2026 Asia-Pacific Regional Conference on Population Ageing

中国老龄协会
China National Committee on Ageing

HelpAge International

UNFPA

ADB

Healthy and Age-Inclusive Cities for the Emerging Global Four-Generation Urban Society

Stefan Rau
Principal Urban Development Specialist, ADB
srau@adb.org

Integration, Innovation and Sustainability: A Shared Agenda for Population Ageing

27–30 October 2026 Hangzhou, Zhejiang Province, China

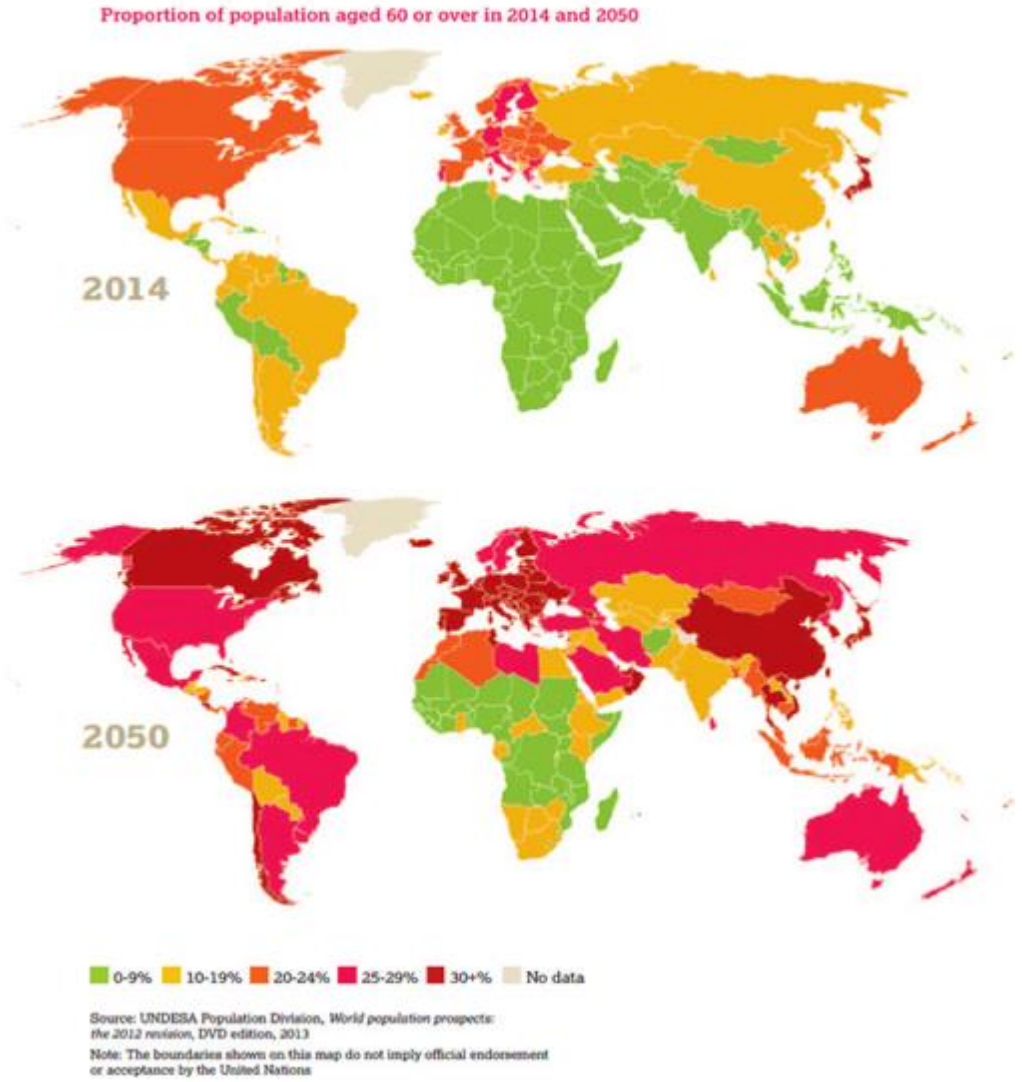
ADB support to Age-Friendly City Development - Challenges

a) **Urbanization + demographic transition** (aging) + high ages = four-generation urban society.

b) **Demands a rethinking of urban planning and management** and we envision health and aging as opportunities to plan and design better cities in an emerging four-generation urban world.

c) **Health and well-being are not traditionally considered drivers of urban development** investments, but now certainly can be value-additions in urban development investments, especially in high-income and in upper-middle-income countries, including PRC.

d) **Non-communicable diseases need to be addressed e.g.** by clean environments and basic infrastructure and through enabling healthy lifestyles by green and clean urban environments with public green parks and linear green spaces with footpaths, bicycle lanes and public transport, among others, which also contribute to making cities livable, low-carbon and climate-resilient.



ADB support to Age-Friendly City Development - Opportunities

Health and ageing as opportunities in an urbanizing four-generation world

1. **Health and wellbeing** will be central for people and communities, and city competitiveness

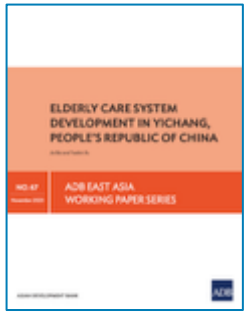
2. **Urbanization and ageing:** most people will live in cities, many will be above 60, and many of these will grow to high ages**,** requiring changes in policies and public health perspectives

3. **Urbanization challenges:** social and demographic inclusion, community cohesion, social protection systems'- and urban fiscal sustainability, environmental- and climate change.

4. **Four-generation society:** small families, small households and singles, more elderly, fewer babies, children and young adults require more vibrant and interconnected community life.

5. **Technology and work-life patterns:** "smart cities" apps to improve age-friendly interactions, changing work-life patterns and self-fulfillment in ‘future of work’ scenarios.

ADB's Comprehensive Support to Age-Friendly City Development







Age-friendly, age-inclusive, disability inclusive, **healthy cities** with communal age integration

Elderly care system primed to enable aging in place coordinated with hospital and long-term care

Universal access of public spaces facilities, inclusive urban design, pedestrian safety, public transport, urban ecology, **community green spaces, clean air and water** and environments

Labor market reform
- Create incentives for employers to retain/hire older persons
- Encourage higher participation rates, especially for women
- Promote technologies to deal with workforce aging

Pension reform
- Raise retirement age in line with rising life expectancy
- Introduce public defined contribution programs
- Expand social pensions and/or increase pension contribution of workers

Health care and long-term care reform
- Establish universal health care
- Create scheme for long term care, including innovative home-based and community-based services
- Expand assisted living and old-age friendly communities







