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MOBILISING THE POTENTIAL OF ACTIVE AGEING IN EUROPE

Trends in Healthy Life Expectancy and Health Indicators Among Older People in 27 EU Countries

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ABSTRACT

This report presents a review of the variety in levels of, and trends in, healthy life expectancy and important health indicators for older people in 27 EU countries. Trends were presented for three ages (50, 65 and 85 years) and for men and women separately. It reports the first task of Work Package 5 of the MOPACT project (Mobilising the Potential of Active Ageing in Europe).

Healthy life expectancy was expressed in healthy life years, which was defined in this study as the number of years that a person is expected to continue to live without activity limitations. Overall, life expectancy at age 65 in the 27 countries increased between 2007 and 2010 by 0.6 years for men and 0.5 years for women. At the same time, LE without activity limitation (HLY) decreased by 0.2 years for men and women. Similar trends were observed for LE and HLY at ages 50 and 85. At the same time, results showed large variety between the countries in healthy life expectancy and trends in healthy life expectancy.

Trends were also reported for the prevalence of important health indicators: chronic morbidity, i.e. the self-reported presence of one or more longstanding illnesses, and activity limitations, i.e. the extent to which older people reported to be limited in activities that people usually do. Overall, the trend in morbidity prevalence for men and women has been increasing between 2007 and 2011, in particular in the older age groups. Trends in the prevalence of severe activity limitations have been relatively stable for men and women across all age groups. Again, results across countries showed large differences.

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1. INTRODUCTION

This report is the first within the fifth MOPACT Work Package ‘Health and Well-being’ (WP5). WP5 aims to foster socially productive and satisfying lives for older people, specifically for those in poor health, and thus to improve ways in which older people can contribute to society. Innovative scenarios of policies and practices that foster social engagement of older people will be designed and associated gains in healthy life expectancy will be projected. The main goal of the current report was to provide input for the subsequent tasks, among which is the development of scenarios to project healthy life expectancy.

Life expectancy at birth is increasing in all EU countries, which mainly results from lower mortality rates at advanced ages. Longer lives in general could imply that people live more years in good health, but also that people live more years with disabilities and, eventually, in a state of dependence. Estimating the number of years that people can expect to live in good health provides crucial information for policy makers. In 2004-2005, life expectancy without activity limitation was added to the European Union’s structural indicators. Therefore, this indicator is used in the current report to present recent trends in healthy life expectancy. Life expectancy without activity limitation is calculated annually by Eurostat and is also used to set targets for the European active healthy ageing strategy, which aims for a two-year increase in healthy life years on average in EU-27 by 2020 (Robine et al, 2013). Trends in healthy life expectancy in the 27 EU countries are also compared with overall life expectancy. Furthermore, trends in the prevalence of two important health indicators are reported: self-reported chronic morbidity and long-term activity limitations.

Chapter 2 presents some demographic information in the EU countries. In Chapter 3 the results are presented for all 27 EU countries together. The results for each country separately are included in the annex. For all countries together and for each country separately the following graphs are presented:

1. Life expectancy, life expectancy without activity limitations, with moderate activity limitations and with severe activity limitations, by year and sex from ages 50, 65 and 85.
2. The prevalence of self-reported chronic morbidity, by year, sex and 5-year age category (50-54, ... 85+).
3. The prevalence of long-term severe activity limitations by year, sex and 5-year age category (50-54, ... 85+).

2. KEY FACTS ON POPULATION AGEING IN EU COUNTRIES

2.1 Decline of mortality rates

Mortality rates of people aged 50 and over have decreased in all EU countries over the past 30 years for both men and women. This can largely be attributed to declining mortality rates from cardiovascular and cerebrovascular diseases among both older men and older women. This is the result of advances in medical care, healthier life styles and improved living conditions (at younger and older age). These reductions in mortality rates at older ages have led to large increases in life expectancy.

2.2 Growth of the older population in EU countries

Due to increasing life expectancy and declining fertility rates the share of the older population in the EU is increasing rapidly. The share of the population aged 50 years and over is expected to increase from 36.4% in 2010 to 46.7% in 2050 (source: Eurostat, 2013c). The share of the population aged 65 years and over has increased from less than 10% in 1960 to 17.3% in 2010 and is expected to rise to 28.6% in 2050. The share of the population aged 85 years and over will increase even more rapidly. On average in the EU 2.1% of the population were aged 85 years and over in 2010. By 2050, the percentage will have nearly tripled to 6.0%. The oldest olds also have the most severe disabilities and greatest long-term care needs. Thus, assuming that disability rates remain constant and there is no substantial improvement in health status, the growth of the older population will result in a greater demand for care.

At the same time, this greater demand for care is accompanied by a declining share of the economically active population. On average in the EU, in 2010 there were 3.5 people of working age (20-64 years) for every person 65 years and older. If the participation rate will remain the same, in 2050 there will be only 1.8 people of working age (20-64 years) for every person 65 years and older (source: Eurostat, 2013c).

3. Methods

Before presenting the results on 27 EU countries together, this chapter describes the background of measuring healthy life expectancy and the prevalence of morbidity and disability. In addition, the source of data and the methods and definitions that were used will be described.

3.1 Healthy life years and the prevalence of important health indicators

Monitoring time trends of life expectancy and healthy life years together allows assessing whether years of life gained are healthy years or not. Thus, the concept of life expectancy (LE) is extended to healthy life expectancy (HLE). HLE is a concept that takes into account both mortality and ill-health, providing more information on the burden of disease in the population than life expectancy alone. This can be done in several ways.

HLE is a combination of life expectancy and health, which implies that there are potentially as many (types of) health expectancies as there are concepts of health. For example, HLE can be based on disability, morbidity, self-perceived health or good mental health. It is then necessary to define the proportion of the population in good health (prevalence data) using strongly harmonised and widely accepted health concepts and comparable data. The most frequently used basis to calculate health expectancy is provided by the concept of limitation in activities people usually do because of health problems. HLE based on this definition of health has been termed Disability Free Life Expectancy (DFLE) or Healthy Life Years (HLY), which is adopted here.

HLY at age 65 is one of the headline indicators for public health of the EU Sustainable Development Indicators (SDI). HLY is an overarching indicator for monitoring the European Strategy for social inclusion and social protection. Within the new strategy Europe 2020 (2011-2020), HLY has become an indicator in the Pilot European Innovation Partnership on Active and Healthy Ageing (EIPAH) which aims to increase the healthy life expectancy for everyone in Europe by an average of two years by 2020 (ECHIM, 2013a). Its interest lies in its simplicity, the availability of its basic data, and its independence of the size and age structure of the population. However, cultural differences in reporting disability can influence the HLY indicator (Eurostat, 2013b).

With regard to social participation and policies to increase social participation in older people, it is important to not only study the amount of years a person is expected to live in good health, but also to consider trends in the prevalence of poor health in each age group. Therefore, this report also describes trends in the prevalence of chronic morbidity and moderate and severe activity limitations. Analyzing trends in these health indicators may complement the results on HLY with regard to recent changes in the health of older people in the EU.

3.2 Data, source and methods

This report uses data from the European Statistics of Income and Living Condition survey (EU-SILC, previously ECHP). EU-SILC data on HLY have been prepared within the Joint Action European Health and Life Expectancy Information System (JA EHLEIS). Since 2004, Eurostat and EHEMU/EHLEIS have been using EU-SILC to calculate the HLY. The JA EHLEIS is currently the only source of data on HLY for 27 EU countries that is available. Data are made available via the eurOhex website: www.eurohex.eu. The target population of EU-SILC was defined as all individuals aged 16 years old and over living in private households. People living in institutions (older people, disabled people) are excluded from the survey. The EU-SILC survey is carried out annually.

HLY was available from 2004 onwards, separately for men and women and for ages 50, 65 and 85. Currently data are available for all 27 countries that were EU member states in 2011. Not all of these countries started the implementation of EU-SILC in 2004. Therefore, for 2004, data are available based for twelve of the 'old' EU15 member states (no data for Germany, the UK and the Netherlands) as well as for Estonia. Data from 2005 and onwards are available for all EU25 Member States. Bulgaria launched the SILC in 2006 and Romania in 2007. Trends for all 27 EU countries together are reported from 2007 onwards. Not all countries had 2011 data available already, so the country comparison was made for 2010.

Trends by age group are reported if a correlation exists with time in years (non parametric test: Spearman's rho; p-value<0.01, two-sided).

3.3 Definitions

3.3.1 Healthy life years (HLY)

The HLY indicator is the expected remaining number of years, lived from a particular age, without long-term activity limitation. Thus, total life expectancy (LE) equals life expectancy without activity limitation (LE without AL) plus life expectancy with moderate activity limitation (LE with moderate AL) plus life expectancy with severe activity limitation (LE with severe AL).

For calculating HLY both mortality and morbidity data are needed. Age-specific mortality (probability of dying between exact ages x and $x+5$) and life tables were obtained from official national demographic and mortality statistics. Data on activity limitations come from EU-SILC. EU-SILC contains the following question on general activity limitations (the so-called GALI - Global Activity Limitation Instrument): 'For the past 6 months or more have you been limited in activities people usually do because of health problems?' with responses yes, strongly limited/yes, limited/no, not limited. HLY is calculated following the Sullivan method (Sullivan, 1971).

Trends in HLY and activity limitations are affected by the change in questions within countries over the period 2004-2011. If applicable in a certain country, these changes are mentioned.

3.3.2 Self-reported chronic morbidity

The prevalence of chronic morbidity is defined as the proportion of persons who answer 'yes' to the EU-SILC question: 'do you have any longstanding illness or longstanding health problem?' 'Longstanding' means that health problems have lasted, or are expected to last, for 6 months or more (ECHIM, 2013b). In this report trends in morbidity prevalence are presented for 5-year age categories starting from 50-54. The oldest group consists of people aged 85+.

3.3.3 Self-reported long-term activity limitations

The prevalence of moderate or severe long-term activity limitations is defined as the proportion of people who answer “yes limited” or “yes strongly limited”, respectively, to EU-SILC question: ‘For at least the past 6 months, to what extent you have been limited because of a health problem in activities people usually do?’ (Answering categories; yes strongly limited, yes limited, no not limited). Numbers of people answering “yes strongly limited” or “yes limited” should be added and divided by the total number of people who were interviewed (ECHIM, 2013c). For reasons of parsimony, only trends in severe activity limitations will be presented for 5-year age groups. The oldest group consists of people aged 85+. Trends in the prevalence of moderate activity limitations are presented for age groups 50-54, 65-69 and 85+, to correspond to ages 50, 65 and 85 for which HLY is available.

4. Results on Healthy life years and important health indicators in EU27 countries

Between 2007 and 2010 in EU27 life expectancy (LE) at age 50 increased by 0.7 years for men and increased by 0.6 years for women. LE without activity limitation (HLY) decreased by 0.3 years for men (-0.5 % per year) and decreased by 0.3 years for women (-0.5 % per year). In 2010 in EU27 men can expect 17.4 HLYs, and women 18.1 HLYs. Thus in 2010 men and women at age 50 can expect to spend 59.2 % and 52.7 % respectively of their remaining life without long-term activity limitations.

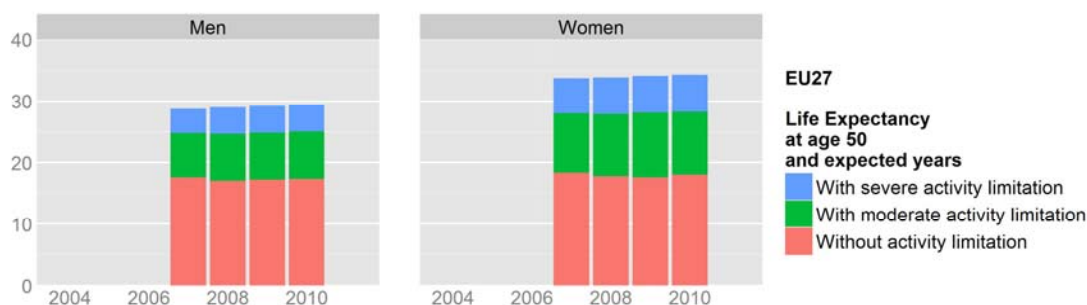


Figure 1: Life expectancy and Healthy life years of people in the EU-27, at age 50, in 2004-2011.

Between 2007 and 2010 in EU27 life expectancy (LE) at age 65 increased by 0.6 years for men and increased by 0.5 years for women. LE without activity limitation (HLY) decreased by 0.2 years for men (-0.6 % per year) and decreased by 0.2 years for women (-0.6 % per year). In 2010 in EU27 men can expect 8.6 HLYs, and women 8.8 HLYs. Thus in 2010 men and women at age 65 can expect to spend 48.9 % and 41.8 % respectively of their remaining life without long-term activity limitations.

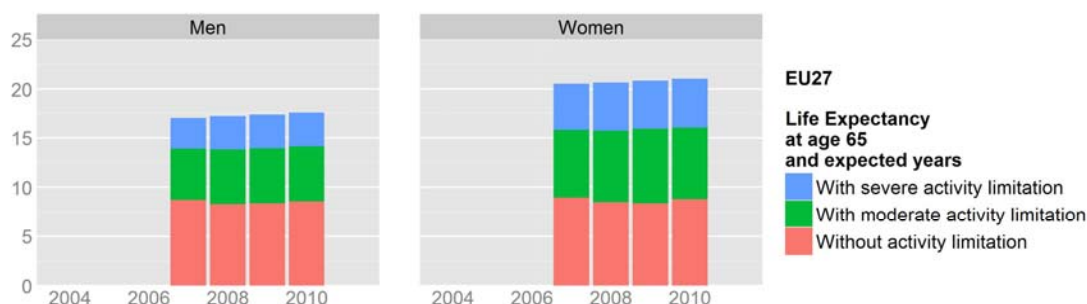


Figure 2: Life expectancy and Healthy life years of people in the EU-27, at age 65, in 2004-2011.

Between 2007 and 2010 in EU27 life expectancy (LE) at age 85 increased by 0.3 years for men and increased by 0.3 years for women. LE without activity limitation (HLY) decreased by 0.1 years for men (-1.5 % per year) and decreased by 0.1 years for women (-1.6 % per year). In 2010 in EU27 men can expect 2 HLYs, and women 1.9 HLYs. Thus in 2010 men and women at age 85 can expect to spend 32.2 % and 26.5 % respectively of their remaining life without long-term activity limitations.

The decrease in healthy life years is mainly attributable to increases in LE with moderate activity limitation.

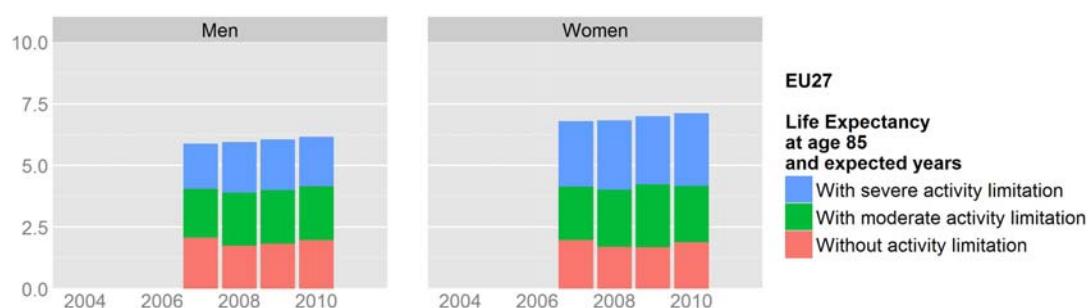


Figure 3: Life expectancy and Healthy life years of people in the EU-27, at age 85, in 2004-2011.

The prevalence of (self-reported) chronic morbidity among older people (50 years and over) did not change between 2007 and 2010. The prevalence is related to age and sex. The prevalence of older age groups is higher than the prevalence of younger age groups, varying from 33 % (50-54 years) to 81 % (85+). The prevalence among men is not different from the prevalence among women (*figure 4*).

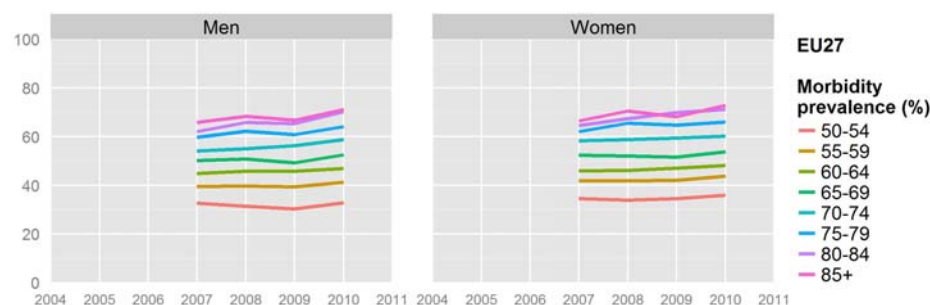


Figure 4: Self-reported chronic morbidity in the EU-27, in 2004-2011.

In the EU27 the prevalence of disabilities that cause severe activity limitations in activities of daily life (ADL) among older people (50 years and over) showed no clear trends between 2007 and 2010. The prevalence is related to age and sex. The prevalence of severe activity limitations is higher in older age groups than in younger age groups, varying from 8 % (50-54 years) to 41 % (85+). The prevalence among women is higher than among men, especially at older ages (*figure 5*).

Also the prevalence of moderate activity limitations showed no clear trends between 2007 and 2010 (not shown).

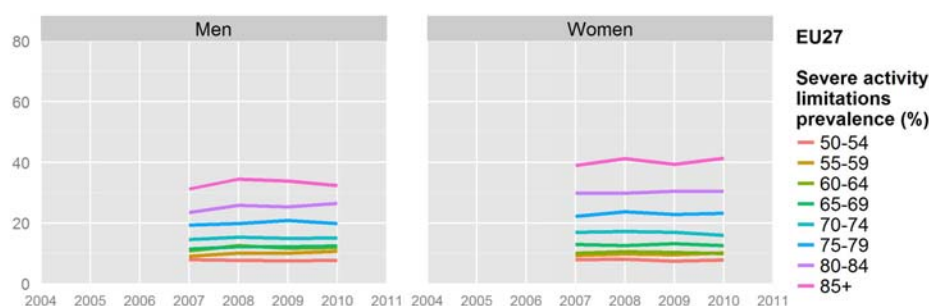


Figure 5: Long-term severe activity limitations in the EU27, in 2004-2011.

OECD in 2007 found a decline in disabilities that cause limitations in activities of daily life (ADL) among older people (65 years and over) in five countries including Denmark, Finland and Italy and the Netherlands. An increase, however, was reported in two EU-countries: Belgium and Sweden. In France and the United Kingdom different surveys show different trends in disability. Thus, a decline in ADL disability is less universal than would be expected (Lafortune & Balestat, 2007).

In all Member States women have a longer life expectancy at 65 than men. However, in ten countries in 2010 men have a higher number of healthy life years at the age of 65. The difference in life expectancy between men and women at age 85 is smaller than at age 65

Table 1 shows that for men LE at age 50 increased for most countries, except for Lithuania, Luxembourg and Romania. LE without activity limitations increased in Belgium, Finland, Hungary, Latvia, Lithuania, Luxembourg and Malta. LE with moderate activity limitations increased in Slovakia only and did not change elsewhere. LE with severe activity limitations increased in Denmark and Greece and decreased in Finland, Hungary, Ireland, Latvia and Lithuania. The prevalence of chronic morbidity for men in age category 50-54 increased in Estonia only. The prevalence of moderate activity limitations decreased in Lithuania only and did not change elsewhere. In Finland and Spain the prevalence of severe activity limitations decreased.

Table 2 shows that for men LE at age 65 increased for most countries, except for Bulgaria, Ireland, Lithuania, Luxembourg, Malta and Romania. LE without activity limitations increased in Austria, Belgium, Finland, France and Ireland. LE with moderate activity limitations increased in Hungary, Latvia, Lithuania and Slovakia. LE with severe activity limitations increased in Denmark and the United Kingdom and decreased in Finland, Hungary, Lithuania and Luxembourg. The prevalence of chronic morbidity for men in the age category 65-59 increased only in Ireland and decreased in Bulgaria. The prevalence of moderate activity limitations showed a clear trend in none of the countries. The prevalence of severe activity limitations decreased in Denmark and Finland.

Table 3 shows that for men life expectancy at age 85 increased in 16 countries. LE without activity limitations increased in Belgium. LE with moderate activity limitations only increased in Spain. LE with severe activity limitations increased in Denmark and decreased in Lithuania. The prevalence of chronic morbidity decreased only in Greece and Slovakia. The prevalence of moderate activity limitations increased in Spain. The prevalence of severe activity limitations decreased in Hungary and Lithuania.

Table 4 shows that for women life expectancy at age 50 increased for most countries, except for Cyprus, Luxembourg, Romania and Sweden. LE without activity limitations increased in Lithuania and Luxembourg. LE with moderate activity limitations decreased only in Luxembourg. LE with severe activity limitations decreased only in Hungary. The prevalence of chronic morbidity for women in age category 50-54 showed a clear trend in none of the countries. The prevalence of moderate activity limitations showed a clear trend in none of the countries. The prevalence of severe activity limitations decreased in Hungary, Latvia and Spain and increased in France and Slovenia.

Table 5 shows that for women life expectancy at age 65 increased for most countries, except for Cyprus, Luxembourg, Romania and Sweden. LE without activity limitations increased in Austria, the Czech Republic and Luxembourg. LE with moderate activity limitations increased only in Estonia and Slovakia. LE with severe activity limitations increased in Greece and decreased in Hungary and Spain. The prevalence of chronic morbidity for women in age category 65-59 increased Slovakia and decreased in Bulgaria and France. The prevalence of moderate activity limitations increased in Belgium and the Netherlands and decreased in the Czech Republic and Finland. The prevalence of severe activity limitations increased in Poland and decreased in Estonia, Hungary, Portugal and Spain.

Table 6 shows that for women life expectancy at age 85 increased in 15 countries. LE without activity limitations increased in Greece and Slovakia. LE with moderate activity limitations increased only in Latvia and Spain. LE with severe activity limitations increased in France, Slovakia and Slovenia. The prevalence of chronic morbidity decreased in Sweden and increased in Austria and Slovakia. The prevalence of moderate activity limitations increased in Spain. The prevalence of severe activity limitations increased in Slovenia.

Across all ages, men and women in Sweden have the highest and men and women in Slovakia the lowest LE without activity limitations (men: 25.4 vs. 9.9 years, women: 26.0 vs. 9.7 years at age 50). The gap between countries with highest and lowest LE decreased with age: For men, the difference decreased from 8.7 years at age 50 to 5.7 years at age 65 to 2.2 years at age 85. For women, the difference decreased from 7 years at age 50 to 6.4 years at age 65 to 3.6 at age 85. Countries with the highest LE for men were Italy (age 50), France (age 65 and 85) and Greece (age 85). Countries with the lowest LE for men were Latvia (age 50 and 65) and Bulgaria (age 85). For women, France had the highest and Bulgaria the lowest LE at each of the ages 50, 65 and 85.

Table 1: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), men, age category: 50.

Indicators →	Life Expectancy at age 50				Prevalence (ages 50-54)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	30,1	16,3	8,7	5,0	34,6	18,4	7,5
BELGIUM	29,8	19,9	6,4	3,5	28,5	14,7	8,1
BULGARIA	24,1	18,1	4,5	1,6	13,8	8,8	1,5
CYPRUS	31,4	20,6	5,6	5,2	39,2	11,0	5,9
CZECH REPUBLIC	26,8	17,2	6,8	2,9	32,5	17,4	7,3
DENMARK	29,1	21,3	5,3	2,5	22,3	15,1	5,2
ESTONIA	24,5	12,3	8,6	3,6	51,9	28,1	6,3
FINLAND	29,4	17,2	8,5	3,7	36,8	16,7	6,1
FRANCE	30,8	18,2	7,3	5,3	37,7	17,1	8,5
GERMANY	30,0	14,7	9,6	5,7	36,7	20,2	10,9
GREECE	30,8	19,5	6,3	5,0	14,7	6,9	3,2
HUNGARY	23,8	12,4	7,7	3,7	38,9	19,8	8,6
IRELAND	31,0	20,9	6,8	3,2	30,0	15,4	3,9
ITALY	31,5	21,2	7,1	3,3	18,4	12,4	2,5
LATVIA	22,8	11,9	8,0	3,0	33,8	23,1	6,3
LITHUANIA	22,9	14,3	5,9	2,7	22,4	12,4	4,5
LUXEMBOURG	29,9	19,8	6,6	3,6	23,9	19,8	7,9
MALTA	31,3	23,2	5,7	2,4	31,6	9,4	4,6
NETHERLANDS	30,5	18,7	8,7	3,2	30,6	22,1	3,9
POLAND	25,6	14,7	6,7	4,2	35,0	17,7	7,2
PORTUGAL	29,4	15,8	9,2	4,4	28,1	16,6	4,0
ROMANIA	24,1	13,3	7,9	2,9	17,4	18,9	5,8
SLOVAKIA	24,8	9,9	9,9	5,0	29,5	25,6	9,9
SLOVENIA	28,5	13,5	9,3	5,8	41,1	28,1	11,8
SPAIN	31,0	19,3	8,6	3,0	29,6	15,2	3,6
SWEDEN	31,3	25,4	3,3	2,5	29,8	9,3	3,4
UNITED KINGDOM	30,9	20,8	5,1	4,9	38,1	7,6	11,6

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

Table 2: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), men, age category: 65.

