

3. HEALTH STATUS

Trends in life expectancy

Life expectancy has increased in all OECD countries over the last few decades, although gains have slowed in recent years. In 2017, life expectancy at birth was 80.7 years on average across OECD countries, over 10 years higher than it was in 1970 (Figure 3.1).

Japan, Switzerland and Spain lead a large group of 26 OECD countries in which life expectancy at birth exceeds 80 years. A second group, including the United States and a number of central and eastern European countries, has a life expectancy between 77 and 80 years. Latvia, Mexico, Lithuania and Hungary have the lowest life expectancy, at less than 76 years in 2017.

Among OECD countries, Turkey, Korea and Chile have experienced the largest gains since 1970, with increases of 24, 20 and 18 years respectively. Stronger health systems have contributed to these gains, by offering more accessible and higher quality care. Wider determinants of health matter too – notably rising incomes, better education and improved living environments. Healthier lifestyles, influenced by policies within and beyond the health system, have also had a major impact (James, Devaux and Sassi, 2018[1]).

In partner countries, life expectancy remains well below the OECD average except in Costa Rica. Still, levels are converging rapidly towards the OECD average, with considerable gains in longevity since 1970 in India, China, Brazil, Indonesia, Colombia and Costa Rica. There has been less progress in the Russian Federation, due mainly to the impact of the economic transition in the 1990s and a rise in risky health behaviours among men. South Africa has also experienced slow progress, due mainly to the HIV/AIDS epidemic, although longevity gains over the last decade have been more rapid.

A closer look at trends in life expectancy at birth shows a considerable slowdown in gains in recent years. Comparing the last five years (2012-17) with a decade earlier (2002-07), 27 OECD countries experienced slower gains in life expectancy (Figure 3.2). This slowdown was most marked in the United States, France, the Netherlands, Germany and the United Kingdom. Longevity gains were slower for women than men in almost all OECD countries.

Indeed, life expectancy fell on average across OECD countries in 2015 – the first time this has happened since 1970. Nineteen countries recorded a reduction, widely attributed to a particularly severe influenza outbreak that killed many frail elderly people and other vulnerable groups (Figure 3.3). Most of these were European countries, with the exception of the United States and Israel. The largest reductions were in Italy (7.2 months) and Germany (6 months).

The causes of this slowdown in life expectancy gains are multifaceted (Raleigh, 2019[2]). Principal among them is slowing improvements in heart disease and stroke. Rising levels of obesity and diabetes, as well as population ageing, have made it difficult for countries to maintain previous

progress in cutting deaths from such circulatory diseases. Respiratory diseases such as influenza and pneumonia have claimed more lives in recent years – most notably in 2015, but also in the winters of 2012-13 and 2016-17. In some countries, particularly the United States and Canada, the opioid crisis has caused more working-age adults to die from drug-related accidental poisoning.

More broadly, economic recessions and related austerity measures, as in the 2008 global economic crisis, have been linked to deteriorating mental health and increased suicide rates, but with a less clear-cut impact on overall mortality (Parmar, Stavropoulou and Ioannidis, 2016[3]). What is clear is that continued gains in longevity should not be taken for granted, with better protection of older people and other at-risk populations paramount to extending life expectancy.

Higher national income is generally associated with greater longevity, particularly at lower income levels. Life expectancy is also, on average, longer in countries that invest more in health systems – although this relationship tends to be less pronounced in countries with the highest health spending per capita (see Chapter 1 for further analysis).

Definition and comparability

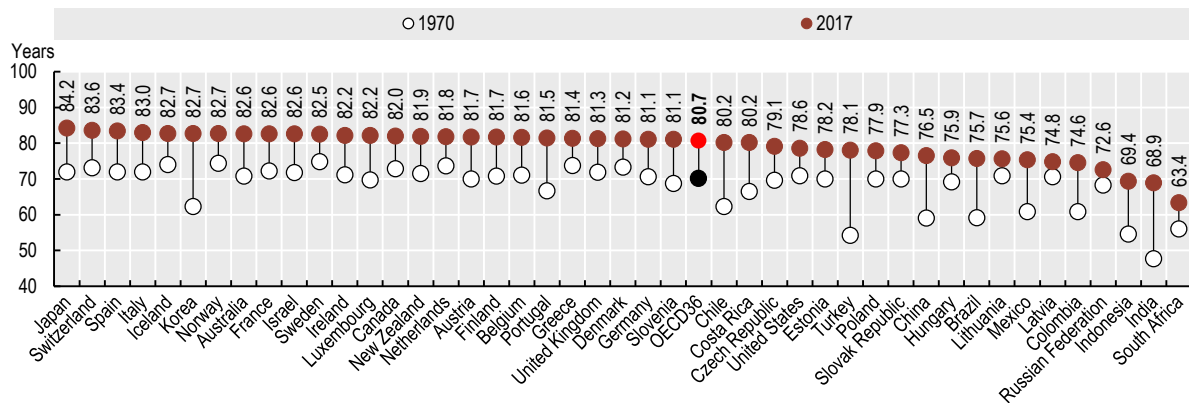
Life expectancy at birth measures how long, on average, people would live based on a given set of age-specific death rates. However, the actual age-specific death rates of any particular birth cohort cannot be known in advance. If age-specific death rates are falling (as has been the case over the past few decades), actual life spans will be higher than life expectancy calculated with current death rates.

