

ACTIONABLE STRATEGY FOR HEALTHY AGEING

2027 — 2030

Recommendations for Policy and Practice

9 years

EU Healthspan Gap

24%

Adults 65+ by 2035

40%

Negative Ageing Sentiment

EUR 110B

Global Longevity R&D

This document presents a four-pillar actionable strategy for improving healthspan outcomes, aligned with EU 2030 targets for healthy life years. It synthesises an integrated evidence base spanning biological mechanisms, effective interventions, pharmacological developments, public discourse dynamics, and regional variance — forming a coherent framework for policy and practice between 2027 and 2030.

The central challenge addressed here is that adults are living longer but not proportionally healthier. The EU-wide healthspan gap stands at 9 years. Compounded by demographic contraction, regional inequality, and a predominantly burden-centred public discourse, reversing this gap requires active, coordinated, and evidence-grounded intervention across multiple domains simultaneously.



The Four Strategic Priorities

P1 — Behavioural Infrastructure: Build the social and physical conditions that make evidence-based healthy ageing behaviours accessible regardless of geography, income, or age.

P2 — Clinical Translation: Integrate the most evidence-supported healthspan science into standard care: screening protocols, activity prescription, and pharmaceutical guidance.

P3 — Discourse and Equity: Close regional sentiment gaps, amplify older adults' own voices, and address burden-centred narratives through targeted communication and structural policy.

P4 — EU Alignment and Funding: Secure participation in EU healthy ageing frameworks to access Horizon Europe and ESF+ funding streams and integrate emerging international evidence.

Primary Targets by 2030

T1	Reduce negative ageing sentiment nationally to below 30%
T2	Close the worst regional sentiment gaps to below 10 percentage points
T3	Reduce the national healthspan-lifespan gap by at least 1.5 years
T4	Achieve 60%+ physical activity guideline adherence in adults 55–74
T5	Vitamin D deficiency correction rate above 75% in the 65+ population
T6	Secure EUR 12M+ in EU co-funding for the 2027–2030 programme

1.1 The Demographic Challenge

Ageing populations present a demographic situation without close parallel in recent history. Old-age dependency ratios are rising across the EU, but trajectories diverge sharply in regions experiencing the compounding effects of emigration and low fertility. By 2035, a quarter of many national populations will be over 65 — a proportion that will place exceptional strain on pension, healthcare, and social care systems if healthy life years do not increase proportionally.

Discourse analysis adds a dimension that demographic statistics alone cannot capture: how societies talk about ageing is itself a barrier to positive change. With 40% of public digital discourse still negative — and substantially higher in economically disadvantaged regions — the cultural frame for ageing remains predominantly one of burden, cost, and decline. This is not immovable: measurable shifts over five-year periods demonstrate that discourse can change, but only with deliberate intervention.

1.2 The EU Policy Opportunity

The European Commission's Partnership on Active and Healthy Ageing (PAHA+) explicitly targets adding 2 healthy life years across the EU by 2030. Horizon Europe's Cluster 1 (Health) and the European Social Fund+ both contain significant funding streams for healthy ageing research and infrastructure. The 2027–2030 Multiannual Financial Framework presents a strategic window: member states with acute demographic pressure, documented research infrastructure, and compelling contextual data are best positioned to compete for these resources.

1.3 What the Science Currently Supports

The headline finding from the current evidence base is unambiguous: behavioural interventions — physical activity, dietary pattern, sleep quality, and social connection — remain the most evidence-supported and cost-effective healthspan interventions currently available. Their effect sizes equal or exceed most pharmaceutical interventions. They require infrastructure, not prescriptions.

The pharmacological landscape is advancing. GLP-1 agonists have demonstrated cardiovascular benefit in non-diabetic populations. Senolytic therapies are in Phase 2–3 trials. The TAME trial will report 2025–2026 on metformin as an ageing intervention. Any strategy must position itself to integrate emerging evidence rapidly while avoiding the substantial harms of premature adoption.