Indicators →	Life Expectancy at age 65				Prevalence (ages 65-69)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	17,9	8,5	5,5	3,9	44,4	29,0	12,4
BELGIUM	17,6	10,4	4,6	2,6	35,4	19,7	10,5
BULGARIA	13,7	8,8	3,5	1,4	35,2	17,7	8,0
CYPRUS	18,4	10,1	4,1	4,2	61,0	16,2	14,2
CZECH REPUBLIC	15,5	8,5	4,8	2,1	42,0	23,4	7,5
DENMARK	17,0	11,8	3,6	1,6	39,9	21,7	6,8
ESTONIA	14,2	5,3	5,8	3,0	70,6	43,4	12,5
FINLAND	17,5	8,8	5,8	2,8	65,5	25,7	10,0
FRANCE	18,9	9,0	5,5	4,4	58,1	22,6	10,4
GERMANY	17,8	6,9	7,0	4,0	59,6	35,5	15,1
GREECE	18,5	8,8	5,3	4,4	37,9	21,9	13,9
HUNGARY	14,1	5,4	5,7	3,0	65,0	36,4	14,4
IRELAND	18,1	11,1	4,6	2,4	50,5	25,7	11,7
ITALY	18,6	10,2	5,5	2,9	33,7	23,4	6,5
LATVIA	13,2	4,9	5,6	2,7	56,5	35,7	14,0
LITHUANIA	13,6	6,4	4,9	2,4	56,7	28,1	14,7
LUXEMBOURG	17,3	10,5	4,3	2,5	39,8	23,4	7,2
MALTA	18,4	12,0	4,4	2,1	56,3	13,1	5,2
NETHERLANDS	17,7	9,4	6,1	2,2	47,4	29,0	7,6
POLAND	15,1	6,8	4,7	3,7	62,7	25,2	20,8
PORTUGAL	17,4	7,1	6,7	3,6	53,2	27,9	15,7
ROMANIA	14,0	5,9	5,6	2,5	36,2	43,8	6,6
SLOVAKIA	14,0	3,3	6,6	4,1	54,7	45,9	19,1
SLOVENIA	16,8	6,6	5,9	4,3	64,1	32,4	23,2
SPAIN	18,6	9,6	6,6	2,4	47,6	28,3	7,8
SWEDEN	18,3	14,1	2,3	1,9	34,4	9,6	6,5
UNITED KINGDOM	18,3	10,9	3,8	3,6	53,7	16,9	15,3

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

Table 3: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), men, age category: 85.

Indicators →	Life Expectancy at age 85				Prevalence (ages 85+)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	5,9	2,0	1,8	2,1	68,5	30,2	36,2
BELGIUM	5,9	2,7	1,7	1,5	41,2	28,4	25,6
BULGARIA	4,4	1,8	1,6	1,0	67,9	36,7	22,1
CYPRUS	6,0	1,7	1,2	3,1	80,6	19,5	52,3
CZECH REPUBLIC	5,1	1,9	1,8	1,4	70,5	35,6	27,8
DENMARK	5,4	2,5	2,3	0,6	28,2	42,9	10,6
ESTONIA	5,3	1,2	1,9	2,2	81,1	36,7	41,2
FINLAND	5,9	1,5	2,5	1,9	83,0	42,4	32,2
FRANCE	6,6	1,5	2,4	2,7	76,4	36,2	41,6
GERMANY	6,5	1,0	2,9	2,6	79,1	44,7	40,0
GREECE	6,6	1,8	2,1	2,8	82,1	31,1	42,3
HUNGARY	5,6	1,0	2,6	1,9	88,4	47,2	34,4
IRELAND	6,2	3,0	1,7	1,4	57,7	27,8	22,9
ITALY	6,1	2,0	2,4	1,7	60,2	39,1	27,6
LATVIA	5,1	1,0	1,9	2,2	79,4	37,0	42,5
LITHUANIA	4,7	0,8	2,2	1,8	83,2	46,4	37,4
LUXEMBOURG	5,2	1,6	1,5	2,1	52,2	28,0	40,4
MALTA	6,1	2,5	2,3	1,3	81,7	38,5	20,7
NETHERLANDS	5,7	1,6	2,2	1,9	62,0	38,4	33,6
POLAND	5,6	1,1	2,1	2,4	84,9	36,9	42,5
PORTUGAL	5,5	1,4	2,4	1,8	69,9	42,8	32,0
ROMANIA	5,0	1,7	1,4	1,9	56,5	27,8	37,4
SLOVAKIA	4,8	0,1	1,9	2,7	84,9	40,6	57,0
SLOVENIA	5,8	1,3	2,3	2,1	82,0	40,5	36,4
SPAIN	6,5	2,3	2,8	1,4	67,2	42,5	22,3
SWEDEN	5,7	3,9	0,7	1,1	51,2	12,2	19,5
UNITED KINGDOM	6,5	3,1	1,8	1,5	70,7	28,0	23,8

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

Table 4: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), women, age category: 50.

Indicators →	Life Expectancy at age 50				Prevalence (ages 50-54)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	34,8	16,5	10,7	7,6	42,2	21,9	9,6
BELGIUM	34,4	19,5	9,1	5,8	32,9	16,9	10,1
BULGARIA	29,8	20,8	6,7	2,3	15,5	8,2	2,8
CYPRUS	35,0	18,6	8,9	7,6	39,6	13,7	5,7
CZECH REPUBLIC	32,2	18,6	9,2	4,4	33,9	21,8	5,0
DENMARK	32,7	22,1	7,5	3,1	29,3	19,9	6,8
ESTONIA	32,3	14,4	12,1	5,8	48,9	24,7	6,9
FINLAND	34,9	17,3	11,7	5,8	56,4	27,6	11,4
FRANCE	36,8	19,5	9,4	7,8	42,0	18,8	11,2
GERMANY	34,2	15,5	11,5	7,2	34,2	23,0	9,1
GREECE	34,1	19,9	7,6	6,5	17,3	7,1	3,8
HUNGARY	30,4	13,9	10,9	5,5	43,7	25,2	8,1
IRELAND	34,5	21,9	8,5	4,1	34,6	13,2	4,4
ITALY	36,1	21,1	9,8	5,1	20,2	13,8	4,1
LATVIA	30,5	13,6	12,4	4,6	35,6	23,8	4,6
LITHUANIA	31,1	16,5	9,5	5,0	28,2	12,9	5,5
LUXEMBOURG	34,9	22,4	8,5	4,1	27,4	14,3	8,2
MALTA	34,7	23,8	7,0	4,0	31,1	8,0	3,8
NETHERLANDS	34,2	18,4	12,4	3,3	38,9	24,7	5,3
POLAND	32,3	16,8	9,7	5,8	39,4	18,1	5,7
PORTUGAL	34,5	13,5	14,0	7,1	39,8	25,6	8,7
ROMANIA	29,9	12,6	11,7	5,6	27,0	26,4	7,5
SLOVAKIA	30,9	9,7	12,5	8,7	39,3	31,3	10,3
SLOVENIA	34,4	14,5	11,8	8,1	43,7	28,4	13,2
SPAIN	36,5	18,8	12,6	5,1	32,5	19,5	4,3
SWEDEN	34,7	26,0	4,7	4,0	37,7	11,7	11,4
UNITED KINGDOM	34,1	22,0	6,5	5,7	37,4	14,1	7,9

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

Table 5: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), women, age category: 65.

Indicators →	Life Expectancy at age 65				Prevalence (ages 65-69)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	21,4	7,9	7,4	6,2	52,6	29,2	13,2
BELGIUM	21,3	9,7	6,8	4,8	39,0	29,4	12,0
BULGARIA	17,0	9,9	5,2	2,0	39,0	19,7	4,7
CYPRUS	21,1	8,2	6,6	6,3	73,3	27,6	13,6
CZECH REPUBLIC	19,0	8,8	6,5	3,6	45,7	27,0	6,6
DENMARK	19,7	12,8	4,8	2,1	37,7	20,0	12,4
ESTONIA	19,4	5,5	8,6	5,3	76,1	42,1	9,7
FINLAND	21,5	8,9	8,0	4,7	67,1	32,3	9,5
FRANCE	23,4	9,8	7,0	6,6	53,2	23,6	12,7
GERMANY	20,9	7,1	8,0	5,8	53,1	34,5	12,7
GREECE	20,4	8,1	6,2	6,0	45,7	25,0	13,1
HUNGARY	18,2	5,9	7,6	4,7	66,7	35,4	16,5
IRELAND	21,1	11,2	6,4	3,5	42,6	23,9	7,6
ITALY	22,4	10,0	7,8	4,6	36,5	28,5	9,1
LATVIA	18,2	5,6	8,8	3,8	65,1	45,6	11,3
LITHUANIA	18,6	6,7	7,4	4,5	62,8	36,1	14,9
LUXEMBOURG	21,6	12,4	6,1	3,1	40,9	18,9	8,9
MALTA	21,1	11,9	5,6	3,6	61,3	19,7	6,4
NETHERLANDS	21,0	9,5	8,9	2,6	50,3	34,9	6,6
POLAND	19,5	7,5	6,9	5,1	68,1	33,5	15,0
PORTUGAL	20,9	5,8	9,4	5,8	67,1	46,4	14,1
ROMANIA	17,2	5,0	7,5	4,8	46,2	49,0	12,3
SLOVAKIA	18,0	2,8	7,9	7,3	65,0	46,0	25,6
SLOVENIA	21,0	7,2	7,6	6,1	59,5	36,1	20,5
SPAIN	22,7	8,9	9,4	4,5	54,6	38,0	9,7
SWEDEN	21,2	15,5	3,0	2,7	45,7	11,8	8,4
UNITED KINGDOM	20,9	11,8	4,6	4,5	53,9	18,6	15,9

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

Table 6: Indicator trends in 2004-2011 and values for 2010, by country (EU-27), women, age category: 85.

Indicators →	Life Expectancy at age 85				Prevalence (ages 85+)		
Countries ↓	Life Expectancy	LE without activity limitations	LE with moderate activity limitations	LE with severe activity limitations	Morbidity	Moderate activity limitations	Severe activity limitations
AUSTRIA	7,0	1,0	2,3	3,7	79,8	33,2	53,0
BELGIUM	7,2	1,9	2,4	2,8	58,0	33,2	39,7
BULGARIA	4,9	1,2	2,2	1,5	73,1	45,4	31,2
CYPRUS	6,8	1,6	1,9	3,3	80,7	28,3	48,4
CZECH REPUBLIC	6,0	1,1	2,2	2,8	82,4	35,9	45,7
DENMARK	6,6	3,7	2,2	0,7	44,7	33,3	11,0
ESTONIA	6,5	0,6	2,3	3,6	88,7	35,6	55,0
FINLAND	7,0	1,3	3,0	2,6	93,2	43,1	37,7
FRANCE	8,5	2,0	2,4	4,1	74,5	28,0	48,7
GERMANY	6,8	0,9	2,2	3,7	75,7	32,8	54,1
GREECE	5,2	1,0	1,5	2,7	82,1	29,2	52,3
HUNGARY	6,0	1,2	2,2	2,7	81,4	36,2	44,4
IRELAND	7,4	2,6	2,4	2,4	78,0	32,3	32,4
ITALY	7,7	2,0	2,8	2,9	65,5	36,8	37,5
LATVIA	5,9	1,0	2,7	2,2	84,1	46,0	36,6
LITHUANIA	5,6	0,6	2,7	2,4	86,5	47,7	42,0
LUXEMBOURG	7,2	3,9	2,3	1,0	54,1	31,3	14,0
MALTA	7,6	3,2	2,3	2,0	64,7	30,4	27,0
NETHERLANDS	7,0	2,3	3,2	1,4	52,5	46,3	20,4
POLAND	6,6	1,4	2,3	2,8	86,6	34,6	43,3
PORTUGAL	6,5	0,9	2,5	3,1	75,8	38,1	48,1
ROMANIA	5,3	0,9	1,6	2,8	75,5	31,0	52,2
SLOVAKIA	5,6	0,1	1,5	4,0	85,9	27,1	70,4
SLOVENIA	7,1	2,0	2,3	2,8	68,9	33,0	38,9
SPAIN	7,6	1,7	3,3	2,6	71,2	42,6	34,5
SWEDEN	6,8	4,5	0,9	1,4	47,5	13,6	21,2
UNITED KINGDOM	7,3	3,1	1,6	2,6	70,4	21,6	35,2

	No clear trend or stable
	Decreasing LE or HLE/ Increasing prevalence
	Improving trend: increasing LE or HLE/ decreasing prevalence

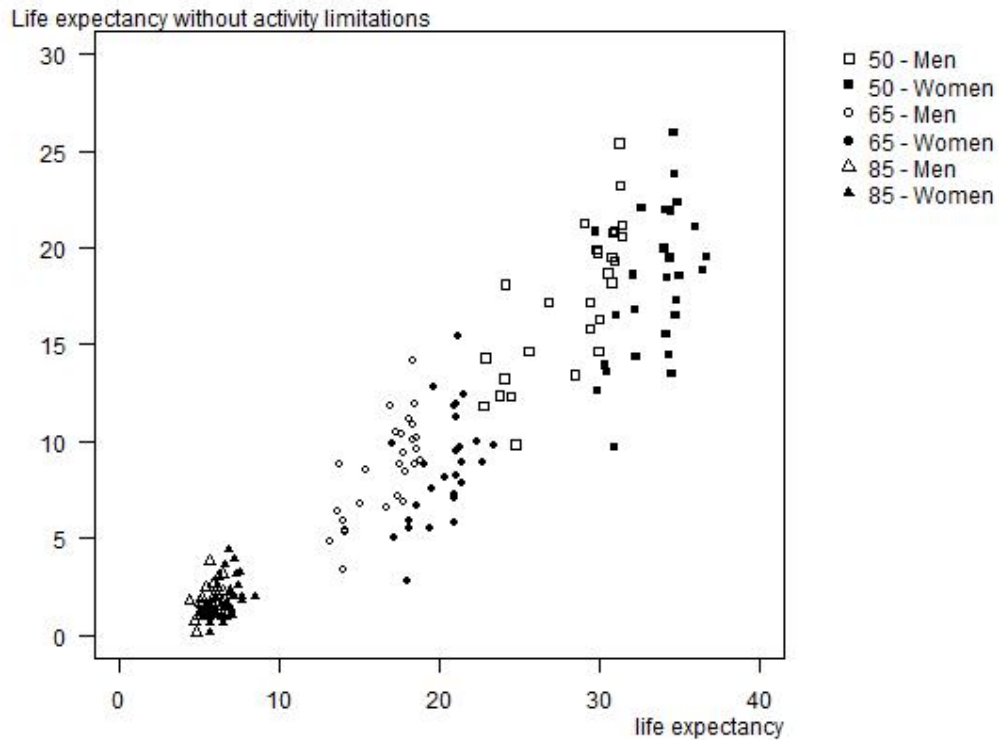


Figure 6: Healthy Life expectancy compared to Life expectancy, by country and sex, in 2010.

Figure 6 shows that a correlation exists between remaining life expectancy and healthy life years (i.e. LE without activity limitations). In addition, the figure shows that at all ages LE is higher in women than in men.

5. Conclusions and discussion

Across all EU27 countries, LE at age 50, 65 and 85 has significantly increased between 2007 and 2010. This improvement was not accompanied by an improvement in healthy life years: LE without activity limitations for both men and women showed a decrease of around 0.2 years per study year. This decrease was mainly attributable to an increase in LE with moderate activity limitations. Leading causes for disability among people aged 60 and over are dementia, hearing loss, eye disorders, osteoarthritis, ischemic heart disease and stroke (Rodrigues et al., 2012). Thus, it seems that the earlier trend of increasing LE but stable or even decreasing HLE has continued in recent years. The finding of an overall increased LE with moderate disability, but unchanged LE with severe disability corroborates that of earlier research (Christensen et al., 2009).

Remarkably enough, when all countries were analysed separately most countries showed an increase in overall LE between 2004 and 2011, but did not show a significant decreasing trend in healthy LE. On the contrary, HLE showed increases in several countries and decreased significantly only in Greece and Slovakia for women at age 85. This difference may be explained by small decreases in each country, which at the EU level show a significant trend but which are not significant at the country-level. In addition, different time frames were analysed: The trend in all countries was studied for 2006-2010, whereas trends in each country were studied for the time period available (often 2004-2010).

On average, the difference between LE and HLY at age 50 was 11.0 years for men and 15.4 years for women. The goal of increasing the number of HLY with 2 years on average in all EU countries by 2020 may be reached in particular if health is improved in those countries where the number of HLY is low while overall LE is relatively high. The five countries with the largest difference between LE and HLY for both men and women were Portugal, Slovakia, Germany, Slovenia and Austria. In these countries the proportion of years lived in poor health is highest, so improvement in functioning may have large benefits in terms of healthy life expectancy. On the other hand, increases in HLY may be gained in *all* countries where the amount of HLY is low, irrespective of their overall LE. Countries with a low number of HLY (less than 15 years for men or women aged 50), which have a low overall LE as well, are the Baltic states, Romania, Hungary and Poland.

In most countries the gap between LE and healthy LE has been increasing, but there are several countries where LE has not improved: Lithuania, Luxembourg and Romania for men and Cyprus, Luxembourg, Romania and Sweden for women. However, in Luxembourg and Lithuania the gap between LE and healthy LE has been decreasing as the number of HLY did improve over the last years. A remarkable finding was that overall LE has not been increasing for women in Sweden, the country with the highest healthy LE at each age.

A first limitation of this report is that people in nursing homes are not included in EU-SILC. As a result, the prevalence of activity limitations is underestimated in the figures presented. If the percentage of older people that live in nursing homes has decreased, it is likely that the prevalence of activity limitations has increased as a result of that.

Secondly, although the most complete and up to date data on HLY in the 27 EU countries were used for this report, the time period for which trends could be analysed for all countries together was only four years. Using a relatively short time period to study trends increases the possibility that the reported trends are chance findings. However, earlier results based on ECHP data indicate that the

trends presented in this report are part of a longer-lasting trend of increases in overall LE, but not in healthy LE (JA EHLEIS, 2013).

Finally, in several of the countries there has been a change in the wording of the limitation question, which may have influenced the trends in severe activity limitations and in HLE. For example, in 2005 only 3 countries had their version of the GALI question classified as 'fully comparable' to the standard version, 10 countries were classified as 'partially comparable' and 12 as 'not comparable'. In 2009 this was improved to 13 countries being assessed as 'fully comparable', 8 as 'partially comparable' and 5 as 'not comparable'. An analysis on the effects of this harmonization across the EU countries has shown that trends in activity limitation between 2005 and 2008 were also reflected in other health measures. This indicates that changes in the wording of the question may not serve as an explanation for the observed trends in HLE (Jagger & Fouweather, 2013).

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ANNEX: TRENDS IN 27 EU COUNTRIES

1. Austria

1.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in AUSTRIA life expectancy (LE) at age 50 increased by 1.5 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 1.6 years for men (1.5 % per year) and increased by 0.9 years for women (0.8 % per year). In 2011 in AUSTRIA men can expect 16.6 HLYs, and women 17.2 HLYs. Thus in 2011 men and women at age 50 can expect to spend 54.6 % and 48.9 % respectively of their remaining life without long-term activity limitations.

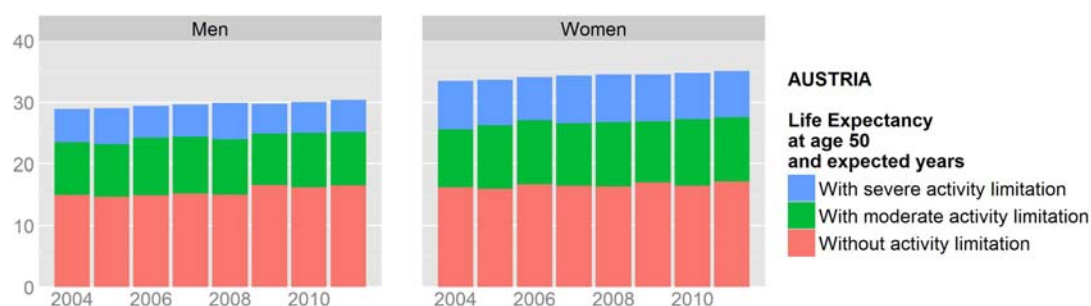


Figure A1: Life expectancy and Healthy life years of people in Austria at age 50, in 2004-2011 (Source: .

Between 2004 and 2011 in AUSTRIA life expectancy (LE) at age 65 increased by 1.3 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 1.1 years for men (2 % per year) and increased by 1.2 years for women (2.3 % per year). In 2011 in AUSTRIA men can expect 8.3 HLYs, and women 8.3 HLYs. Thus in 2011 men and women at age 65 can expect to spend 45.9 % and 38.4 % respectively of their remaining life without long-term activity limitations.

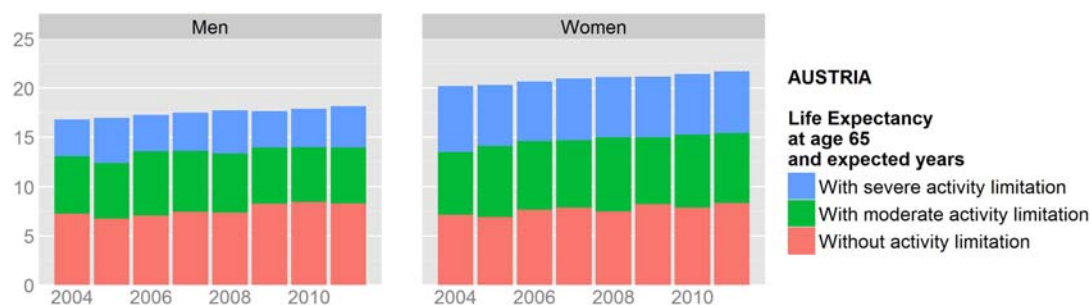


Figure A2: Life expectancy and Healthy life years of people in Austria at age 65, in 2004-2011.

Between 2004 and 2011 in AUSTRIA life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 1.3 years for women. LE without activity limitation (HLY) increased by 0 years for men (0 % per year) and decreased by 0.1 years for women (-0.7 % per year). In 2011 in AUSTRIA men can

expect 1.6 HLYs, and women 1 HLYs. Thus in 2011 men and women at age 85 can expect to spend 26.4 % and 13.9 % respectively of their remaining life without long-term activity limitations.

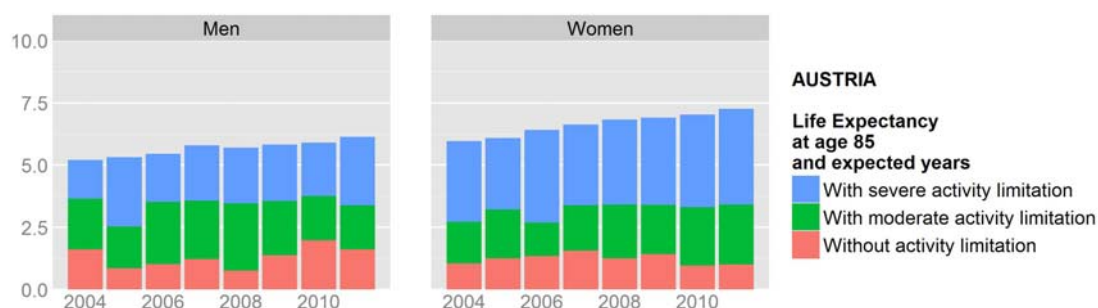


Figure A3: Life expectancy and Healthy life years of people in Austria at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in Austria in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

1.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

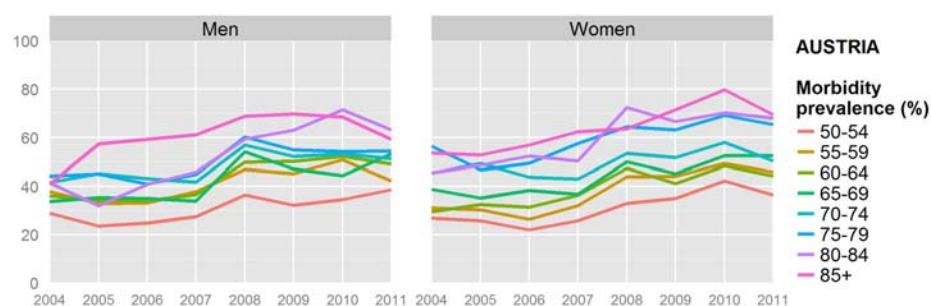


Figure A4: Self-reported chronic morbidity in Austria, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 80-84 increased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 55-59 increased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 75-79 increased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 85+ increased between 2004 and 2011.

