How quickly is the population of Hong Kong (China) ageing?

The population of Hong Kong (China) will increase by 20.3% over the next two decades, reaching 8.5 million by 2030. The proportion of the population aged 60 years and above exceeded that of the younger population aged 0–14 years in 2004 (see Figure 1).

The proportion of persons aged 60 years and above will increase from 18.2% of the population in 2010 to 32.7% in 2030. The population aged 0–14 years will constitute 13.2% of the total population by 2030 (see Table 1).

How many years can older people expect to live in good health?

No data were available specific to Hong Kong (China). In China, however, healthy life expectancy (HALE) at birth in 2010 was 70.4 years for women and 65.5 years for men. HALE at age 60 in China was 16.5 years for women and 14.2 years for men.

Table 1. Population percentages and percentage change by age group, 2010–2030

<table>
<thead>
<tr>
<th>Age group</th>
<th>2010</th>
<th>2030</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>11.5%</td>
<td>13.2%</td>
<td>1.6%</td>
</tr>
<tr>
<td>50+</td>
<td>34.7%</td>
<td>46.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>60+</td>
<td>18.2%</td>
<td>32.7%</td>
<td>14.5%</td>
</tr>
<tr>
<td>80+</td>
<td>3.6%</td>
<td>5.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Total population (in 000’s)</td>
<td>7053</td>
<td>8483</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

*All percentages are rounded to the closest one decimal point.


What percentage of older people are participating in the workforce?

In Hong Kong (China) (2010), the percentage of labour force participation in the population aged 65 years and above was 6.8% for women and 17.9% for men, with 12.1% for people aged 65 years and above participating in the workforce. Over a period of 20 years, the median age in Hong Kong (China) will increase by 6.0 years, from 41.8 years in 2010 to 47.8 years in 2030. This compares to an increase of 6.4 years in Asia and 4.8 years in Europe over the same period.

The 2010 population pyramid for Hong Kong (China) shows a large number of people in the middle age bracket reaching its peak at 45–49 years of age. The smaller population in the younger age group indicates a decline in fertility rate (see Figure 2a). Compared to 2010, the 2030 pyramid shows a large number of people in the middle and older age brackets with a peak in the 65–69 year age bracket (see Figure 2b).
How do we assess the health of populations as they age?

In Hong Kong (China), life expectancy at birth and at age 60 will increase for both women and men between 2010 and 2030 (see Table 2). Over the next 20 years, life expectancy at birth will increase by 2.1 years for women and 2.2 years for men. The life expectancy gap between sexes will decrease from 6.2 years in 2010 to 6.1 years in 2030. For people who survive to age 60 in 2010, women can expect to live another 27.8 years and men another 22.9 years.

What health issues currently affect the population?

No data was available specific to Hong Kong (China). Figures 3 and 4 are based on data from China which includes Hong Kong (China).

In 2004, noncommunicable (Group II) conditions constituted 91% of the overall disease burden. Group I conditions accounted for 5%, while Group III conditions accounted for 4% of the total disease burden (see Figure 3).5

Cardiovascular disease was the number one burden of disease for women and men, followed by malignant neoplasms for men and respiratory disease for women. More men experience these top three conditions than women (see Figure 4).

How will ageing in Hong Kong (China) affect the disease burden borne by older people?

The burden of disease in Hong Kong (China) is expected to change as a consequence of population ageing. The disease burden in the older age group (60 years and above) is expected to increase between 2005 and 2030 (see Figure 5).

The estimates and projections (DALYs) for persons aged 60 years and above in 2005, 2015 and 2030 show that Group II conditions will continue to increase and hold the leading position for the burden of disease in the Western Pacific Region (see Figure 5).

### Table 2. Life expectancy by sex at birth and at age 60, 2010 and 2030

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>86.4</td>
<td>88.5</td>
</tr>
<tr>
<td>2030</td>
<td>80.2</td>
<td>82.4</td>
</tr>
</tbody>
</table>


### Policy and practice recommendations

- Constructive, proactive measures are needed to implement and monitor strategies and policies on ageing.
- Continued support by the Government and the Elderly Commission for collaborative, multidisciplinary and cross-country research is indicated.
- Improved translation of health research results is crucial to inform and shape current and future policy.
- Coordinated interventions are needed to address health and well-being gaps among older people.

**Notes**

2. The Gini coefficient is a measure of equality in income distribution where 0 is perfect equality and 100 is perfect inequality.
3. Healthy life expectancy (HALE) is an estimate of the number of years that a person can expect to live in good health, taking into account age-specific mortality, morbidity and functional health status (http://www.who.int/topics/hl_expecation).
4. Disability-adjusted life years (DALYs) across a population are used to quantify the burden of disease from mortality and morbidity. DALYs are calculated as the sum of years lost to premature death and years lost to disability due to a given disease or health condition.
5. Burden of disease Group I = Communicable, maternal, perinatal, and nutritional conditions; Group II = Noncommunicable conditions; Group III = Injuries and violence.

**Data Sources**