1.4 The Regional Dimension

No national strategy that treats a country as a uniform context will succeed. Sentiment gaps of 20+ percentage points between the most and least economically advantaged regions are not merely communication differences — they reflect structural socioeconomic inequalities that produce different lived experiences of ageing and different receptivity to intervention. Any strategy that deploys national messaging without regional differentiation will systematically fail to reach the populations where change is most needed.

"The science of healthy ageing is no longer speculative. The evidence base is substantial, the biology is tractable, and the policy levers are understood. What is missing is not knowledge — it is a coordinated, evidence-grounded strategy for translating that knowledge into outcomes for real populations in real places."

The strategy is organised around four mutually reinforcing pillars. Each pillar addresses a distinct failure mode in current policy: insufficient behavioural infrastructure, fragmented clinical translation, negative public discourse, and underutilisation of EU funding architecture. Together they form an integrated response to the healthspan gap.

FOUR STRATEGIC PILLARS — Interconnected Framework

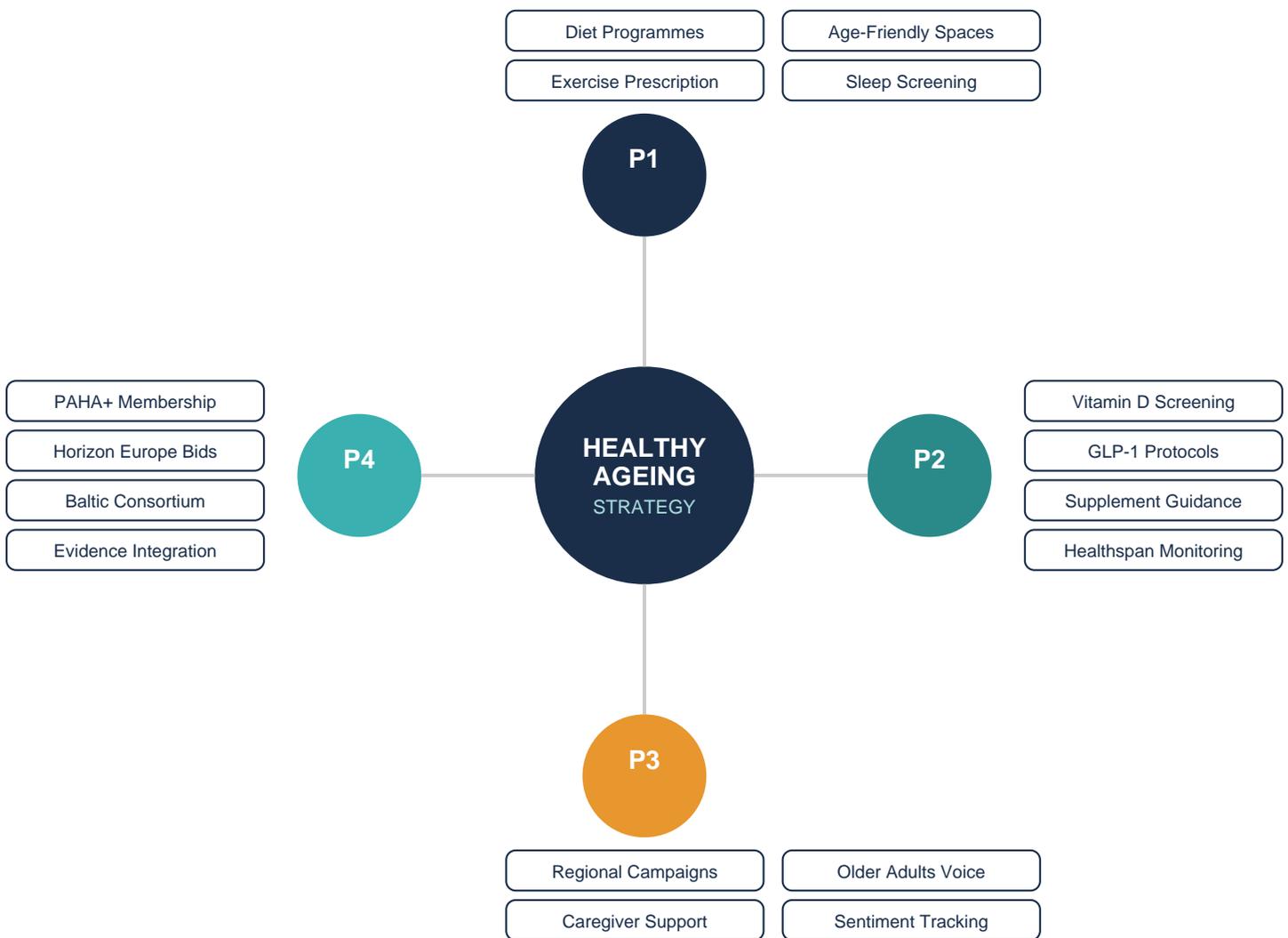


Figure 1: Four-Pillar Strategic Framework — interconnected areas of intervention

1 BEHAVIOURAL INFRASTRUCTURE

- Expand Age-Friendly Communities programme to all regions by 2028, with minimum standards for accessible exercise, social spaces, and community connectivity.
- Implement physical activity prescription in primary care for adults 55+; integrate exercise physiologist roles into community health teams.
- Develop a Mediterranean dietary pattern programme adapted to local food culture and budget constraints; target 40%+ adoption in 55–74 cohort.
- Establish intergenerational community hubs in priority regions; 15 hubs operational by 2028, 40 by 2030.
- Create a national sleep health awareness programme integrated with cardiovascular and cognitive health messaging.

2 CLINICAL TRANSLATION

