

Life expectancy at age 65 has increased significantly among both women and men over the past several decades in all EU member states. Some of the factors explaining the gains in life expectancy at age 65 include advances in medical care combined with greater access to health care, healthier lifestyles and improved living conditions before and after people reach age 65.

In 2014, people at age 65 on average in EU member states could expect to live an additional 20 years (21.6 years for women and 18.2 years for men) (Figure 3.3). France had the highest life expectancy at age 65 for both women (24 years) and men (19.7 years). Life expectancy at age 65 was lowest in Bulgaria for women (17.6 years) and Latvia for men (13.8 years). Latvia, Lithuania and Estonia had the largest gender gap in life expectancy at age 65 (over 5 years).

Since 1990, there have been significant gains in life expectancy at age 65 in all EU member states. Ireland and Portugal achieved the largest gains (more than 4.5 years), while the gains in Lithuania and Bulgaria were much smaller (2 years or less).

Looking ahead, the life expectancy for people at age 65 is expected to continue to increase in the coming decades, by 4.7 years for men and 4.5 years for women on average between 2013 and 2060, according to Eurostat projections (Eurostat, 2014). This increase combined with the trend reduction in fertility rates will pose considerable challenges associated with an ageing society, possibly reducing labour market participation rates and increasing pressures on pensions and health and long-term care systems. Whether longer life expectancy is accompanied by good health and functional status among ageing populations has therefore important implications on possibilities to extend working lives and the demands for health and long-term care.

In 2014, the number of healthy life years (HLY) for people at age 65 on average in EU member states was 8.6 years for both men and women. It was greatest in the Nordic countries (Sweden, Denmark, Norway and Iceland), Ireland and Malta, and shortest in the Slovak Republic and Latvia for both men and women (Figure 3.4). In Sweden, men and women at age 65 can expect to live about three-quarter of their remaining years of life without limitations in their usual activities, while in the Slovak Republic this proportion is less than a third.

There is no gender gap in HLY at age 65 compared with the gap of 3.4 years in life expectancy. This reflects the fact that a greater proportion of women report some activity limitations. In twelve EU countries, the number of healthy life years for men at age 65 is in fact greater than for women.

Life expectancy at age 65 years also varies by educational status (Figure 3.4). For both men and women, highly educated people are likely to live longer. Differences

in life expectancy by education level are particularly large in Central and Eastern European countries, especially for men. In the Slovak Republic, Latvia, Hungary, Estonia and the Czech Republic, 65-year-old men with a high level of education can expect to live more than four years longer than those with a low education level. By contrast, differences in life expectancy by education level are smaller in the Nordic countries (Sweden, Finland and Denmark) and Italy. These gaps in life expectancy by education level, for both men and women, are driven mainly by higher mortality rates from cardiovascular diseases among elderly with the lowest level of education (Murtin et al., forthcoming).

Definition and comparability

Life expectancy at age 65 measures the average number of remaining years of life for people at that age based on current mortality conditions (age-specific death rates).

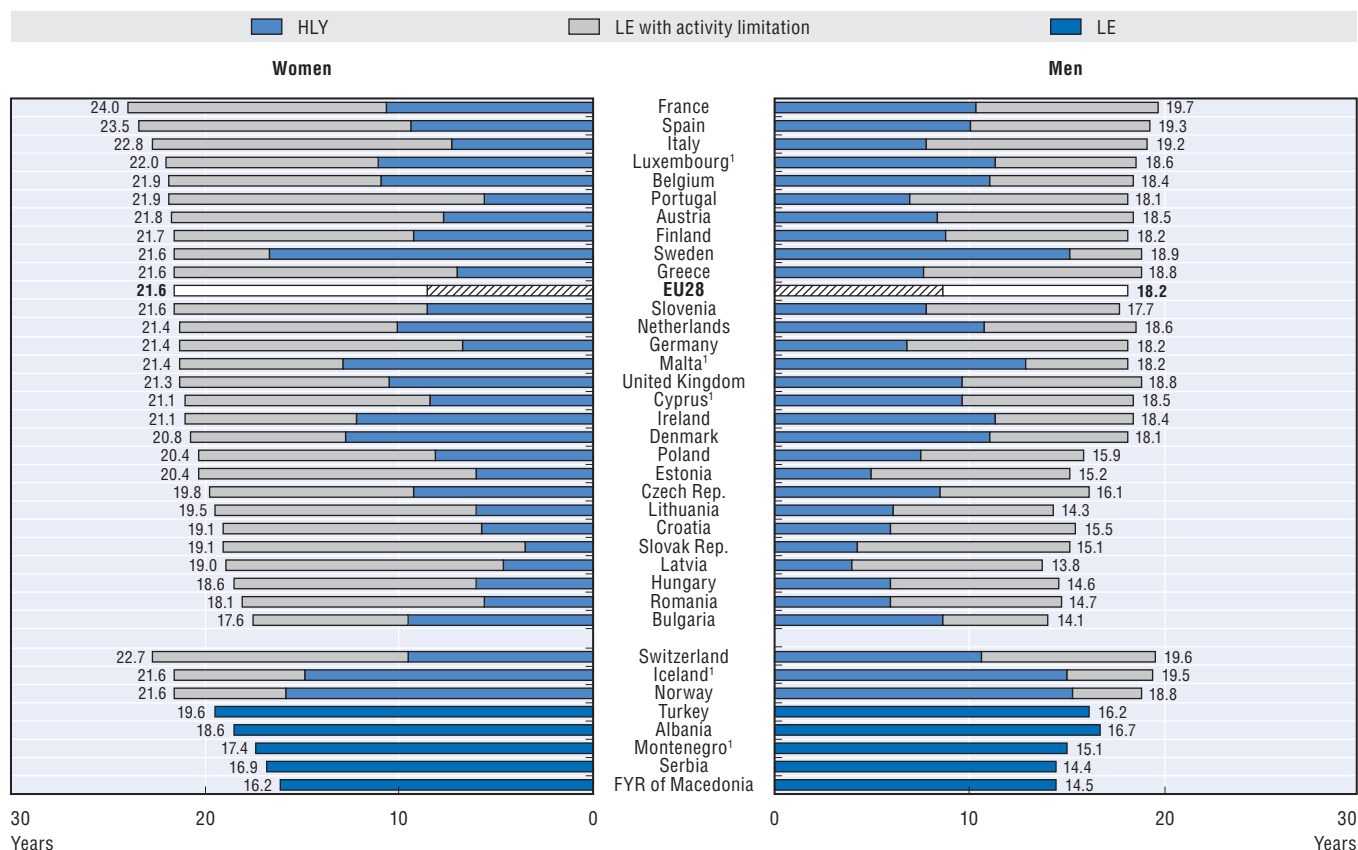
Healthy life years (HLY) are the number of years spent free of long-term activity limitation, being equivalent to disability-free life expectancy. HLY are calculated annually by Eurostat for each EU country based on life table data and age-specific prevalence data on long-term activity limitations. The underlying health measure is the Global Activity Limitation Indicator (GALI), which measures limitation in usual activities, and comes from the EU-SILC survey.

