Life expectancy at birth was on average 80.6 years across OECD countries in 2015 (Figure 3.1). There have been substantial gains in life expectancy over time, with life expectancy at birth on average ten years higher today than it was in 1970. A number of countries reported slight falls in life expectancy between 2014 and 2015, though preliminary data for 2016 suggest these reductions were temporary.

Among OECD countries, Turkey, Korea and Chile have experienced the largest gains since 1970, with increases of 24, 20 and 17 years respectively. Gains in longevity over time can be attributed to a number of factors within and beyond the health system. These include rising incomes, better education, healthier lifestyles and progress in health care (see Chapter 2 for further analysis). Indeed, each of these countries has experienced rapid economic growth alongside expanded health care coverage in recent decades.

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

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, Latvia and Mexico had the lowest life expectancy in 2015, at around 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 compared with an average gain of more than three years across OECD countries. Slow progress in life expectancy in Mexico is due to a number of factors, including harmful health-related behaviours such as poor nutrition and high obesity rates, increasing mortality rates from diabetes and a lack of progress in reducing mortality from circulatory diseases, high death rates from road traffic accidents and homicides, as well as persistent barriers of access to quality care.

In the United States, 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 almost two years 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 greater obesity rates, higher consumption of prescription and illegal drugs, more deaths from road traffic accidents and higher homicide rates; and 3) 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 3.2). There are also notable differences in life expectancy between countries with similar income per capita. For example, Japan and Spain have higher, and Luxembourg, the United States and the Russian Federation 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 health spending per capita 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.

**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**

3. HEALTH STATUS

3.1. Life expectancy at birth, 1970 and 2015 (or nearest year)


3.2. Life expectancy at birth and GDP per capita, 2015 (or nearest year)


3.3. Life expectancy at birth and health spending per capita, 2015 (or nearest year)