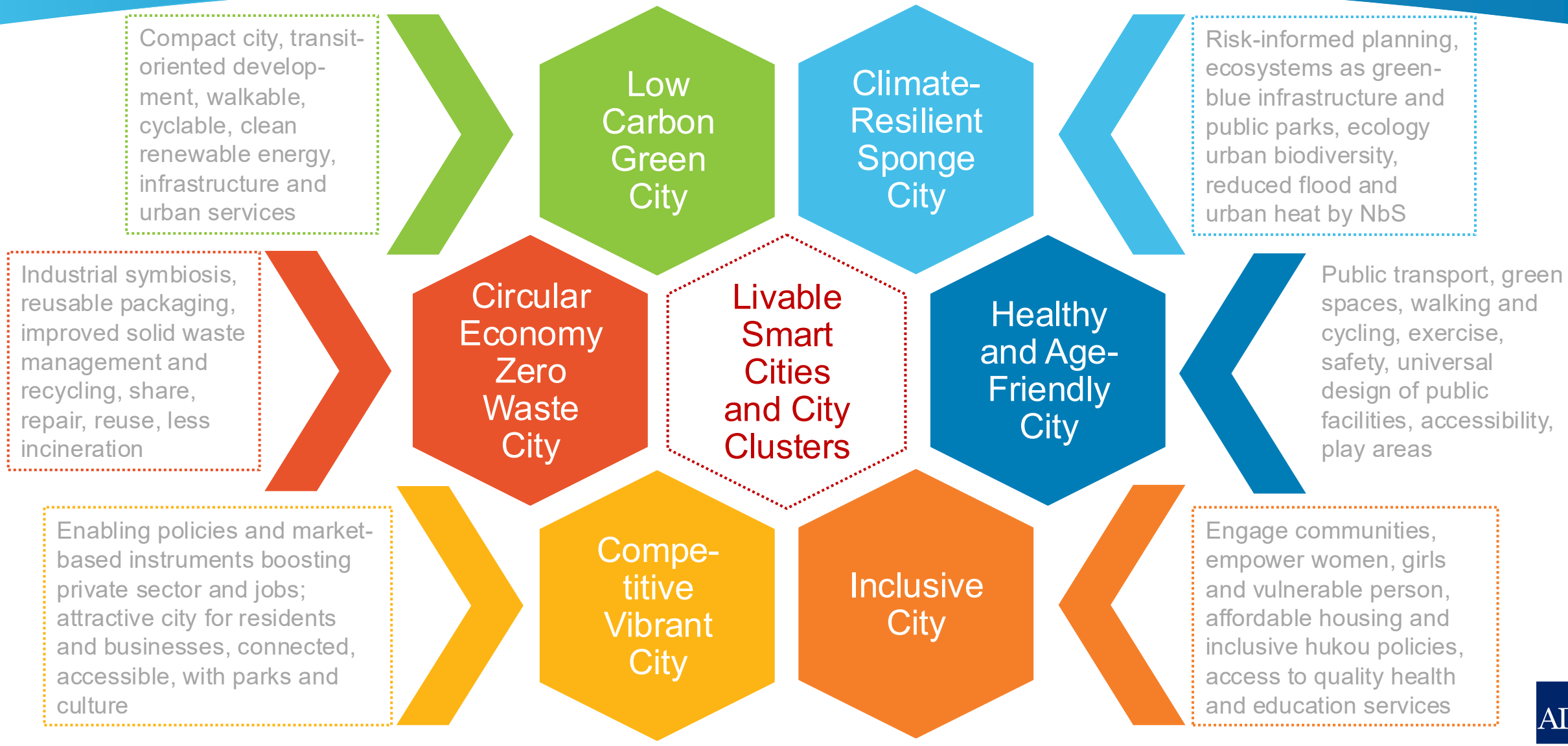






ADB

ADB support to urban health and age-inclusive environments is embedded within a framework of integrated support aiming at holistic urban livability



ADB support to Age-Friendly City Development – A Toolkit

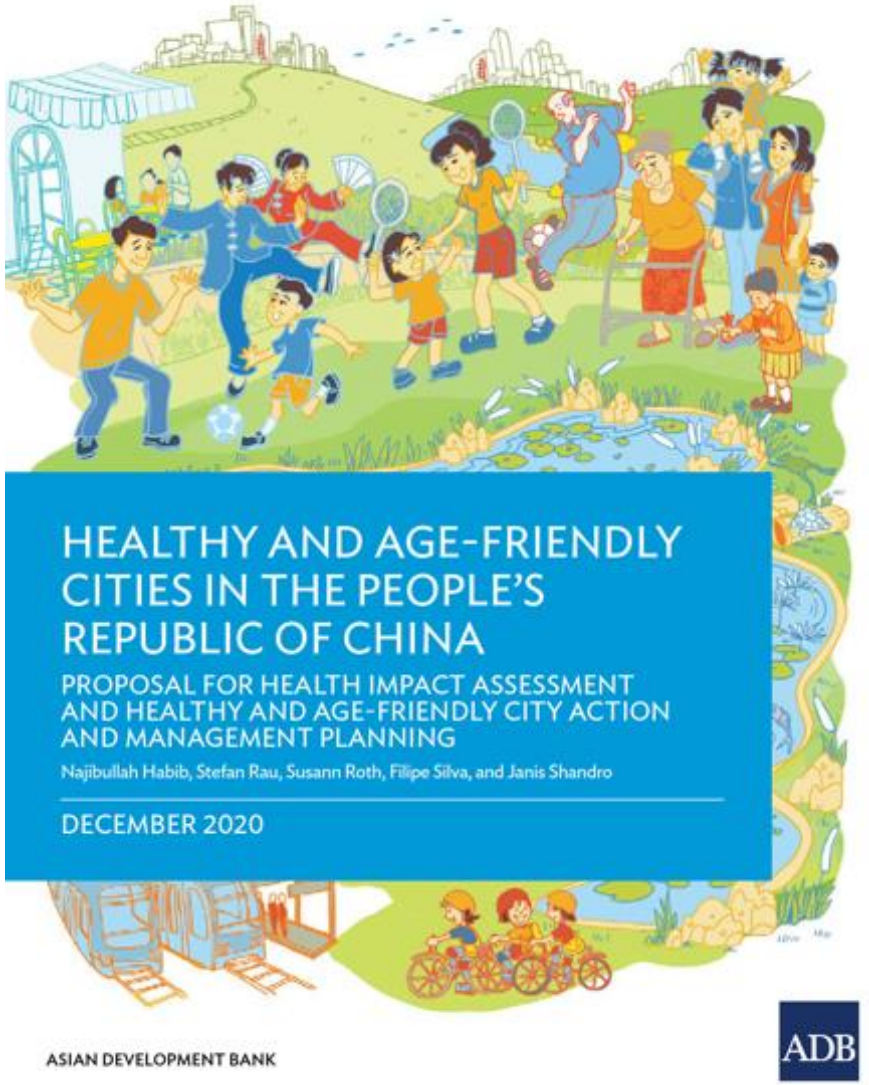
Applying a health in all and a four-generation inclusiveness lens to urban planning and urban design of public spaces, services and facilities

Two interconnected tools:

1. HIA: Health Impact Assessment (including needs / challenges of specific age-groups)

2. HACAMP: Healthy and Age-Friendly City Action and Management Plan

- *Integrating urban, health and ageing and needs for children promoting mutually positive outcomes;*
- *Aligning with sustainable urban planning principles with many co-benefits for health*
- *Building on historical and recent evidence-based scientific and piloting work;*
- *Supporting the PRC's Healthy China 2030 plan.*
- *Aligned with ADB's Strategy 2030 and its Operational Priority 4: Livable Cities.*
- *Mainstreaming for cities and projects in ADB analogous to EIA and EMP;*