- Mandate Vitamin D screening in all adults 60+ at primary care; correction of deficiency as a quality indicator by 2027.
- Establish evidence-based supplement guidance as a standard component of the 60+ annual review; actively discourage evidence-poor products.
- Develop GLP-1 agonist access protocols for cardiovascular risk reduction in overweight adults 60+ without diabetes, contingent on trial results.
- Create a national healthspan monitoring dashboard tracking healthy life years, physical function scores, and cognitive markers by region.
- Establish a rapid-response protocol to integrate senolytic trial results into practice guidelines within 18 months of publication.

3 DISCOURSE, EQUITY AND VOICE

- Launch a platform-differentiated national communication strategy: positive ageing content on social media; structural investment argument in policy forums.
- Establish an Older Adults' Voice programme with funded infrastructure for older adults to produce and distribute their own content.
- Develop a Sandwich Generation Support Package addressing the 35–54 cohort: caregiving leave, employer incentives, and financial planning support.
- Commission annual discourse monitoring reporting sentiment by region, platform, and age cohort; use as a real-time feedback loop for campaign adjustment.
- Target the highest-negative-sentiment regions with a dedicated 3-year funded programme combining economic and communication interventions.

4 EU ALIGNMENT AND RESEARCH INTEGRATION

- Submit for PAHA+ (EU Partnership on Active and Healthy Ageing) full membership by Q2 2026; develop a national action plan aligned with EU 2030 targets.
- Submit coordinated Horizon Europe Cluster 1 bids for a Baltic region ageing infrastructure study and a longitudinal healthspan cohort study.
- Establish a Baltic Ageing Research Consortium with neighbouring countries; pool discourse data, share intervention evidence, and develop joint bids.
- Integrate TAME trial findings into national pharmaceutical guidelines upon publication; develop a metformin access protocol for eligible populations.
- Create an annual Ageing Innovation Exchange: convene researchers, clinicians, municipal actors, and EU counterparts to share evidence.