1.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

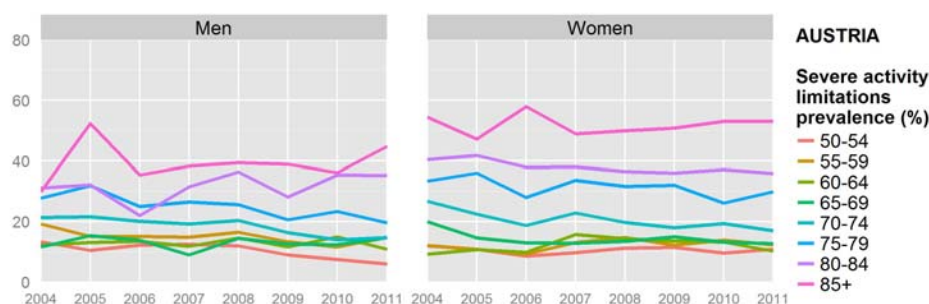


Figure A5: Long-term severe activity limitations in Austria, in 2004-2011.

For men the prevalence of long-term severe activity limitations for age category 70-74 decreased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2004 and 2011.

2. Belgium

2.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2010 in BELGIUM life expectancy (LE) at age 50 increased by 1.2 years for men and increased by 1 years for women. LE without activity limitation (HLY) increased by 2.7 years for men (2.4 % per year) and increased by 2 years for women (1.8 % per year). In 2010 in BELGIUM men can expect 19.9 HLYs, and women 19.5 HLYs. Thus in 2010 men and women at age 50 can expect to spend 66.7 % and 56.5 % respectively of their remaining life without long-term activity limitations.

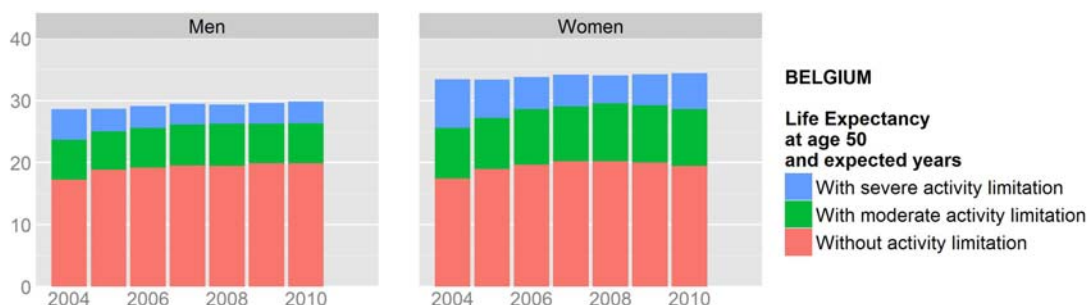


Figure A6: Life expectancy and Healthy life years of people in Belgium at age 50, in 2004-2011.

Between 2004 and 2010 in BELGIUM life expectancy (LE) at age 65 increased by 1.1 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 1.6 years for men (2.9 % per year) and increased by 1 years for women (1.8 % per year). In 2010 in BELGIUM men

can expect 10.4 HLYs, and women 9.7 HLYs. Thus in 2010 men and women at age 65 can expect to spend 59 % and 45.6 % respectively of their remaining life without long-term activity limitations.

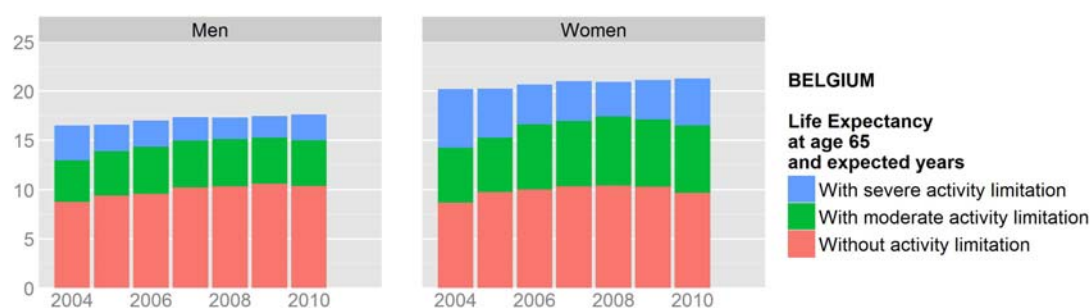


Figure A7: Life expectancy and Healthy life years of people in Belgium at age 65, in 2004-2011.

Between 2004 and 2010 in BELGIUM life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 1 year for women. LE without activity limitation (HLY) increased by 0.9 years for men (7.5 % per year) and increased by 0.5 years for women (5.1 % per year). In 2010 in BELGIUM men can expect 2.7 HLYs, and women 1.9 HLYs. Thus in 2010 men and women at age 85 can expect to spend 46 % and 27.1 % respectively of their remaining life without long-term activity limitations.

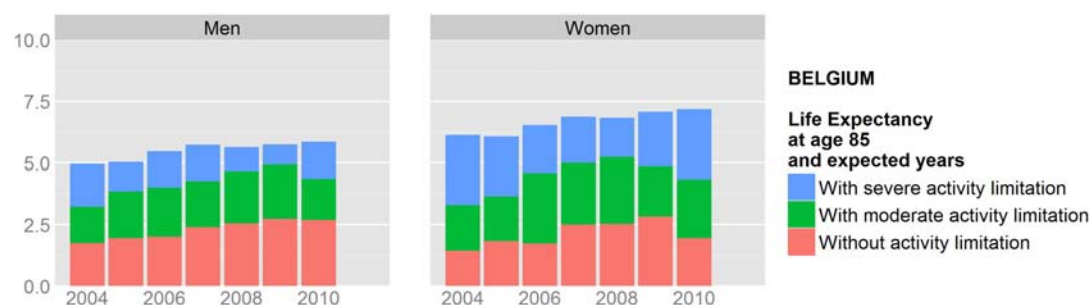


Figure A8: Life expectancy and Healthy life years of people in Belgium at age 85, in 2004-2011.

The wording of the GALI question was slightly changed in Belgium in 2005 to better reflect the EU standard (JA EHLEIS, 2013).

2.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

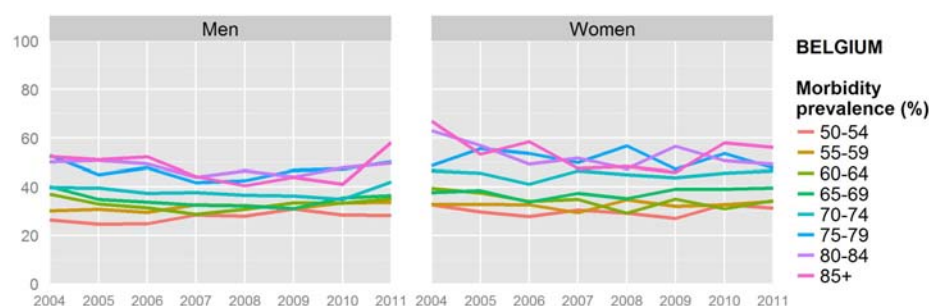


Figure A9: Self-reported chronic morbidity in Belgium, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in BELGIUM.

2.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

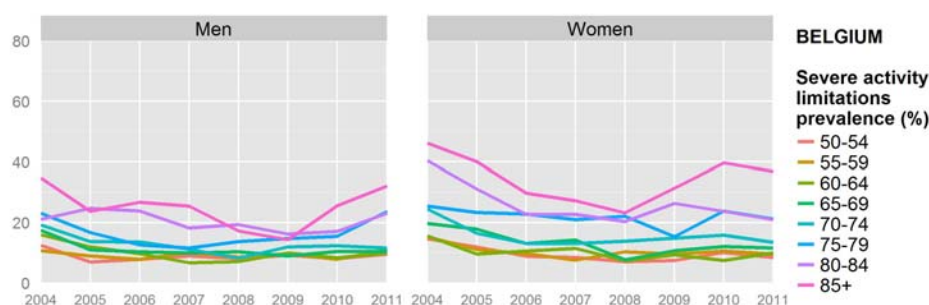


Figure A10: Long-term severe activity limitations in Belgium, in 2004-2011.

For women the prevalence of long-term moderate activity limitations for age category 65-69 increased between 2004 and 2011.

3. Bulgaria

3.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2006 and 2011 in BULGARIA life expectancy (LE) at age 50 increased by 1.1 years for men and increased by 1.2 years for women. LE without activity limitation (HLY) decreased by 3.5 years for men (-3.6 % per year) and decreased by 4.9 years for women (-4.3 % per year). In 2011 in BULGARIA men can expect 17.5 HLYs, and women 20.3 HLYs. Thus in 2011 men and women at age 50 can expect to spend 71.7 % and 67.6 % respectively of their remaining life without long-term activity limitations.

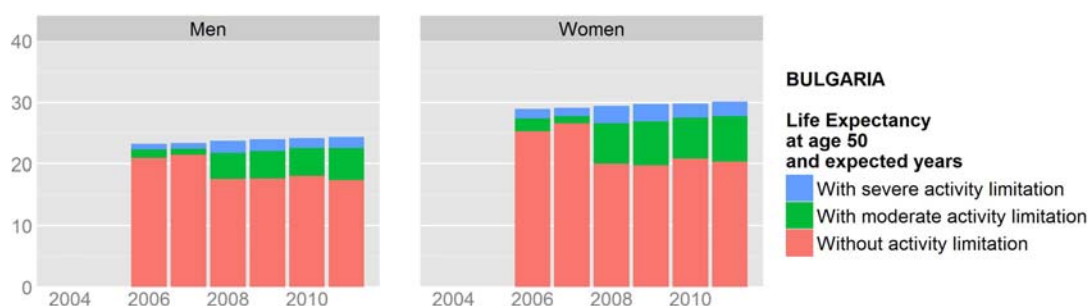


Figure A11: Life expectancy and Healthy life years of people in Bulgaria at age 50, in 2004-2011.

Between 2006 and 2011 in BULGARIA life expectancy (LE) at age 65 increased by 0.8 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) decreased by 2.8 years for men (-5.6 % per year) and decreased by 4 years for women (-6.7 % per year). In 2011 in BULGARIA men can expect 8.6 HLYs, and women 9.7 HLYs. Thus in 2011 men and women at age 65 can expect to spend 61.5 % and 55.7 % respectively of their remaining life without long-term activity limitations.

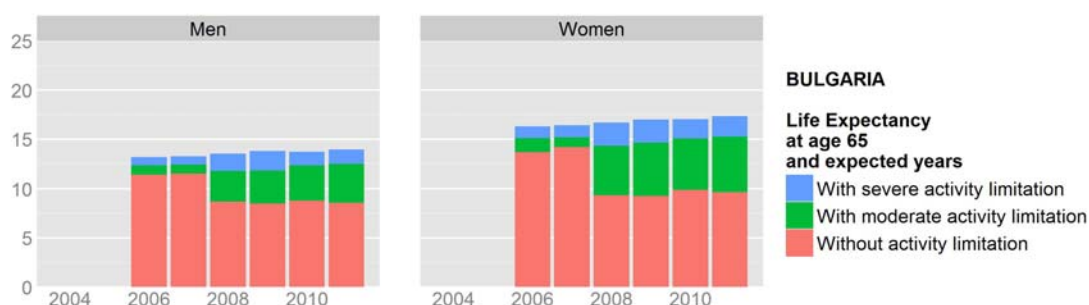


Figure A12: Life expectancy and Healthy life years of people in Bulgaria at age 65, in 2004-2011.

Between 2006 and 2011 in BULGARIA life expectancy (LE) at age 85 increased by 0.3 years for men and increased by 0.2 years for women. LE without activity limitation (HLY) decreased by 1.4 years for men (-11.6 % per year) and decreased by 2 years for women (-15.5 % per year). In 2011 in BULGARIA men can expect 1.7 HLYs, and women 1.5 HLYs. Thus in 2011 men and women at age 85 can expect to spend 35 % and 28.9 % respectively of their remaining life without long-term activity limitations.

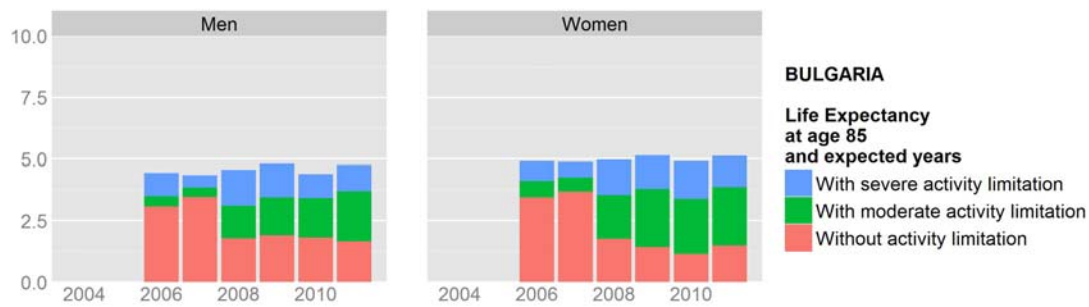


Figure A13: Life expectancy and Healthy life years of people in Bulgaria at age 85, in 2004-2011.

Because Bulgaria joined the European Union in 2007, health expectancy based on activity limitation (HLY) is not available before 2006. These results should be interpreted with great caution as the wording of the EU-SILC questions was clearly different in Bulgaria compared to other EU countries (JA EHLEIS, 2013).

3.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

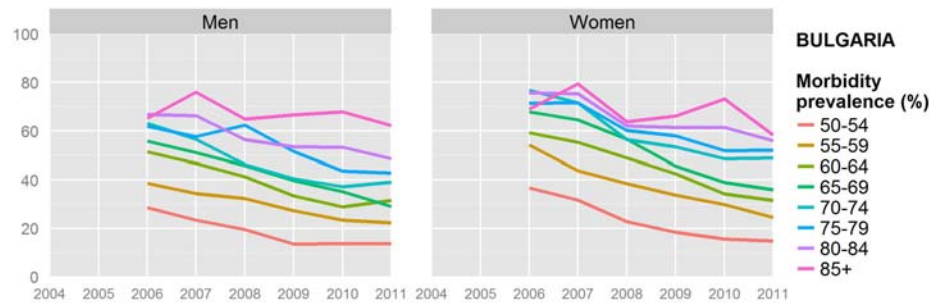


Figure A14: Self-reported chronic morbidity in Bulgaria, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 55-59 decreased between 2006 and 2011. For men the prevalence of self-reported chronic morbidity for age category 65-69 decreased between 2006 and 2011. For men the prevalence of self-reported chronic morbidity for age category 80-84 decreased between 2006 and 2011. For women the prevalence of self-reported chronic morbidity for age category 50-54 decreased between 2006 and 2011. For women the prevalence of self-reported chronic morbidity for age category 55-59 decreased between 2006 and 2011. For women the prevalence of self-reported chronic morbidity for age category 60-64 decreased between 2006 and 2011. For women the prevalence of self-reported chronic morbidity for age category 65-69 decreased between 2006 and 2011. For women the prevalence of self-reported chronic morbidity for age category 80-84 decreased between 2006 and 2011.

3.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

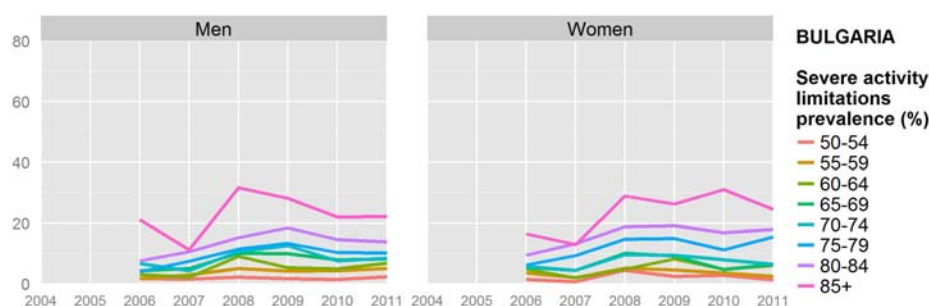


Figure A15: Long-term severe activity limitations in Bulgaria, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 80-84 increased between 2006 and 2011.

4. Cyprus

4.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in CYPRUS life expectancy (LE) at age 50 increased by 1.9 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 1.6 years for men (1.6 % per year) and increased by 1.3 years for women (1.5 % per year). In 2011 in CYPRUS men can expect 17.7 HLYs, and women 15.3 HLYs. Thus in 2011 men and women at age 50 can expect to spend 56.4 % and 44.6 % respectively of their remaining life without long-term activity limitations.

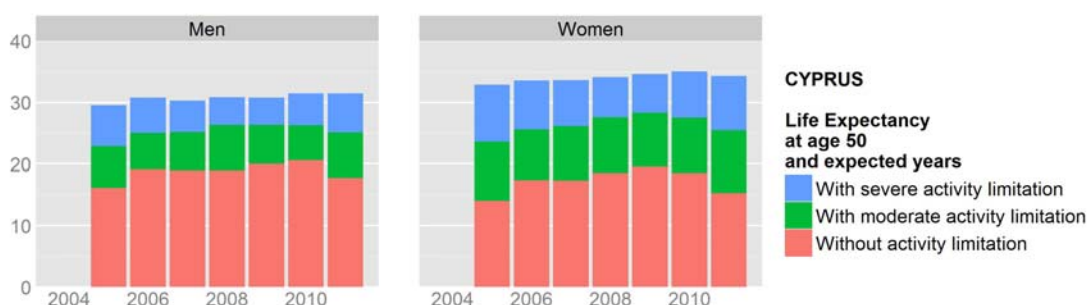


Figure A16: Life expectancy and Healthy life years of people in Cyprus at age 50, in 2004-2011.

Between 2005 and 2011 in CYPRUS life expectancy (LE) at age 65 increased by 1.5 years for men and increased by 1.3 years for women. LE without activity limitation (HLY) increased by 1.4 years for men (3.2 % per year) and increased by 0.9 years for women (2.8 % per year). In 2011 in CYPRUS men can expect 8.3 HLYs, and women 5.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 45.2 % and 28.7 % respectively of their remaining life without long-term activity limitations.

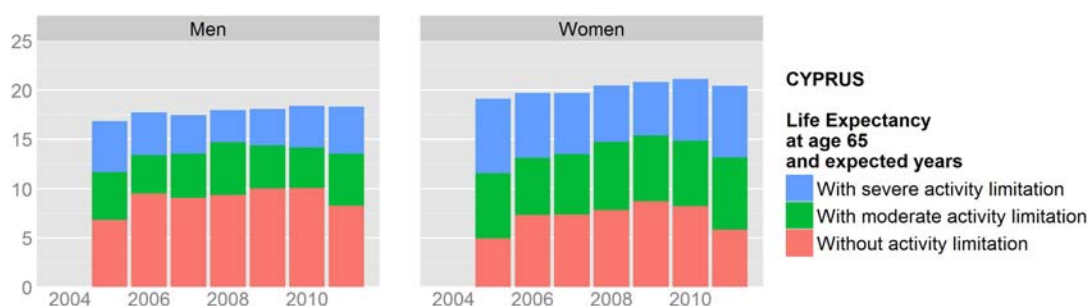


Figure A17: Life expectancy and Healthy life years of people in Cyprus at age 65, in 2004-2011.

Between 2005 and 2011 in CYPRUS life expectancy (LE) at age 85 increased by 0.5 years for men and increased by 0.1 years for women. LE without activity limitation (HLY) increased by 0.2 years for men (2.7 % per year) and increased by 0.2 years for women (5.1 % per year). In 2011 in CYPRUS men can expect 1.6 HLYs, and women 0.7 HLYs. Thus in 2011 men and women at age 85 can expect to spend 29 % and 11.8 % respectively of their remaining life without long-term activity limitations.

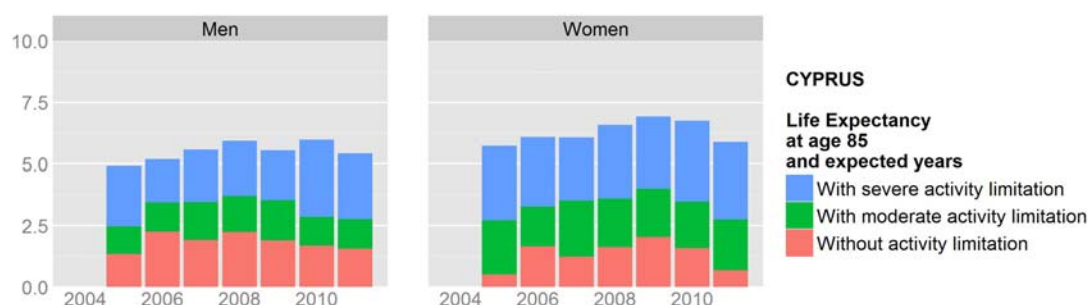


Figure A18: Life expectancy and Healthy life years of people in Cyprus at age 85, in 2004-2011.

The wording of the GALI question did not need to be changed in Cyprus in 2008 (JA EHLEIS, 2013).

4.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

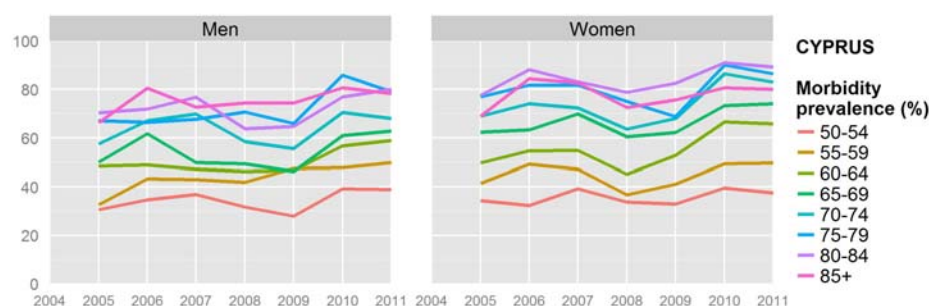


Figure A19: Self-reported chronic morbidity in Cyprus, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in CYPRUS.

4.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

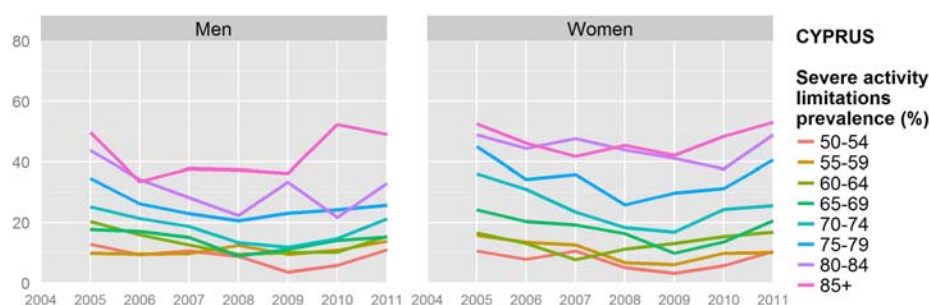


Figure A20: Long-term severe activity limitations in Cyprus in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in CYPRUS.

5. Czech Republic

5.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in CZECH REPUBLIC life expectancy (LE) at age 50 increased by 1.5 years for men and increased by 1.7 years for women. LE without activity limitation (HLY) increased by 2.4 years for men (2.5 % per year) and increased by 2 years for women (1.9 % per year). In 2011 in CZECH REPUBLIC men can expect 17.3 HLYs, and women 18.4 HLYs. Thus in 2011 men and women at age 50 can expect to spend 63.9 % and 56.8 % respectively of their remaining life without self-reported long-term activity limitations.

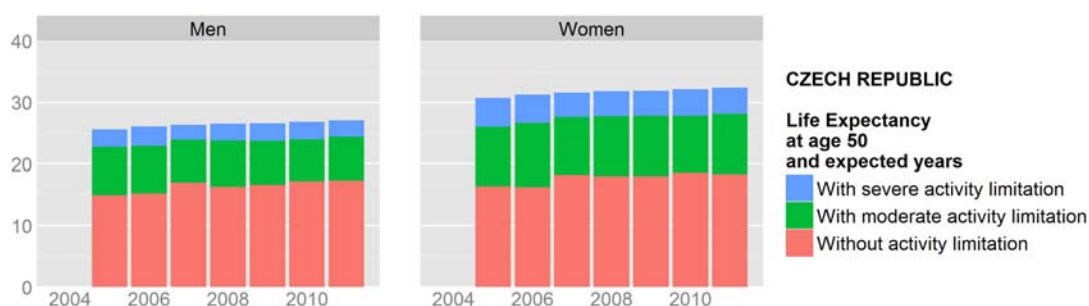


Figure A21: Life expectancy and Healthy life years of people in the Czech Republic at age 50, in 2004-2011.

