WHAT EUROPEAN RESEARCH SAYS ABOUT

Ageing

A synthesis of major EU and international research — read through a Latvian lens

6	**5**	**2020– 24**	**4**
MAJOR REPORTS SYNTHESISED	CROSS-CUTTING THEMES IDENTIFIED	PUBLICATION WINDOW	PRIMARY SOURCE ORGANISATIONS

PRIMARY SOURCES

WHO · European Commission · OECD · Eurofound · UNECE · United Nations

Purpose & Approach

Small organisations do not need to conduct primary research on every dimension of their work. They need to know what the best existing research says — and to apply it with precision to their own context. This synthesis brings together six major European and international reports on ageing, published between 2020 and 2024, and reads them through a Latvian lens.

For each of the six reports, the synthesis provides: a structured summary of the core arguments and principal findings; the specific findings most relevant to Latvia; and analytical commentary from the Social Innovation Centre (SIC) regarding implications for programme design. The synthesis is also organised thematically — identifying five cross-cutting themes that emerge across multiple reports.

By drawing out the convergence of evidence, the Social Innovation Centre aims to ground its programme work in high-quality evidence, while ensuring the source and nature of that evidence are accurately represented.

Reports Synthesised

R1 **World Report on Ageing and Health**
World Health Organization (WHO)
2020 · Updated Framework

R2 **The 2024 Ageing Report: Economic & Budgetary Projections for EU Member States 2022–2070**
European Commission (DG ECFIN)
2024

R3 **Health at a Glance: Europe 2022 — State of Health in the EU Cycle**
OECD and European Commission
2022

R4 **Active Ageing Index 2023: Analytical Report**
UNECE and European Commission
2023

R5 **Long-Term Care Report: Trends, Challenges and Policy Options**
European Commission
2021

R6 **Social Inequalities in Ageing**
Eurofound
2023

Latvia: Key Statistics at a Glance

The following data points emerge directly from the six synthesised reports. Taken together, they reveal a society experiencing the convergence of demographic, economic, and social pressures that demand urgent, evidence-informed responses.

HEALTH & LIFE EXPECTANCY

75.2
Life Expectancy at Birth (years)

5.2 years below EU average of 80.4 years

−11.1
Healthy Life Years Deficit at Age 65

Compared to the EU average —

among the largest gaps in the EU

18–22%
Depression Prevalence (65+)

Highest in the EU; EU average is 13%

SOCIAL & ECONOMIC INDICATORS

41.2%
Elder Poverty Rate

Extreme; primary driver is low pension replacement rates

34%
Chronic Loneliness Rate (65+)

A primary public health crisis equivalent to the impact of smoking

0.6%
Public LTC Spend (% of GDP)

Bottom quartile of EU; EU average is 1.7% · Range: 0.2% (BG) to 4.8% (SE)

ACTIVE AGEING INDEX (AAI) 2023 SCORES

Country	Overall AAI	Employment	Social Participation	Indep. / Healthy / Secure Living
Sweden	47.2	—	—	—
EU Average	35.7	33.4	22.4	—

Country	Overall AAI	Employment	Social Participation	Indep. / Healthy / Secure Living
Estonia	34.1	—	—	—
Lithuania	33.8	—	—	—
Latvia	31.4	35.2 ▲	16.8 ▼	28.1 ▼

Note: Latvia's employment score appears high but is driven by economic necessity, not an enabling environment.

Country	Overall AAI	Employment	Social Participation	Indep. / Healthy / Secure Living
Estonia	34.1	—	—	—
Lithuania	33.8	—	—	—
Latvia	31.4	35.2 ▲	16.8 ▼	28.1 ▼

Report Summaries & Latvia Relevance

R1 · World Report on Ageing and Health
WHO · 2020

CORE ARGUMENTS

▸ Ageing is not merely the accumulation of disease — it is the progressive decline of **intrinsic capacity**.

▸ The central goal of ageing policy should be to maintain **functional ability** — what a person can do — not simply treat illness.

▸ Five domains of functional ability: basic needs, learning/growing, mobility, relationships, and contribution.

▸ The decade around retirement (the **"60–70 window"**) is the highest-leverage intervention period.

PRINCIPAL FINDINGS

▸ Shifting paradigm: from disease management to **capacity maximisation**.

▸ Social and community-level interventions are equally as critical as medical ones.

▸ COVID-19 excess mortality was highest among adults with low intrinsic capacity.

▸ Early intervention in the 60–70 window produces lasting impact on life trajectories.

