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# LONGEVITY TRENDS

## PROFESSOR SARAH HARPER

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**Professor Sarah Harper** is Professor of Gerontology at the University of Oxford, and Director of the Oxford Institute of Population Ageing. Sarah was appointed a CBE for services to Demography in 2018 and Chair of the NGO HelpAge International in 2024. She is a Fellow of the Academy of Medical Sciences and of the Royal Anthropology Institute.

Sarah served on the Prime Minister's Council for Science and Technology, advising Prime Ministers David Cameron and Theresa May on the scientific evidence for strategic policies. She chaired the UK government's Foresight Review on Ageing Populations and advised on the UK Industrial Strategy Healthy Ageing Challenge.

Her current research on demographic change addresses two broad questions: the implications of falling fertility and increasing life expectancy, and the interaction of population change with the environment.

Her recent books include **How population change will transform** our world (Oxford University Press 2016/2019), **Ageing Societies: risk and resilience** (Routledge), and **Global Ageing**. Sarah is working on her next book for Cambridge University Press on Population and Environmental Change. Sarah is the founding editor of the Journal of Population Ageing and editor of the **Handbook of Ageing and Public Policy** (Elgar).

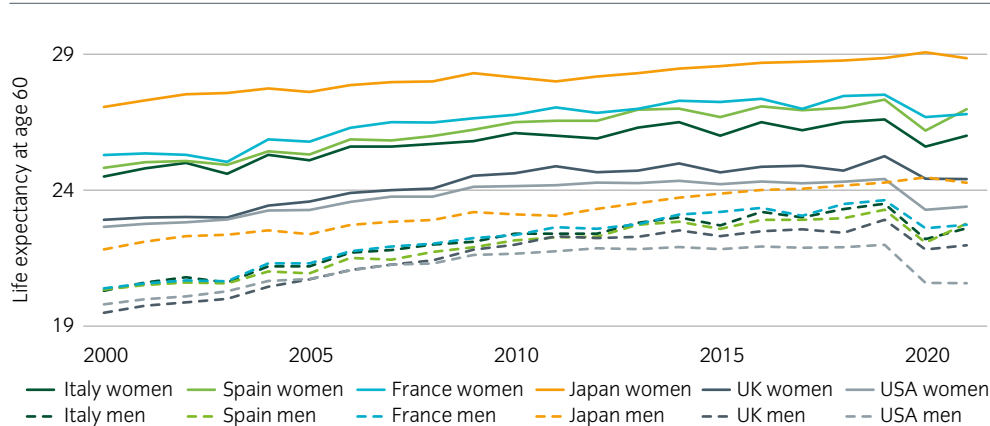
## EXECUTIVE SUMMARY

- Longevity is a key concern for pensions. For defined benefit (DB) schemes, increased longevity makes pensions more expensive for the scheme. For defined contribution (DC) schemes, it makes retirement less affordable for retirees.
- Retirement is not purely about financial considerations. How, when and why people retire is changing: we are moving towards people working longer and retiring later.
- We must therefore consider not only how long people might live, but whether an extended life is a healthy one. If people live longer, whether or not they are able to work will be significant.
- A shift to a healthy lifestyle can add years to a person's life. Medical and scientific advances also suggest that life expectancy could rise further.

# WILL INCREASES IN BOTH LIFE EXPECTANCY AND LIFE EXTENSION CONTINUE?

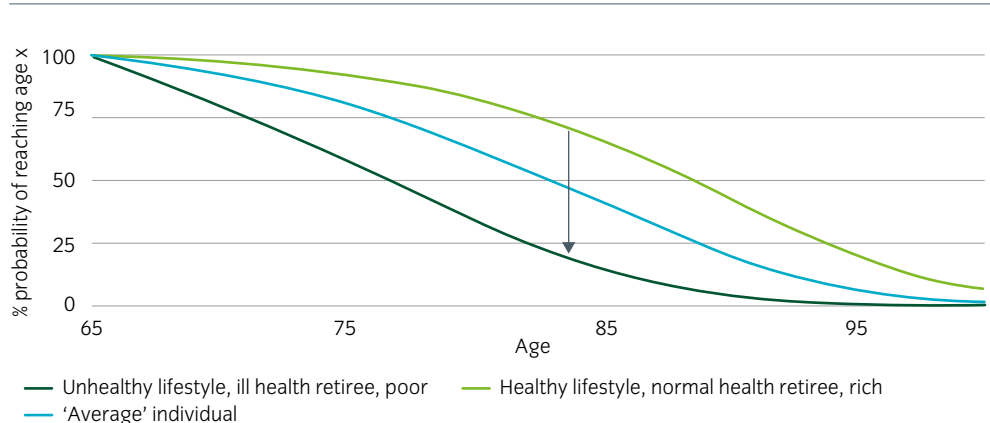
- At age 60, life expectancy in Japan is notably long, above that of Mediterranean countries, with the UK and US notably shorter (see Figure 1).
- Women live considerably longer than men at the population level.
- There was a dip in life expectancy due to the pandemic, and research suggests life expectancy is recovering.
- Genetics and biology explain some of the differences between populations, and between the life expectancy of women and men.
- Lifestyle also plays a significant role: the Mediterranean lifestyle – including diet, exercise, sunshine, social interaction – appears to explain why the UK has lower life expectancy from age 60 than Mediterranean countries.

