All OECD countries have experienced tremendous gains in life expectancy at age 65 for both men and women in recent decades. On average across OECD countries, life expectancy at age 65 increased by 5.5 years between 1970 and 2017 (Figure 11.3). Four countries (Australia, Finland, Korea, and Japan) enjoyed gains of more than seven years over the period; only one country (Lithuania) experienced an increase in life expectancy at age 65 of less than two years between 1970 and 2017.

On average across OECD countries, people at age 65 could expect to live a further 19.7 years. Life expectancy at age 65 is more than 2.5 years higher for women than for men of the same age. This gender gap has not changed substantially since 1970, when life expectancy at age 65 was 2.9 years longer for women than men. Life expectancy at age 65 was highest for women in Japan (24.4 years) and for men in Switzerland (20 years). Among OECD countries, life expectancy at age 65 in 2017 was lowest for women in Hungary (18.4 years), and for men in Latvia (14.1 years).

While all OECD countries experienced gains in life expectancy at age 65 between 1970 and 2017, not all additional years are lived in good health. The number of healthy life years at age 65 varies substantially across OECD countries (Figure 11.4). In Europe, an indicator of disability-free life expectancy known as “healthy life years” is calculated regularly, based on a general question about disability in the European Union Statistics on Income and Living Conditions (EU-SILC) survey. On average across OECD countries participating in the survey, the number of healthy life years at age 65 was 9.6 for women and 9.4 for men – a marked difference than that of general life expectancy at age 65 between men and women. Healthy life expectancy at age 65 was above 15 years for both men and women in Norway, Sweden and Iceland; for men, this was nearly three years above the next-best performing countries (Ireland and Spain). Healthy life expectancy at 65 was less than five years for both men and women in the Slovak Republic and Latvia. In the Slovak Republic and Latvia, women spend nearly 80% of additional life years in poor health, compared with less than 30% in Norway, Sweden and Iceland.

Gains in life expectancy at age 65 have slowed in recent years (Figure 11.5). Life expectancy at age 65 increased by 11 months on average in OECD countries between 2002 and 2007; between 2012 and 2017, countries added just over seven months to life expectancy at age 65. Gains in life expectancy at age 65 accelerated in just eight OECD countries (Chile, Greece, Israel, Japan, Latvia, Lithuania, Slovak Republic and Turkey) between 2012-2017 compared with 2002-2007; in Iceland, life expectancy at age 65 declined between 2012 and 2017. The slowdown in life expectancy at age 65 in 2012-2017 compared with 2002-2007 may be partially explained by the severe influenza epidemic of 2014-2015, which affected frail and older populations in particular. As population ageing continues, OECD countries will need to anticipate health challenges, like flu outbreaks, that can disproportionally affect older populations, and be prepared to address them, including by ensuring high influenza vaccination rates.

**Definition and comparability**

Life expectancy measures how long on average a person of a given age can expect to live, if current death rates do not change. However, the actual age-specific death rate of any particular birth cohort cannot be known in advance. If rates are falling, as has been the case over the past decades in OECD countries, actual life spans will be higher than life expectancy calculated using 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 age 65 is the unweighted average of the life expectancy at age 65 of women and men. Gains in life expectancy were calculated as the difference in the number of years gained in life expectancy between the periods 2002-2007 and 2012-2017.

Disability-free life expectancy (or “healthy life years”) is defined as the number of years spent free of activity limitation. In Europe, this indicator is calculated annually by Eurostat for EU countries and some EFTA countries. The disability measure is based on the Global Activity Limitation Indicator (GALI) question, which comes from the EU-SILC survey. The question asks: “For at least the past six months, have you been hampered because of a health problem in activities people usually do? Yes, strongly limited / Yes, limited / No, not limited”. While healthy life years 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]). Data on the population structure have been extracted from the OECD historical population data and projections (1950-2050). The projections are based on the most recent “medium-variant” population projections from the United Nations, World Population Prospects – 2019 Revision.

**References**


**11. AGEING AND LONG-TERM CARE**

Life expectancy and healthy life expectancy at age 65

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**Figure 11.3. Life expectancy at age 65, 1970 and 2017 (or nearest year)**

![Graph showing life expectancy at age 65 for various countries from 1970 to 2017.](https://doi.org/10.1787/888934018298)


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**Figure 11.4. Life expectancy and healthy life years at age 65, by sex, 2017 (or nearest year)**

![Graph showing life expectancy and healthy life years for various countries by sex.](https://doi.org/10.1787/888934018317)

Note: Data comparability is limited because of cultural factors and different formulations of question in EU-SILC. 1. Three-year average (2015-17).
Source: Eurostat Database.

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**Figure 11.5. Slowdown in life expectancy gains**

![Graph showing slowdown in life expectancy gains from 2002-2007 and 2012-2017.](https://doi.org/10.1787/888934018336)