LATVIA LENS

Latvia's 11.1-year healthy life years deficit signals a population entering older age with severely depleted intrinsic capacity. COVID-19 excess mortality among Latvian older adults with low capacity was among the highest in the EU. The WHO framework strongly implies that Latvia must design capacity-centred programmes measuring success by functional ability and participation, not healthcare utilisation.

R2 · The 2024 Ageing Report: Economic & Budgetary Projections for EU 2022–2070
European Commission · 2024

CORE ARGUMENTS

▸ Age-related public expenditure projected to increase by **1.9 percentage points of GDP** across the EU by 2070.

▸ Pension systems face increasing fiscal pressure from demographic change.

▸ Labour market participation and migration are key moderating variables.

PRINCIPAL FINDINGS

▸ States with flat-rate or low replacement-rate pensions face the greatest elder poverty risk.

▸ Emigration of working-age populations amplifies fiscal pressure beyond central EU projections.

▸ Proactive long-term fiscal planning is essential for Baltic states.

LATVIA LENS

Latvia's flat-rate pension structure and low replacement rates are the primary driver of its 41.2% elder poverty rate. Demographic decline through emigration means Latvia's fiscal pressures intensify faster than central EU models project. Pension adequacy is a foundational "floor" — without it, all other ageing interventions are severely constrained.

R3 — Health at a Glance: Europe 2022 — State of Health in the EU Cycle

OECD & European Commission · 2022

CORE ARGUMENTS

▶ Significant variation in health outcomes across EU member states, driven by structural and social determinants.

▶ Avoidable mortality — deaths preventable through healthcare and public health — remains unacceptably high in Eastern EU states.

▶ Mental health conditions among older adults are chronically under-recognised and under-treated.

PRINCIPAL FINDINGS

▶ Latvia is among the EU's worst performers on avoidable mortality.

▶ Life expectancy at birth in Latvia (75.2 yrs) is **5.2 years below** the EU average (80.4 yrs).

▶ Depression prevalence in Latvia (18–22%) is **the highest in the EU**, far above the 13% average.

▶ Access to mental health services remains structurally insufficient in many regions.

📊 LATVIA LENS

Latvia's health profile as revealed in R3 is severe: above-average avoidable mortality, the EU's highest elder depression rates, and a life expectancy gap of 5.2 years. Mental health is not a marginal concern — it is a primary health crisis. Targeted mental health interventions for adults aged 65+ are critical and currently under-funded.

R4 — Active Ageing Index 2023: Analytical Report

UNECE & European Commission · 2023

CORE ARGUMENTS

▶ The AAI measures the extent to which older adults contribute to and benefit from society across four domains: employment, social participation, independent living, and enabling environment.

▶ Top performer Sweden scores 47.2; EU average is 35.7.

▶ The "enabling environment" dimension — physical safety, digital access, social connectedness — is Latvia's weakest structural area.

LATVIA'S AAI PROFILE

▶ Overall score **31.4** vs. EU average 35.7.

▶ Employment: **35.2** (above EU 33.4) — driven by economic necessity, not enabling conditions.

▶ Social participation: **16.8** vs. EU average 22.4 — a critical weakness.

▶ Independent/Healthy/Secure Living: **28.1** — significantly below EU benchmark.

▶ Neighbours Estonia (34.1) and Lithuania (33.8) both outperform Latvia.

📊 LATVIA LENS

Latvia's AAI profile reveals a critical paradox: older Latvians work at above-EU rates out of financial necessity, yet participate in social life at the lowest rates in the EU. The enabling environment score underlines the need to invest in infrastructure — both physical (transport, housing) and social — to shift older adults from forced participation to genuine active ageing.

R5 — Long-Term Care Report: Trends, Challenges and Policy Options
European Commission · 2021

CORE ARGUMENTS

▶ LTC demand projected to grow by **23% by 2030** and **55% by 2050**.

▶ LTC workforce demand projected to increase by **40% by 2030**.

▶ Public LTC expenditure ranges from 0.2% GDP (Bulgaria) to 4.8% GDP (Sweden); EU average 1.7%.

▶ Home and community-based care produces better quality-of-life outcomes than institutional care.

PRINCIPAL FINDINGS

▶ Most EU countries face a structural and worsening care workforce crisis.

▶ Informal caregivers (predominantly women) are the "invisible backbone" of LTC systems — often at personal cost.

▶ Governance fragmentation between national and local levels undermines care quality and access.

▶ Baltic states disproportionately impacted by emigration of care workers to Western Europe.