Between 2005 and 2011 in CZECH REPUBLIC life expectancy (LE) at age 65 increased by 1.2 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 1.8 years for men (4.1 % per year) and increased by 1.7 years for women (3.7 % per year). In 2011 in CZECH REPUBLIC men can expect 8.4 HLYs, and women 8.7 HLYs. Thus in 2011 men and women at age 65 can expect to spend 53.8 % and 45.4 % respectively of their remaining life without long-term activity limitations.

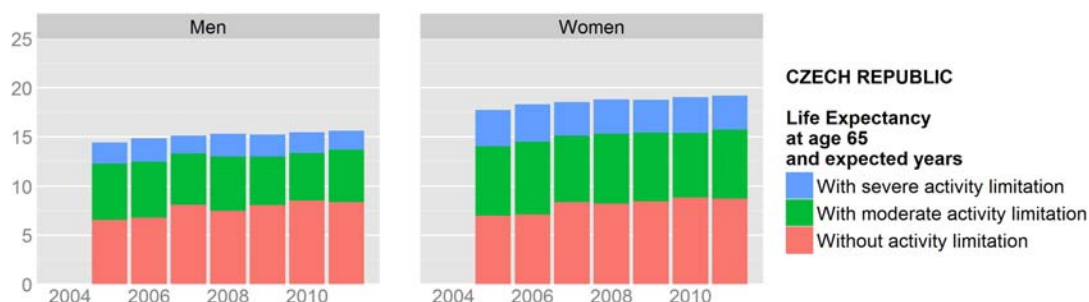


Figure A22: Life expectancy and Healthy life years of people in the Czech Republic at age 65, in 2004-2011.

Between 2005 and 2011 in CZECH REPUBLIC life expectancy (LE) at age 85 increased by 0.8 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) decreased by 0.9 years for men (-6.7 % per year) and decreased by 0.1 years for women (-1.7 % per year). In 2011 in CZECH REPUBLIC men can expect 1.6 HLYs, and women 1.2 HLYs. Thus in 2011 men and women at age 85 can expect to spend 31.7 % and 19.1 % respectively of their remaining life without long-term activity limitations.

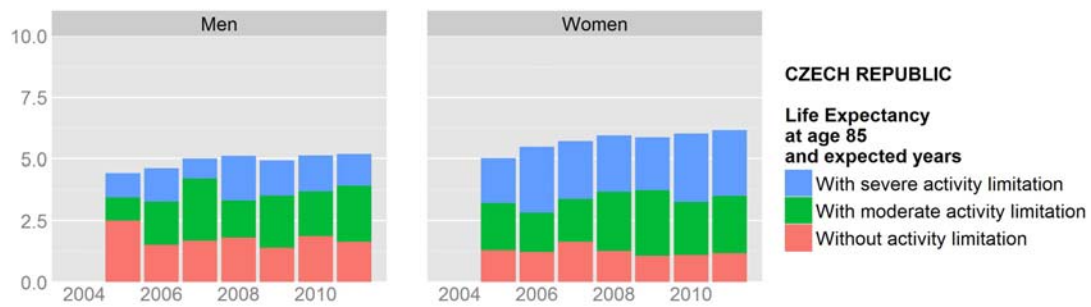


Figure A23: Life expectancy and Healthy life years of people in the Czech Republic at age 85, in 2004-2011.

The whole series should be interpreted with caution due to successive changes in the wording of the questions in the Czech Republic (2007 then 2008). Especially, the wording of the GALI question was changed in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

5.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

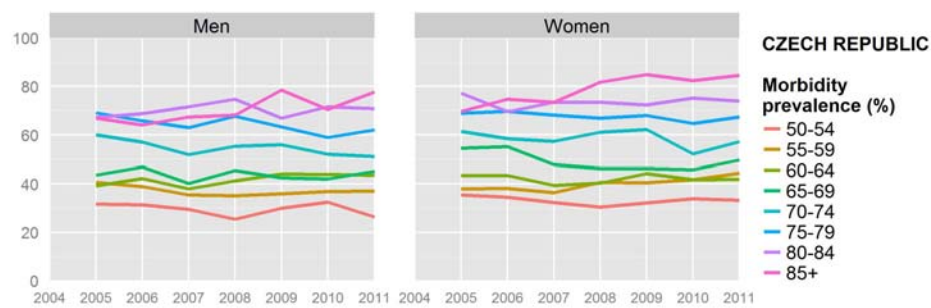


Figure A24: Self-reported chronic morbidity in the Czech Republic, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in CZECH REPUBLIC.

5.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

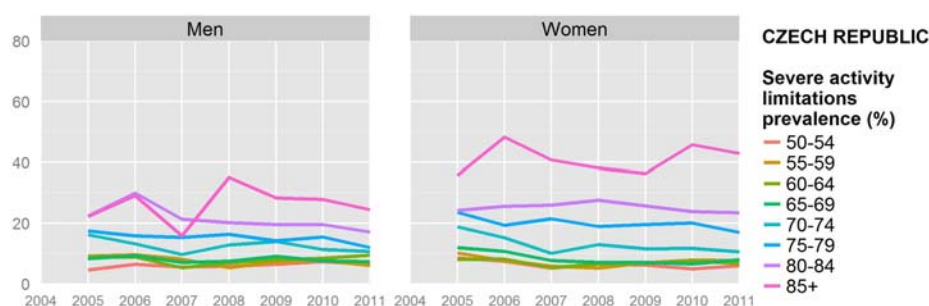


Figure A25: Long-term severe activity limitations in the Czech Republic, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 70-74 decreased between 2005 and 2011. For women the prevalence of long-term moderate activity limitations for age category 65-69 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2005 and 2011.

6. Denmark

6.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2008 and 2011 in DENMARK life expectancy (LE) at age 50 increased by 0.9 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) increased by 0.7 years for men (1.1 % per year) and increased by 1.3 years for women (2.1 % per year). In 2011 in DENMARK men can expect 21.8 HLYs, and women 22.1 HLYs. Thus in 2011 men and women at age 50 can expect to spend 73.5 % and 66.7 % respectively of their remaining life without long-term activity limitations.

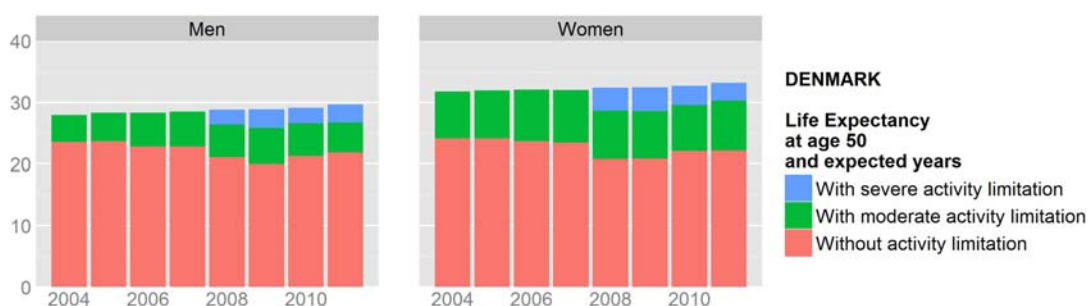


Figure A26: Life expectancy and Healthy life years of people in Denmark at age 50, in 2004-2011.

Between 2008 and 2011 in DENMARK life expectancy (LE) at age 65 increased by 0.7 years for men and increased by 0.6 years for women. LE without activity limitation (HLY) increased by 0.4 years for men (1 % per year) and increased by 0.6 years for women (1.6 % per year). In 2011 in DENMARK men can expect 12.4 HLYs, and women 13 HLYs. Thus in 2011 men and women at age 65 can expect to spend 71.6 % and 64.6 % respectively of their remaining life without long-term activity limitations.

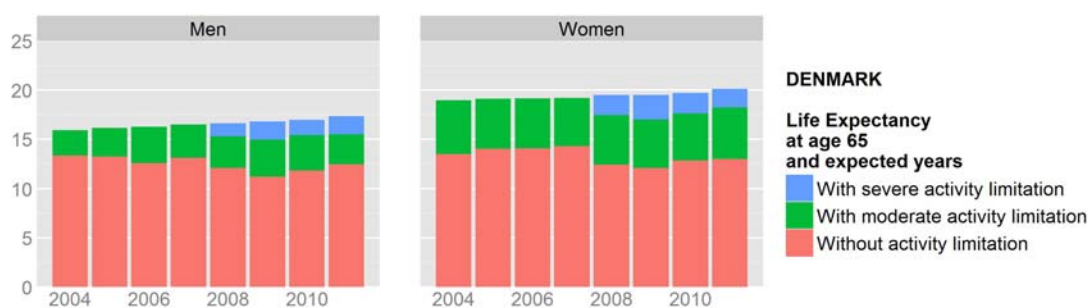


Figure A27: Life expectancy and Healthy life years of people in Denmark at age 65, in 2004-2011.

Between 2008 and 2011 in DENMARK life expectancy (LE) at age 85 increased by 0.3 years for men and increased by 0.3 years for women. LE without activity limitation (HLY) decreased by 0.8 years for men (-8 % per year) and increased by 0.4 years for women (4.2 % per year). In 2011 in DENMARK men can expect 2.7 HLYs, and women 3.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 48.9 % and 53.2 % respectively of their remaining life without long-term activity limitations.

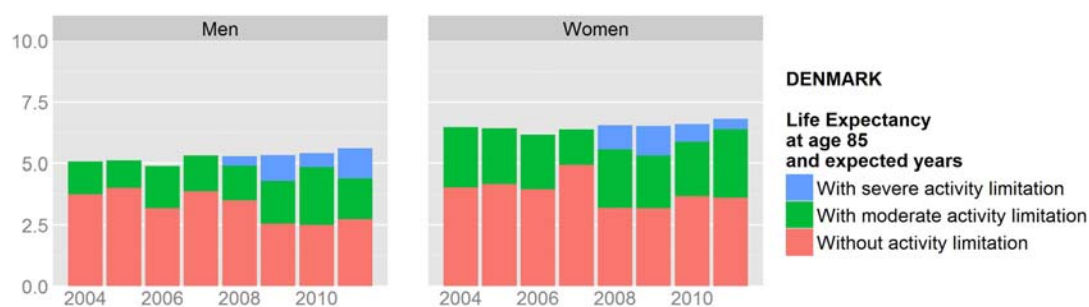


Figure A28: Life expectancy and Healthy life years of people in Denmark at age 85, in 2004-2011.

The question on activity limitation asked in Denmark for EU-SILC in 2004 and 2005 is far from the reference variable description in English. This Danish wording of the question and its introduction are closer, but not identical, to the previous ECHP question on activity limitation (JA EHLEIS, 2013).

6.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

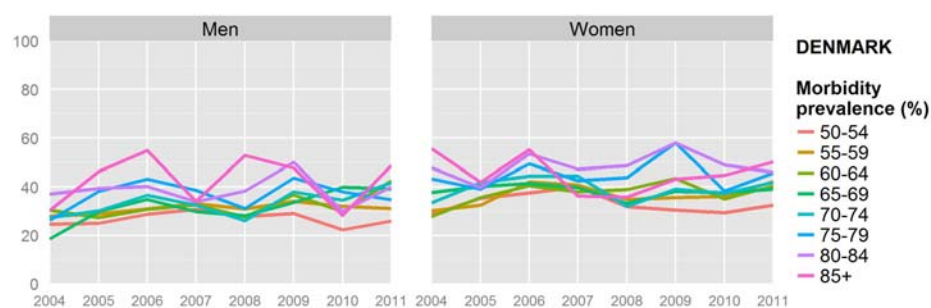


Figure A29: Self-reported chronic morbidity in Denmark, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in DENMARK.

6.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

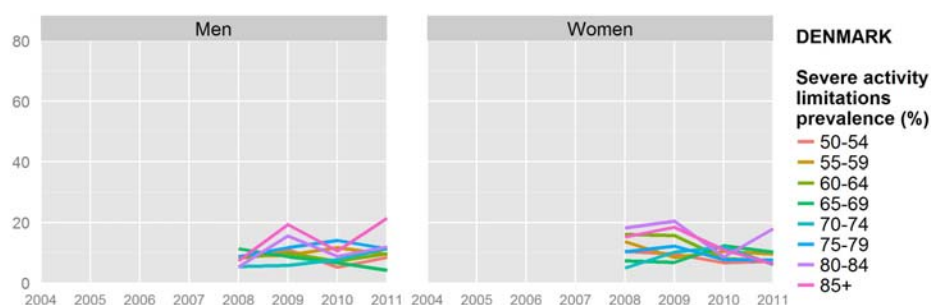


Figure A30: Long-term severe activity limitations in Denmark, in 2004-2011.

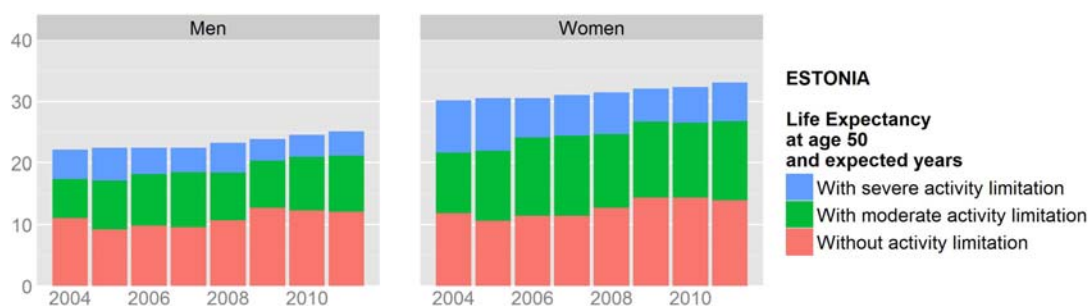
For men the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2008 and 2011. For men the prevalence of long-term severe activity limitations for age category 70-74 increased between 2008 and 2011. For women the prevalence of long-term severe activity limitations for age category 60-64 decreased between 2008 and 2011.

7. Estonia

7.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

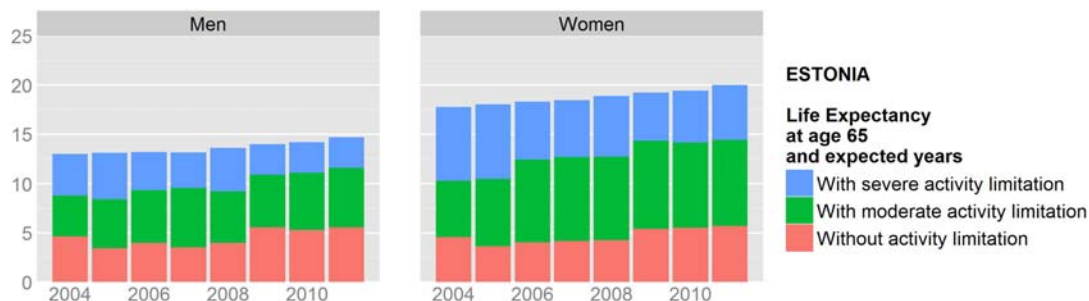
Between 2004 and 2011 in ESTONIA life expectancy (LE) at age 50 increased by 3 years for men and increased by 2.9 years for women. LE without activity limitation (HLY) increased by 1 years for men (1.3 % per year) and increased by 2.1 years for women (2.4 % per year). In 2011 in ESTONIA men can expect 12.1 HLYs, and women 14 HLYs. Thus in 2011 men and women at age 50 can expect to spend 48.2 % and 42.3 % respectively of their remaining life without long-term activity limitations.

Figure A31: Life expectancy and Healthy life years of people in Estonia at age 50, in 2004-2011.



Between 2004 and 2011 in ESTONIA life expectancy (LE) at age 65 increased by 1.7 years for men and increased by 2.2 years for women. LE without activity limitation (HLY) increased by 0.9 years for men (2.7 % per year) and increased by 1.2 years for women (3.3 % per year). In 2011 in ESTONIA men can expect 5.6 HLYs, and women 5.7 HLYs. Thus in 2011 men and women at age 65 can expect to spend 37.9 % and 28.7 % respectively of their remaining life without long-term activity limitations.

Figure A32: Life expectancy and Healthy life years of people in Estonia at age 65, in 2004-2011.



Between 2004 and 2011 in ESTONIA life expectancy (LE) at age 85 increased by 1.2 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) decreased by 0.6 years for men (-5.5 % per year) and increased by 0.4 years for women (7.4 % per year). In 2011 in ESTONIA men can expect 1.2 HLYs, and women 0.9 HLYs. Thus in 2011 men and women at age 85 can expect to spend 21.4 % and 13.6 % respectively of their remaining life without long-term activity limitations.

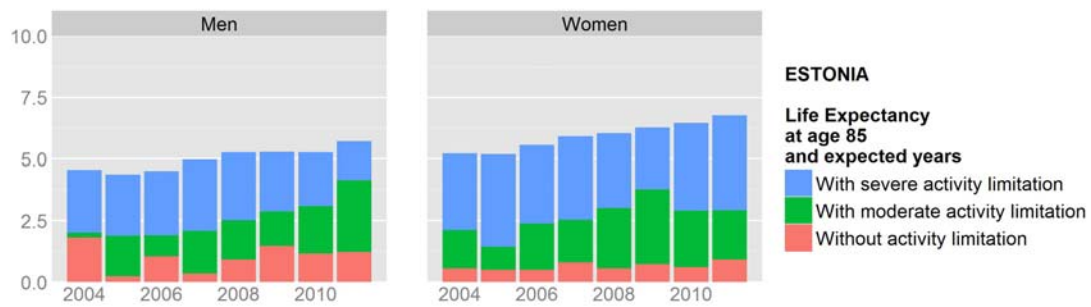


Figure A33: Life expectancy and Healthy life years of people in Estonia at age 85, in 2004-2011.

The wording of the GALI question was changed in Estonia in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

7.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

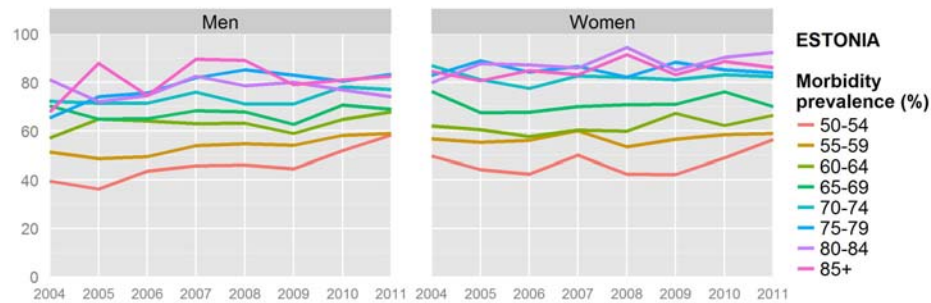


Figure A34: Self-reported chronic morbidity in Estonia, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 50-54 increased between 2004 and 2011. For men the prevalence of self-reported chronic morbidity for age category 55-59 increased between 2004 and 2011.

7.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

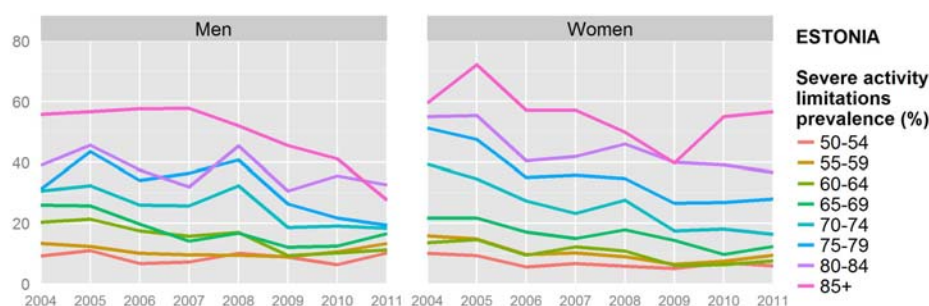


Figure A35: Long-term severe activity limitations in Estonia, in 2004-2011.

For women the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 70-74 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2004 and 2011.

8. Finland

8.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in FINLAND life expectancy (LE) at age 50 increased by 1.5 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 2.9 years for men (2.8 % per year) and increased by 2.6 years for women (2.4 % per year). In 2011 in FINLAND men can expect 16.7 HLYs, and women 17.3 HLYs. Thus in 2011 men and women at age 50 can expect to spend 56 % and 49.3 % respectively of their remaining life without long-term activity limitations.

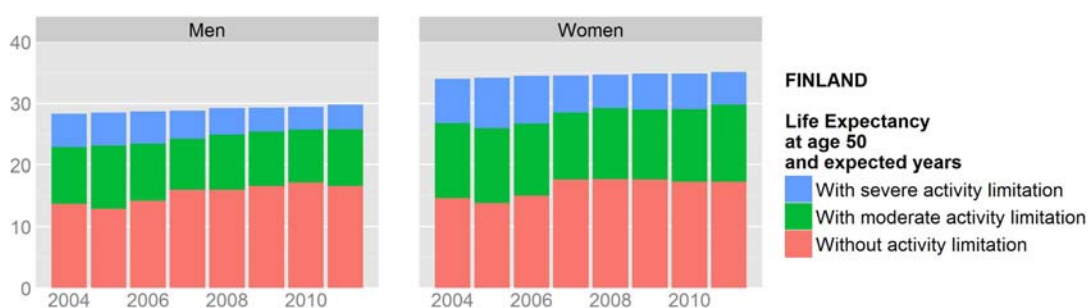


Figure A36: Life expectancy and Healthy life years of people in Finland at age 50, in 2004-2011.

Between 2004 and 2011 in FINLAND life expectancy (LE) at age 65 increased by 1.2 years for men and increased by 1 years for women. LE without activity limitation (HLY) increased by 1.3 years for men (2.4 % per year) and increased by 1.7 years for women (3.2 % per year). In 2011 in FINLAND men can

expect 8.4 HLYs, and women 8.6 HLYs. Thus in 2011 men and women at age 65 can expect to spend 47.3 % and 39.8 % respectively of their remaining life without long-term activity limitations.

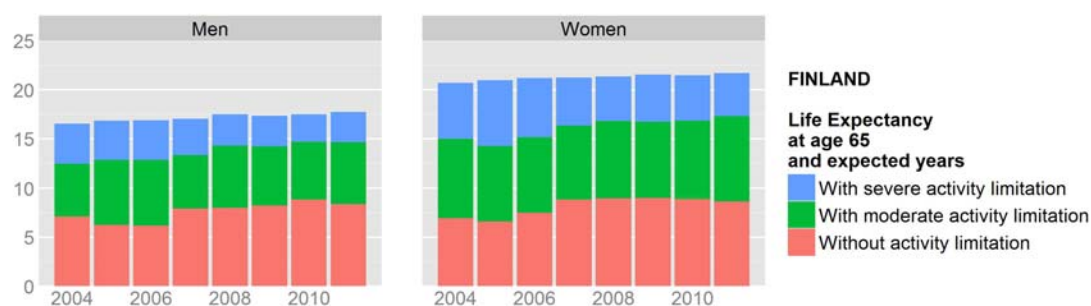
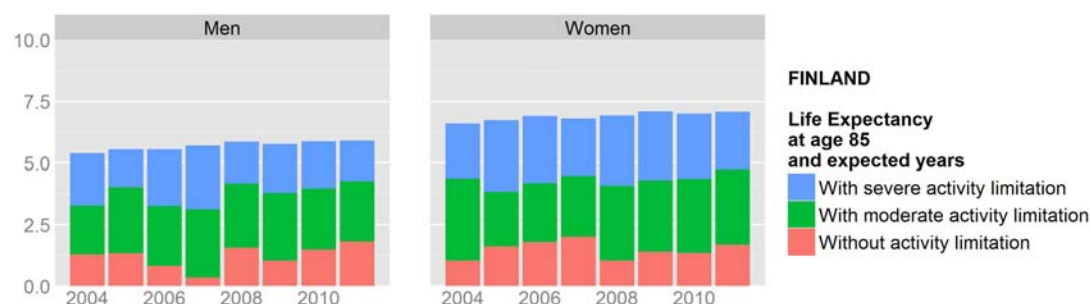


Figure A37: Life expectancy and Healthy life years of people in Finland at age 65, in 2004-2011.

Between 2004 and 2011 in FINLAND life expectancy (LE) at age 85 increased by 0.5 years for men and increased by 0.5 years for women. LE without activity limitation (HLY) increased by 0.5 years for men (5 % per year) and increased by 0.7 years for women (7.2 % per year). In 2011 in FINLAND men can expect 1.8 HLYs, and women 1.7 HLYs. Thus in 2011 men and women at age 85 can expect to spend 30.7 % and 23.9 % respectively of their remaining life without long-term activity limitations.

Figure A38: Life expectancy and Healthy life years of people in Finland at age 85, in 2004-2011.



The whole series should be interpreted with caution due to successive changes in the wording of the question used especially in 2007 (JA EHLEIS, 2013).