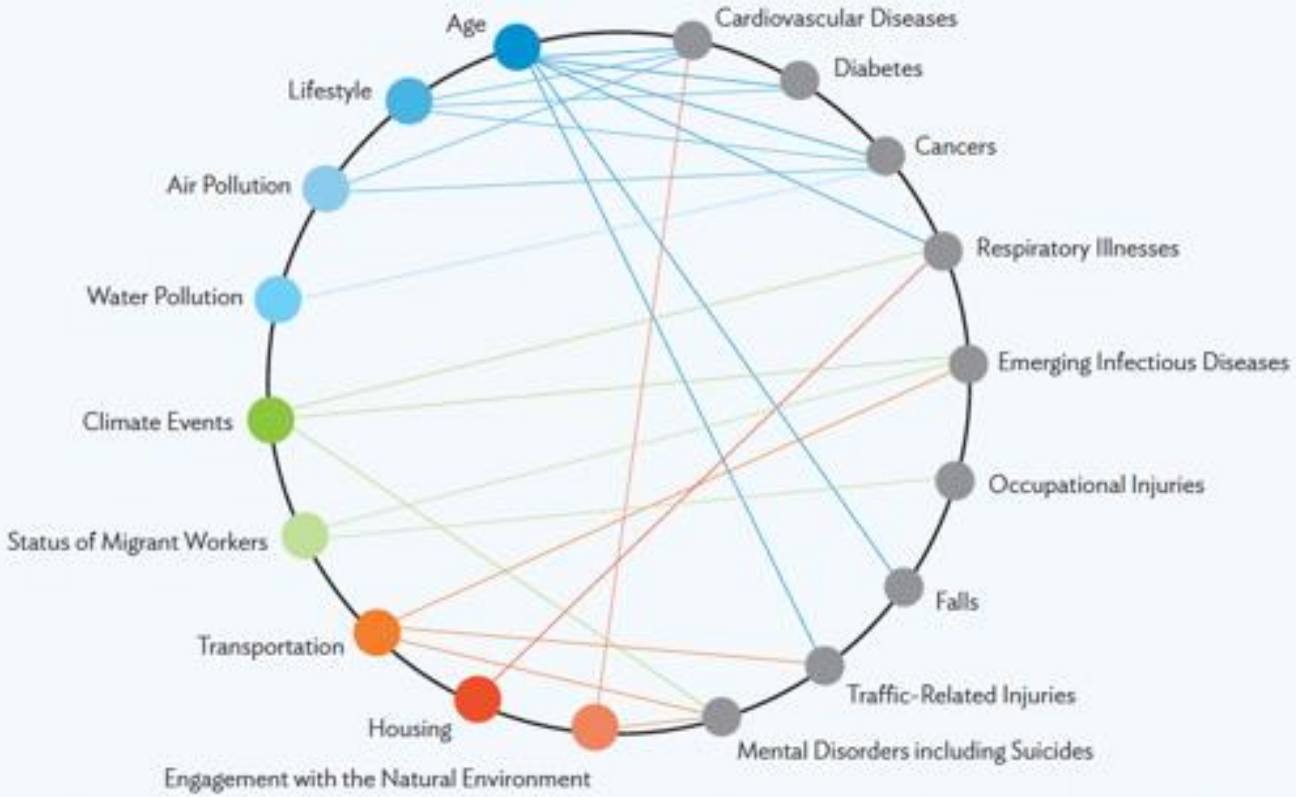


https://www.adb.org/publications/healthy-age-friendly-cities-prc

Urban Environment Factors Directly Influence Human Health

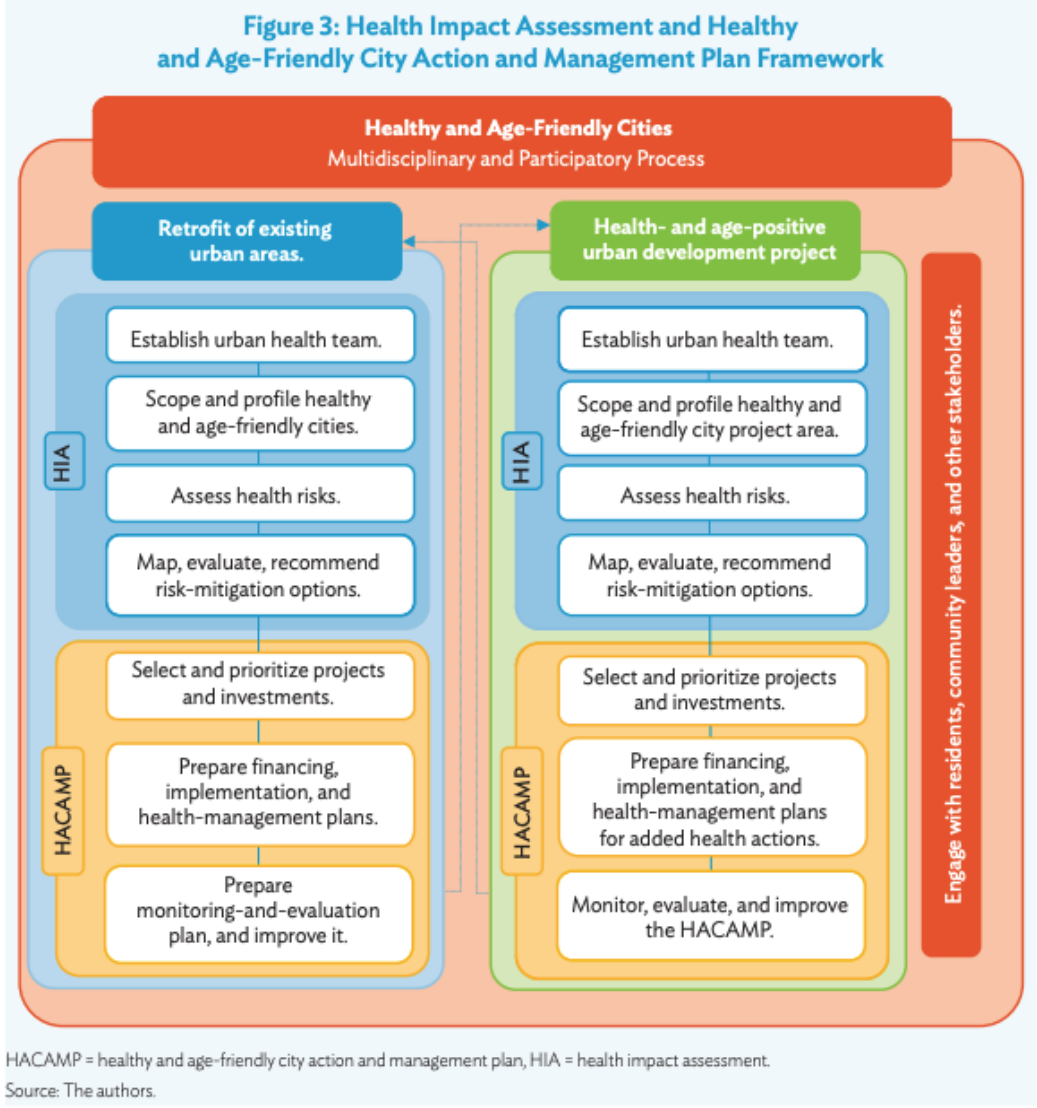
- *There are scientifically proven relationships between urban environment factors and health determinants*
- Many urban environmental realities today pose serious threats to public health and safety (air pollution, water pollution, noise pollution, traffic safety, climate change risks, inadequate housing etc.)
- Healthy and age-friendly cities can contribute significantly to improved physical, physiological and mental health and to community health

Figure 2: Relationship between Urban Health Challenges and Health Outcomes in the People's Republic of China

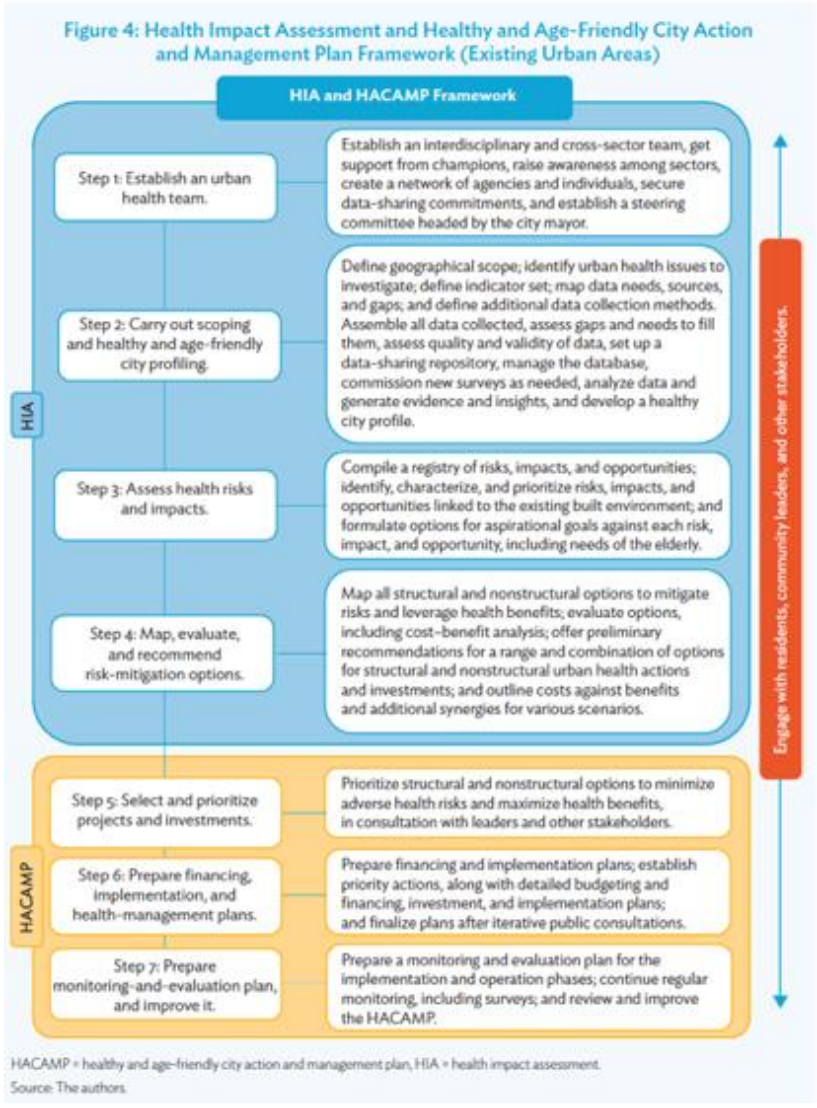


Source: The authors adapted from: J. Yang et al. 2018. The Tsinghua-Lancet Commission on Healthy Cities in China: Unlocking the Power of Cities for a Healthy China. *Lancet*. 391 (10135). pp. 2140–2184.

Toolkit HIA and HACAMP for New and Existing Urban Areas



HACAMP = healthy and age-friendly city action and management plan, HIA = health impact assessment.
Source: The authors.



HACAMP = healthy and age-friendly city action and management plan, HIA = health impact assessment.
Source: The authors.