Data for life expectancy at birth comes from Eurostat for EU countries, and from national sources elsewhere. 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

- [1] James, C., M. Devaux and F. Sassi (2017), “Inclusive Growth and Health”, *OECD Health Working Papers*, No. 103, OECD Publishing, Paris, <https://doi.org/10.1787/93d52bcd-en>.
- [2] Raleigh, V. (2019), “Trends in life expectancy in EU and other OECD countries: why are improvements slowing?”, *OECD Health Working Papers*, No. 108, OECD Publishing, Paris, <https://doi.org/10.1787/223159ab-en>.
- [3] Parmar, D., C. Stavropoulou and J. Ioannidis (2016), “Health Outcomes During the 2008 Financial Crisis in Europe: Systematic Literature Review”, *British Medical Journal*, p. 354, <https://www.bmj.com/content/354/bmj.i4588>.

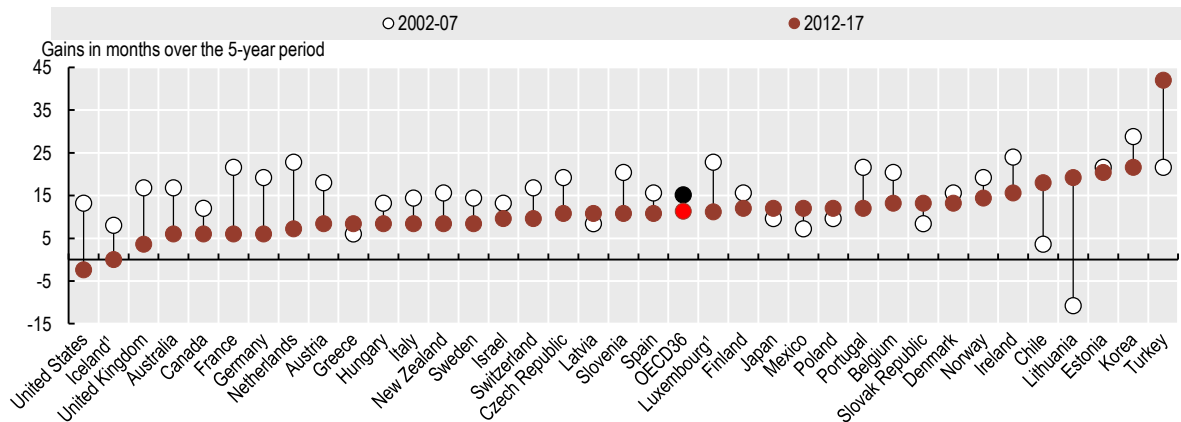
Figure 3.1. Life expectancy at birth, 1970 and 2017 (or nearest year)



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934014821>

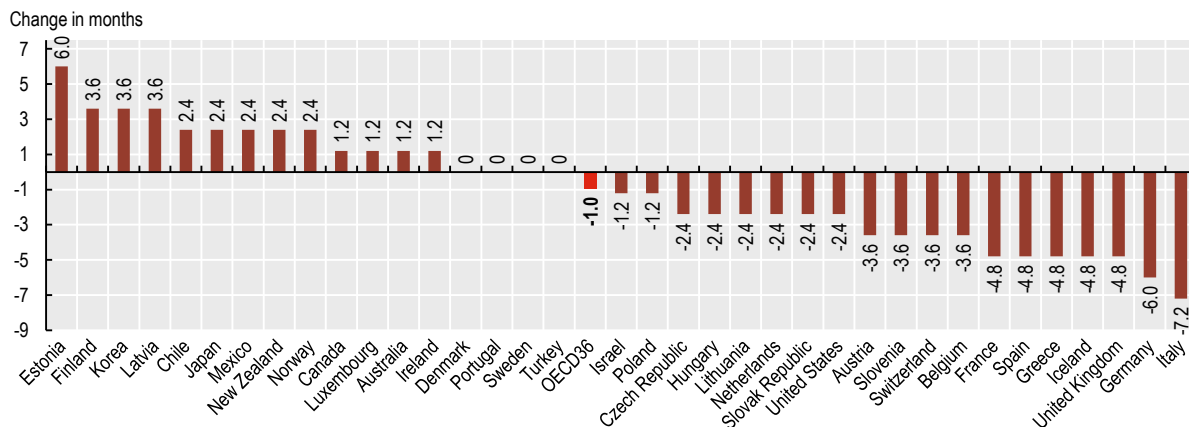
Figure 3.2. Slowdown in life expectancy gains, 2012-17 and 2002-07



1. Three-year average.
Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934014840>

Figure 3.3. Change in life expectancy at birth, 2014 to 2015



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934014859>



From:
Health at a Glance 2019
OECD Indicators

Access the complete publication at:
<https://doi.org/10.1787/4dd50c09-en>

Please cite this chapter as:

OECD (2019), "Trends in life expectancy", in *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/5b274e35-en>

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