▌▌ LATVIA LENS

Latvia spends only 0.6% of GDP on public LTC — bottom quartile of the EU, compared to an EU average of 1.7%. The LTC system is structurally fragmented across national and municipal governance. Care worker emigration to higher-wage Western European markets exacerbates an already critical workforce shortage. Community and technology-based models of care are not optional — they are a structural necessity.

R6 — Social Inequalities in Ageing
Eurofound · 2023

CORE ARGUMENTS

▶ Working-life inequalities (education, occupation, income) compound over time to produce highly divergent ageing outcomes.

▶ Three key intervention windows: early education, mid-career, and the **60–70 retirement transition**.

▶ Geography often matters more than age: rural and peripheral areas face compounded disadvantage.

▶ Gender gaps are pronounced: women live longer but experience worse health and higher poverty rates.

PRINCIPAL FINDINGS

▶ Post-Soviet EU states show specific patterns: moderate working-life inequality, extreme retirement-age inequality.

▶ Informal carers (mostly women) face "double jeopardy" — caregiving duties constrain their own earnings and pension contributions.

▶ Community-level interventions produce positive outcomes regardless of individual income level.

▶ National one-size-fits-all programmes systematically disadvantage peripheral regions.

▌▌ LATVIA LENS

Latvia exemplifies the post-Soviet pattern: moderate working-life inequalities, but extreme inequalities at retirement. Latgale and rural Zemgale face the steepest compounding disadvantages — transport dependency, sparse infrastructure, and regional economic decline. Tailored regional programmes, not national blanket approaches, are required. Gender equity in the care economy must also be addressed explicitly.

Cross-Cutting Themes

Five themes emerge consistently across the six reports. Their convergence — across sources as varied as the WHO, European Commission, OECD, Eurofound, and UNECE — gives them significant evidential weight.

1

The shift from disease to capacity is the defining paradigm change

Ageing policy and programme design must shift from a disease-centric model — focused on managing illness and reducing hospitalisation — to a capacity-centred model that strengthens intrinsic capacity: the composite of physical, mental, and social abilities. For Latvia, this means measuring outcomes based on what older adults can do, not just what conditions they have been diagnosed with or treated for. The WHO's framework of "functional ability" provides the operational basis for this shift.

`WHO · R1 · R3 · R6`

2

Isolation is a public health crisis, not a social welfare issue

Chronic loneliness has health impacts comparable to smoking 15 cigarettes per day. Latvia's 34% chronic loneliness rate among older adults is not a secondary welfare concern — it is a primary public health emergency. Evidence across R1, R3, R4, and R6 converges on the conclusion that social connection is a health determinant of equivalent importance to physical health interventions. Social infrastructure investment is undervalued and underfunded relative to its measurable impact.

`R1 · R3 · R4 · R6`

3

The long-term care workforce crisis is structural and worsening

LTC demand is projected to grow by 55% by 2050, while workforce supply is shrinking in Baltic states due to emigration to higher-wage Western European markets. Latvia's 0.6% GDP LTC expenditure, fragmented governance, and care worker emigration create a compounding crisis. Community-based and technology-enhanced care models are not innovative alternatives — they are structural necessities. Support for informal caregivers (predominantly women) must be formalised to prevent the "invisible backbone" from fracturing.

`R5 · R2 · R6`

4

Pension adequacy determines the floor of ageing quality

Financial insecurity at the level of Latvia's 41.2% elder poverty rate does not merely limit quality of life — it actively undermines the effectiveness of every other health and social programme. When older adults must choose between heating, food, and health, participation in social programmes becomes a luxury. Pension adequacy is the foundational determinant.

Latvia's flat-rate, low replacement-rate pension structure will intensify this problem as low-wage workers reach retirement age in increasing numbers.

R2 · R3 · R6

5 **Place shapes ageing outcomes more than age itself**

Rural and peripheral regions — especially Latgale and rural Zemgale in Latvia — face compounded, self-reinforcing disadvantages: transport dependency, sparse health infrastructure, regional economic decline, and social isolation. In these contexts, the gap between national average statistics and local reality is extreme. National programmes designed to EU average parameters systematically fail Latvia's most disadvantaged older populations. Geography-differentiated programme design is not optional; it is a condition of effectiveness.

R6 · R4 · R5

SIC Analytical Commentary: What This Means for Programme Design

1

Social infrastructure is the missing investment category

The evidence base for community-level social interventions — reducing isolation, building intergenerational contact, increasing civic participation — is now robust and consistent across WHO, OECD, and Eurofound sources. Yet public investment in this category remains systematically low relative to its measured impact on health outcomes and healthcare cost reduction.