HIA and HACAMP: Bring out specific health, elderly and child-friendly benefits when planning and implementing urban and infrastructure actions

Urban Action	Health Benefits
basic affordable water and food supplies within walking distance, with better access to fresh, safe, and nutritious food;	sufficient and healthy nutrition and drinking water is essential for survival and basis for health and well-being
affordable, and well-designed social housing	reduce exposure to vector-borne illnesses and communicable diseases, increase resilience to extreme heat and cold, and improve mental well-being and active community life
safe and clean air, soil, and water (drinking and surface water); sanitation and solid-waste management (including medical waste)	through better hygiene; clean, safe, and healthy urban environments; and safeguarding from respiratory and/or waterborne illnesses, and from infectious diseases associated with medical waste
provision of green and blue public open spaces	allows physical activity, social interactions, and better mental health, and build resilience to climate change (by mitigating urban heat island effects) and extreme weather events (heat waves) and reduce urban noise levels;
decentralized and high-quality health services, insurance, and promotion; and social services and preventive services	allows people to actively manage their health;
healthy schools with natural lighting, natural ventilation, a safe and peaceful indoor environment, nutritious food, and safe and secure pathways to and from schools and kindergartens, safe drinking water, good sanitation, and hygiene education	encourages the development of students' healthy behaviors throughout their lives
universal accessibility in open spaces, housing, public buildings, and public transport facilities and vehicles	allows people to age in place and remain active in their communities and social networks
connected neighborhoods providing improved intergenerational and gender-sensitive social interactions and well-being	community health and personal engagement of people of all ages and social inclusion
active mobility options and public transport including walking, cycling, and various forms of public transport	increases physical activity levels, and will have multiple co-benefits such as reduced motor vehicle use, travel times, emissions, air pollution, noise, and traffic congestion;

ADB

Matrixes of Urban Planning and Design Elements with Positive Health Outcomes

Table A.1: Matrix of Urban Planning and Design Features with Positive Health Outcomes

Implementation Efforts and Modifiable Features	Specific Features and Evidence of Health Outcomes
Topic 1. Eliminating or Minimizing Exposure to Environmental Hazards, and Providing Basic Urban Services	
Improve air quality; reduce exposure to air pollution; ensure access for all to safe and secure drinking water; ensure clean surface water; ensure access to sanitation and wastewater management; ensure proper solid waste management, including hazardous waste management (also medical waste); reduce excessive noise; reduce risk of flooding.	• Ensure clean air; clean water (access to safe drinking water, sanitation and hygiene, clean surface water and groundwater); clean soil; acceptable noise levels; and protection from and/or preparedness and management of natural disasters. • Improved air quality is associated with increased physical activity among older adults. • Exposure to air pollutants has an adverse effect on many health outcomes across all population groups (increased risk of developing respiratory infectious diseases and chronic conditions, e.g., chronic obstructive pulmonary disease and type 2 diabetes, neonatal complications and poor birth outcomes, cancer, worsened respiratory outcomes and childhood mortality, among others. • Exposure to excessive noise is associated with poorer mental health outcomes, particularly among older adults and children, and it is linked to higher anxiety levels among adults. • Flooding can affect people's physical and mental health, with affected communities reporting higher symptoms of stress, mental illness, and increased risk of chronic disease.
Topic 2. Ensuring and Improving Community Food Infrastructure	
Promote urban food cultivation, increase provision of and access to allotments and adequate garden spaces.	• Ensure safe and easy access to affordable basic food supply within a short walking distance of each urban household. • Urban agriculture—defined as community gardens, urban farming, and farmers' markets—improves attitudes toward healthier food, increases opportunities for physical activity and social connectivity, and increases fruit and vegetable consumption. • Gardening in an allotment setting may result in numerous positive physical and mental health-related impacts and outcomes.
Topic 3. Providing Healthy, Affordable Food for the General Population	
Increase access to healthier food for the general population, decrease exposure to unhealthy food environments, increase access to healthier food in schools, and increase access to retail outlets selling healthier food.	• Access to healthy, affordable food for the general population (e.g., food in schools, neighborhood retail provision) is associated with improved attitudes toward healthy eating and healthier food purchasing behavior. • Improved dietary behaviors, such as increased fruit and vegetable consumption, are associated with increased access to healthy, affordable fruits and vegetables. • Increased access to unhealthy food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviors among children residing in low-income areas. • Provision of healthy, affordable food in schools is associated with improved healthier food sales, dietary behaviors, and nutritional outcomes. • Multicomponent interventions and an integrated, whole-school approach are both effective in improving children's diet and food choices at school. • Increased access to retail outlets selling healthier food is associated with improvements in dietary behaviors and adult weight status. • Exposure to takeaway food outlets increases consumption of takeaway food, particularly around the workplace.
Topic 4. Expanding the Stock of Affordable Social Housing for Groups with Specific Needs	
Provide affordable housing for specific vulnerable groups, people living with chronic conditions, and the homeless.	• The provision of affordable housing for vulnerable groups (including adults with intellectual disabilities and adult substance abusers) can lead to improvements in social, behavioral, and health-related outcomes. • The availability of secure and affordable housing for those with some chronic medical conditions, such as HIV/AIDS, can increase engagement with health-care services, which has been shown to improve health-related outcomes. • Access to secure and affordable housing reduces engagement in risky health-related behaviors. • The provision of affordable housing for the homeless increases their engagement with health-care services, improves their quality of life, increases employment, and improves mental health.
Topic 5. Increasing the Stock of Affordable and Diverse Social Housing	
Provide diverse housing types—mixed use, affordable, affordable rental.	• A diverse mix of housing types has been associated with increased physical activity. • The combination of mixed land use and affordable housing is strongly associated with improved perceived safety in the neighborhood, particularly among individuals from low-income groups.
Topic 6. Improving the Quality of Housing	
Provide energy-efficient homes, remove physical hazards in homes, refurbish or retrofit housing, ensure housing has daylight and ventilation.	• Living in a warm and energy-efficient property can improve general health outcomes, reduce respiratory conditions, improve mental health, and reduce mortality. • Retrofitting modifications to improve home heating and energy efficiency may help reduce health inequalities among those from low-income groups, notably older adults and those living with chronic preexisting conditions. • Good-quality housing can reduce the risk of unintentional injury or death. For example, improvements in residential lighting and interventions to reduce hazards in the home can lead to improved social outcomes and reduce fall-related injuries among older adults. • Housing refurbishment, including damp proofing, re-roofing, and new window installation, is associated with improvements in general health outcomes and reduced health inequalities. • Energy poverty is associated with excess winter deaths, increased prevalence of chronic health conditions, and poorer mental health outcomes. • The linkages between poor indoor air quality and ill health, particularly cardiovascular diseases, respiratory symptoms, sensory irritation, lung cancer, and other cancers, are well established. • Ventilation can help control air contaminants and humidity, thereby improving indoor air quality.
Topic 7. Adaptation to Climate Change Risks and Disaster Risk Management	
Encourage neighborhood tree planting and increase urban green and blue spaces, increase (or prevent reduction of) soil permeability, address climate change, manage disaster risks, and prepare response plans and mechanisms.	• Greening (planting of trees) has a cooling effect on the environment, with an urban park being about 1°C cooler than a nongreen site. • The implementation of green infrastructure may reduce the effects of the urban heat island. • Stagnant weather can reduce air quality and negatively affect health by trapping warm and cold air, leading to smog. • Green-space and public-open-space strategies need to be planned in accordance with the climate and irrigation needs; they can be adapted to climatic and environmental changes, such as drought. • Disaster risk management governance, systems, mechanisms, and budgets should be in place to minimize the impacts of disasters on human health, safety, and security.
Topic 8. Improving Connectivity and Traffic Safety	
Improve street connectivity and public realm (e.g., providing street lighting).	• Enhancing street connectivity by providing walking and cycling infrastructure, and by improving access to public transportation, can help reduce perceptions of long-distance trips and provide alternative routes for active travel. • Public realm improvements such as the provision of street lighting in residential areas can prevent road traffic collisions and increase pedestrian activity. • General environmental improvements have the potential to reduce fear of crime.
Topic 9. Travel and Road Safety	
Prioritize pedestrians and cyclists, implement traffic-calming measures, and improve the public realm.	• Efforts to prioritize pedestrians and cyclists through changes in physical infrastructure (e.g., separation of cycling and pedestrian infrastructure from road traffic) are associated with positive behavioral and health outcomes and encourage active travel. • Traffic-calming measures, including speed humps, speed tables, cushions, and roundabouts, increase the tendency to walk and reduce risk of pedestrian injury. • Traffic-calming measures are effective when used in 20-mile-per-hour (mph) zones. • Home zones, which can reduce traffic speed to 10–15 mph, reduce the risk of road traffic collisions. • Public realm improvements, such as street lighting, have been shown to increase physical activity among older adults and to reduce road traffic.
Topic 10. Public Transport	
Encourage the use of public transport.	• Combining public transport with other forms of active travel, such as walking and cycling, can improve cardiovascular fitness. • The provision of high-quality public transport is associated with higher levels of active travel among children. • Active travel in areas with low pollution levels is associated with increased physical activity among older adults. The perception of air pollution appears to constitute a barrier to participation in outdoor physical activity and active travel. • Affordable public transportation helps alleviate social isolation.
Topic 11. Mobility and Accessibility for All Ages and Activities: Universal Design	
Improve access to recreational spaces, promote active travel to work and school.	• The application of universal design principles to all public spaces—such as sidewalks, plazas, parks, public buildings and facilities, and transport systems—will create a pleasant, safe, and secure environment for walking for everyone, including vulnerable people such as children, the elderly, and the physically and mentally impaired. • Built-environment strategies to promote physical activity can have a positive impact on engagement in physical activities. For example, better access to playgrounds and recreational facilities is associated with increased walking among adolescents. • Active travel to school or work leads to improved cardiovascular. • Resolving mobility issues among the mentally and physically impaired can improve their quality of life.
Community inclusion	• Older people are included as full partners in community decision-making affecting them. • Older people are recognized by the community for their past as well as their present contributions. • Community action to strengthen neighborhood ties and support include older residents as key advisers, actors, and beneficiaries.
Economic inclusion	Economically disadvantaged older people enjoy access to public, voluntary, and private services and events.
Topic 6. Age-Friendly Civic Participation and Employment Checklist	
Volunteering options	• There is a range of volunteering opportunities for older people. • Voluntary organizations are well developed, with infrastructure, training programs, and a workforce of volunteers. • The skills and interests of volunteers are matched to positions (e.g., via a register or database). • Volunteers are supported in their work, for example, by being provided with transportation or having the cost of parking reimbursed.
Employment options	• Policy and legislation prevent discrimination on the basis of age. • Retirement is a choice, not an obligation. • There are flexible opportunities, with options for part-time or seasonal employment for older people. • There are employment programs and agencies for older workers. • Employee organizations (e.g., trade unions) support flexible options, such as part-time and volunteer work, to enable more participation by older workers. • Employers are encouraged to employ and retain older workers.
Training	• Training for post-retirement job opportunities is provided for older workers. • Retraining opportunities, such as training in new technologies, is available to older workers. • Voluntary organizations provide training for their positions.
Accessibility	• Opportunities for voluntary or paid work are known and promoted. • Transportation to work is available. • Workplaces are adapted to meet the needs of disabled people. • There is no cost to the worker for participating in paid or voluntary work. • There is support for organizations (e.g., funding or reduced insurance costs) to recruit, train, and retain older volunteers.
Civic participation	• Advisory councils, boards of organizations, etc. include older people. • Support exists for enabling older people and people with disabilities to participate in meetings and civic events by providing, for instance, reserved seating, aids for the hard of hearing, and transportation. • Policies, programs, and plans for older people include contributions from older people. • Older people are encouraged to participate in civic activities.
Valued contributions	• Older people are respected and acknowledged for their contributions. • Employers and organizations are sensitive to the needs of older workers. • The benefits of employing older workers are explained to employers.
Entrepreneurship	• There is support for older entrepreneurs, and for offering them opportunities for self-employment (e.g., markets for selling farm produce and crafts, small-business training, and microfinancing for older workers). • Information designed to support small and home-based businesses is presented in a format suitable for older workers.
Pay	• Older workers are fairly remunerated for their work. • Volunteers are reimbursed for the expenses they incur while working. • Older workers' earnings are not deducted from their pensions and other forms of income support to which they are entitled.
Topic 7: Age-Friendly Communications and Information Checklist	
Information dissemination	• A basic, universal communications system of written and broadcast media and telephone reaches every resident. • Regular and reliable distribution of information is ensured by the government or voluntary organizations. • Information is disseminated to older people close to their homes and where they conduct their usual activities of daily life. • Information dissemination is coordinated by an accessible community service that is well-publicized—a "one-stop" information center. • Regular information and program broadcasts of interest to older people are offered in both mainstream and targeted media.
Oral communications	• Oral communications accessible to older people are preferred, for instance through public meetings, community centers, clubs, and the broadcast media, and through individuals responsible for spreading the word one to one. • People at risk of social isolation get information from trusted individuals with whom they may interact, such as volunteer callers and visitors, home support workers, hairdressers, doormen, or caretakers. • Individuals in public offices and businesses provide friendly, person-to-person service on request.
Printed information	Printed information—including official forms, television captions, and text on visual displays—has large lettering, and the main ideas are shown by clear headings and bold-face type.
Plain language	Print and spoken communications use simple, familiar words in short, straightforward sentences.
Automated communications and equipment	• Telephone answering services give instructions slowly and clearly, and tell callers how they can repeat the message at any time. • Users have the choice of speaking to a real person or of leaving a message for someone to call back. • Electronic equipment, such as mobile phones, radios, televisions, and bank and ticket machines, has large buttons and big lettering. • The display panel of bank, postal, and other service machines is well-illuminated and can be seen by people of different heights.
Computers and the internet	• There is wide public access to computers and the internet, at no or minimal charge, in public places such as government offices, community centers, and libraries. • Tailored instructions and individual assistance for users are readily available.
Topic 8: Age-Friendly Community and Health Services Checklist	
Service accessibility	• Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation. • Residential care facilities, such as retirement homes and nursing homes, are located close to services and residential areas, so that residents can remain integrated into the larger community. • Service facilities are safely constructed and are fully accessible for people with disabilities. • Clear and accessible information is provided about the health and social services for older people. • Delivery of individual services is coordinated, with a minimum of bureaucracy. • Administrative and service personnel treat older people with respect and sensitivity. • Economic barriers impeding access to health and community support services are minimal. • There is adequate access to burial sites.
Available services	• An adequate range of health and community support services is offered for promoting, maintaining, and restoring health. • Home-care services on offer include health services, personal care, and housekeeping. • Health and social services address the needs and concerns of older people. Service professionals have appropriate skills and training to communicate with and effectively serve older people.
Voluntary support	Volunteers of all ages are encouraged to assist older people in a wide range of health and community settings, and are given support for these activities.
Emergency planning and care	Emergency planning includes older people, taking into account their needs and capacities when preparing for and responding to emergencies.

