risks before they develop into disease or disability.[80,81] China's healthcare system remains largely oriented towards treating established illness, and its publicly funded preventive services concentrate on particular groups and diagnosed conditions.[82,83,84] Working-age adults can access health education, basic screening and family doctor services, but no pathway consistently identifies emerging risks and ensures they are managed over time.

High blood pressure, smoking, unhealthy diets and air pollution are among China's leading contributors to premature mortality and disability.[85] Most take hold in working age and do their damage decades later. Around a quarter of Chinese adults smoke.[86] Hypertension and diabetes show how far detection lags behind. National surveys have found that only around a third of people with diabetes are aware of it, while fewer than half of adults with hypertension know they have it and only around one in seven have it under control.[87,88] The system is better at managing people already in disease programmes than at finding the wider population at risk.

Three changes would help close this gap.

First, China should establish a defined preventive offer for working-age adults within the National Basic Public Health Services programme. The Healthy China Action sets national targets for smoking, diet, physical activity and blood pressure, but these are population targets rather than an entitlement any adult can expect.[89] A defined offer would set out what adults should receive as their needs change with age. In working age that means support to stop smoking, drink less and stay active, alongside detection of raised blood pressure and blood glucose. In later life it means cancer screening, bone health, hearing and vision checks, falls prevention and vaccination. It should be targeted by risk rather than delivered through universal health checks, which show little benefit when offered in isolation.[90]

Second, China should make a designated primary care team responsible for acting on identified risks before and after diagnosis. Family doctor contracts offer continuity, but they are voluntary and prioritise older people and those with existing conditions.[91] Results from hospitals, community services and employer health examinations do not consistently reach primary care. An abnormal finding should trigger assessment, advice, treatment where appropriate and follow-up, coordinated by the person's family doctor team. China's 2024 guidance on electronic health records provides the basis for sharing information across providers.[92] The priority is to translate these commitments into reliable clinical pathways, with clear responsibility for follow-up, standardised protocols and adequate staffing and funding.

Third, China should align financing and performance assessment with prevention across the whole adult population. Measures that track only patients already enrolled in chronic disease management say nothing about how well local services find undiagnosed risk. Assessment should give greater weight to outcomes across the whole population, such as smoking prevalence and the share of abnormal findings that are followed up. It should also track screening and vaccination uptake among eligible adults and whether blood pressure is controlled across everyone estimated to have high blood pressure. Results should be reported regularly by locality and adjusted for population risk and disadvantage. Delivering all three changes will cost more in poorer areas than in richer ones, so central funding should cover the difference and avoid widening inequalities.

2. Treat workforce health as productive capacity

China's workforce is becoming older and smaller. Maintaining people's ability to work will therefore become increasingly important to economic performance. Raising retirement ages can extend working lives, but its impact will be constrained if preventable ill health means people are unable to remain in employment.

Occupational health policy has traditionally focused on workplace safety and exposure to physical hazards. These protections remain essential. Since 2019, the national Healthy Enterprise programme has also encouraged employers to promote workers' wider health, but participation is largely voluntary. Neither occupational health standards nor the Healthy Enterprise programme is designed around an ageing workforce, even though the statutory retirement age began rising in January 2025.

Working hours, shift patterns, recovery time and the way illness is accommodated can affect workers' health and their ability to remain in employment.[93] Regularly working 55 or more hours a week is linked to a higher risk of stroke and heart disease. These issues become more important as the average age of the workforce rises. Supporting health at work can therefore contribute to maintaining productive capacity in an ageing economy.[94]

There are international examples of governments encouraging employers to treat workforce health as an economic issue. Japan's Health and Productivity Management programme, for example, places employee health within corporate management and business strategy.[95] China can develop an approach that reflects its own labour market and industrial structure.

A practical starting point would be to set out what employers should do to help older workers stay in work. This could include early adjustments such as modified duties or reduced hours, which help people with musculoskeletal and mental health conditions return to work sooner. Employers could also offer flu vaccination at work to employees aged 60 and over and to those with chronic conditions. Further measures could include adjustments for people with chronic conditions and phased or flexible routes into retirement. Alongside this, China's existing legal limits on working hours and overtime could be enforced more consistently, with the Healthy Enterprise programme continuing to recognise those that go further.

Smaller firms present a particular challenge because many will not have dedicated occupational health expertise. Shared services can make specialist support available without requiring every business to create its own system.[96] Industry associations, sector bodies or community health centres could provide this capacity, with the approach tested in a small number of sectors before wider adoption.

3. Build health into housing, transport and environmental decisions

The homes, transport systems and urban environments China invests in today will shape health for decades. Housing influences exposure to heat, cold, poor indoor conditions and risks within the home. These factors can become increasingly important as people age.[97] Transport and urban development also affect exposure to pollution and whether people can continue to reach work, healthcare and community life.