3.1 Strategy Timeline

STRATEGY IMPLEMENTATION ROADMAP 2024 – 2030



Figure 2: Three-phase implementation roadmap with key milestones per phase

3.2 Milestone Schedule

Year	Milestone	Key Actions / Metrics
2025	Baseline Measurement	Establish healthspan gap metrics per region; launch discourse monitoring dashboard
2026	EU Alignment Confirmed	PAHA+ submission; Horizon Europe funding secured; Baltic Consortium convened
2027 Q1	Clinical Protocols Live	Vitamin D universal screening mandate; physical activity prescription integrated into primary care
2027 Q2	Regional Pilots Launched	Active ageing hubs operational in highest-need regions; intergenerational programming begins
2027 Q2	Discourse Campaign Live	Platform-differentiated national campaign; older adults' content infrastructure established
2028 Q1	Caregiver Support Package	35–54 cohort policy package: caregiving leave, employer incentives, financial planning support
2028 Q2	Supplement Guidance Integrated	Evidence-based supplement guidance in all 60+ annual reviews; evidence-poor products discouraged
2028 Q4	Mid-Strategy Review	Comprehensive evaluation: sentiment trends, clinical targets, EU funding status; public report
2029	Scale Review	Mid-strategy evaluation; EU reporting on healthy life years progress; resource reallocation
2030	Strategy Close	Final report: healthspan gap reduction; sentiment targets; EU funding outcomes documented

3.3 Priority Actions 2027–2028

The following actions represent the highest-priority first-tranche interventions of the strategy period. They are selected on three criteria: evidence strength (each is supported by robust human trial data), feasibility within existing institutional structures, and expected impact on the primary targets.

2027 · Q1	Physical Activity Prescription Programme <p>Integrate structured physical activity prescription into all primary care consultations for patients 55+. Provide training, patient referral pathways to exercise physiologists, and outcome tracking. Evidence base: Cochrane-level. Expected impact: 15% increase in guideline adherence within 24 months.</p>
2027 · Q1	Vitamin D Universal Screening <p>Mandate Vitamin D testing at annual 60+ health review. Correct identified deficiency as a quality indicator. Estimated 40%+ of target population are deficient at northern latitudes. Cost of correction: low. Evidence for benefit (falls, bone density, immune function in deficient individuals): strong.</p>
2027 · Q2	Regional Active Ageing Hub Pilot <p>Launch first intergenerational hubs in highest-negative-sentiment regions. Each hub to offer: structured exercise, social programming, digital literacy, and older adults' content creation facilities. Evaluation from day one with regional sentiment tracking as a primary outcome measure.</p>
2027 · Q2	Platform-Differentiated Campaign Launch <p>Deploy the national discourse reframing campaign with explicit platform differentiation. Social media: older adults' own stories, active ageing content, wisdom framings. Policy forums: structural investment argument. Measure sentiment shift quarterly from launch.</p>
2028 · Q1	Sandwich Generation Policy Package <p>Introduce the caregiving support package for the 35–54 cohort: paid caregiving leave (15 days per year), employer tax incentive for flexible working arrangements, and financial planning support for dual caregivers. Addresses the economic cost framing through structural policy rather than narrative work alone.</p>
2028 · Q2	Evidence-Based Supplement Guidance <p>Integrate supplement guidance into 60+ annual reviews: positive recommendations for Vitamin D (if deficient), Omega-3 (higher dose, at-risk populations), Magnesium (if insufficient), Creatine (alongside resistance training). Active discouragement of resveratrol, telomere products, high-dose antioxidants.</p>

4.1 Governance Structure

Effective implementation requires a governance structure that spans ministries, municipalities, civil society, and EU institutions. The strategy recommends a joint ministerial ownership model (Health + Welfare), with research infrastructure managed by academic and civil society partners, and programme delivery devolved to municipal governments and regional organisations.

Joint Ministerial Level	Own the strategy; report to Cabinet; coordinate EU submissions and inter-agency alignment
Research & Monitoring Body	Maintain the healthspan monitoring dashboard; produce annual evidence updates; manage discourse tracking
Municipal & Regional Level	Operate active ageing hubs; run local programmes; report on community-level outcomes
Clinical Implementation	Implement GP protocols (Vitamin D, activity prescription, supplement guidance); track clinical indicators
EU Liaison Function	Manage EU funding applications; maintain PAHA+ relationship; coordinate Horizon Europe submissions

