

Trends in life expectancy

Life expectancy has increased in all OECD countries over the past 50 years, but progress has slowed over the last decade. Furthermore, the COVID-19 pandemic led to life expectancy falling in most OECD countries in 2020 (see Chapter 2 for an in-depth analysis of the health impact of COVID-19).

In 2019, life expectancy at birth was 81 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 27 OECD member 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. Mexico, Latvia, Lithuania, Hungary and Colombia have the lowest life expectancy, at less than 77 years in 2019.

Among OECD member countries, Turkey (+24 years), Korea (+21) and Chile (+18) have experienced the largest gains in life expectancy since 1970. Stronger health systems have contributed to these increases, 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, 2017[1]).

In partner countries, life expectancy remains well below the OECD average. Still, levels are converging rapidly towards the OECD average, with considerable gains in longevity since 1970 in India, the People's Republic of China (China), Brazil and Indonesia. There has been less progress in the Russian Federation (Russia), 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.

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).

COVID-19 is expected to have a major impact on life expectancy, due to the exceptionally high number of deaths this pandemic has caused. Indeed, OECD countries recorded around 1.7 million excess deaths, compared with the average number of deaths over the five preceding years (see indicator “Excess mortality”). In 2020, life expectancy fell in all OECD countries for which data are available, other than Norway, Japan, Costa Rica, Denmark, Finland and Latvia

(Figure 3.2). The annual reduction reached one year or more in nine countries, and was particularly large in the United States (-1.6 years) and Spain (-1.5 years).

Even before COVID-19, gains in life expectancy had been slowing down markedly in a number of OECD countries over the last decade. 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.

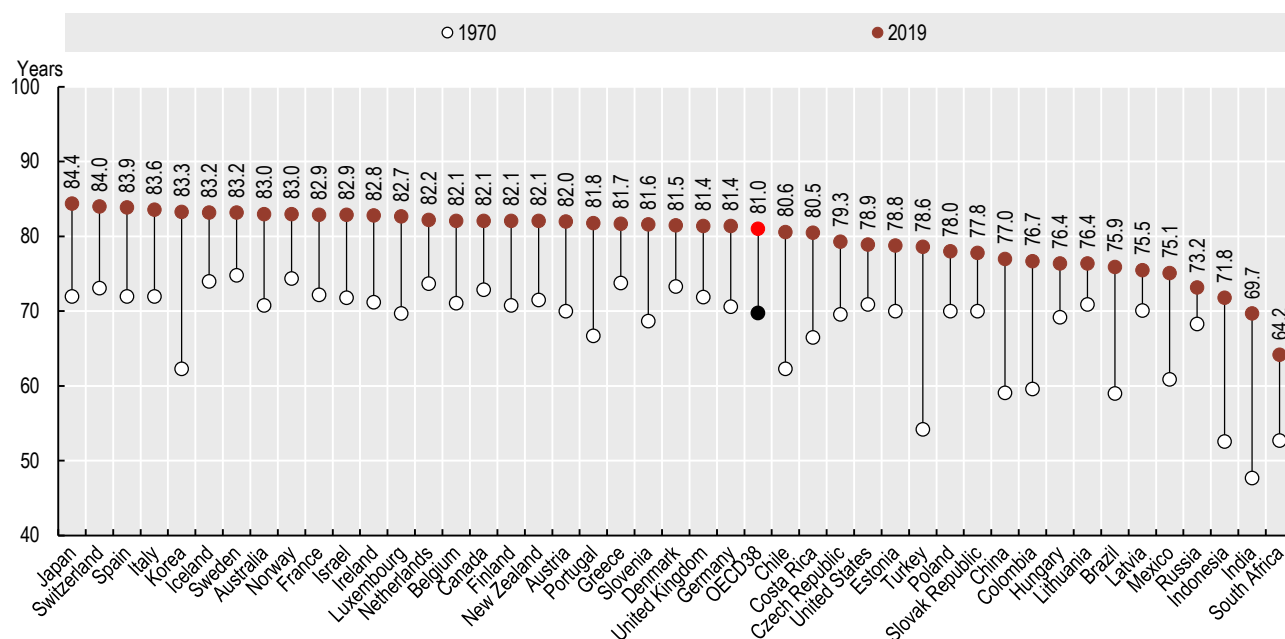
The causes of this slowdown in life expectancy gains over time are multi-faceted (Raleigh, 2019[2]). Principal among them is slowing improvements in heart disease and stroke. Rising levels of obesity and diabetes, as well as population ageing, have made it difficult for countries to maintain previous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

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 come from Eurostat for European Union (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.

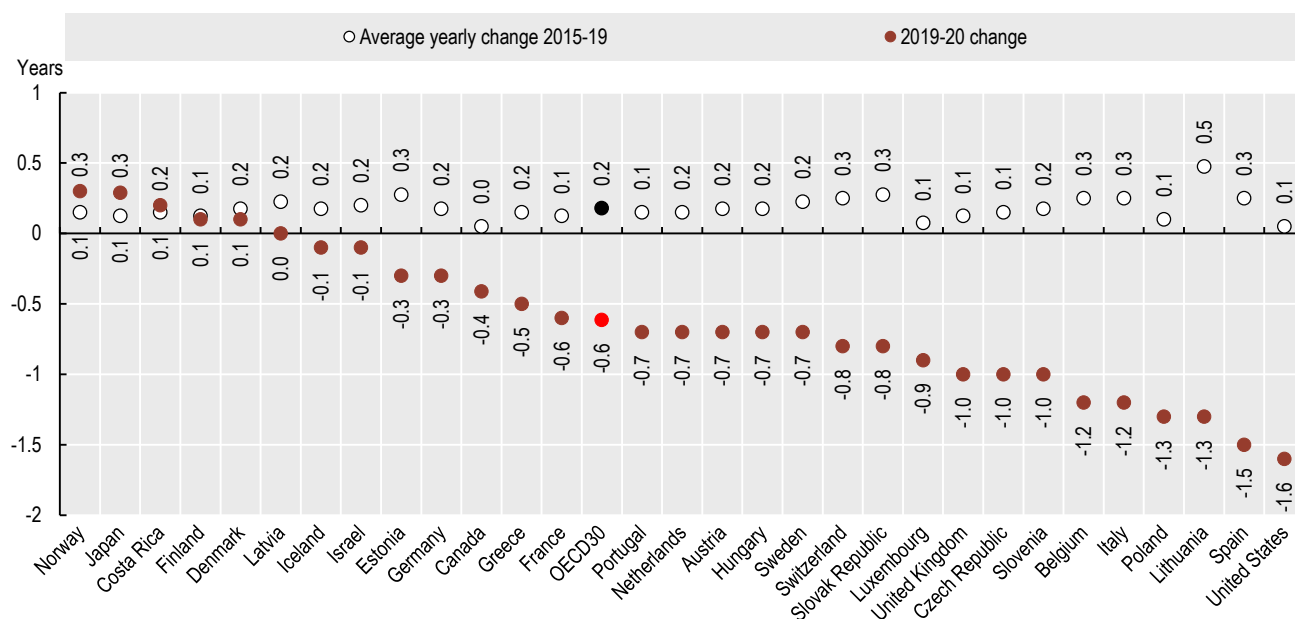
Figure 3.1. Life expectancy at birth, 1970 and 2019 (or nearest year)



Source: OECD Health Statistics 2021.

StatLink <https://stat.link/a2sx4j>

Figure 3.2. Reductions in life expectancy during the pandemic



Note: 2020 data are provisional for some countries.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/gsdvzk>



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