Source: World Health Organization (WHO). 2007. *Global Age-Friendly Cities: A Guide*. Geneva.

Table A.3: Principles of Child-Responsive Urban Planning and Design

The Importance of Focusing on Children	
The central role for urban planning in achieving the Sustainable Development Goals, from a global perspective to a local context, is creating thriving and equitable cities where children live in healthy, safe, inclusive, green, and prosperous communities. Analysis of the main urban areas shows that urbanization does not necessarily induce sustainable urban environments for children. Cities are drivers of prosperity, but also of inequity. Although mostly overlooked, inequity has a spatial dimension that makes children vulnerable. An unsustainable built environment has diminishing returns on service delivery for children, or even worse, makes it impossible. But the built environment can be a realm of opportunity, with planners and governments committed supporting children's rights and equity. UNICEF's 10 Children's Rights and Urban Planning Principles are based on the recognition that cities should not only support children's development, but thrive as homes for future generations.	
Principle 1: Investments	Respect children's rights and invest in child-responsive urban planning that ensures a safe and clean environment for children and involves children's participation in area-based interventions, stakeholder engagement, and evidence-based decision-making, securing children's health, safety, citizenship, environmental sustainability, and prosperity, from early childhood to adolescent life.
Principle 2: Housing and land tenure	Provide affordable and adequate housing and secure land tenure for children and the community, where they feel safe and secure, to live, to sleep, to play, and to learn.
Principle 3: Public amenities	Provide infrastructure for health, educational, and social services for children and the community, which they have access to, to thrive and to develop life skills.
Principle 4: Public spaces	Provide safe and inclusive public and green spaces for children and the community, where they can meet and engage in outdoor activities.
Principle 5: Transportation systems	Develop active transportation and public transit systems and ensure independent mobility for children and the community, so they have equal and safe access to all services and opportunities in their city.
Principle 6: Integrated water and sanitation management systems	Develop safely managed water and sanitation services and ensure an Integrated Urban Water Management system for children and the community, so they have adequate and equitable access to safe and affordable water, sanitation, and hygiene.
Principle 7: Food systems	Develop a food system with farms, markets, and vendors, so children and the community have permanent access to healthy, affordable, and sustainably produced food and nutrition.
Principle 8: Waste cycle systems	Develop a zero-waste system and ensure sustainable resource management, so children and the community can thrive in a safe and clean environment.
Principle 9: Energy networks	Integrate clean energy networks and ensure reliable access to power, so children and the community have access to all urban services day and night.
Principle 10: Data and ICT networks	Integrate data and ICT networks and ensure digital connectivity for children and the community to universally accessible, affordable, safe, and reliable information and communication.

ICT = information and communication technology, UNICEF = United Nations Children's Fund.

Source: UNICEF. 2018. *Shaping Urbanization for Children: A Handbook on Child-Responsive Urban Planning*. New York. p. 5.

ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project



ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project

Integrated Solution to make Yanji more livable

- **First bus rapid transit (BRT) line in the city** Connects major urban functions and areas following ”compact city” and “transit-oriented development” (TOD) principles
- **Improved bicycle and pedestrian networks** and create new small streets and green links
- **Linear green parks as green infrastructure**
- **Improved water supply and wastewater** management.
- **Improved health outcomes, environment and healthy lifestyles** and safe links to schools and hospitals.
- **Health impact assessment and healthy and age-friendly city masterplan** during implementation.





ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project

Improved resilience through integration of gray and green infrastructure, and transport infrastructure

Sponge City green infrastructure Masterplan

- Based on watersheds and integrated with the BRT line and green space and small street systems.
- Integrates new infrastructure with improving the drainage pipe system
- integrates opportunities of green sponge city infrastructure
- River rehabilitation and flood risk management with green river edges
- Combined these actions will increase resilience and improve protection against urban and river flooding





ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project

Health and safety and four-generation inclusiveness related activities and investments

1. **BRT line about 20 km long, with at 25 stations**, with wheelchair access, alarm buttons for women, priority seating, safe lighting, and heated spaces for commuters in cold weather - elderly-, disability- and child-friendly,;
2. **Removed cars parked on sidewalks** along the BRT, and 100 new parking spaces near stations;
3. **Bicycle lanes** along the BRT corridor, linking to BRT stations and parking facilities at BRT stations;
4. **Pedestrian paths to BRT stations** (30 km), including safe crossings and routes to schools, hospitals, and elderly care facilities, following universal design principles, and with lighting for four-generation safety and accessibility;
5. **Well-lit public spaces and parks** that are smoke- and alcohol-free, so they may serve as child- and elderly-friendly activity areas, with exercise, dancing, and sports facilities, and children's playgrounds—to be used for free;
6. **Public plazas with landscaping** and exercise equipment for all ages near BRT stations (at least five);
7. **River greenway** with pedestrian paths and bicycle paths, green embankments, and ecological low-water-level in-stream channels to lower flood risk at least 4km added;
8. **Sponge city stormwater-retention green space** that will also serve as relaxation and recreation areas for people of all ages (at least 8,000sqm);
9. **Drainage- and wastewater pipes** (43km and 40km), and at least two end-of-storm water-pipe sedimentation tanks, and reed-bed sand filters to clean out first-flush stormwater; and
10. **Consultations and public awareness and education campaigns**; and training of trainers, students, the elderly, and other stakeholders in public health, healthy low-carbon lifestyles, traffic safety, environmental protection, and safety in a four-generation urban society.

ADB

ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project

Health and safety related economic benefits: total cumulative value of over CNY6 billion by 2050

1. **Reduced exposure to air pollutants and greenhouse gases** (associated with risks of pulmonary and cardiovascular diseases) due to low-carbon development and increased green space and plants;
2. **Improved water supply safety and security** due to improvements in the water-supply system and to saved water resources, thereby enhancing climate resilience;
3. **Reduced exposure to polluted surface water and storm water**, which are associated with risks of waterborne diseases;
4. **Reduced traffic incidents due to increased safety and traffic management and reduction** in traffic because people would be switching to the BRT, bicycles, and walking, thus reducing numbers of injuries and fatalities;
5. **Increased physical activity of BRT users**, consisting of walks to and from the BRT stations, and increased general physical activity in an improved pedestrian environment that would feature sidewalks, greenways and parks, improved bike lanes, and additional small streets, creating more links that make walking and cycling more convenient—and an associated reduction of the risk of noncommunicable diseases due to enhanced pulmonary, cardiovascular, and general immune systems (which may also lessen the severity of virus infections);
6. **Reduced risk of extreme cold and heat exposure due to increased green spaces**, improvements in urban micro-climate (reduced urban heat islands), reduced associated illnesses and fatalities e.g. heart attack, strokes, and others;
7. **Improved public awareness of healthy lifestyles** through campaigns featuring ads in buses and bus stations, and in parks and plazas to promote healthy lifestyles; and
8. **Strengthened institutions and developed capacity**, which contribute to enhanced integrated urban health planning and management, and to enhanced sector planning in the city.

ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project







ADB support to Age-Friendly City - Projects

PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project







ADB support to Age-Friendly City - Projects

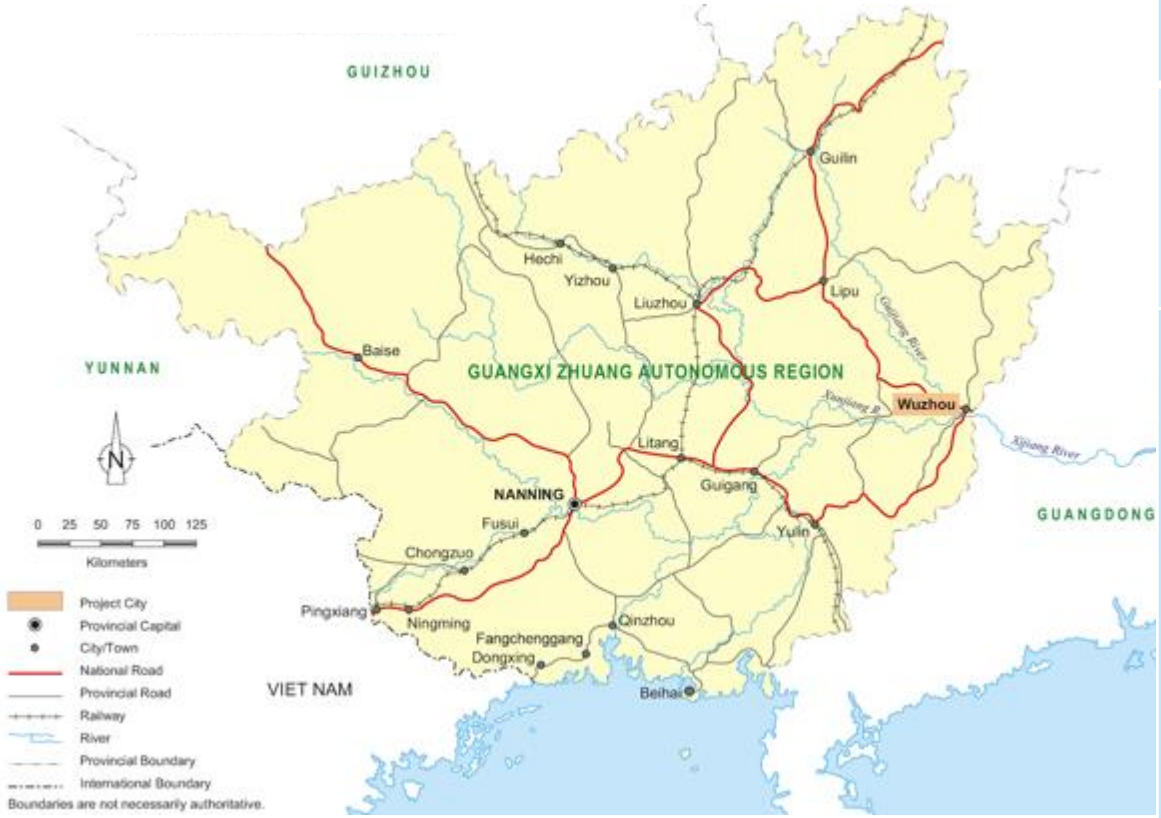
PRC: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project





ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)



Program Scope	Broader Government Program: Healthy Wuzhou 2030	RBL Program: time, geographic, and sector slice
Outcome	Better health, well-being, and people-oriented socioeconomic development achieved	Livability, age-friendliness, and social inclusion in Wuzhou's urban center improved
Key Outputs	1. Improved health care services 2. Expanded health insurance 3. Healthy environments 4. Health industry development 5. Improved health security	1. Healthy and safe four-generation urban environments established 2. Integrated age-friendly services and facilities improved 3. Institutional development and capacity building promoted
Expenditure	$47.52 bln, 2017–2030	$1.37 billion, 2021–2025
Geographic coverage	Wuzhou Municipality (3 districts, 3 counties, 1 county-level city)	Wuzhou's urban center, 3 districts: Changzhou, Longxu, Wanxiu

ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Healthy Wuzhou 2030. As a medium-sized municipality of 2.82 million people, Wuzhou had a 2020 per capita gross domestic product of CNY25,107, ranking in the bottom third at number 10 among the 14 municipalities in the Guangxi Zhuang Autonomous Region (GZAR), or just 56% of the GZAR average and 35% of the national average. In the urban center comprising the three districts of Changzhou, Longxu, and Wanxiu, 16.3% of the population is over the age of 60. The older population reaches 21.9% in Wanxiu, exceeding the national average of 18.7%. Three key constraints hampered urban health, well-being, and livability: (i) insufficient urban spaces and infrastructures not conducive to barrier-free, active, healthy lifestyles and social connection; (ii) inadequate supply and quality of home- and community-based care (HCBC) services for the large and growing share of older persons; and (iii) weak institutional capacity to plan, deliver, and access healthy and age-friendly spaces and services. The Wuzhou Municipal Government (WMG) issued Healthy Wuzhou 2030 in 2019 to address these challenges in a targeted, holistic manner.

Boundaries of the RBL Program. The WMG prioritized critical needs and achievable initiatives in the Wuzhou Healthy and Age-Friendly City Action Plan, 2021–2025, which aligns with the second phase of Healthy Wuzhou 2030 and is the focus of this RBL program by supporting a time, geographic, and sector slice of Healthy Wuzhou 2030. The time slice overlaps with the deepening and accelerating stage of the Action Plan. The geographic slice is the urban center of Wuzhou municipality comprising the three urban districts of Changzhou, Longxu, and Wanxiu. The sector slice aligns with the work programs of four local government agencies: Wuzhou Civil Affairs Bureau (WCAB); Wuzhou Health Commission (WHC); Wuzhou Urban Administration and Supervision Bureau (WUASB); and Wuzhou Culture, Broadcasting, Radio, Sports and Tourism Bureau (WCMSTB).

ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Output 1: Healthy and safe four-generation urban environments established. The program improved the built environment by promoting social inclusion and making it more conducive to the adoption of healthy lifestyles. The indicators under Output 1 were achieved as follows.

(i) Two (2) new mixed-use demonstration living streets were piloted with public activity spaces for young and old (DLI 4 — target: 2). The two living streets are the Datong Road–Zhuji Square living street completed on 5 September 2025) and the Dongzheng Road–Tewei Square living street completed on 29 October 2025). Both streets were ultimately completed and verified before program closing. Living Streets is one of the program's four knowledge products, documenting Wuzhou's innovative approach to people-first urban street design.

(ii) 20 new age-friendly pocket parks built (target: 10) — doubled the target. The Chinese independent performance evaluation verified 13 pocket parks by name; the higher PCR figure reflects the broader municipal count including parks funded through non-ADB sources (see Data Discrepancies section).

(iii) Urban per capita area of sports facilities increased to 2.9 m²/person (target: >2.6 m²) from 1.9 m²/person in 2020. The Wuzhou Stadium upgrading project, with a total investment of CNY 20.9875 million, increased the sports venue area from 6,641.42 m² to 10,065.46 m². Citywide, Wuzhou now has 8,850 sports venues with a per capita area of 2.9 m²; 42.3% of residents regularly exercise, and the national physical fitness monitoring pass rate reaches 92.1%.

(iv) Total length of urban trails increased to 152.2 km (target: 52 km) from 32 km at baseline — nearly tripled the target.

(v) 75.0 km of streets (target: 2.7 km) were upgraded with traffic-slowing, barrier-free, and other safety design features — nearly 28 times the target.

(vi) 50 public toilets (target: 15) were newly built or upgraded, with separate facilities for men and women, including infant care facilities — more than tripled the target.

(vii) 680 domestic waste-sorting and collection stations (target: 250) were built and/or upgraded from 45 in 2021 — nearly tripled the target.

ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Living Streets

Before





















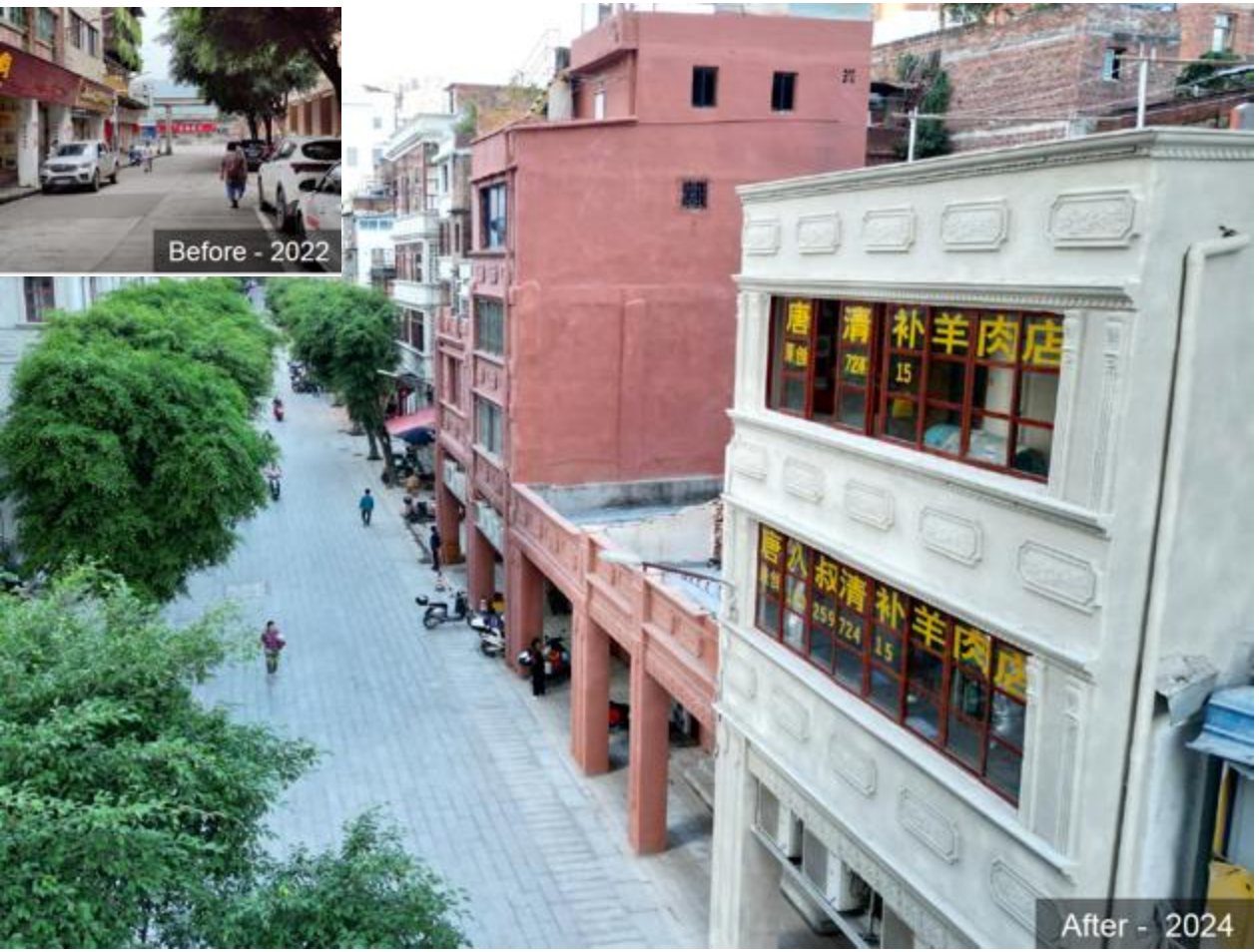




ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Living Streets





ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)





ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Output 2: Integrated age-friendly services and facilities improved. Activities under Output 2 promoted aging in place by making it easier for older persons to continue to live in their communities. Achievements include:

(i) Full coverage of 8 HCBC service centers achieved and maintained (DLI 2 — 100% coverage at street administration office level, up from 75% at baseline, i.e., 6 centers). The eight centers are: Hongling, Datang, Xinglong, Sanyun, Jiaozui, Fuxiang, Chengnan and Guibei.

(ii) Share of elderly care service recipients rating HCBC services as satisfactory or higher reached 98.0% (first survey, 2024) and 80.7% (second survey, 2025). The Chinese performance evaluation reported an 80% satisfaction rate in 2024, up from 66% in 2019; for comparison, comparable satisfaction rates were 75.7%–78.7% in Shanghai during the same period and 63.75% nationally in 2023.

(iii) Home modification program: IVA verified 1,270 households (cumulative; target: 500) — the program exceeded the target by 154%. Additionally, 1,860 households were completed with Central Lottery Foundation funding.

(iv) Share of urban residents aged 65 and above receiving standard health management services reached 65.0% (target: 65%), and 69.4% as reported in the second survey.

(v) Share of older people reporting access to HCBC services when in need: 87.9% (first survey, 58.5% women respondents).

(vi) The "Wuzhou Cloud Family" comprehensive smart elderly care service platform was established, integrating online and offline services, age-friendly modifications, and smart device applications. As of 2025, the platform had completed age-friendly renovations for 630 households of elderly with special difficulties, served nearly 20,000 users, and expanded its service coverage to Teng County.

ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)







ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)





ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)

Output 3: Institutional development and capacity building promoted. Achievements include:

(i) Digital city management platforms: 2 subsystems on elderly health and care upgraded (target: 2).

(ii) 600 HCBC caregivers with upgraded skills (target: 600; 96% women, exceeding the 80% target). Wuzhou Vocational College conducted the training; the first cohort (October 2024) had 70 participants (90% women), and the second cohort (late 2024) had 130 participants.

(iii) 10,061 urban residents aged 60 and above completed digital literacy training (target: 10,000; 64.2% women, exceeding the 52% target).

(iv) 4 knowledge products developed and shared in Chinese and English through national and regional platforms (target: 4). The four knowledge products cover: (a) RBL design and implementation experience; (b) promotion of public health literacy; (c) innovative practices in community and home-based elderly care in Wuzhou; and (d) innovation highlights of living streets construction. ADB knowledge sharing platforms include the East Asia Forum, the Regional Knowledge Sharing Initiative, and the Livable Cities Forum. Domestically, knowledge sharing collaboration was conducted with Beijing Normal University.

(v) Share of urban residents aged 15–69 achieving basic health literacy increased to 33.1% (target: 25%; baseline: 19.5%) — exceeded by 8.1 percentage points.

