

Life expectancy

In 2016, life expectancy at birth on average across OECD countries reached 80.6 years, an increase of more than ten years since 1970 (Figure 7.1). Life expectancy at birth now exceeds 80 years in two-thirds of OECD countries, with Japan, Spain and Switzerland at the top of the ranking. The United States, Latin America and a number of Central and Eastern European countries have a life expectancy between 75 and 80 years. Among OECD countries, life expectancy is lowest in Latvia and Lithuania, slightly below 75 years.

The gains in longevity can be attributed to a number of factors, including an improved lifestyle, better working conditions and education, as well as progress in health care. OECD partner countries, such as Brazil, Colombia, Costa Rica, 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 behaviours among men).

In the last couple of years, a number of OECD countries reported slight falls in life expectancy. Reasons underpinning such worrisome trend appear to be diverse. In North America, recent declines in life expectancy at birth are linked to the increase in drug overuse mortality due to opioids, as well as to a levelling off in the decline in mortality from heart diseases (NCHS, 2018). In the United Kingdom and other European countries, the life expectancy slowdown has been partly due to peaks of deaths among the elderly during the winter months (the impact of the winter flu), along with a slowdown in the reduction in deaths from heart diseases (Public Health England, 2018).

Life expectancy at birth varies by gender, at 83.3 years for women compared with 77.9 years for men in 2016 on average across OECD countries (Figure 7.1). The gap reaches 5.4 years on average. In 2016, life expectancy for women in OECD countries ranged from less than 80 years in Hungary, Latvia and Mexico to more than 85 years in France, Italy, Japan, Korea, Luxembourg, Spain and Switzerland. For men it ranged from less than 75 years in Estonia, Hungary, Latvia, Lithuania, Mexico and Slovak Republic to more than 80 years in Australia, Iceland, Israel, Italy, Japan, Luxembourg, Norway, Spain, Sweden and Switzerland.

Life expectancy also depends on the socio-economic status of a person, as measured, for instance, by education level (Figure 7.2). Higher education levels do not only provide the means to improve the socio-economic conditions in which people live and work, but may also promote the adoption of more healthy lifestyles and facilitate access to appropriate health care. **On average among 25 OECD countries for which data are available, women and men with the highest level of education at age 30 can expect to live four to seven years longer than people with the lowest level of education.** These differences in life expectancy by education level are particularly pronounced for men, with a gap of seven years on average. They are especially large in Central and Eastern European countries (Czech Republic, Hungary, Latvia, Poland and Slovak Republic) where the life expectancy gap between higher and lower educated men reaches more than ten years. Differences are less pronounced in Canada, Sweden and Turkey.

Higher health spending per capita is generally associated with higher life expectancy at birth, although this positive relationship tends to level off for countries with the highest spending per capita (Figure 7.3). Japan, Korean and Spain stand out as having relatively high life expectancies while the Russian Federation and the United States have relatively low life expectancies, given their levels of health spending.

Definition and measurement

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 over time (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 and could affect a country's estimates by a fraction of a year.

Life expectancy at birth for the total population is calculated for all OECD countries using the unweighted average of life expectancy of men and women. To calculate life expectancies by education level, detailed data on deaths by sex, age and education level are needed. However, not all countries have information on education as part of their deaths data, reducing the number of countries presented in Figure 7.2.

For more details about health spending per capita, see indicator "Health spending".

Further reading

OECD (2017), *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris, http://dx.doi.org/10.1787/health_glance-2017-en.

OECD (2017), *Preventing Ageing Unequally*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264279087-en>.

National Center for Health Statistics (2018), *Mortality in the United States, 2017*. NCHS Data Brief, No. 328, www.cdc.gov/nchs/data/databriefs/db328-h.pdf.

Public Health England (2018), *A Review of Recent Trends in Mortality in England*, www.gov.uk/government/publications/recent-trends-in-mortality-in-england-review-and-data-packs.

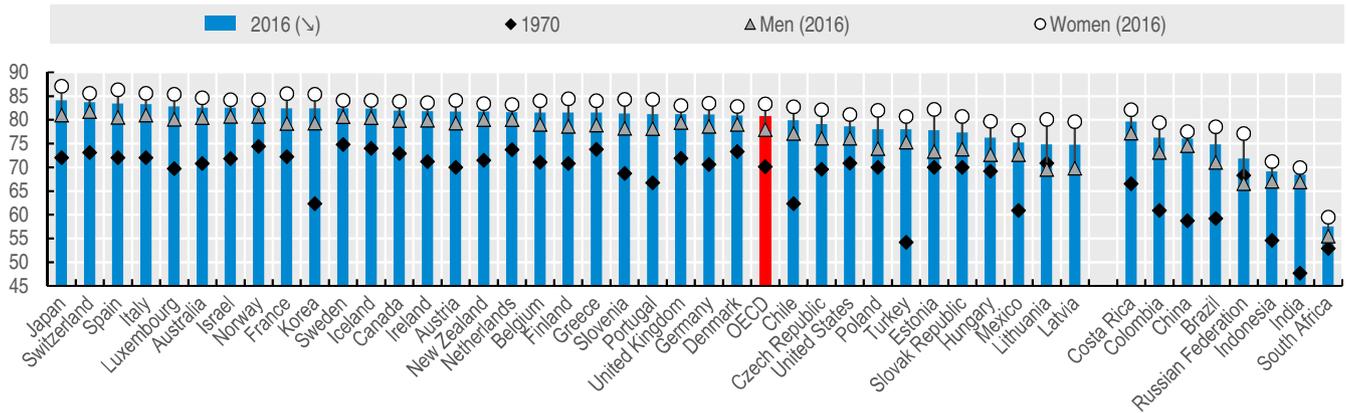
Figure notes

Figure 7.1 and Figure 7.3: 2016 data refer to 2015 for Canada, Chile, France, Brazil, China, Colombia, Costa Rica, India, Indonesia and South Africa; 1970 data refer to 1971 for Canada, Israel, Italy and Luxembourg; no data for 1970 for Latvia.

