

Life expectancy at birth continues to increase remarkably in EU countries, reflecting reductions in mortality rates at all ages. These gains in longevity can be attributed to a number of factors, including rising living standards, improved lifestyle and better education, as well as greater access to quality health services. Other factors, such as better nutrition, sanitation and housing also play a role, particularly in countries with developing economies (OECD, 2004).

Average life expectancy at birth for the years 2005-07 across the 27 countries of the European Union reached 74.3 years for men and 80.8 years for women (Figure 1.1.1), a rise of approximately three years for men and two years for women over the decade from 1995-97. In around 70% of EU countries, life expectancy at birth in 2005-07 exceeded 80 years for women and 77 years for men. France had the highest life expectancy at birth for women (84.4 years), while Sweden had the highest life expectancy at birth for men (78.8 years). At the other end of the scale, life expectancy at birth in the European Union was lowest in Romania for women (76.2 years) and Lithuania for men (65.1 years). The gap between EU countries with the highest and lowest life expectancies at birth is around eight years for women and 14 years for men.

The gender gap in life expectancy at birth in 2005-07 stood at 6.5 years, almost one year less than a decade earlier. However, this average hides a huge range among countries with the smallest gender gap in life expectancy at birth in the United Kingdom and Cyprus (4.1 years) and the largest in Lithuania (12.1 years). The recent narrowing of the gender gap in life expectancy can be attributed at least partly to the narrowing of differences in risk-increasing behaviours between men and women, such as smoking, accompanied by sharp reductions in mortality rates from cardio-vascular diseases among men.

On average for EU countries healthy life years (HLY) at birth in 2005-07 was 61.3 years for women and 60.1 years for men. HLY at birth in 2005-07 was greatest in Malta for both men and women, and shortest in Latvia for women and Estonia for men (Figure 1.1.1). The spread of values for HLY at birth among EU countries were much greater than for life expectancy, being 17.0 years for women and 19.5 years for men, but there was a much smaller absolute difference between men and women (2.5 years). Since the HLY indicator has only recently been developed, there is as yet no long time series.

In contrast to the 6.5 year gap in life expectancy at birth for EU countries on average, the gender gap in HLY at birth was 1.2 years in 2005-07. For life expectancy at birth the gender gap is always in favour of women. However, eight countries had a gender gap in HLY at birth which favoured men, the greatest being

1.9 years more HLY for men at birth than women in the Netherlands. Of the remaining countries, Poland had the largest gender gap in HLY at birth favouring women.

Higher national income (as measured by GDP per capita) is generally associated with higher life expectancy at birth, although the relationship between GDP and HLY is less obvious (Figure 1.1.2). There is a modest positive relationship, with increasing GDP per capita associated with increasing HLY, although it is less pronounced at higher levels of national income. There are also notable differences in HLY between EU countries with similar income per capita. Sweden and the United Kingdom have higher, and Finland and Estonia lower HLY than would be predicted by their GDP alone. Similarly, Figure 1.1.3 shows the relationship between HLY at birth and health spending per capita. Higher health spending per capita is generally associated with higher HLY.