8.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

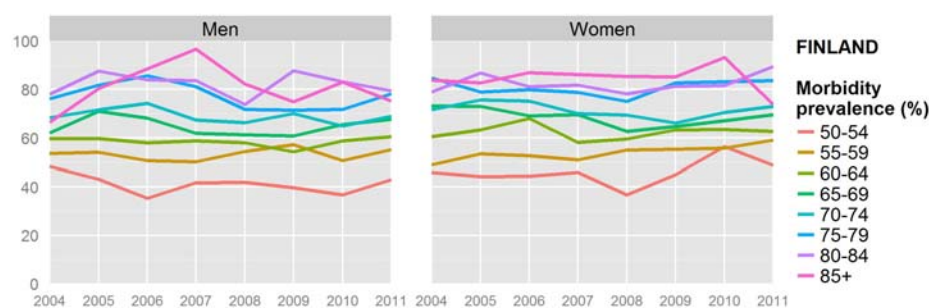


Figure A39: Self-reported chronic morbidity in Finland, in 2004-2011.

For women the prevalence of self-reported chronic morbidity for age category 55-59 increased between 2004 and 2011.

8.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

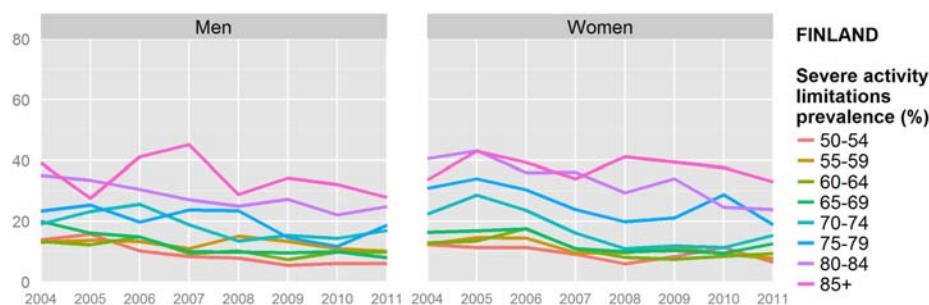


Figure A40: Long-term severe activity limitations in Finland, in 2004-2011

For women the prevalence of long-term moderate activity limitations for age category 65-69 decreased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 50-54 decreased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2004 and 2011.

9. France

9.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in FRANCE life expectancy (LE) at age 50 increased by 1.6 years for men and increased by 1.7 years for women. LE without activity limitation (HLY) increased by 1.5 years for men (1.2 % per year) and decreased by 0.4 years for women (-0.3 % per year). In 2011 in FRANCE men can expect 19.1 HLYs, and women 19.6 HLYs. Thus in 2011 men and women at age 50 can expect to spend 61.2 % and 52.6 % respectively of their remaining life without long-term activity limitations.

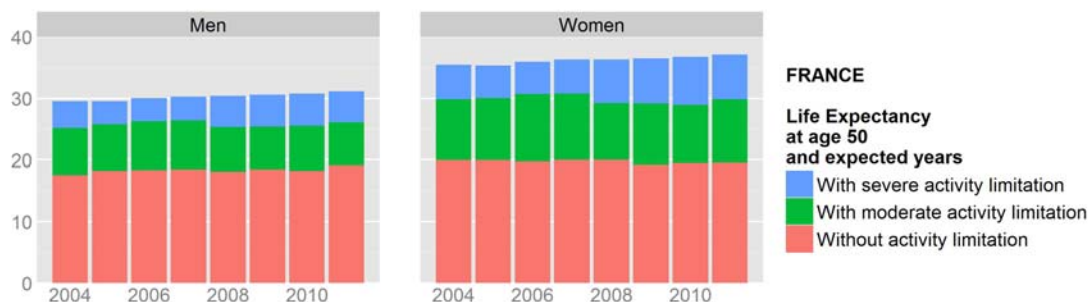


Figure A41: Life expectancy and Healthy life years of people in France at age 50, in 2004-2011.

Between 2004 and 2011 in FRANCE life expectancy (LE) at age 65 increased by 1.6 years for men and increased by 1.7 years for women. LE without activity limitation (HLY) increased by 1.3 years for men (2 % per year) and increased by 0 years for women (0 % per year). In 2011 in FRANCE men can expect 9.7 HLYs, and women 9.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 50.5 % and 41.8 % respectively of their remaining life without long-term activity limitations.

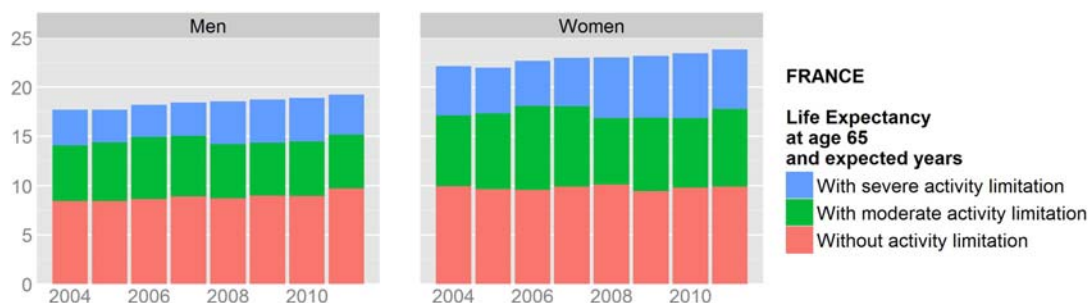


Figure A42: Life expectancy and Healthy life years of people in France at age 65, in 2004-2011

Between 2004 and 2011 in FRANCE life expectancy (LE) at age 85 increased by 1.1 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 0.3 years for men (1.9 % per year) and decreased by 0.3 years for women (-2.1 % per year). In 2011 in FRANCE men can expect 2.1 HLYs, and women 1.8 HLYs. Thus in 2011 men and women at age 85 can expect to spend 30.2 % and 20.2 % respectively of their remaining life without long-term activity limitations.

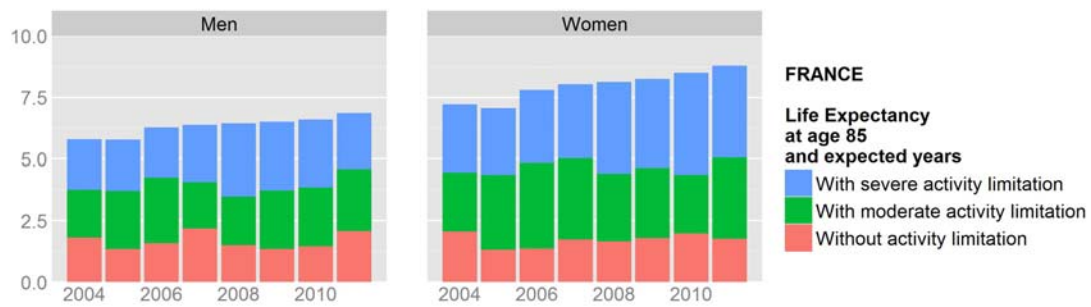


Figure A43: Life expectancy and Healthy life years of people in France at age 85, in 2004-2011

Note that the wording of the GALI question was marginally changed in France in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

9.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

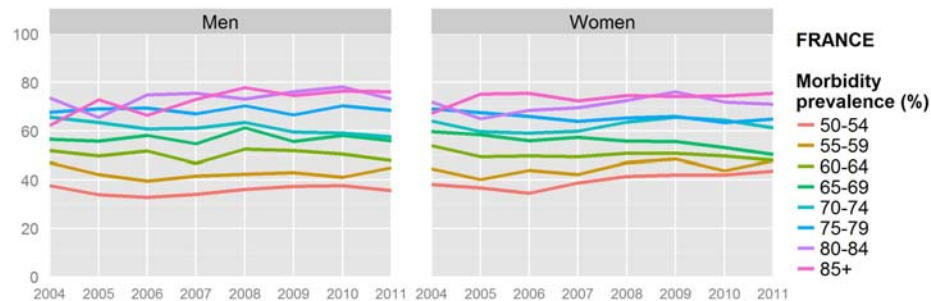


Figure A44: Self-reported chronic morbidity in France, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 70-74 decreased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 50-54 increased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 65-69 decreased between 2004 and 2011.

9.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

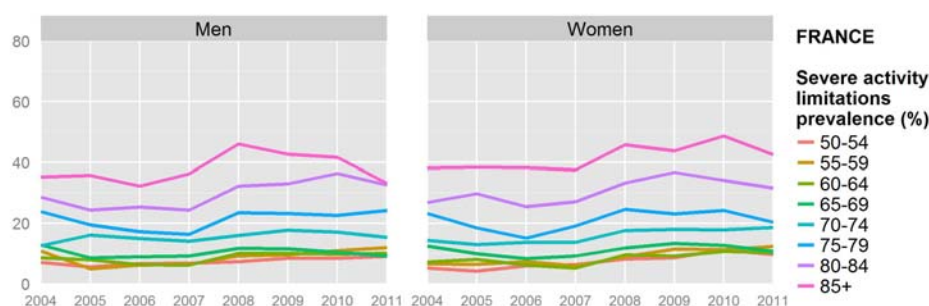


Figure A45: Long-term severe activity limitations in France, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 70-74 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 50-54 increased between 2004 and 2011.

10. Germany

10.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in GERMANY life expectancy (LE) at age 50 increased by 1.4 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 1.3 years for men (1.6 % per year) and increased by 2.2 years for women (2.5 % per year). In 2011 in GERMANY men can expect 14.6 HLYs, and women 15.7 HLYs. Thus in 2011 men and women at age 50 can expect to spend 48.1 % and 45.5 % respectively of their remaining life without long-term activity limitations.

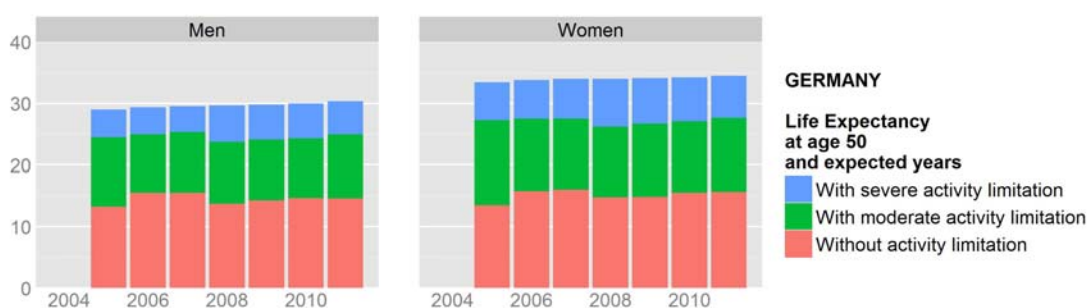


Figure A46: Life expectancy and Healthy life years of people in Germany at age 50, in 2004-2011.

Between 2005 and 2011 in GERMANY life expectancy (LE) at age 65 increased by 1.3 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 0.3 years for men (0.7 % per year) and increased by 1.3 years for women (3.5 % per year). In 2011 in GERMANY men can expect 6.7 HLYs, and women 7.3 HLYs. Thus in 2011 men and women at age 65 can expect to spend 36.6 % and 34.2 % respectively of their remaining life without long-term activity limitations.

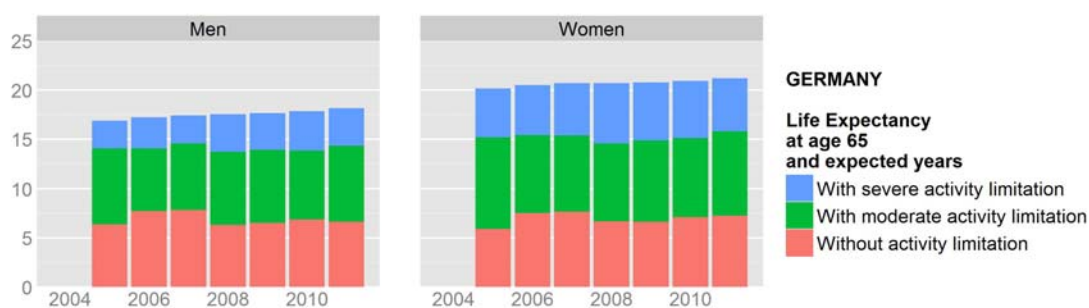


Figure A47: Life expectancy and Healthy life years of people in Germany at age 65, in 2004-2011.

Between 2005 and 2011 in GERMANY life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 0.9 years for women. LE without activity limitation (HLY) decreased by 0.1 years for men (-2 % per year) and increased by 0.1 years for women (1.9 % per year). In 2011 in GERMANY men can expect 1.1 HLYs, and women 1.1 HLYs. Thus in 2011 men and women at age 85 can expect to spend 16.8 % and 15.6 % respectively of their remaining life without long-term activity limitations.

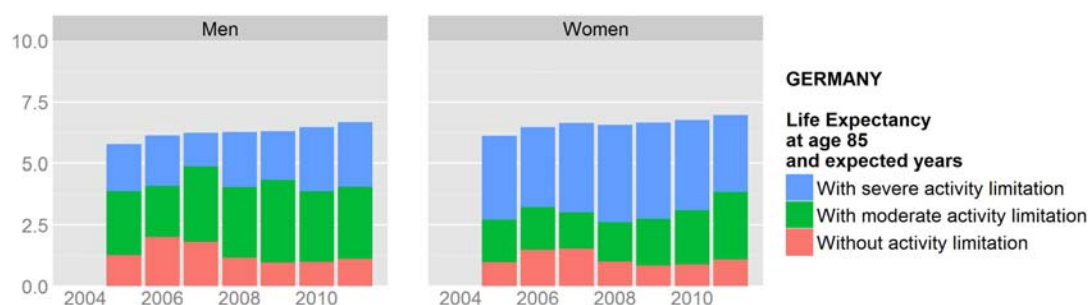


Figure A48: Life expectancy and Healthy life years of people in Germany at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in Germany in 2008 to better reflect the EU standard. This may explain the strong decrease in HLY observed between 2007 and 2008 in Germany, especially for men (JA EHLEIS, 2013).

10.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

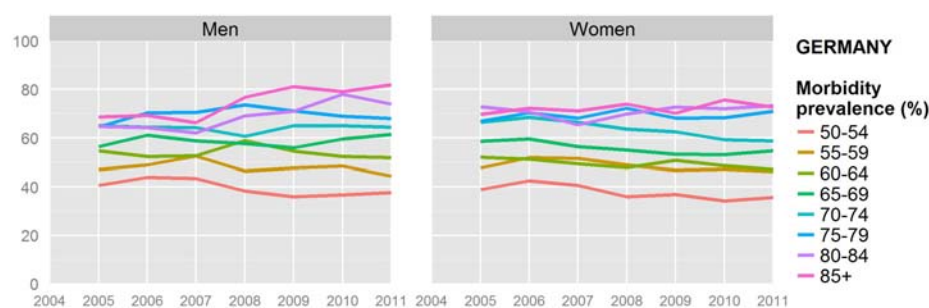


Figure A49: Self-reported chronic morbidity in Germany, in 2004-2011.

For women the prevalence of self-reported chronic morbidity for age category 70-74 decreased between 2005 and 2011.

10.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

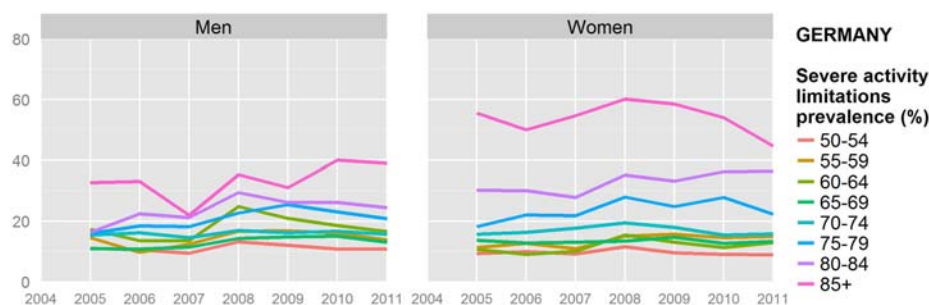


Figure A50: Long-term severe activity limitations in Germany, in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in GERMANY.

11. Greece

11.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in GREECE life expectancy (LE) at age 50 increased by 1.6 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 0.1 years for men (0.1 % per year) and decreased by 0.9 years for women (-0.7 % per year). In 2011 in GREECE men can expect 19.7 HLYs, and women 19.2 HLYs. Thus in 2011 men and women at age 50 can expect to spend 63.9 % and 56 % respectively of their remaining life without long-term activity limitations.

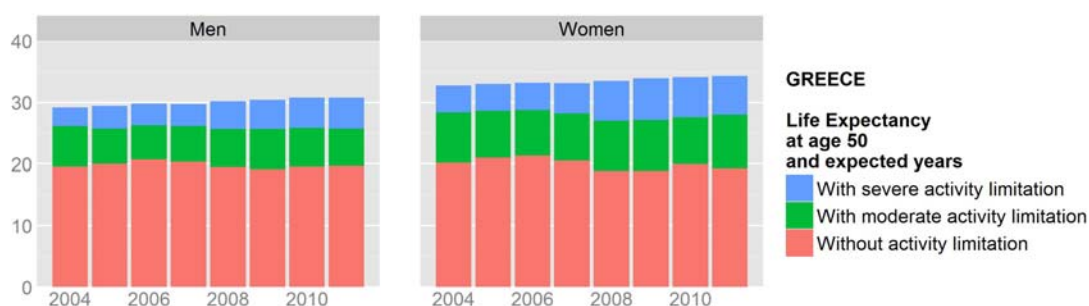


Figure A51: Life expectancy and Healthy life years of people in Greece at age 50, in 2004-2011.

Between 2004 and 2011 in GREECE life expectancy (LE) at age 65 increased by 1.6 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) decreased by 0.4 years for men (-0.7 % per year) and decreased by 1.6 years for women (-2.7 % per year). In 2011 in GREECE men can expect 9.1 HLYs, and women 7.8 HLYs. Thus in 2011 men and women at age 65 can expect to spend 49.2 % and 38.1 % respectively of their remaining life without long-term activity limitations.

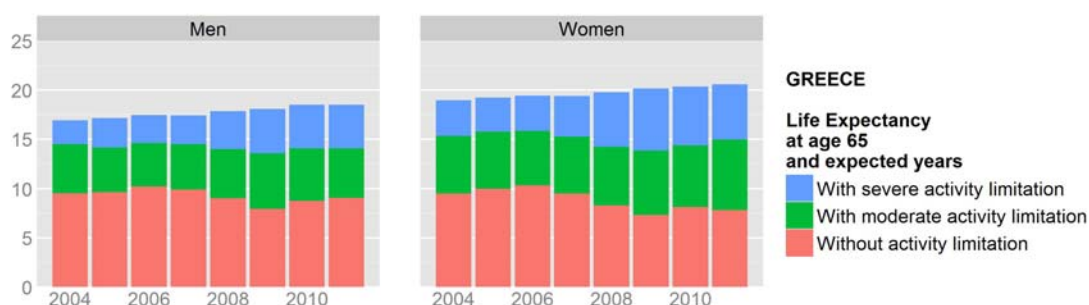


Figure A52: Life expectancy and Healthy life years of people in Greece at age 65, in 2004-2011.

Between 2004 and 2011 in GREECE life expectancy (LE) at age 85 increased by 1.9 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) decreased by 0.6 years for men (-4.2 % per year) and decreased by 0.8 years for women (-11.7 % per year). In 2011 in GREECE men can expect 1.7 HLYs, and women 0.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 24.8 % and 11.1 % respectively of their remaining life without long-term activity limitations.

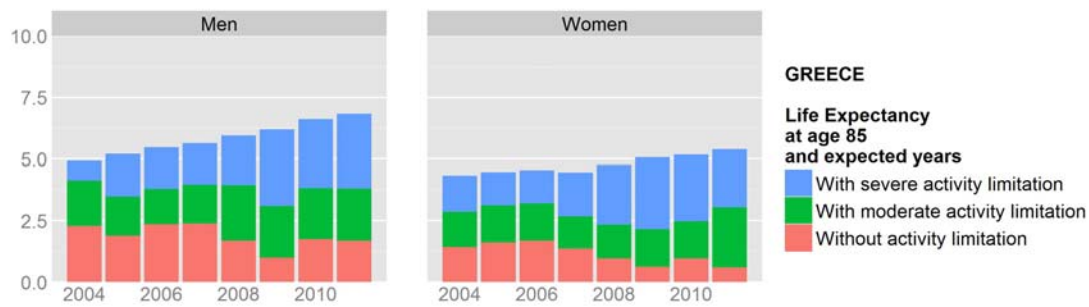


Figure A53: Life expectancy and Healthy life years of people in Greece at age 85, in 2004-2011.

11.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

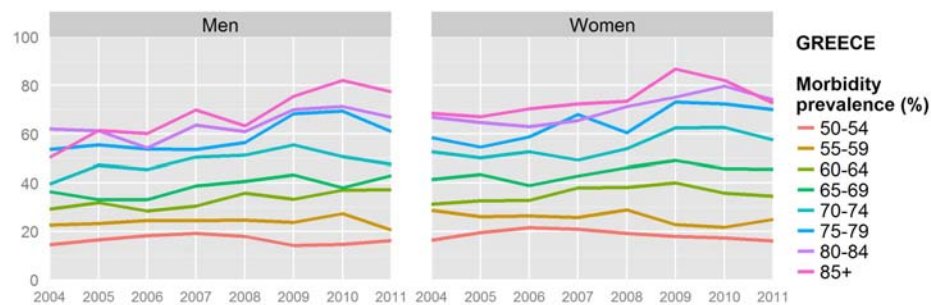


Figure A54: Self-reported chronic morbidity in Greece, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 85+ increased between 2004 and 2011.

11.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

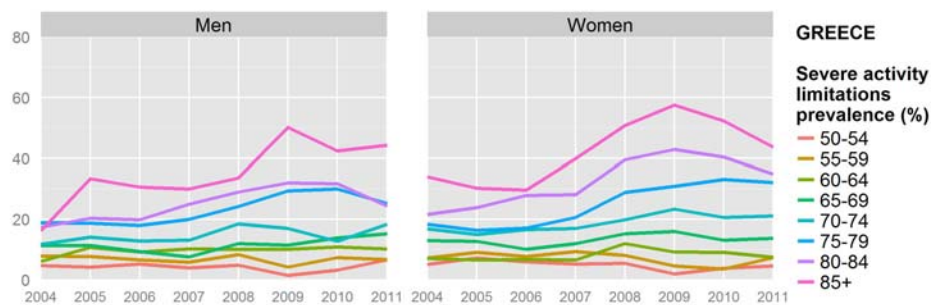


Figure A55: Long-term severe activity limitations in Greece, in 2004-2011.

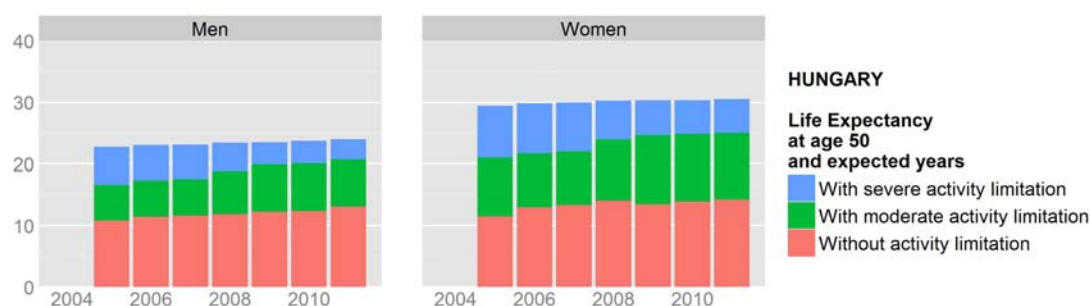
For men the prevalence of self-reported chronic morbidity for age category 85+ increased between 2004 and 2011.

12. Hungary

12.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in HUNGARY life expectancy (LE) at age 50 increased by 1.3 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 2.3 years for men (3.3 % per year) and increased by 2.7 years for women (3.6 % per year). In 2011 in HUNGARY men can expect 13.1 HLYs, and women 14.2 HLYs. Thus in 2011 men and women at age 50 can expect to spend 54.8 % and 46.7 % respectively of their remaining life without long-term activity limitations.

Figure A56: Life expectancy and Healthy life years of people in Hungary at age 50, in 2004-2011.



Between 2005 and 2011 in HUNGARY life expectancy (LE) at age 65 increased by 1 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) increased by 0.9 years for men (2.9 % per year) and increased by 1 years for women (3.1 % per year). In 2011 in HUNGARY men can expect 6 HLYs, and women 6 HLYs. Thus in 2011 men and women at age 65 can expect to spend 41.8 % and 32.9 % respectively of their remaining life without long-term activity limitations.