4.2 Funding Architecture

EU Horizon Europe Cluster 1	EUR 4–6M	Research, cohort studies, clinical pilots
European Social Fund+	EUR 3–5M	Regional hubs, workforce programmes
National Health Budget	EUR 2–3M	Clinical protocol integration, GP training
Municipal Co-investment	EUR 1–2M	Hub infrastructure, local delivery
Private Sector / CSR	EUR 0.5–1M	Digital platform, content creation
Total (2027–2030)	EUR 11–17M	~EUR 6–9 per person per year

4.3 Seven Design Principles

01 Evidence First, Always

Every programme element must be grounded in human clinical evidence. Animal data, mechanism studies, and observational associations are starting points for monitoring, not sufficient grounds for population-level investment.

02 Behavioural Interventions Are the Foundation

Physical activity, dietary pattern, sleep, and social connection have stronger evidence than any pharmaceutical intervention for healthy ageing in general populations. No pharmacological strategy replaces these.

<p>03 Regional Differentiation Is Not Optional</p>	<p>Structural socioeconomic inequality means uniform national programmes will systematically underperform. Regional differentiation in messaging, infrastructure investment, and programme design is a core requirement.</p>
<p>04 Older Adults Are Agents, Not Recipients</p>	<p>Content created by older adults produces better outcomes than content created about them. Every programme element should build capacity for older adults to be producers and decision-makers, not merely beneficiaries.</p>
<p>05 Watch the Horizon — Act on Evidence</p>	<p>The senolytic pipeline, GLP-1 broader applications, and TAME trial results will produce significant clinical evidence between 2025–2030. A built-in rapid-response capacity to integrate new findings within 18 months of publication is essential.</p>
<p>06 Measure What Matters</p>	<p>Healthy life years, physical function scores, cognitive markers, and ageing sentiment by region are the primary outcomes. Process metrics are implementation trackers, not strategic success measures.</p>
<p>07 Equity Is a Success Condition, Not a Side Objective</p>	<p>If the strategy reduces the average healthspan gap but widens regional inequality, it has failed. Regional gap closure targets are non-negotiable elements of strategic success.</p>

All recommendations in this strategy are grounded in human clinical evidence. The evidence hierarchy below illustrates how different intervention categories are ranked by strength of evidence, from the most robustly supported behavioural interventions at the base to areas where evidence remains insufficient at the apex. This hierarchy is the reference framework for all programme investment decisions.