Figure 7.2: 2016 data refer to 2015 for Israel, Mexico and the Netherlands; 2012 for Austria and France; 2011 for Australia, Belgium, Latvia, United Kingdom and United States; and 2010 for Canada.

7.1. Life expectancy has increased over the past decades but the gender gap remains considerable

Life expectancy at birth, by gender, in years, 1970 and 2016 (or nearest years)

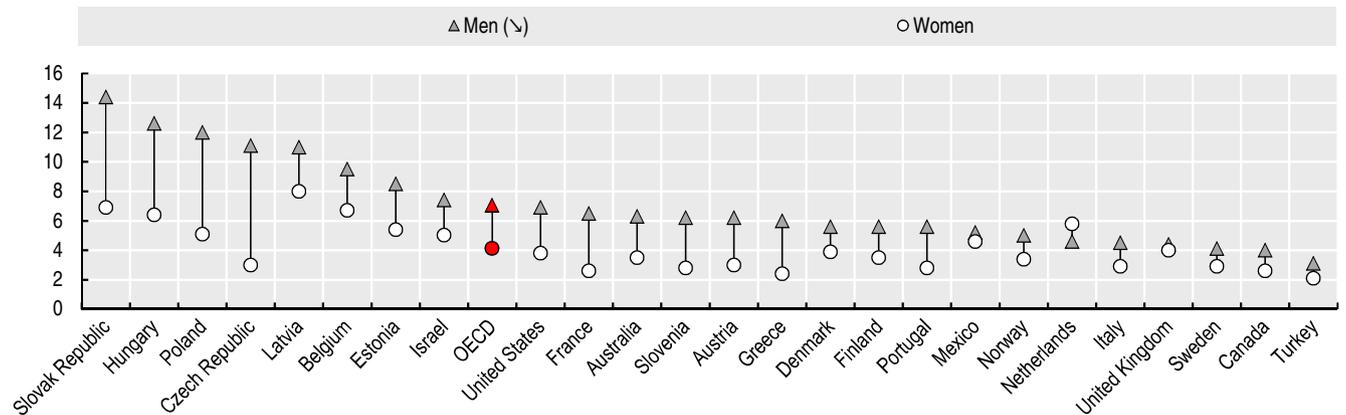


Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939294>

7.2. Women and men with the highest level of education can expect to live four to seven years longer than people with the lowest level of education

Gap in life expectancy at age 30 between tertiary and below upper secondary education, by gender, 2016 (or nearest year)

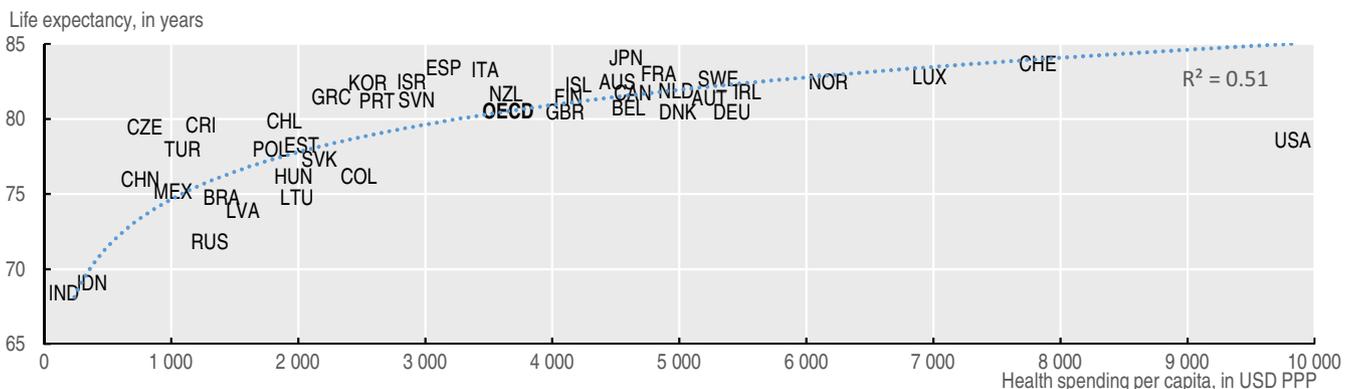


Source: Eurostat database complemented with OECD Statistics Directorate data and national data for Israel, Mexico and the Netherlands.

StatLink <http://dx.doi.org/10.1787/888933939313>

7.3. Higher health spending is generally associated with higher life expectancy, although the relationship levels off as health spending goes up

Life expectancy at birth in years, and health spending per capita in USD PPP, 2016 (or nearest year)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933939332>



From:
Society at a Glance 2019
OECD Social Indicators

Access the complete publication at:
https://doi.org/10.1787/soc_glance-2019-en

Please cite this chapter as:

OECD (2019), "Life expectancy", in *Society at a Glance 2019: OECD Social Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/5d08dbc5-en>

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