Figure 1: Life expectancy varies significantly across populations due to biology, diet and lifestyle<sup>1</sup>



- In the UK there are c. 14,000 to 15,000 centenarians. This is projected to rise to c. 1.5 million by the end of the century.
- Research suggests that inequality matters: life expectancy for those on a low income, in poor health, and with an unhealthy lifestyle is markedly lower (see Figure 2).
- In order of impact on life expectancy of a 65-year-old man, having a healthy lifestyle has the largest impact; followed by whether he retires in normal health, whether he had a high income before retirement, and whether he did a non-manual job (source: ClubVita).

Figure 2: Proportion of 65-year-old men expected to survive to each older age<sup>2</sup>



<sup>1</sup> Source: World Health Organization.

<sup>2</sup> Source: Oxford Institute of Population Ageing.



# WILL ADVANCES IN LIFE EXPECTANCY BE MATCHED BY ADVANCES IN HEALTHY LIFE EXPECTANCY?

- **Socioeconomic factors** can have a significant impact. A 65 year old man in a deprived area will probably make it to 80 years old, but much of his 70s will be in ill health. In an affluent area, he may make it into his late 80s, with most of his 70s in good health.
- **Much of the gain in life expectancy historically came from delaying the onset of chronic diseases:** diet, exercise, stress and sleep make a tremendous difference. Even changing one's diet later in life can add years to your life.
- **Changing from a typical US diet to a healthy diet** could add 13 years to the life of a 20-year-old man and 10 years to the life of a 20-year-old woman. Even for an 80-year-old, this change in diet could add 3.5 years to their life. This is due to a reduction in the probability of dying from cardiovascular disease, cancer or diabetes (source: Global Burden of Disease Study).
- **Obesity is a major concern.** Weight loss drugs currently reach only a small proportion of the population, and weight is often regained. Obesity doesn't lead usually to death, but it increases frailty and dependency, and scientific medicine can keep people alive with chronic disease for decades.
- **Dementia is not being cured, but incidence at given ages has fallen substantially.** Education appears to increase cognitive reserve and delay symptoms. However, the total numbers of people with dementia will rise because of population ageing.
- **We face both a demographic challenge and a longevity challenge, compounded by falling fertility.** One way to cope is to recruit, retain and retrain older adults. People aged 50 to 70 are healthier, better educated, and more tech savvy than ever, and many want to stay in work.
- **We now understand 'fluid' versus 'crystallised' intelligence.** Fluid intelligence declines from our twenties, but crystallised intelligence peaks between 40 and 70. In a knowledge economy, this is a huge advantage. AI is good at fluid intelligence; humans are still better at crystallised intelligence.
- **Employing older workers has advantages for companies and governments.** Research has shown that 'disruptor' companies, rather than non-disruptors, understand this – they retain experienced employees, and they use multi-generational teams to harness both fluid and crystallised intelligence (source: Mercer Global Workforce Longevity Practices Survey 2024). Keeping people working for longer would also be positive for government tax revenues and reduce public spending on ageing populations.

## LOOKING TO THE FUTURE

- Looking ahead, modelling suggests extreme longevity will continue to become more common. We are moving beyond disease prevention into regenerative medicine and age retardation. Ageing is malleable. Exercise, social networks and resilience operate at the cellular level.
- Key areas include inflammation and cell senescence. Removing senescent cells in animal models leads to regeneration. Stem cell therapies are advancing, though they raise concerns around cancer risk.
- We are likely moving into a world where many people live to 100 or beyond, possibly while living with chronic disease. This will have profound implications for how long people work, pension planning and society.

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