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 reliable and comparable. The HLY indicator presented here is derived from self-reported data which can be affected by people's subjective assessment of their health and cultural and social background.

References

- Eurostat (2014), *EUROPOP2013: European Population Projections 2013-based*, <http://ec.europa.eu/eurostat/web/population-demography-migration-projections/population-projections-data>.
- Murtin, F. et al. (forthcoming), "Inequalities in Longevity by Education in OECD Countries: Insights from New OECD Estimates", *OECD Statistics Directorate Working Paper*, OECD Publishing, Paris.

3.3. Life expectancy (LE) and healthy life years (HLY) at 65, by gender, 2014



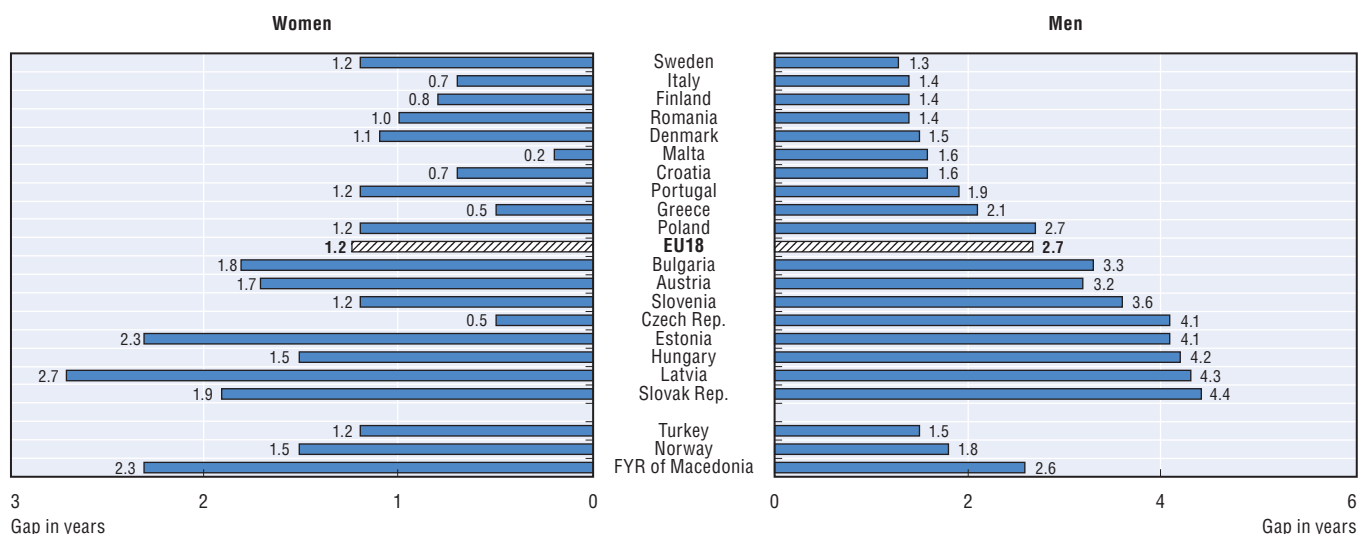
Note: Countries are ranked in descending order of life expectancy at 65 for women.

1. Three-year average (2012-14).

Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933428539>

3.4. Gap in life expectancy at age 65 by gender and educational level, 2013 (or nearest year)



Note: The figures show the gap in the expected years of life remaining at age 65 between adults with the highest level ("tertiary education") and the lowest level ("below upper secondary education") of education.

Source: Eurostat Database completed with OECD Health Statistics 2016 for Austria and Latvia.

StatLink <http://dx.doi.org/10.1787/888933428542>



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