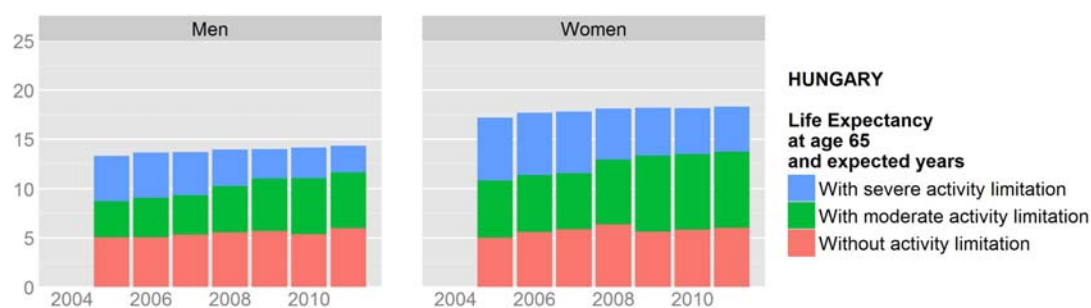


Figure A57: Life expectancy and Healthy life years of people in Hungary at age 65, in 2004-2011.

Between 2005 and 2011 in HUNGARY life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) increased by 0.6 years for men (7.8 % per year) and increased by 0.5 years for women (10.8 % per year). In 2011 in HUNGARY men can expect 1.6 HLYs, and women 1.1 HLYs. Thus in 2011 men and women at age 85 can expect to spend 28.6 % and 17.9 % respectively of their remaining life without long-term activity limitations.

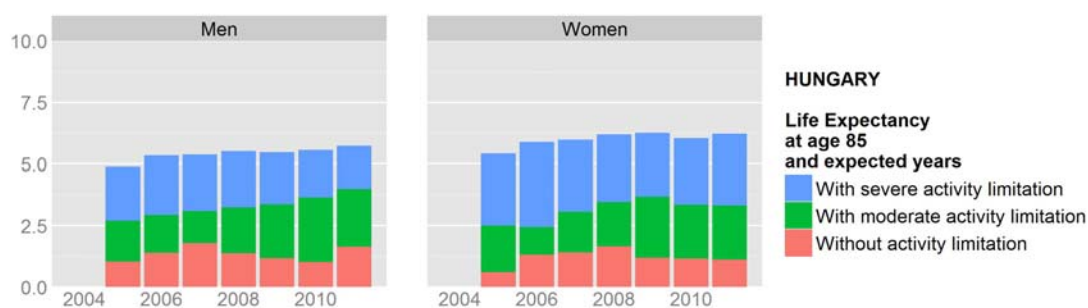


Figure A58: Life expectancy and Healthy life years of people in Hungary at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

12.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

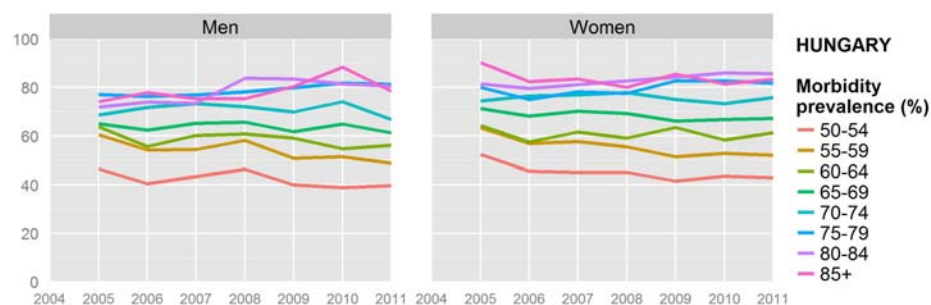


Figure A59 Self-reported chronic morbidity in Hungary, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in HUNGARY.

12.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

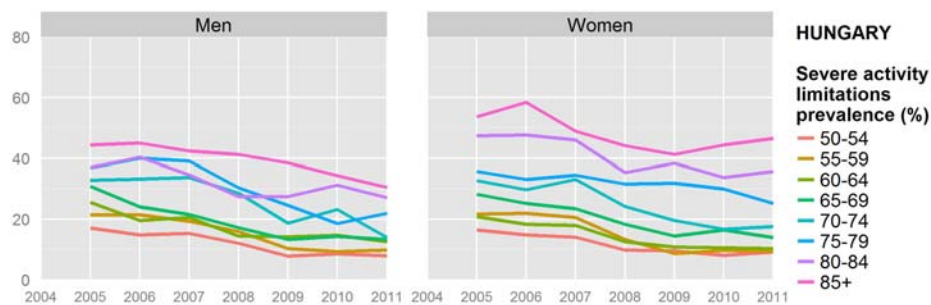


Figure A60: Long-term severe activity limitations in Hungary, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 70-74 increased between 2005 and 2011. For men the prevalence of long-term moderate activity limitations for age category 80-84 increased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 55-59 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 85+ decreased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 50-54 decreased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 60-64 decreased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2005 and 2011.

13. Ireland

13.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2010 in IRELAND life expectancy (LE) at age 50 increased by 2.2 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 2.9 years for men (2.5 % per year) and increased by 2 years for women (1.6 % per year). In 2010 in IRELAND men can expect 20.9 HLYs, and women 21.9 HLYs. Thus in 2010 men and women at age 50 can expect to spend 67.5 % and 63.5 % respectively of their remaining life without long-term activity limitations.

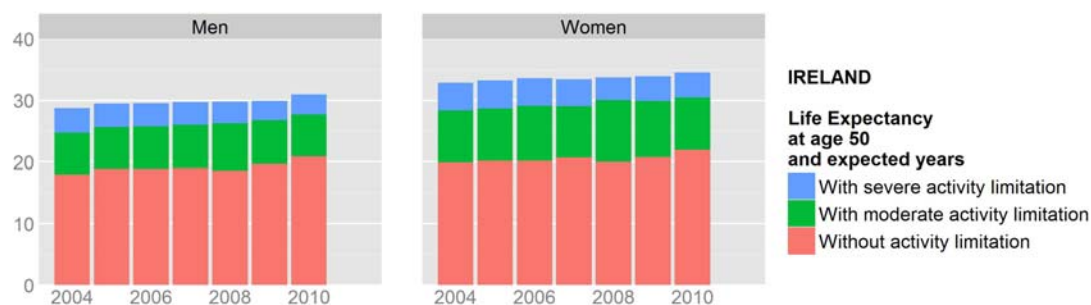


Figure A61: Life expectancy and Healthy life years of people in Ireland at age 50, in 2004-2011.

Between 2004 and 2010 in IRELAND life expectancy (LE) at age 65 increased by 1.9 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 2.6 years for men (4.6 % per year) and increased by 1.5 years for women (2.4 % per year). In 2010 in IRELAND men can expect 11.1 HLYs, and women 11.2 HLYs. Thus in 2010 men and women at age 65 can expect to spend 61.5 % and 53.1 % respectively of their remaining life without long-term activity limitations.

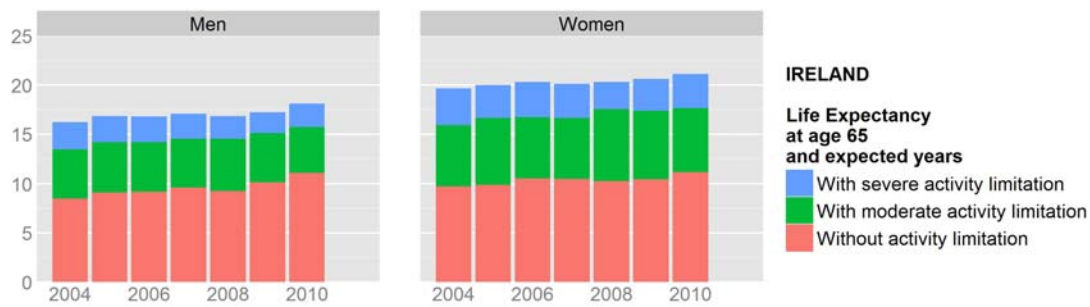


Figure A62: Life expectancy and Healthy life years of people in Ireland at age 65, in 2004-2011.

Between 2004 and 2010 in IRELAND life expectancy (LE) at age 85 increased by 0.7 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) increased by 1.7 years for men (14.8 % per year) and increased by 0.7 years for women (5.7 % per year). In 2010 in IRELAND men can expect 3 HLYs, and women 2.6 HLYs. Thus in 2010 men and women at age 85 can expect to spend 49.4 % and 35.3 % respectively of their remaining life without long-term activity limitations.

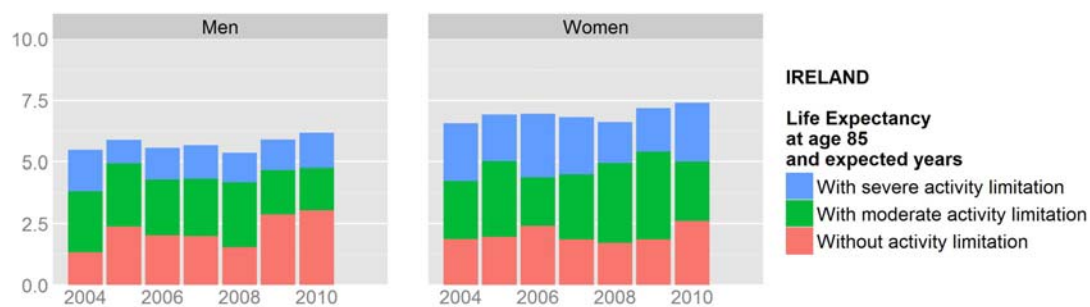


Figure A63: Life expectancy and Healthy life years of people in Ireland at age 85, in 2004-2011.

Note that the wording of the GALI question did not need to be changed in Ireland in 2008 (JA EHLEIS, 2013).

13.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

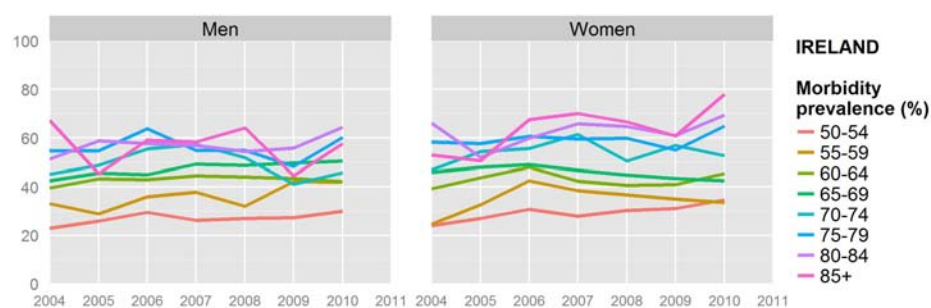


Figure A64: Self-reported chronic morbidity in Ireland, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 65-69 increased between 2004 and 2010.

13.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

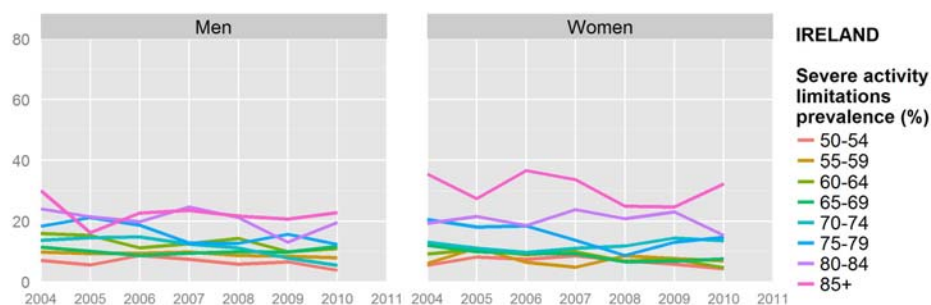


Figure A65: Long-term severe activity limitations in Ireland in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in IRELAND.

14. Italy

14.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2010 in ITALY life expectancy (LE) at age 50 increased by 1.3 years for men and increased by 1 years for women. LE without activity limitation (HLY) decreased by 1.5 years for men (-1.1 % per year) and decreased by 3 years for women (-2.2 % per year). In 2010 in ITALY men can expect 21.2 HLYs, and women 21.1 HLYs. Thus in 2010 men and women at age 50 can expect to spend 67.2 % and 58.5 % respectively of their remaining life without long-term activity limitations.

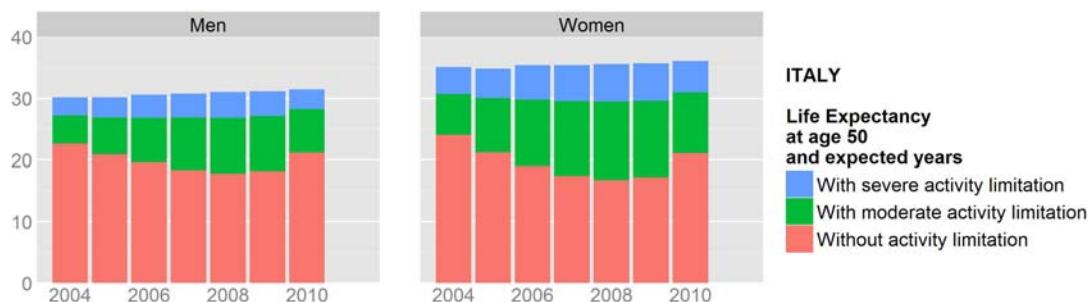


Figure A66: Life expectancy and Healthy life years of people in Italy at age 50, in 2004-2011.

Between 2004 and 2010 in ITALY life expectancy (LE) at age 65 increased by 1.1 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) decreased by 1.2 years for men (-1.8 % per year) and decreased by 2.5 years for women (-3.7 % per year). In 2010 in ITALY men can expect 10.2 HLYs, and women 10 HLYs. Thus in 2010 men and women at age 65 can expect to spend 55 % and 44.5 % respectively of their remaining life without long-term activity limitations.

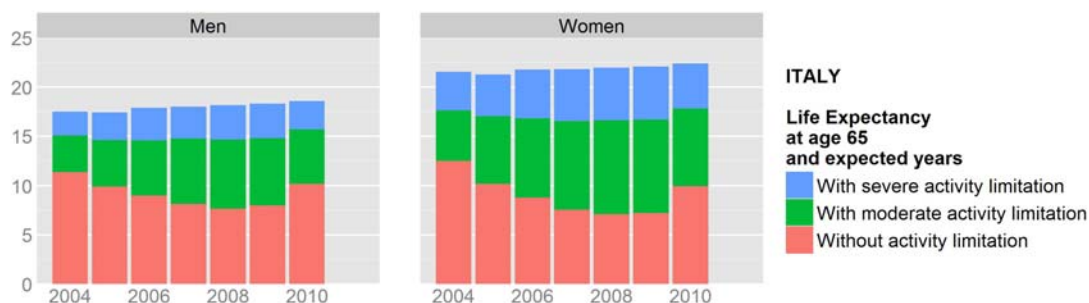


Figure A67: Life expectancy and Healthy life years of people in Italy at age 65, in 2004-2011.

Between 2004 and 2010 in ITALY life expectancy (LE) at age 85 increased by 0.4 years for men and increased by 0.5 years for women. LE without activity limitation (HLY) decreased by 0.4 years for men (-3 % per year) and decreased by 0.7 years for women (-5 % per year). In 2010 in ITALY men can expect 2 HLYs, and women 2 HLYs. Thus in 2010 men and women at age 85 can expect to spend 33.3 % and 25.7 % respectively of their remaining life without long-term activity limitations.

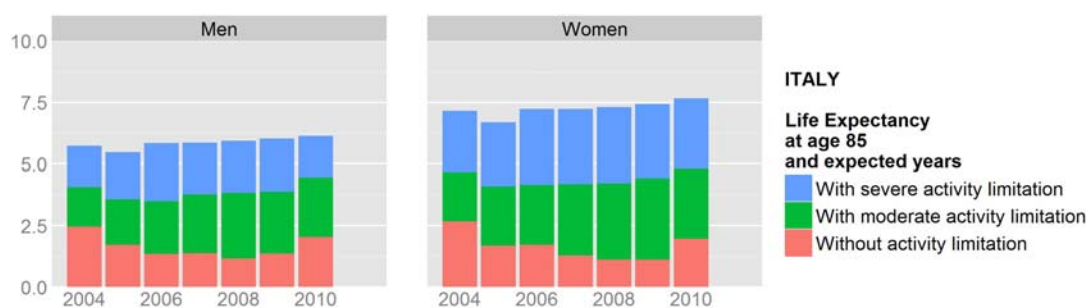


Figure A68: Life expectancy and Healthy life years of people in Italy at age 85, in 2004-2011.

The strong decrease observed before 2007 should be interpreted with caution because of the changes that have annually occurred in the wording of the GALI. Note that for 2010 the mean of the prevalence by age observed is used in 2009 and 2011 when computing the HLY (JA EHLEIS, 2013).

14.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

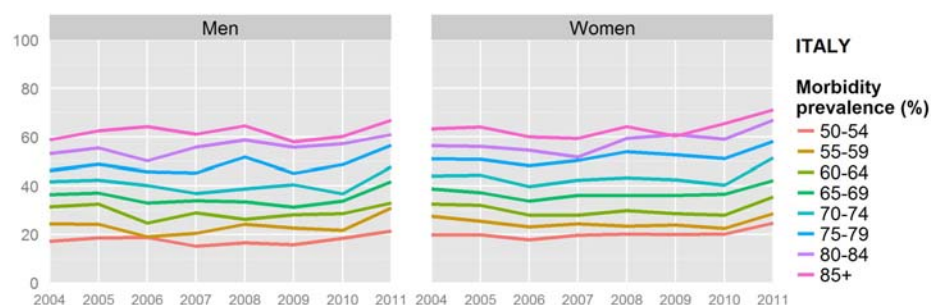


Figure A69: Self-reported chronic morbidity in Italy, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in ITALY.

14.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

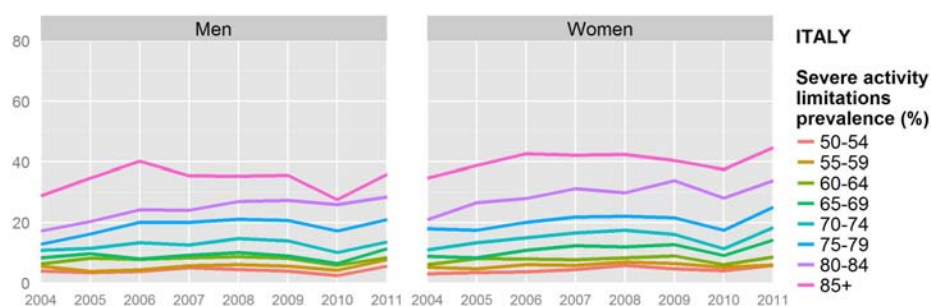


Figure A70: Long-term severe activity limitations in Italy, in 2004-2011.

For men the prevalence of long-term severe activity limitations for age category 80-84 increased between 2004 and 2011.

15. Latvia

15.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in LATVIA life expectancy (LE) at age 50 increased by 1.9 years for men and increased by 1.8 years for women. LE without activity limitation (HLY) increased by 1 years for men (1.4 % per year) and increased by 0 years for women (0 % per year). In 2011 in LATVIA men can expect 12.1 HLYs, and women 13 HLYs. Thus in 2011 men and women at age 50 can expect to spend 52.1 % and 41.8 % respectively of their remaining life without long-term activity limitations.

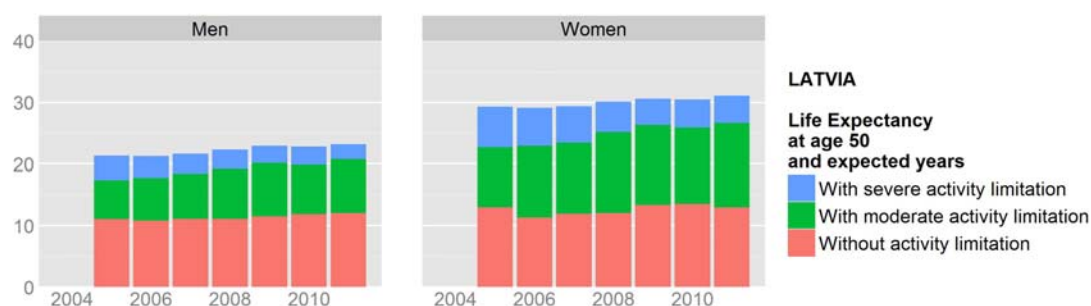


Figure A71: Life expectancy and Healthy life years of people in Latvia at age 50, in 2004-2011.

Between 2005 and 2011 in LATVIA life expectancy (LE) at age 65 increased by 0.9 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) decreased by 0.3 years for men (-0.9 % per year) and decreased by 0.5 years for women (-1.5 % per year). In 2011 in LATVIA men can expect 4.8 HLYs, and women 5 HLYs. Thus in 2011 men and women at age 65 can expect to spend 35.7 % and 26.7 % respectively of their remaining life without long-term activity limitations.

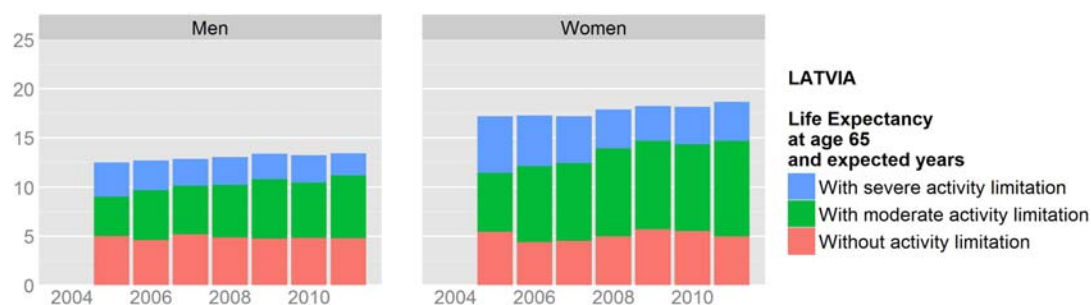


Figure A72: Life expectancy and Healthy life years of people in Latvia at age 65, in 2004-2011.

Between 2005 and 2011 in LATVIA life expectancy (LE) at age 85 increased by 0.6 years for men and increased by 1 years for women. LE without activity limitation (HLY) increased by 0.2 years for men

(3.1 % per year) and decreased by 0.8 years for women (-9.9 % per year). In 2011 in LATVIA men can expect 1.4 HLYs, and women 0.9 HLYs. Thus in 2011 men and women at age 85 can expect to spend 26.3 % and 13.8 % respectively of their remaining life without long-term activity limitations.

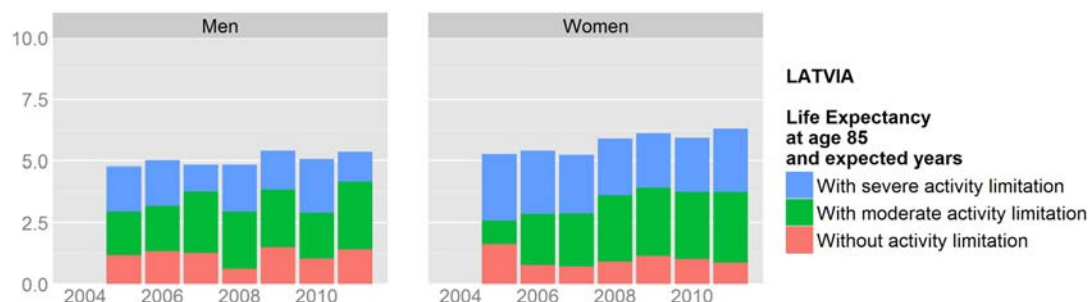


Figure A73: Life expectancy and Healthy life years of people in Latvia at age 85, in 2004-2011.

Note that the wording of the GALI question was not changed in 2008 (JA EHLEIS, 2013).

15.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

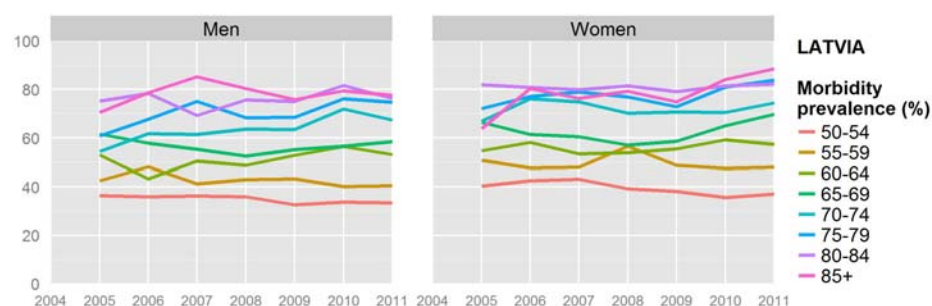


Figure A74: Self-reported chronic morbidity in Latvia, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in LATVIA.

