# Life expectancy at birth

Life expectancy at birth continues to increase steadily in OECD countries, going up on average by 3 to 4 months each year, with no sign of slowing down. These gains in longevity can be attributed to a number of factors including improved lifestyle and better education, and progress in health care.

In 2013, life expectancy on average across OECD countries reached 80.5 years, an increase of more than ten years since 1970 (Figure 3.1). Japan, Spain and Switzerland lead a large group of 25 OECD countries in which life expectancy at birth now exceeds 80 years. A second group, including the United States, Chile and a number of Central and Eastern European countries, has a life expectancy between 75 and 80 years.

Among OECD countries, Mexico had the lowest life expectancy in 2013, still slightly below 75 years. Since 2000, life expectancy in Mexico has increased more slowly than in other OECD countries, with a gain of just over a year (from 73.3 to 74.6 years) compared with an average gain of more than three years across OECD countries. The gap in longevity between Mexico and other OECD countries has therefore widened from about four years to six years between 2000 and 2013. The slow progress in life expectancy in Mexico is due to a number of factors, including harmful health-related behaviours such as poor nutrition and very high obesity rates, a lack of progress in reducing mortality from cardiovascular diseases, very high death rates from road traffic accidents and homicides, as well as persistent barriers of access to high-quality care.

In the United States, the gains in life expectancy over the past few decades have also been more modest than in most other OECD countries. While life expectancy in the United States used to be one year *above* the OECD average in 1970, it is now more than one year *below* the average. Many factors can explain these lower gains in life expectancy, including: 1) the highly fragmented nature of the US health system, with relatively few resources devoted to public health and primary care, and a large share of the population uninsured; 2) health-related behaviours, including higher calorie consumption per capita and greater obesity rates, higher consumption of prescription and illegal drugs, more deaths from road traffic accidents and higher homicide rates; and 3) adverse socio-economic conditions affecting large segments of the US population, with higher rates of poverty and income inequality than in most other OECD countries (National Research Council and Institute of Medicine, 2013).

Although the life expectancy in partner countries such as India, Indonesia, Brazil and China remains well below the OECD average, these countries have achieved considerable gains in longevity over the past decades, with the level converging rapidly towards the OECD average. There has been much less progress in countries such as South Africa (due mainly to the epidemic of HIV/AIDS), and the Russian Federation (due mainly to the impact of the economic transition in the 1990s and a rise in risk increasing behaviours among men, notably rising alcohol consumption).

Higher national income (as measured by GDP per capita) is generally associated with higher life expectancy at birth, although the relationship is less pronounced at the highest levels of national income (Figure 3.2). There are also notable differences in life expectancy between countries with similar income per capita. For example, Japan, Spain and Italy have higher, and the United States and the Russian Federation have lower life expectancies than would be predicted by their GDP per capita alone.

Figure 3.3 shows the relationship between life expectancy at birth and current health expenditure per capita (excluding capital investments) across OECD, candidate and partner countries. Higher health spending per capita is generally associated with higher life expectancy at birth, although this relationship tends to be less pronounced in countries with the highest health spending per capita. Japan, Spain and Korea stand out as having relatively high life expectancies, and the United States and the Russian Federation relatively low life expectancies, given their levels of health spending.

Variation in life expectancy across countries can be explained by many factors beyond national income and total health spending.

### *Definition and comparability*

Life expectancy at birth 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), actual life spans will be higher than life expectancy calculated with current death rates.