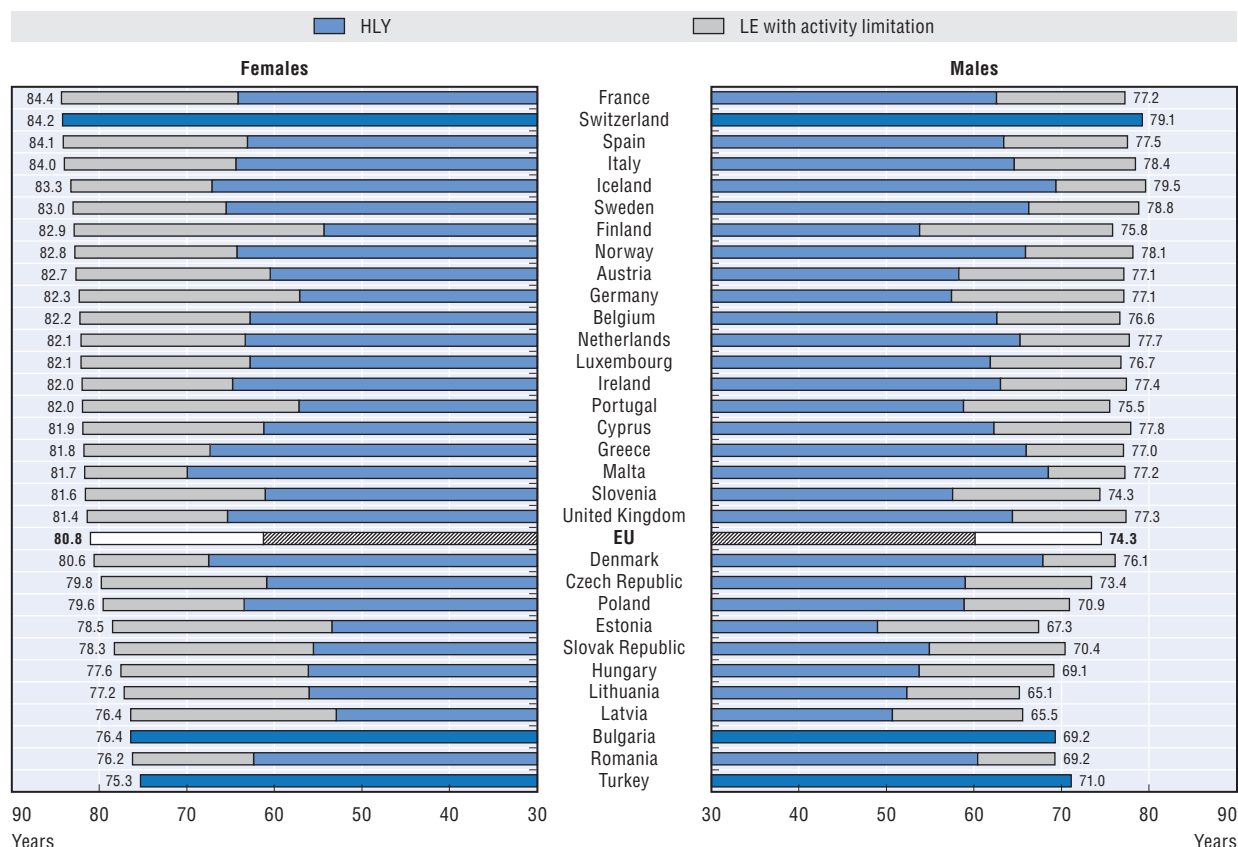
Definition and deviations

Life expectancy measures how long, on average, people would live based on a given set of age-specific death rates. However, the actual age-specific death rates of any particular birth cohort cannot be known in advance. If age-specific death rates are falling (as has been the case over the past decades in EU countries), actual life spans will be higher than life expectancy calculated with current death rates.

Healthy life years (HLY) at a particular age are the number of years spent free of activity limitation. They are calculated by Eurostat for each EU country using the Sullivan method (Sullivan, 1971). The underlying health measure is the Global Activity Limitation Indicator (GALI) which comes from the European Union Statistics on Income and Living Conditions (EU-SILC) survey. The GALI measures limitation in usual activities. The questionnaire responses used in Denmark differ slightly, resulting in an under-estimation of activity limitation. Data are not available for Bulgaria, Switzerland and Turkey.

Comparing trends in HLY and life expectancy can show whether extra years of life are healthy years. However, valid comparisons depend on the underlying health measure being truly comparable. While HLY is the most comparable indicator to date, there are still problems with translation of the GALI question, although it does appear to satisfactorily reflect other health and disability measures (Jagger *et al.*, 2010).

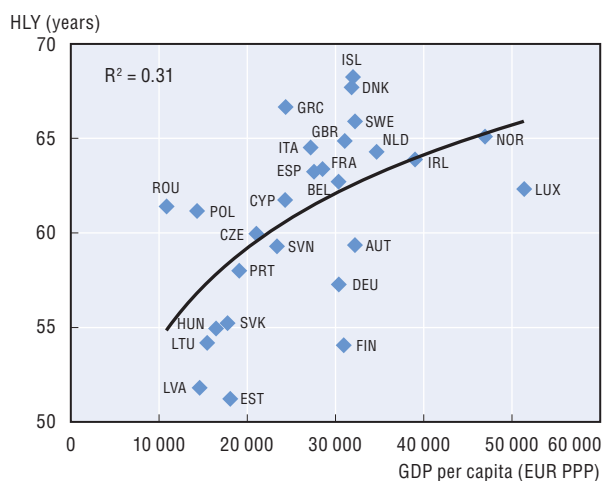
1.1.1. Life expectancy and healthy life years (HLY) at birth, by gender, 2005-07



Source: European Health and Life Expectancy Information System (EHLEIS); OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932335400>

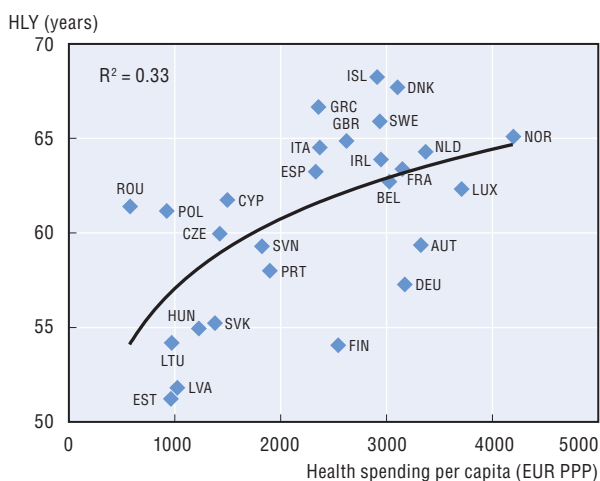
1.1.2. Healthy life years (HLY) at birth, 2005-07 and GDP per capita, 2007



Source: European Health and Life Expectancy Information System (EHLEIS); OECD Health Data 2010; Eurostat Statistics Database; WHO.

StatLink <http://dx.doi.org/10.1787/888932335419>

1.1.3. Healthy life years (HLY) at birth, 2005-07 and health spending per capita, 2007



Source: European Health and Life Expectancy Information System (EHLEIS); OECD Health Data 2010; Eurostat Statistics Database; WHO.

StatLink <http://dx.doi.org/10.1787/888932335438>



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