Life expectancy at birth continues to rise in the Latin American and Caribbean (LAC) region, driven by the steady reduction of mortality at all ages, and particularly of infant and child mortality in all countries (see indicators "Infant mortality" and "Under age 5 mortality"). These gains in longevity can be attributed to a number of factors, including rising living standards, better nutrition and improved drinking water and sanitation facilities (see indicator "Water and sanitation" in Chapter 4). Improved lifestyles, increased education and greater access to quality health services also play an important role (Raleigh, 2019[1]).

Life expectancy at birth for the whole population across the LAC31 region reached 74.5 years on average in 2017, a gain of almost 4 years since 2000. In comparison, OECD countries gained 3.6 years during the same period (Figure 3.1, left panel). However, a large regional divide persists in life expectancy at birth. The countries with the longest life expectancy in 2017 were Costa Rica and Chile just over 80 years old, closely followed by Cuba just below that number. In contrast, three countries in the LAC region had total life expectancies of less than 70 years (Haiti, Guyana and Bolivia). In Haiti, a child born in 2017 can expect to live an average of less than 64 years.

Women live longer than men do (Figure 3.1, right panel), but the degree of disparity also varies across countries. The gender gap in life expectancy stood at 5.7 years on average across LAC31 countries in 2017, higher than the OECD countries average of 5.3 years. The gender difference was particularly large in Venezuela and El Salvador with more than eight and more than nine years gap, respectively. Women also have greater rates of survival to age 65 (Figure 3.2), regardless of the economic status of the country. On average across LAC countries, 83.2% of a cohort of new-born infant women would live to age 65, while only 73.8% of males would live to age 65. Only in Costa Rica more than 90% of new-born infant women are expected to live to age 65, still below the OECD average of 90.9%.

Higher national income – as measured by GDP per capita – is generally associated with higher life expectancy at birth (Figure 3.3). There were, however, some notable differences in life expectancy between countries with similar income per capita. For instance, Costa Rica had higher, and Trinidad and Tobago had lower life expectancies than predicted by their GDP per capita alone.

Regarding gender-based differences in life expectancy, it can be explained by changes occurred in the past century such as reductions in maternal mortality as well as the decrease in the total fertility rate, increased smoking by men, and the reduction of infectious diseases that disproportionately benefited women (Goldin and Lleras-Muney, 2018[2]). In addition, in LAC the gender gap can also be understood because of the prevalence of violence in many countries that affects more men than women (see section on "Mortality from injuries").

Socioeconomic status and education play an important role in life expectancy as seen in the case of a diverse range of LAC countries such as Colombia, Dominican Republic, Guatemala and Haiti, where the higher educational background of mothers and household wealth are associated with better infant and child survival (see indicators "Infant mortality" and "Under age 5 mortality").

#### **Definition and comparability**

Life expectancy at birth is the best-known measure of population health status and is often used to gauge a country's health development. It measures how long, on average, a new-born infant can expect to live if current death rates do not change. Since the factors affecting life expectancy often change slowly, variations are best assessed over long periods of time. Age-specific mortality rates are used to construct life tables from which life expectancies are derived. The methodologies that countries use to calculate life expectancy can vary somewhat, and these can lead to differences of fractions of a year. Some countries base their life expectancies on estimates derived from censuses and surveys, and not on accurate registration of deaths. Survival to age 65 refers to the percentage of a cohort of new-born infants that would survive to age 65, if subject to current age-specific mortality rates.

#### References

- [2] Goldin, C. and A. Lleras-Muney (2018), "XX>XY?: The Changing Female Advantage in Life Expectancy", No. 24716, NBER, Cambridge, MA, https://www.nber.org/papers/w24716.pdf.
- [1] 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:// dx.doi.org/10.1787/223159ab-en.

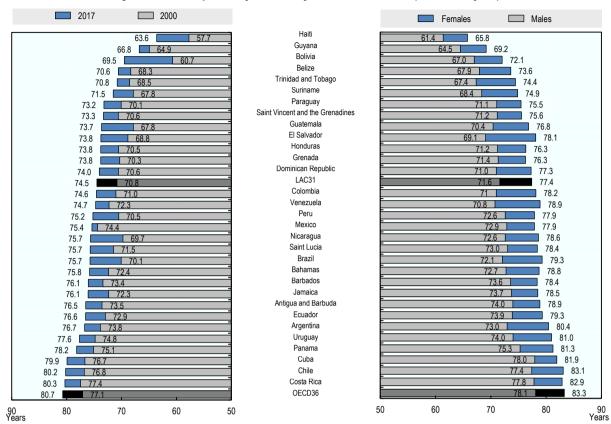
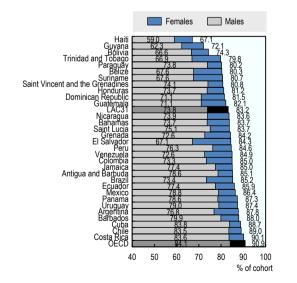


Figure 3.1. Life expectancy at birth, by sex, 2000 and 2017 (or nearest year)

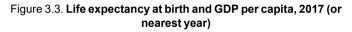
Source: The World Bank World Development Indicators Online 2019, Ministry of Health for Costa Rica.

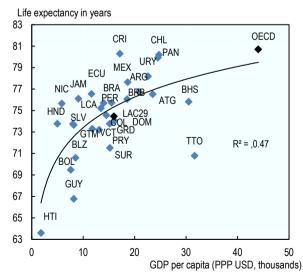
StatLink 🏣 https://stat.link/k5bf8t



### Figure 3.2. Survival rate to age 65, 2017 (or nearest year)

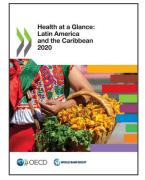
#### Source: The World Bank World Development Indicators Online 2019. StatLink and https://stat.link/o5831x





Source: The World Bank World Development Indicators Online 2019, Ministry of Health for Costa Rica.

StatLink ans https://stat.link/0slp4z



# From: Health at a Glance: Latin America and the Caribbean 2020

Access the complete publication at: https://doi.org/10.1787/6089164f-en

## Please cite this chapter as:

OECD/The World Bank (2020), "Life expectancy at birth", in *Health at a Glance: Latin America and the Caribbean 2020*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/1189c03d-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <u>http://www.oecd.org/termsandconditions</u>.

