

## 1. HEALTH STATUS

### 1.1. Life expectancy at birth

Life expectancy has increased greatly over the past few decades in all OECD countries and many emerging economies. Improvement in living conditions, a reduction of certain risk factors (e.g., smoking rates) and progress in health care are the main factors explaining increased longevity.

For the first time in history, in 2011, life expectancy on average across OECD countries exceeded 80 years, an increase of ten years since 1970 (Figure 1.1.1). Switzerland, Japan and Italy lead a large group of over two-thirds of 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, have a life expectancy between 75 and 80 years. Among OECD countries life expectancy was lowest in Mexico and Turkey. While life expectancy in Turkey has increased rapidly and steadily over the past four decades, the increase in Mexico has slowed down markedly since 2000.

Emerging countries such as Brazil, China, Indonesia and India have also achieved large gains in longevity over the past decades, with life expectancy in these countries converging rapidly towards the OECD average. There has been much less progress in 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 the rise in risky behaviors among men).

In the United States, the gains in life expectancy since 1970 have also been much 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 possible explanations have been suggested for 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 obesity rates, higher consumption of prescription and illegal drugs, higher deaths from road traffic accidents and higher homicide rates; and 3) adverse socio-economic conditions affecting a large segment 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).

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 1.1.2). There are also notable differences in life expectancy between countries with similar income per capita. For example, Japan 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 1.1.3 shows the relationship between life expectancy at birth and health expenditure per capita across OECD countries and emerging 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, Italy and Spain 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.

Many other factors, beyond national income and total health spending, affect life expectancy and explain variations across countries.

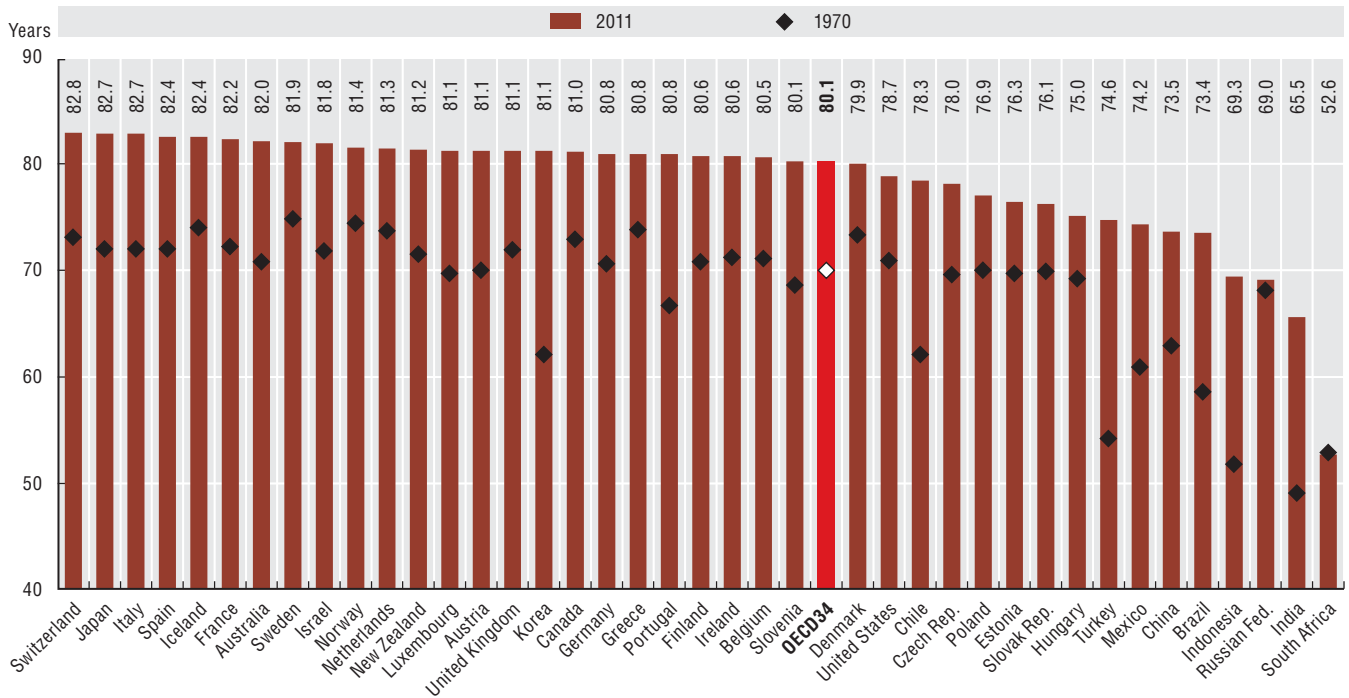
#### **Definition and comparability**

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.

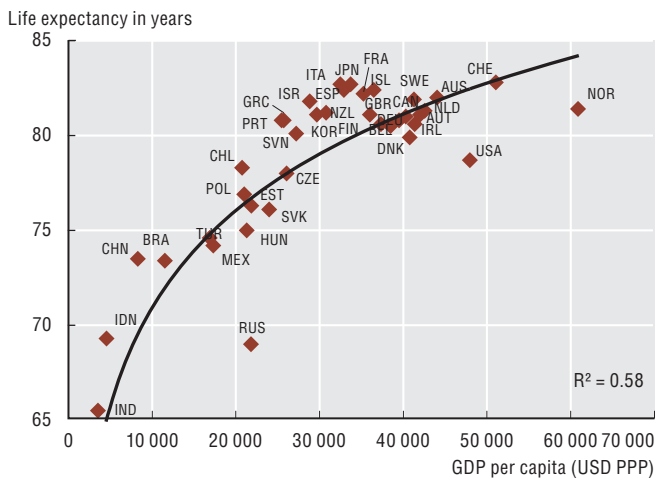
### 1.1.1. Life expectancy at birth, 1970 and 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; World Bank for non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932916002>

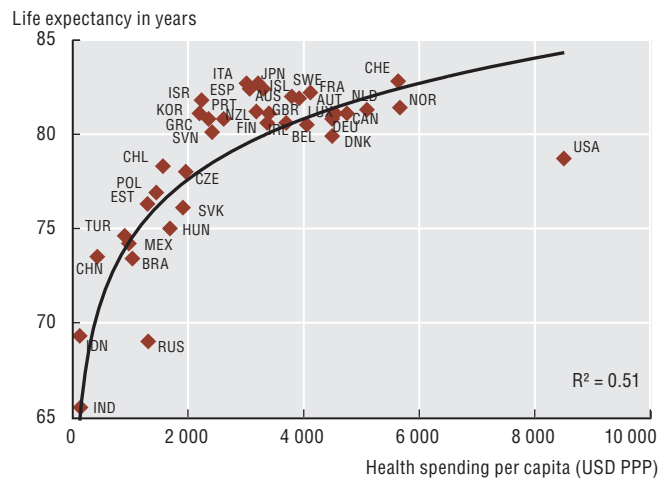
### 1.1.2. Life expectancy at birth and GDP per capita, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932916021>

### 1.1.3. Life expectancy at birth and health spending per capita, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; World Bank for non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932916040>



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