INTERVENTION EVIDENCE HIERARCHY

Strength of evidence for healthy ageing interventions

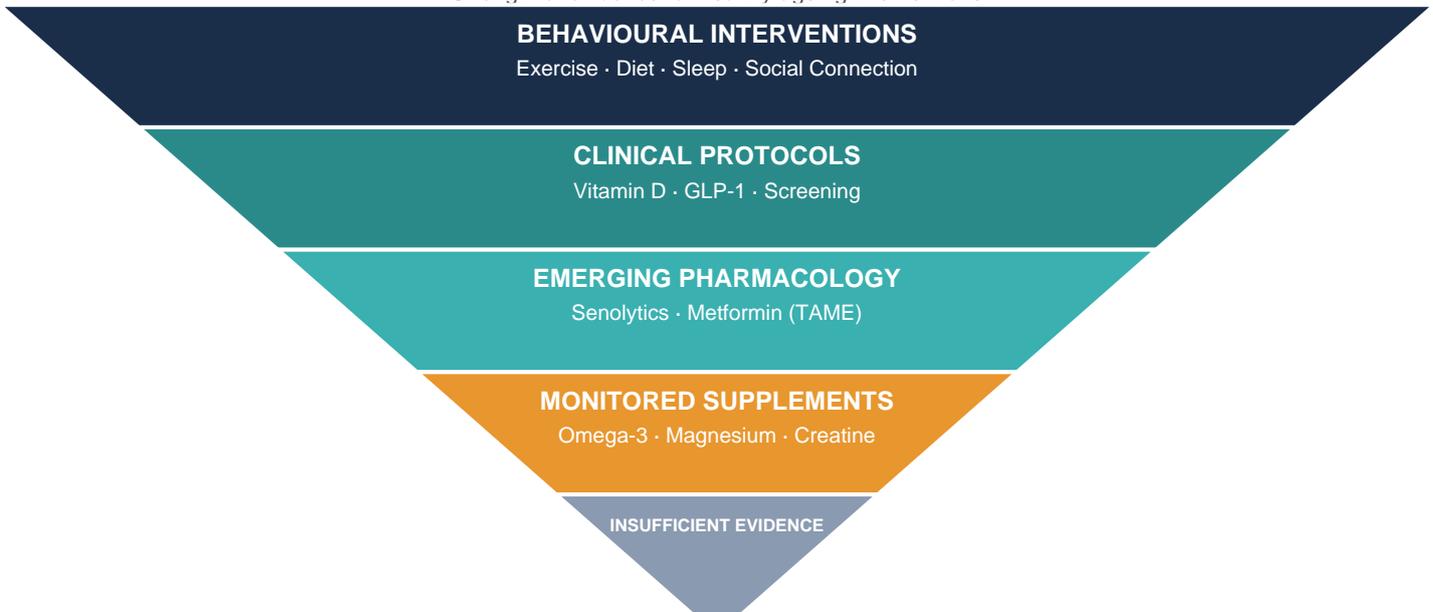


Figure 3: Intervention Evidence Hierarchy — from strongest (base) to insufficient evidence (apex)

Key Scientific Developments to Watch 2025–2030

TAME Trial (Metformin)	2025–2026	Will determine whether metformin qualifies as a first-line ageing intervention for non-diabetic populations. Highest-credibility pharmaceutical candidate currently in trials.
GLP-1 Agonists	Ongoing	SELECT trial (2023) demonstrated cardiovascular benefit in non-diabetic populations. Broader ageing applications under investigation. Monitor for 2025–2027 results.
Senolytic Therapies	2027–2028	Phase 2–3 trials for drugs targeting senescent cell clearance. Potentially transformative if results confirm animal-model efficacy. Rapid-response integration protocol recommended.
Epigenetic Reprogramming	Post-2028	Early-stage but scientifically significant. Not yet at clinical translation stage. Monitor for proof-of-concept human data from 2026 onwards.

The Strategic Opportunity

The demographic challenge of ageing populations is real and urgent. The evidence base is stronger than ever: the biology of ageing is understood mechanistically, proven interventions are clearly distinguished from unproven ones, discourse patterns are mapped in detail, and EU funding architecture is available but underutilised.

The 2027–2030 window aligns with EU healthy ageing targets, expected TAME and senolytic trial results that will reshape clinical practice, and the point at which demographic pressures become unavoidable. The question is not whether a strategy is needed — it is whether it will be built from evidence or assembled from crisis.

Timing	Action
Q2 2026	PAHA+ submission confirmed; Horizon Europe funding secured; Baltic Consortium convened
Q4 2026	Strategy published; 90-day consultation with older adult organisations and clinical bodies concluded
Q1 2027	Vitamin D universal screening mandate live; physical activity prescription integrated into primary care
Q2 2027	Active ageing hubs operational in highest-need regions; platform-differentiated discourse campaign launched
Q1 2028	Caregiver Support Package introduced for 35–54 cohort
Q2 2028	Evidence-based supplement guidance integrated into all 60+ annual reviews
Q4 2028	Mid-strategy review: sentiment trends, clinical targets, EU funding status; public report published

“The shift from higher to lower negative discourse over five years was not accidental. It was produced by specific programmes, platforms, and investments. The next shift — closing regional gaps and embedding healthspan science into everyday care — requires the same specificity, at greater scale and with stronger institutional commitment.”

This strategy synthesises five research outputs (2022–2024): Ageing Sentiment Analysis, Social Infrastructure, Regional Profiles, The Healthspan Frontier, and Hype vs. Evidence. Recommendations are grounded in peer-reviewed evidence. Planning document — not clinical advice. Published: 2026 | Strategy Horizon: 2027–2030