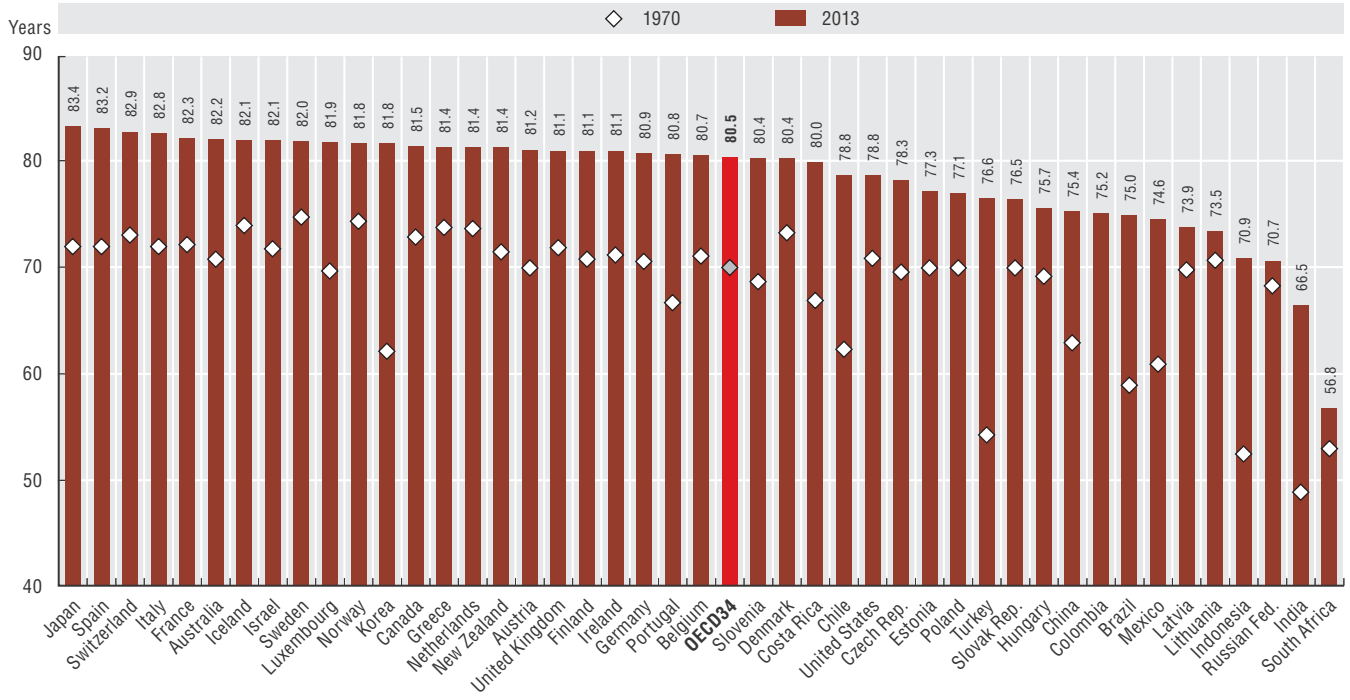
The methodology used to calculate life expectancy can vary slightly between countries. This can change a country's estimates by a fraction of a year.

Life expectancy at birth for the total population is calculated by the OECD Secretariat for all OECD countries, using the unweighted average of life expectancy of men and women.

### *References*

National Research Council and Institute of Medicine, S. Woolf and L. Aron (eds) (2013), *U.S. Health in International Perspective: Shorter Lives, Poorer Health*, National Academies Press, Washington, DC.

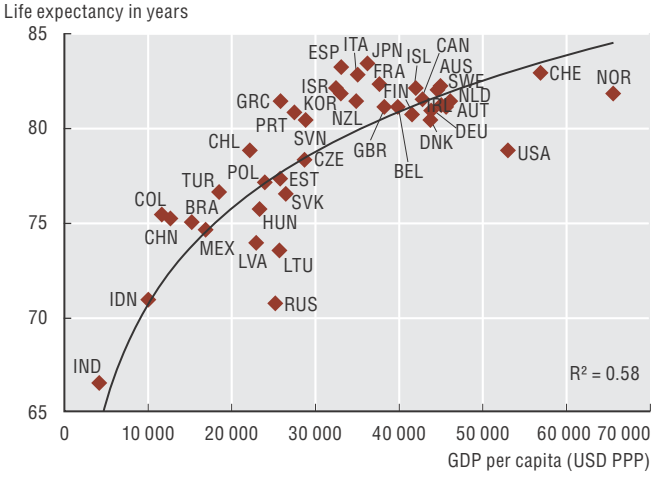
### 3.1. Life expectancy at birth, 1970 and 2013 (or nearest years)




*Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933280727

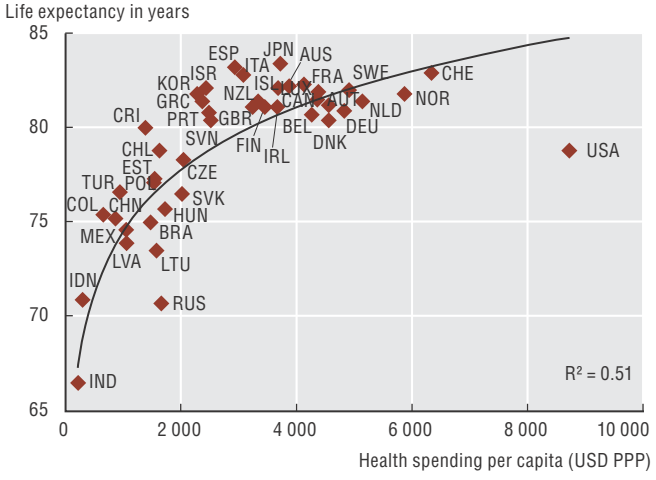
### 3.2. Life expectancy at birth and GDP per capita, 2013 (or latest year)




*Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933280727

### 3.3. Life expectancy at birth and health spending per capita, 2013 (or latest year)




*Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888933280727

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