Health impact assessment (HIA) can bring these effects into project design before investment decisions are finalised. For housing, this could mean identifying risks linked to accessibility, indoor conditions or extreme temperatures and changing the design in response. For transport and urban development, it can identify potential effects on pollution exposure, connectivity and accessibility before a project is built.[98]

China already recognises health impact assessment in national policy and legislation, and pilots have now been carried out in every province. In early 2025, national authorities directed all regions to build on these pilots. The issue is therefore not the absence of HIA. However, its application remains uneven. There are no consistent national rules determining when individual projects should be assessed, methods vary between locations, and health findings do not always have a clear route into final project decisions.[99]

China could move from locally designed HIA pilots to a consistent national system for major housing, transport and urban development projects. National rules would define which projects require assessment and set common requirements for how assessments are conducted and their quality assured. Crucially, HIA findings should carry greater weight in final decisions. Where an assessment identifies significant health risks, project authorities should be required to show what changes they have made to the project in response. This would strengthen the connection between identifying a health risk and changing what ultimately gets built.

Where environmental impact assessment already applies, health impacts could be assessed systematically through the same appraisal process. This would avoid creating a separate layer of assessment while giving health a clearer place in decisions about major projects.

4. Use purchasing power to bring vaccines for older adults into the national programme

China should use its purchasing power to bring vaccines for older adults into the national immunisation programme. It has the manufacturing capacity, the procurement systems and the domestic vaccine industry to do it. What is missing is a predictable market. Demand can remain uncertain even when the wider health benefits are substantial. Manufacturers therefore have little reason to invest in extra capacity, and distribution to poorer and more remote communities adds further cost.

Comparable problems have been addressed elsewhere. Gavi's Advance Market Commitment demonstrated how credible future demand could encourage manufacturers to invest while accepting conditions on price and supply.[100] The European Union's Health Emergency Preparedness and Response Authority (HERA) links procurement with industrial capacity and distribution.[101] In the United States, the Biomedical Advanced Research and Development Authority (BARDA) has supported strategically important manufacturing capacity where normal market incentives were insufficient.[102]

China has already applied these principles. Local governments that committed to buying the domestic bivalent human papillomavirus (HPV) vaccine in volume created the economies of scale that brought its price down sharply.[103] Shandong's provincial pooled procurement reduced the price to less than US$4 a dose, and from November 2025 the vaccine has been provided free to 13-year-old girls through the national immunisation programme.[104]

The lesson is that strategic public procurement can provide producers with greater certainty over future demand in return for commitments on price, quality and availability.[105] Older adults are the group this approach has not yet reached.

The national immunisation programme is built around childhood immunisation and, since 2025, HPV vaccination for girls. It does not yet include any of the vaccines recommended for older adults, and flu, pneumococcal and shingles vaccination remains largely an out-

of-pocket expense.[106] Cities and provinces such as Beijing, Shanghai, Shenzhen and Zhejiang offer free flu vaccination to older residents, and some also cover pneumococcal vaccination. However, these schemes remain local and fragmented, and coverage among older adults is well below the WHO target of 75%.[107]

China could pool procurement of these vaccines, starting with flu, pneumococcal and shingles vaccines, either nationally or across groups of provinces. Manufacturers would receive multi-year volume commitments in return for lower prices and reliable supply. As prices fall, the vaccines should be added to the national immunisation programme as a dedicated schedule for adults aged 60 and over, on a set timetable and with a national coverage target. Contracts should also require suppliers to reach rural and underserved areas rather than concentrating distribution in the largest markets.

5. Direct the silver economy towards maintaining independence

China's silver economy is expanding rapidly, supported by rising demand from older consumers and growing public and private investment. Much spending associated with ageing necessarily responds to needs once they have become substantial. But there is also an opportunity to direct more investment towards maintaining health and independence before intensive care becomes necessary.[108]

The silver economy already extends well beyond traditional care for older people. It includes technologies and services that can help people manage their health, remain mobile and continue living independently.[109] These investments can be harder to finance because their benefits often emerge gradually. A home adaptation, for instance, may reduce the risk of a fall several years later. The economic value can therefore be significant even when the financial return to a single investor is less immediate. This makes public funding important in getting them started.

Home adaptation shows both the progress made and the gap that remains. During the 14th Five-Year Plan, China completed home modifications for 2.24 million vulnerable older households[110], and local trade-in schemes subsidise products such as grab bars and wheelchairs.[111] However, this support is mostly targeted by income, disability or age rather than by the risk of losing independence.

The national long-term care insurance scheme launched in March 2026 creates an opportunity to change this. It aims to cover the whole

population by the end of 2028, but it will begin with people who are severely disabled and expand gradually to those with less severe needs.[112] Its design is therefore still open to including earlier support. Some pilot schemes already help insured people with disabilities rent assistive devices, but only once they qualify for care.

Long-term care insurance should include a prevention tier that funds home adaptations and assistive devices for people in the early stages of decline, such as those at high risk of falls. The free annual health checks already offered to people aged 65 and over could be used to identify who is eligible.[113] This could be piloted in a small number of cities and assessed on whether it delays the onset of severe disability. If it does, it could be scaled up as the national scheme expands.

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ILC is the UK's leading authority on the impact of longevity on society. We combine evidence, solutions and networks to make change happen.

We help governments, policy makers, businesses and employers develop and implement solutions to ensure we all live happier, healthier and more fulfilling lives. We want a society where tomorrow is better than today and where future generations are better off.

ILC wants to help forge a new vision for the 100-year life, where everyone has the opportunity to learn throughout life, and where new technology helps us contribute more to society.

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