15.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

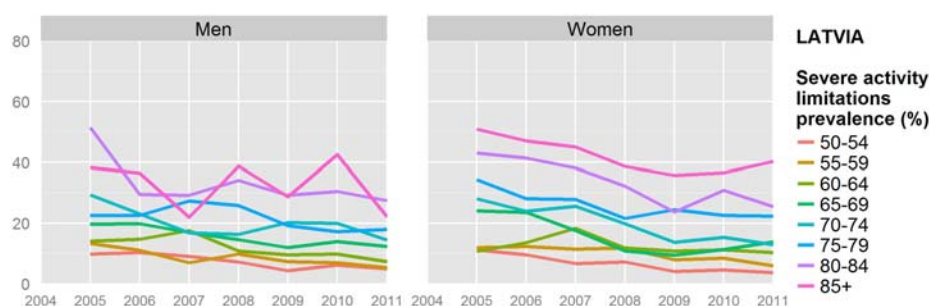


Figure A75: Long-term severe activity limitations in Latvia, in 2004-2011.

For women the prevalence of long-term severe activity limitations for age category 50-54 decreased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 70-74 decreased between 2005 and 2011.

16. Lithuania

16.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in LITHUANIA life expectancy (LE) at age 50 increased by 1.6 years for men and increased by 1.7 years for women. LE without activity limitation (HLY) increased by 2.5 years for men (3.3 % per year) and increased by 4.3 years for women (5.2 % per year). In 2011 in LITHUANIA men can expect 14.2 HLYs, and women 16.4 HLYs. Thus in 2011 men and women at age 50 can expect to spend 60.8 % and 51.9 % respectively of their remaining life without long-term activity limitations.

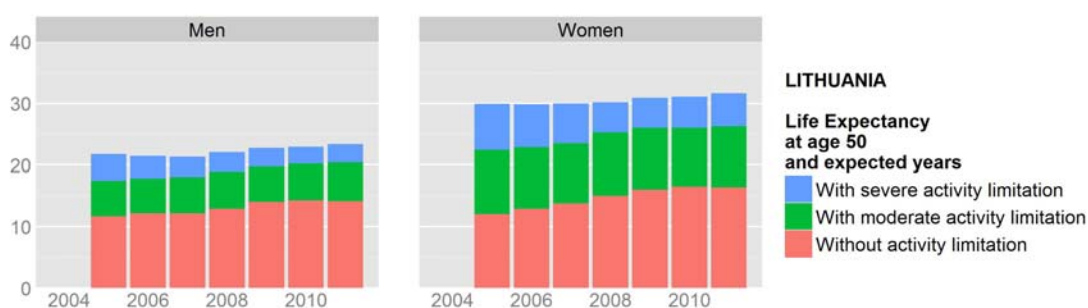


Figure A76: Life expectancy and Healthy life years of people in Lithuania at age 50, in 2004-2011.

Between 2005 and 2011 in LITHUANIA life expectancy (LE) at age 65 increased by 1 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 0.9 years for men (2.6 % per year) and increased by 2.4 years for women (7.6 % per year). In 2011 in LITHUANIA men can expect 6.1 HLYs, and women 6.7 HLYs. Thus in 2011 men and women at age 65 can expect to spend 43.6 % and 35.1 % respectively of their remaining life without long-term activity limitations.

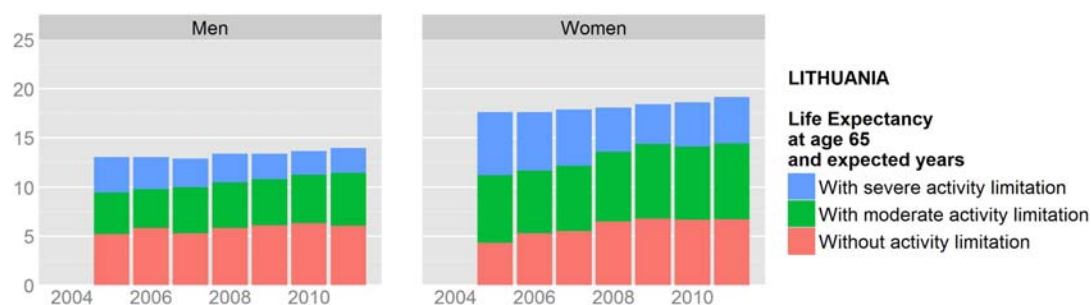


Figure A77: Life expectancy and Healthy life years of people in Lithuania at age 65, in 2004-2011.

Between 2005 and 2011 in LITHUANIA life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) increased by 0.4 years for men (8.2 % per year) and increased by 0.1 years for women (2.6 % per year). In 2011 in LITHUANIA men can expect 1.1 HLYs, and women 0.8 HLYs. Thus in 2011 men and women at age 85 can expect to spend 21.2 % and 12.9 % respectively of their remaining life without long-term activity limitations.

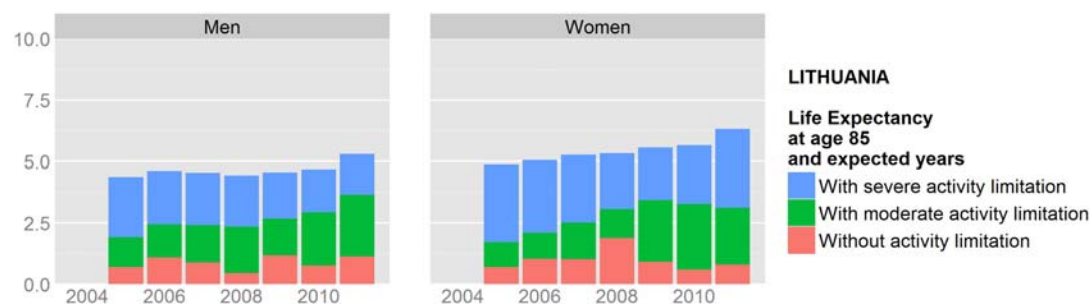


Figure A78: Life expectancy and Healthy life years of people in Lithuania at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in Lithuania in 2006 and again in 2007 (JA EHLEIS, 2013).

16.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

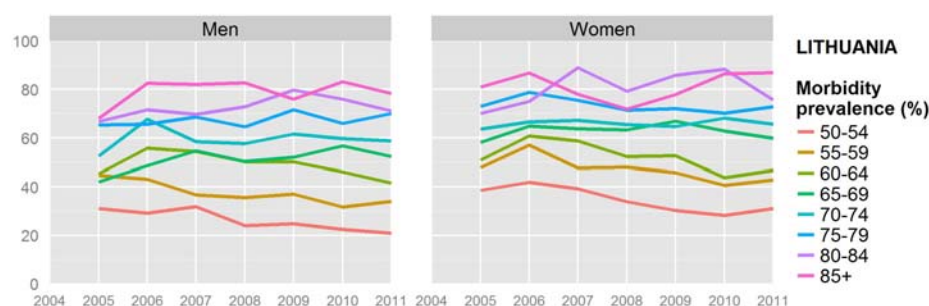


Figure A79: Self-reported chronic morbidity in Lithuania, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in LITHUANIA.

16.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

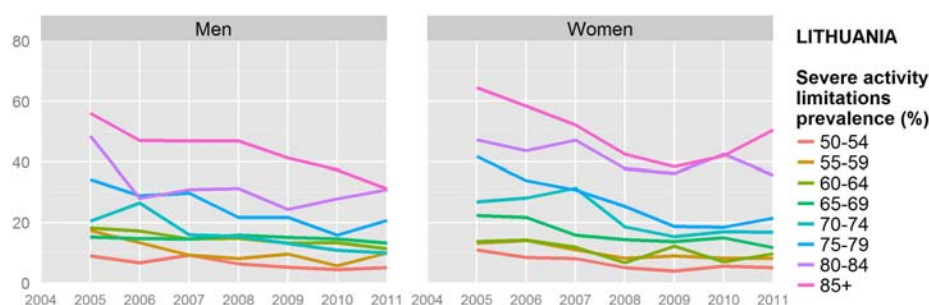


Figure A80: Long-term severe activity limitations in Lithuania, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 50-54 decreased between 2005 and 2011. For men the prevalence of long-term moderate activity limitations for age category 75-79 increased between 2005 and 2011. For women the prevalence of long-term moderate activity limitations for age category 55-59 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 60-64 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 70-74 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 85+ decreased between 2005 and 2011.

17. Luxembourg

17.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in LUXEMBOURG life expectancy (LE) at age 50 increased by 1.5 years for men and increased by 1 year for women. LE without activity limitation (HLY) increased by 3.4 years for men (2.6 % per year) and increased by 4.2 years for women (3.1 % per year). In 2011 in

LUXEMBOURG men can expect 21 HLYs, and women 21.9 HLYs. Thus in 2011 men and women at age 50 can expect to spend 69.4 % and 62.9 % respectively of their remaining life without long-term activity limitations.

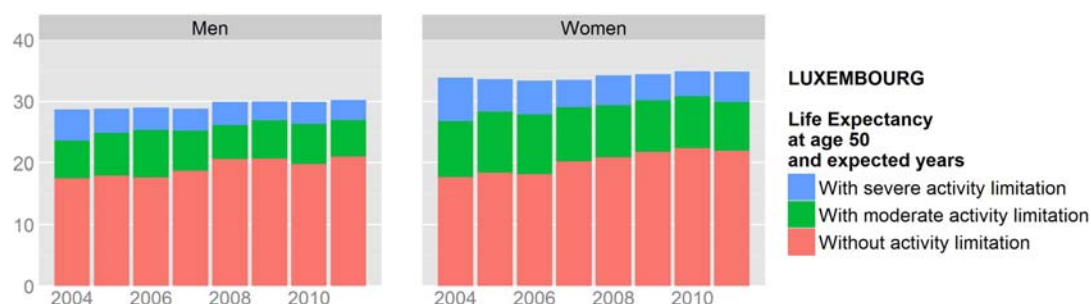


Figure A81: Life expectancy and Healthy life years of people in Luxembourg at age 50, in 2004-2011.

Between 2004 and 2011 in LUXEMBOURG life expectancy (LE) at age 65 increased by 1.2 years for men and increased by 1 years for women. LE without activity limitation (HLY) increased by 2.8 years for men (4.1 % per year) and increased by 2.7 years for women (3.7 % per year). In 2011 in LUXEMBOURG men can expect 11.5 HLYs, and women 11.8 HLYs. Thus in 2011 men and women at age 65 can expect to spend 64.6 % and 54.8 % respectively of their remaining life without long-term activity limitations.

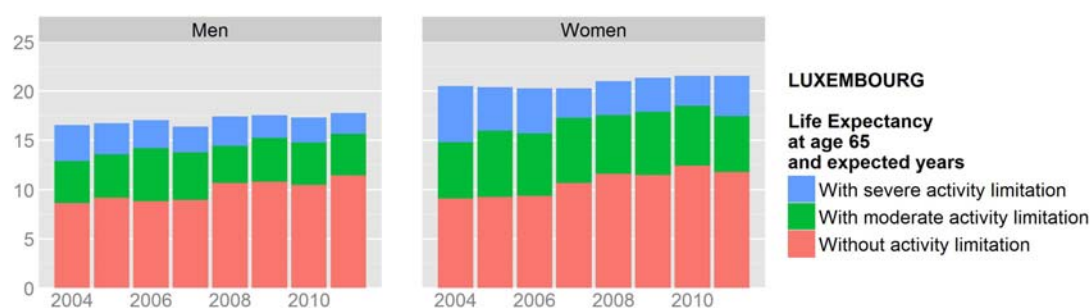


Figure A82: Life expectancy and Healthy life years of people in Luxembourg at age 65, in 2004-2011.

Between 2004 and 2011 in LUXEMBOURG life expectancy (LE) at age 85 increased by 1.1 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) increased by 0.2 years for men (2 % per year) and increased by 1.8 years for women (11.3 % per year). In 2011 in LUXEMBOURG men can expect 1.8 HLYs, and women 3.4 HLYs. Thus in 2011 men and women at age 85 can expect to spend 32.9 % and 46.3 % respectively of their remaining life without long-term activity limitations.

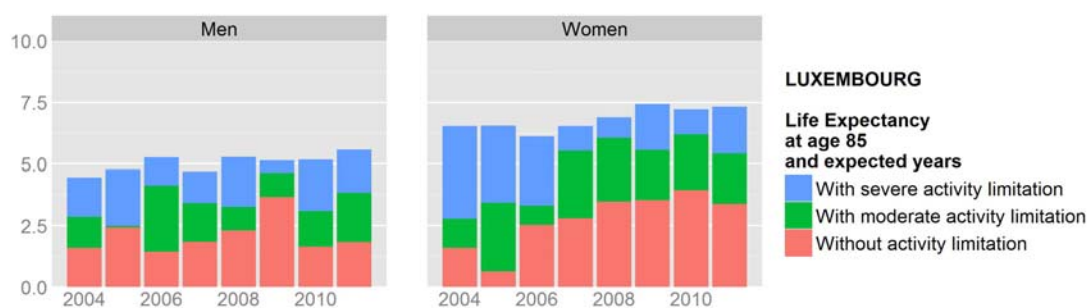


Figure A83: Life expectancy and Healthy life years of people in Luxembourg at age 85, in 2004-2011.

This series should be interpreted with caution as changes over time in the wording of the GALI question are not documented for Luxembourg (JA EHLEIS, 2013).

17.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

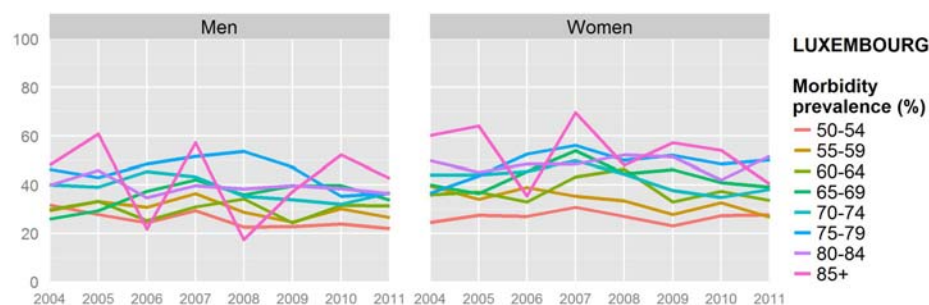


Figure A84: Self-reported chronic morbidity in Luxembourg, in 2004-2011.

For women the prevalence of self-reported chronic morbidity for age category 55-59 decreased between 2004 and 2011.

17.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

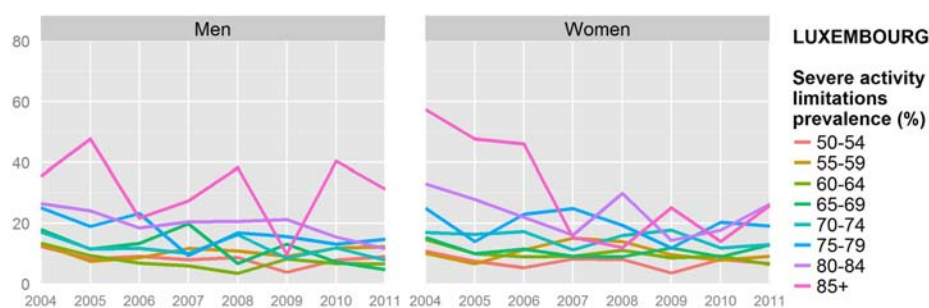


Figure A85: Long-term severe activity limitations in Luxembourg, in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in LUXEMBOURG.

18. Malta

18.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in MALTA life expectancy (LE) at age 50 increased by 1.5 years for men and increased by 1.8 years for women. LE without activity limitation (HLY) increased by 1.4 years for men (1.1 % per year) and increased by 0.5 years for women (0.4 % per year). In 2011 in MALTA men can expect 23.2 HLYs, and women 23.2 HLYs. Thus in 2011 men and women at age 50 can expect to spend 76 % and 67.1 % respectively of their remaining life without long-term activity limitations.

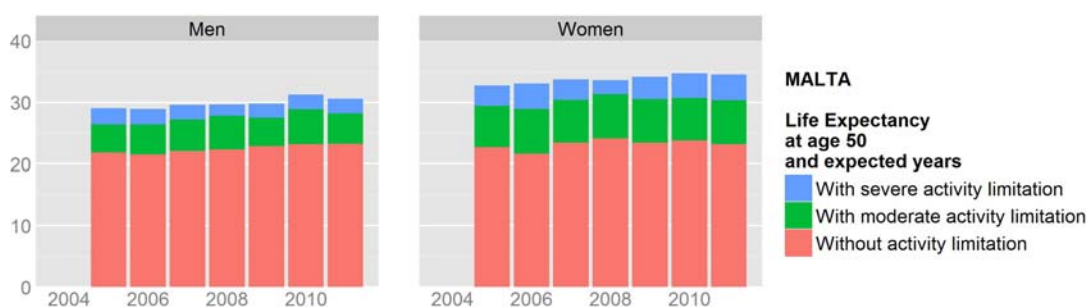


Figure A86: Life expectancy and Healthy life years of people in Malta at age 50, in 2004-2011.

Between 2005 and 2011 in MALTA life expectancy (LE) at age 65 increased by 1.4 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 1.3 years for men (1.9 % per year) and decreased by 0.2 years for women (-0.2 % per year). In 2011 in MALTA men can expect 11.8 HLYs, and women 10.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 67.1 % and 52.5 % respectively of their remaining life without long-term activity limitations.

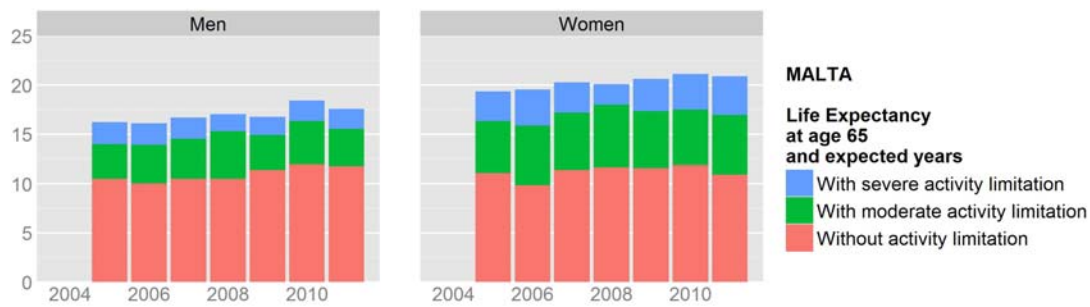


Figure A87: Life expectancy and Healthy life years of people in Malta at age 65, in 2004-2011.

Between 2005 and 2011 in MALTA life expectancy (LE) at age 85 increased by 0.8 years for men and increased by 1.2 years for women. LE without activity limitation (HLY) increased by 1.3 years for men (9.7 % per year) and decreased by 0.4 years for women (-3.4 % per year). In 2011 in MALTA men can expect 3 HLYs, and women 1.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 50.2 % and 24.5 % respectively of their remaining life without long-term activity limitations.

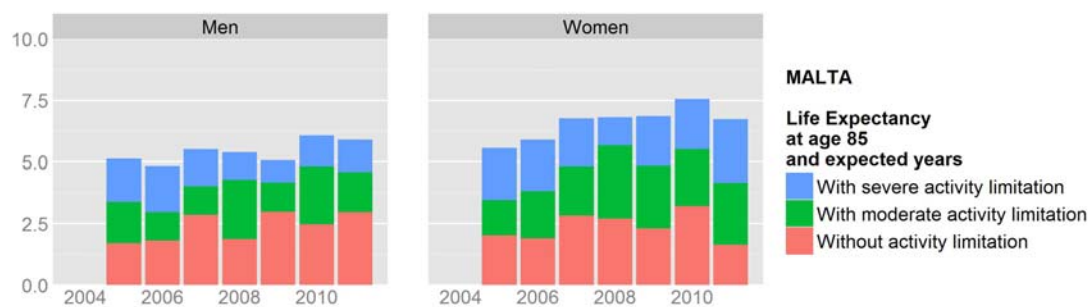


Figure A88: Life expectancy and Healthy life years of people in Malta at age 85, in 2004-2011.

Note that the wording of the GALI question was not changed in Malta in 2008 (JA EHLEIS, 2013).

18.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

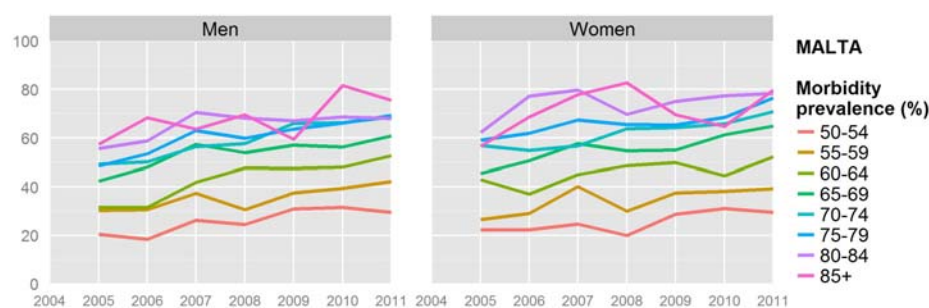


Figure A89: Self-reported chronic morbidity in Malta, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 60-64 increased between 2005 and 2011. For men the prevalence of self-reported chronic morbidity for age category 70-74 increased between 2005 and 2011. For men the prevalence of self-reported chronic morbidity for age category 75-79 increased between 2005 and 2011.

18.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

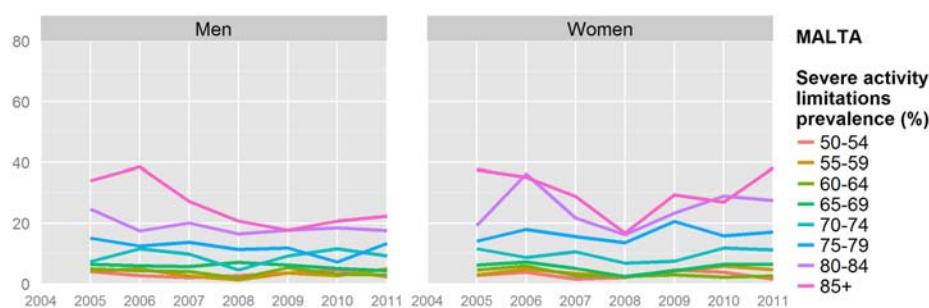


Figure A90: Long-term severe activity limitations in Malta in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in MALTA.

19. Netherlands

19.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in NETHERLANDS life expectancy (LE) at age 50 increased by 1.8 years for men and increased by 1.1 years for women. LE without activity limitation (HLY) decreased by 0.3 years for men (-0.3 % per year) and decreased by 2.2 years for women (-1.9 % per year). In 2011 in NETHERLANDS men can expect 20.1 HLYs, and women 18.4 HLYs. Thus in 2011 men and women at age 50 can expect to spend 64.8 % and 53.5 % respectively of their remaining life without long-term activity limitations.

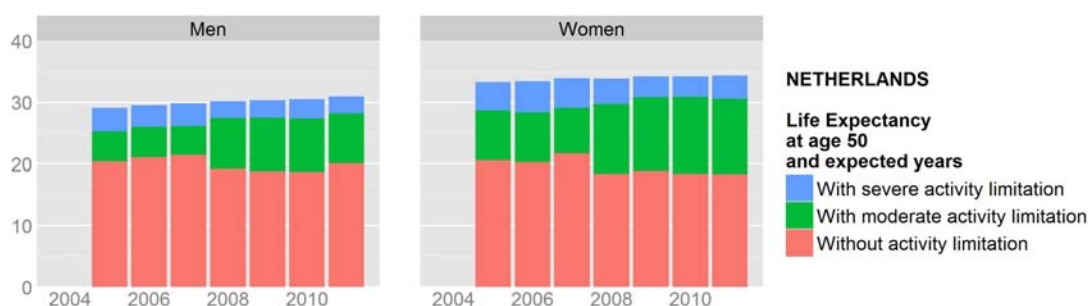


Figure A91: Life expectancy and Healthy life years of people in the Netherlands at age 50, in 2004-2011.

Between 2005 and 2011 in NETHERLANDS life expectancy (LE) at age 65 increased by 1.6 years for men and increased by 1 years for women. LE without activity limitation (HLY) decreased by 0.1 years for men (-0.2 % per year) and decreased by 1.2 years for women (-1.9 % per year). In 2011 in NETHERLANDS men can expect 10.4 HLYs, and women 9.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 57.7 % and 46.8 % respectively of their remaining life without long-term activity limitations.

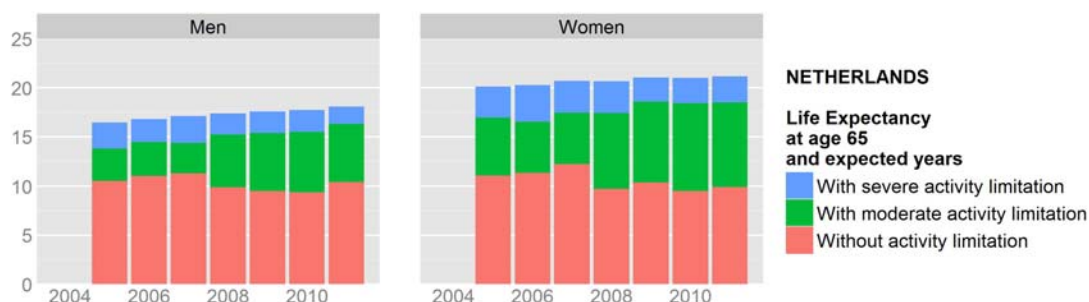


Figure A92: Life expectancy and Healthy life years of people in the Netherlands at age 65, in 2004-2011.