Civil society organisations occupy a structurally unique position to fill this gap. The SIC's programme work in social infrastructure is directly supported by the convergence of evidence across R1, R3, and R6. Success metrics should extend beyond participation numbers to include functional ability assessments and validated loneliness measurement instruments.

ACTION IMPLICATION: SCALE COMMUNITY-LEVEL SOCIAL INTERVENTIONS; ADOPT VALIDATED LONELINESS METRICS

2

The 60–70 window is the highest-return intervention period

Both the WHO (R1) and Eurofound (R6) identify the decade surrounding retirement as the most critical period for shaping long-term ageing trajectories. Interventions delivered during this period — whether focused on social connection, physical capacity, digital literacy, or financial planning — show the highest returns in terms of sustained health and independence outcomes.

For programme design, this means concentrating resources on adults in the 60–70 age cohort, not waiting until functional decline is advanced. Preventive and capacity-building interventions in this window cost significantly less and produce significantly better outcomes than reactive care at 75–80+. Latvia's population in this cohort is disproportionately under-served.

ACTION IMPLICATION: TARGET PROGRAMME DELIVERY TO THE 60–70 COHORT AS THE HIGHEST-LEVERAGE GROUP

3

Technology is an enabler, not a solution

Digital tools — remote monitoring, telehealth, digital social platforms — show genuine promise as enablers of independent living and social connection for older adults. However, the evidence (R1, R5) consistently shows that technology used as a substitute for human interaction produces worse quality-of-life outcomes than no intervention at all. The distinction is critical: technology should extend and enhance human connection, not replace it.

For Latvia, where care worker emigration and geographic dispersion make in-person service delivery increasingly difficult, technology-enhanced human care models represent the most viable and evidence-supported pathway. Digital literacy investment is a prerequisite — Latvia's enabling environment score

Policy Recommendations

The following recommendations emerge directly from the synthesis of evidence across all six reports, filtered through a Latvian context. They are organised by domain.

Paradigm Shift: Disease → Capacity

- Adopt "intrinsic capacity" and "functional ability" as core programme metrics.
- Shift policy success measures from healthcare utilisation to participation and wellbeing indicators.
- Design interventions around what older adults can do, not solely around clinical diagnoses.

The 60–70 Intervention Window

- Concentrate programme delivery on the 60–70 retirement transition cohort.
- Invest in social connection, skill development, and physical capacity before functional decline.
- Preventive investment in this window significantly reduces downstream care costs.

Social Infrastructure & Isolation

- Treat chronic loneliness (34% of Latvian seniors) as a primary public health crisis.
- Fund community-level social infrastructure as a health investment, not welfare expenditure.
- Increase intergenerational contact through structured civil society programmes.

Long-Term Care System Development

- Move beyond incremental reform — Latvia's LTC underfunding (0.6% GDP) requires structural investment.
- Prioritise home and community-based care over institutional care pathways.
- Formalise support for informal caregivers to prevent workforce attrition and gender inequity.

Pension Adequacy & Economic Security

- Recognise 41.2% elder poverty as the foundational barrier constraining all other policy effectiveness.
- Reform Latvia's flat-rate pension structure to raise minimum replacement rates.
- All ageing programme design must account for the extreme economic precarity of programme participants.

Regional & Geographic Equity

- Design region-differentiated programmes for Latgale and rural Zemgale — national averages mask extreme local disadvantage.
- Address transport dependency and sparse infrastructure as determinants of health access.
- Disaggregate programme outcomes by region, gender, and income to track equity systematically.

> "The value of implementation organisations lies not in discovering new problems — the evidence on ageing is extensive — but in applying evidence-based interventions at scale to produce durable, equitable change."

Full Reference List

R1 **World Report on Ageing and Health (Updated Framework)**

World Health Organization (WHO). Geneva: WHO Press. 2020. Available at: who.int

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R4 **Active Ageing Index 2023: Analytical Report**

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R5 **Long-Term Care Report: Trends, Challenges and Policy Options**

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R6 **Social Inequalities in Ageing**

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About this Synthesis

This Research Synthesis (#A3) is produced by the Social Innovation Centre (SIC) as part of its Health Programme, Ageing Sub-section. The SIC applies a curated evidence-synthesis methodology to translate major European and international research findings into actionable programme intelligence for Latvia's civil society sector. The "Latvian lens" framing is analytical, not comparative — it reads global evidence against Latvia-specific data to identify the highest-leverage intervention points for the SIC's programme portfolio.

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REPORTS SYNTHESISED	CROSS-CUTTING THEMES	SIC ACTION COMMENTARIES