ADB support to Age-Friendly City - Projects

PRC: Guangxi Wuzhou Healthy and Age-Friendly City Development Program (RBL)







ADB Elderly Care Technical Assistance and Lending Support to PRC and the Asia and Pacific Region – System Design for Hebei and Flagship Support for Yichang

PRC Elderly Care Portfolio

Loan	• Number 5 • Total Amount $542.37 million • All ongoing
Knowledge Service Technical Assistance	• Number: 7 • Total Amount: $3.63 million • 4 ongoing

Three-Tiered Elderly Care System



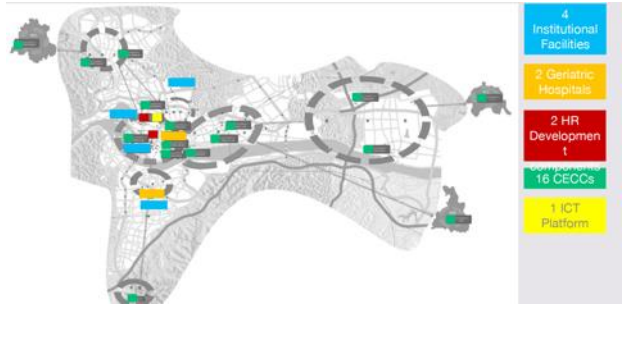
Strategic Plan for the Development of Elderly Care Services in Yichang City -- Five Strategic Directions

Service supply	Financial sustainability	Service quality	To develop informal care networks	Human resource development and training
To establish the management system, demand evaluation and information system of elderly care services	To set up special funds and service fee standards	To establish a service quality and risk management system	To carry out active aging activities	To make human resources planning for elderly care services
To build geriatric hospitals	To refine the subsidy system for elderly care services	To develop elderly care service standards	To support informal caregivers	To provide subsidies, training and career development support to frontline staff
To pilot nursing homes for the elderly	To promote medical and health care integration	To pilot standard projects in social elderly care institutions	To promote volunteer services	To formulate innovative recruitment and incentive policies for elderly care talents
To pilot rehabilitation facilities for the elderly	To encourage the participation of private capital	To set performance payment standards	To encourage mutual aid between neighborhoods	To establish a demonstration project for training of nursing staff for the elderly
To develop comprehensive home- and community-based elderly care services for the incapacitated and dementia aged	To establish a long-term care insurance system		To highlight the ability and role of community grid workers in the provision of elderly care services	
To promote universal design and age-appropriate transformation of home-based services				



ADB Flagship Elderly Care Demonstration Projects to Yichang













Impact	Comprehensive Demonstration Project A three-tiered elderly care system (home-based, community-based, and residential-based care services) established	PPP Project Socially inclusive delivery of social services using PPPs
Outcome	**Coverage and utilization of elderly care services increased** • 20% increase in EC services user • 10% increase in EC service providers	**Quality EC service delivered by local governments using PPPs** • 80% of EC recipients rate services received through PPP ECS facilities as satisfactory • EC service PPP development manual • 75% of ECS facilities meet approved service standards
Output	**1. HBCB care services and facilities improved** • 16 community elderly care centers	**1. Local government capacity to design, procure, manage, and deliver effective services through ECS PPPs developed**
	2. Elderly care service capacity increased and its support system improved • 1 dementia care center built and serving 100 elderly in need • 1 elderly care–ICT platform established • 3 elderly care-related training programs developed and conducted • 60 certificates of completion in elderly care-related training programs awarded • 25% increase in trained caregivers and care managers by CMTCC	**2. A socially inclusive PPP demonstration program for ECS subsector in Yichang successfully implemented**: • 2 residential care facilities with 1275 beds
	3. Facilities and services supporting the integration of health care and elderly care established • 2 geriatric hospitals providing geriatric medicine to 500+ elderly people in need; • 1 EC nursing home built and serving 100+ elderly in need	
	4. Capacity of elderly care management and project management support developed • EC needs assessment system • EC services performance evaluation scheme	

Climate-Resilient Sponge Cities: Nature-based Solutions Promote Ecological and Human Health – ADB's Jiangxi Pingxiang Sponge City Project



Jiangxi Pingxiang Integrated Rural-Urban Infrastructure Development Project

Climate-Resilient Sponge Cities: Nature-based Solutions Promote Ecological and Human Health – ADB's Jiangxi Pingxiang Sponge City Project



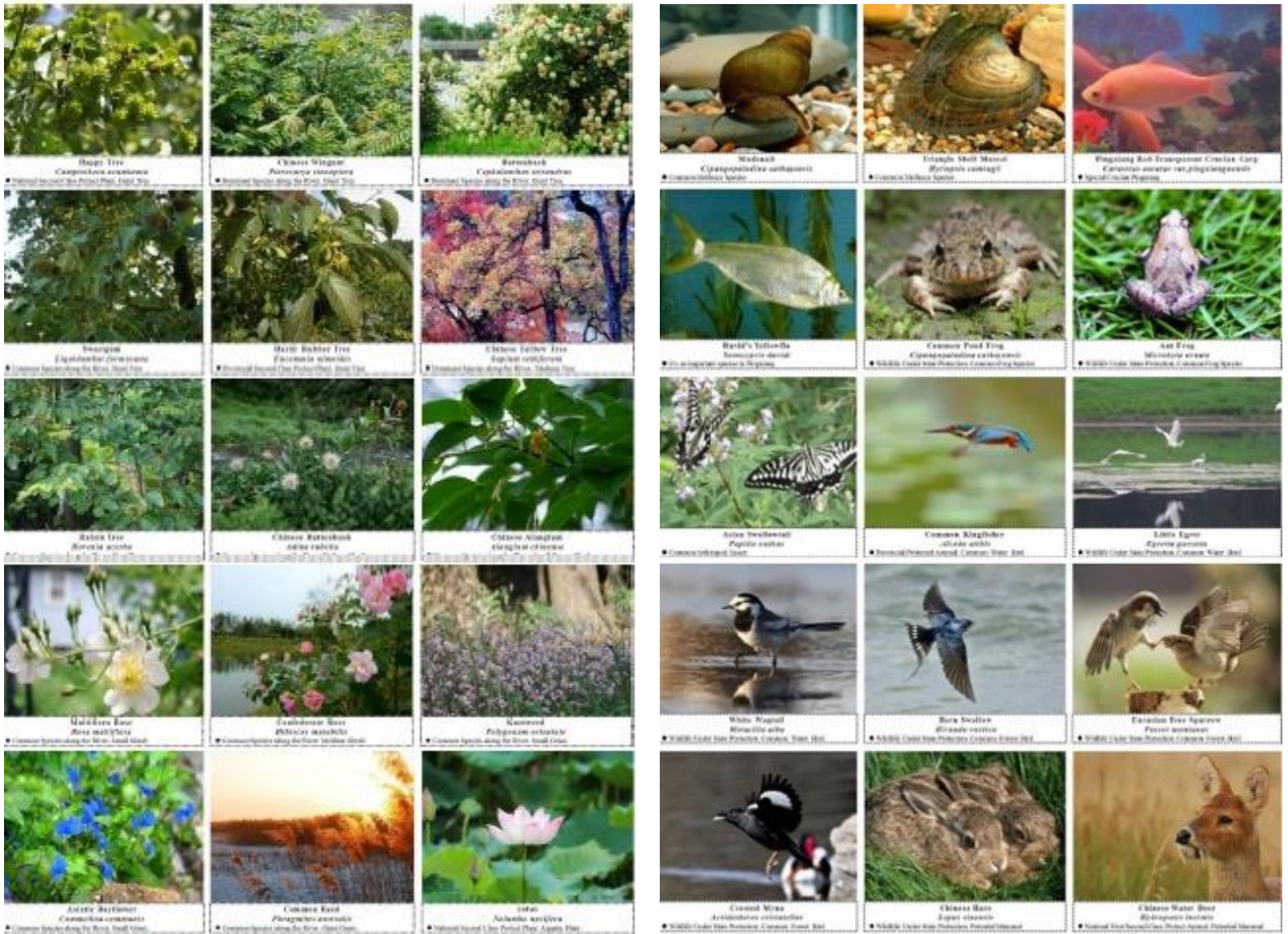
Source: Stefan Rau, ADB

Jiangxi Pingxiang Integrated Rural-Urban Infrastructure Development Project

ADB

Climate-Resilient Sponge Cities: Nature-based Solutions Promote Ecological and Human Health – ADB's Jiangxi Pingxiang Sponge City Project

Urban and river biodiversity assessment: plant and animal species inventory and habitat restoration



PRC Fujian Coastal Cities Climate Resilient Development and Biodiversity Conservation Project: Plant, Bird and Human Health on Regional Scale through support to East Asian-Australasian Migratory Bird Flyway Support



2026 Asia-Pacific Regional Conference on Population Ageing

中国老龄协会
China National Committee on Ageing

HelpAge International

UNFPA

ADB

Healthy and Age-Inclusive Cities for the Emerging Global Four-Generation Urban Society

Stefan Rau
Principal Urban Development Specialist, ADB
srau@adb.org

Integration, Innovation and Sustainability: A Shared Agenda for Population Ageing

27–30 October 2026 Hangzhou, Zhejiang Province, China