Between 2005 and 2011 in NETHERLANDS life expectancy (LE) at age 85 increased by 0.8 years for men and increased by 0.7 years for women. LE without activity limitation (HLY) decreased by 0.1 years for men (-0.4 % per year) and increased by 0.1 years for women (1 % per year). In 2011 in NETHERLANDS men can expect 2.8 HLYs, and women 2.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 46.7 % and 36.9 % respectively of their remaining life without long-term activity limitations.



Figure A93: Life expectancy and Healthy life years of people in the Netherlands at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in the Netherlands in 2008 to better reflect the EU standard. This led to a clear decrease in HLY for men and women between 2007 and 2008 (JA EHLEIS, 2013).

19.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

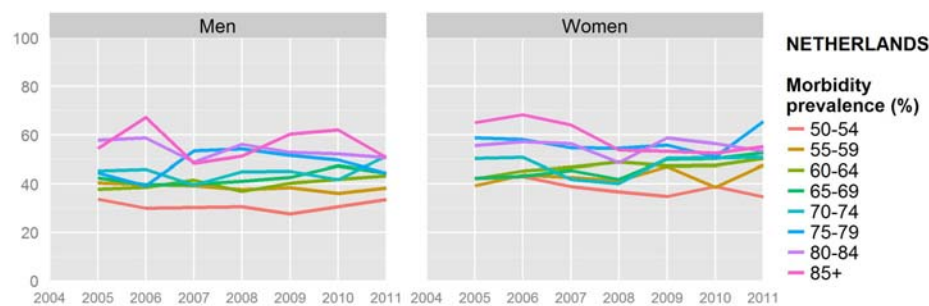


Figure A94: Self-reported chronic morbidity in the Netherlands, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in NETHERLANDS.

19.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

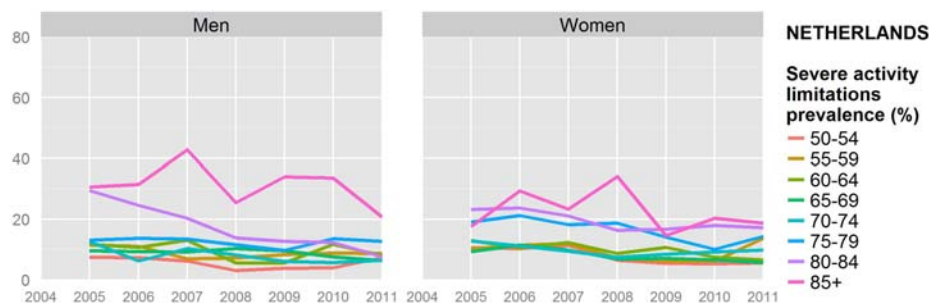


Figure A95: Long-term severe activity limitations in the Netherlands, in 2004-2011.

For women the prevalence of long-term moderate activity limitations for age category 65-69 increased between 2005 and 2011. For men the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2005 and 2011.

20. Poland

20.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in POLAND life expectancy (LE) at age 50 increased by 1.4 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) decreased by 1.2 years for men (-1.3 % per year) and decreased by 2.6 years for women (-2.3 % per year). In 2011 in POLAND men can expect 15.4 HLYs, and women 17.8 HLYs. Thus in 2011 men and women at age 50 can expect to spend 59.1 % and 54.4 % respectively of their remaining life without long-term activity limitations.

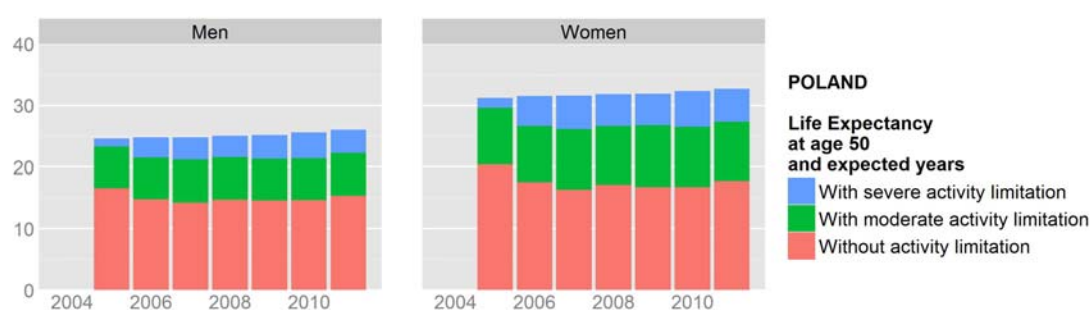


Figure A96: Life expectancy and Healthy life years of people in Poland at age 50, in 2004-2011.

Between 2005 and 2011 in POLAND life expectancy (LE) at age 65 increased by 1.1 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) decreased by 0.8 years for men (-1.6 % per year) and decreased by 1.9 years for women (-3.4 % per year). In 2011 in POLAND men can expect 7.6 HLYs, and women 8.3 HLYs. Thus in 2011 men and women at age 65 can expect to spend 49.7 % and 41.8 % respectively of their remaining life without long-term activity limitations.

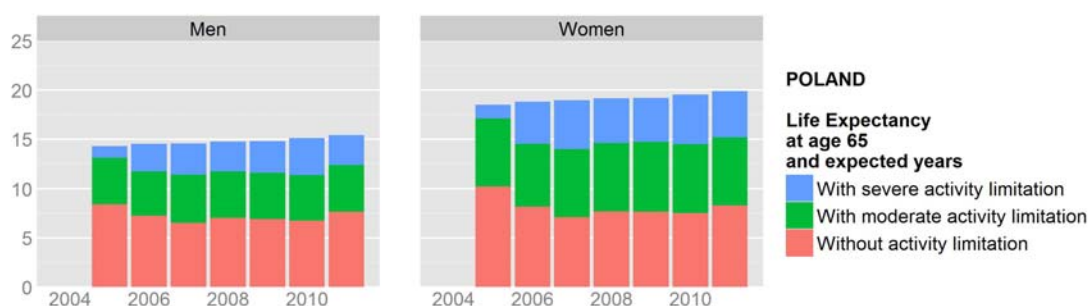


Figure A97: Life expectancy and Healthy life years of people in Poland at age 65, in 2004-2011.

Between 2005 and 2011 in POLAND life expectancy (LE) at age 85 increased by 0.7 years for men and increased by 1.2 years for women. LE without activity limitation (HLY) decreased by 0.6 years for men (-4.8 % per year) and decreased by 0.7 years for women (-5.4 % per year). In 2011 in POLAND men can expect 1.8 HLYs, and women 1.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 31.4 % and 23.9 % respectively of their remaining life without long-term activity limitations.

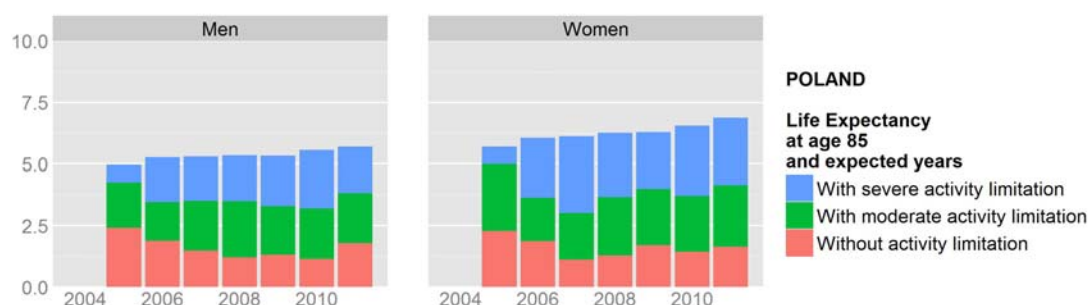


Figure A98: Life expectancy and Healthy life years of people in Poland at age 85, in 2004-2011.

Note that there are some differences in the wording of the GALI question the years 2005 and in 2006-2008 and 2009-2010 in Poland (JA EHLEIS, 2013).

20.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

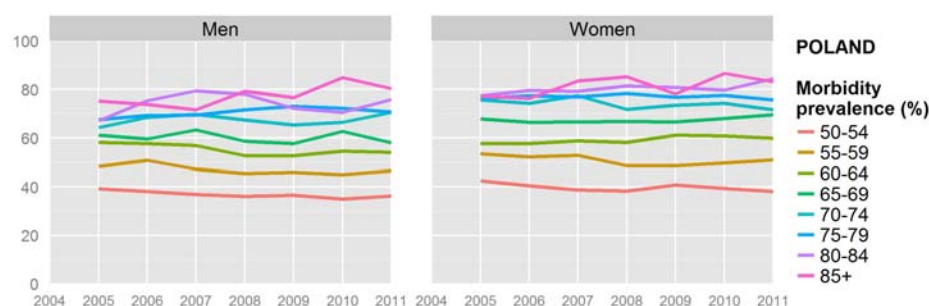


Figure A99: Self-reported chronic morbidity in the Poland, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in POLAND.

20.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

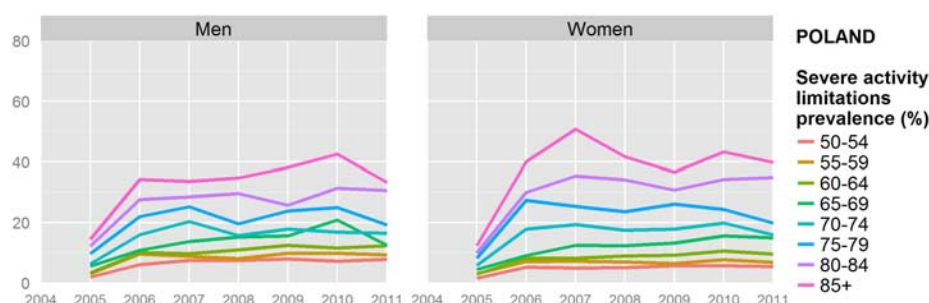


Figure A100: Long-term severe activity limitations in Poland, in 2004-2011.

For women the prevalence of long-term severe activity limitations for age category 60-64 increased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 65-69 increased between 2005 and 2011.

21. Portugal

21.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in PORTUGAL life expectancy (LE) at age 50 increased by 1.8 years for men and increased by 2.1 years for women. LE without activity limitation (HLY) increased by 3.9 years for men (3.8 % per year) and increased by 4.4 years for women (5.2 % per year). In 2011 in PORTUGAL men can expect 16.8 HLYs, and women 14.7 HLYs. Thus in 2011 men and women at age 50 can expect to spend 55.7 % and 41.7 % respectively of their remaining life without long-term activity limitations.

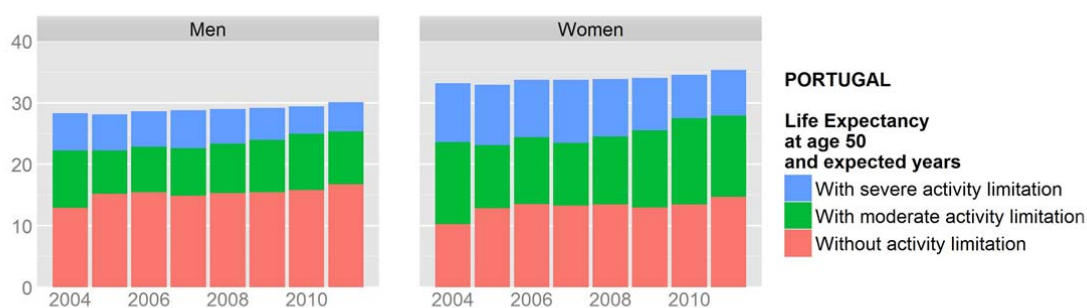


Figure A101: Life expectancy and Healthy life years of people in Portugal at age 50, in 2004-2011.

Between 2004 and 2011 in PORTUGAL life expectancy (LE) at age 65 increased by 1.9 years for men and increased by 2 years for women. LE without activity limitation (HLY) increased by 2.7 years for men (6.3 % per year) and increased by 2.6 years for women (7.7 % per year). In 2011 in PORTUGAL men can expect 7.9 HLYs, and women 6.4 HLYs. Thus in 2011 men and women at age 65 can expect to spend 43.3 % and 29.3 % respectively of their remaining life without long-term activity limitations.

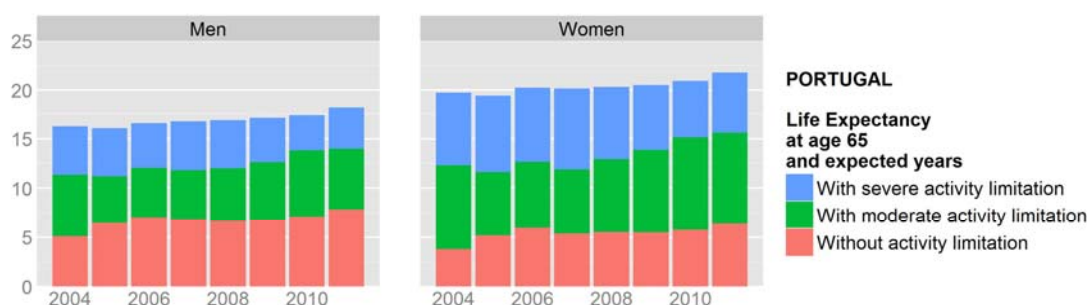


Figure A102: Life expectancy and Healthy life years of people in Portugal at age 65, in 2004-2011.

Between 2004 and 2011 in PORTUGAL life expectancy (LE) at age 85 increased by 1.2 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 0 years for men (0.1 % per year) and increased by 0.4 years for women (4 % per year). In 2011 in PORTUGAL men can expect 1.4 HLYs, and women 1.6 HLYs. Thus in 2011 men and women at age 85 can expect to spend 22.4 % and 21.1 % respectively of their remaining life without long-term activity limitations.

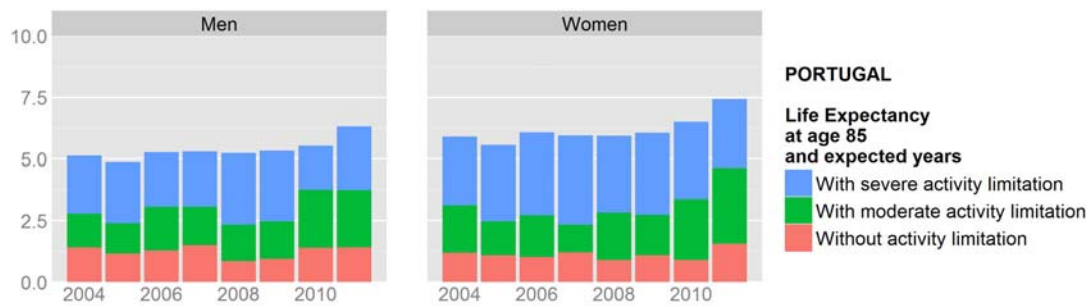


Figure A103: Life expectancy and Healthy life years of people in Portugal at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in 2008 to better reflect the EU standard (JA EHLEIS, 2013).

21.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

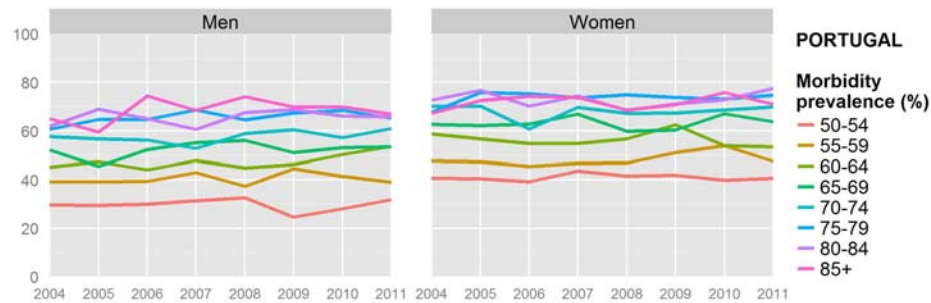


Figure A104: Self-reported chronic morbidity in Portugal, in 2004-2011

Significant trends in chronic morbidity were observed for none of the age groups in PORTUGAL.

21.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

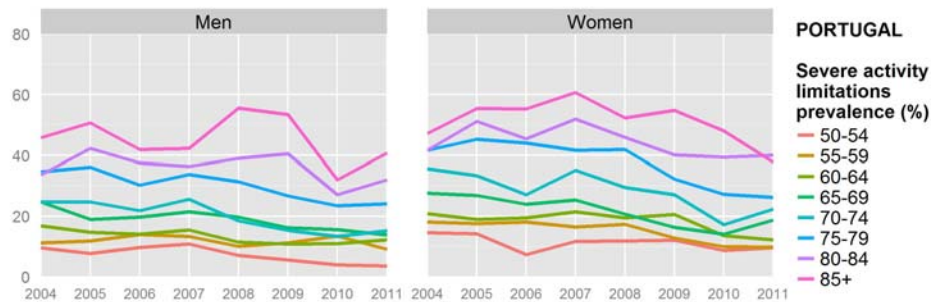


Figure A105: Long-term severe activity limitations in Portugal, in 2004-2011.

For men the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age

category 55-59 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2004 and 2011.

22. Romania

22.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2007 and 2011 in ROMANIA life expectancy (LE) at age 50 increased by 0.6 years for men and increased by 0.9 years for women. LE without activity limitation (HLY) decreased by 3 years for men (-5 % per year) and decreased by 5 years for women (-8.3 % per year). In 2011 in ROMANIA men can expect 13.1 HLYs, and women 12 HLYs. Thus in 2011 men and women at age 50 can expect to spend 53 % and 39.8 % respectively of their remaining life without long-term activity limitations.

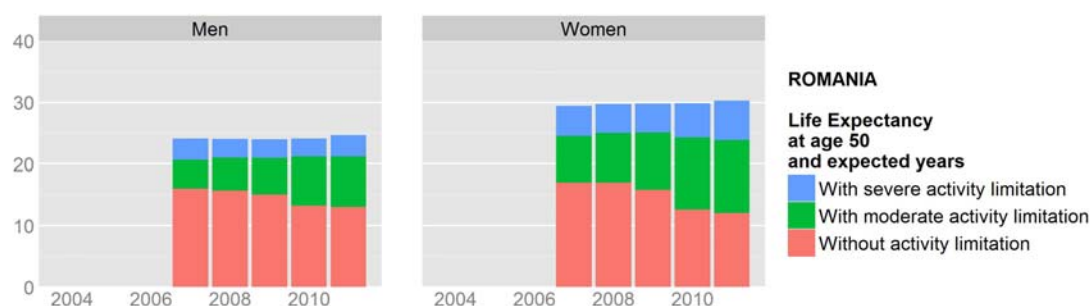


Figure A106: Life expectancy and Healthy life years of people in Romania at age 50, in 2004-2011.

Between 2007 and 2011 in ROMANIA life expectancy (LE) at age 65 increased by 0.4 years for men and increased by 0.7 years for women. LE without activity limitation (HLY) decreased by 2.3 years for men (-8.7 % per year) and decreased by 3.1 years for women (-11.8 % per year). In 2011 in ROMANIA men can expect 5.3 HLYs, and women 4.7 HLYs. Thus in 2011 men and women at age 65 can expect to spend 37.3 % and 26.8 % respectively of their remaining life without long-term activity limitations.

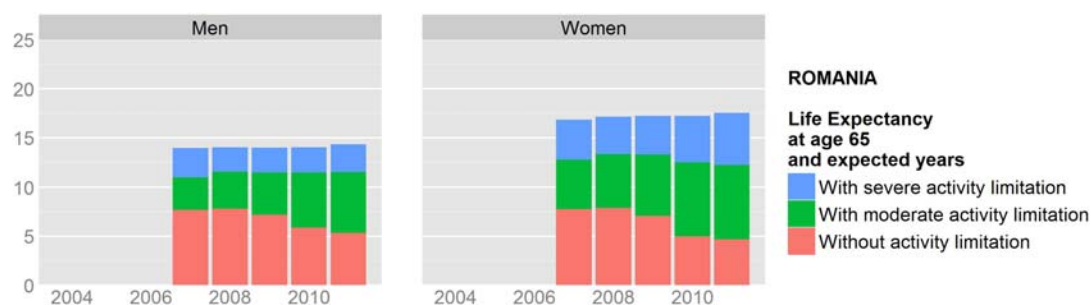


Figure A107: Life expectancy and Healthy life years of people in Romania at age 65, in 2004-2011.

Between 2007 and 2011 in ROMANIA life expectancy (LE) at age 85 increased by 0.2 years for men and increased by 0.2 years for women. LE without activity limitation (HLY) decreased by 0.6 years for

men (-11.1 % per year) and decreased by 0.8 years for women (-18.1 % per year). In 2011 in ROMANIA men can expect 0.9 HLYs, and women 0.7 HLYs. Thus in 2011 men and women at age 85 can expect to spend 18.3 % and 12.7 % respectively of their remaining life without long-term activity limitations.

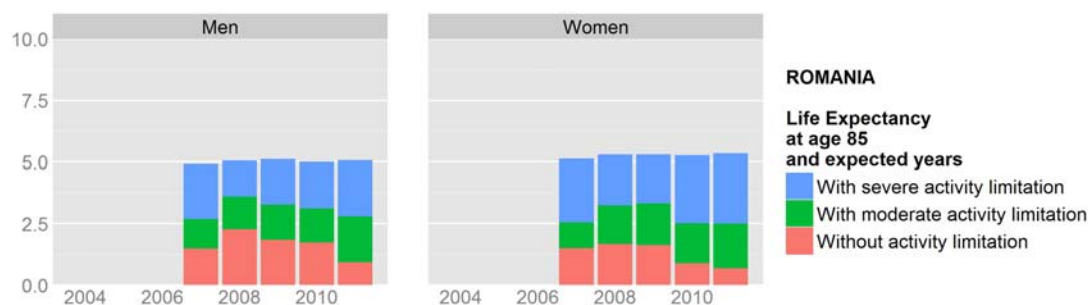


Figure A108: Life expectancy and Healthy life years of people in Romania at age 85, in 2004-2011.

The HLY values decreased strongly between 2009 and 2010, both for males and females (JA EHLEIS, 2013).

22.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

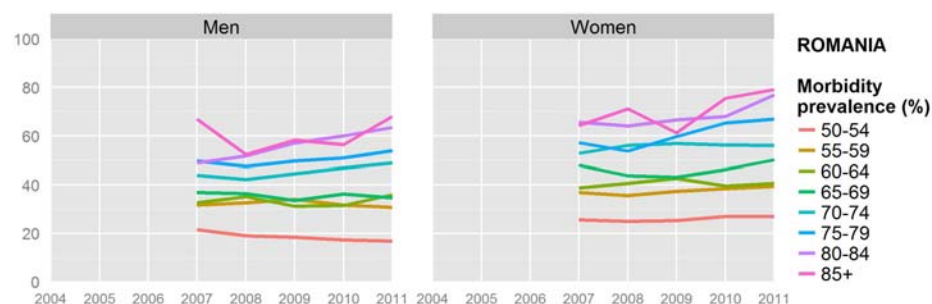


Figure A109: Self-reported chronic morbidity in the Romania, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in ROMANIA.

22.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

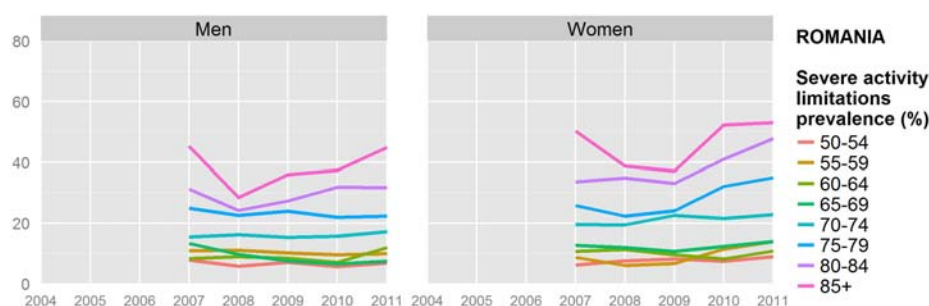


Figure A110: Long-term severe activity limitations in Romania, in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in ROMANIA.

23. Slovakia

23.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in SLOVAKIA life expectancy (LE) at age 50 increased by 1.6 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) decreased by 2.3 years for men (-3.3 % per year) and decreased by 3.2 years for women (-4.6 % per year). In 2011 in SLOVAKIA men can expect 10.2 HLYs, and women 10 HLYs. Thus in 2011 men and women at age 50 can expect to spend 40.2 % and 31.7 % respectively of their remaining life without long-term activity limitations.

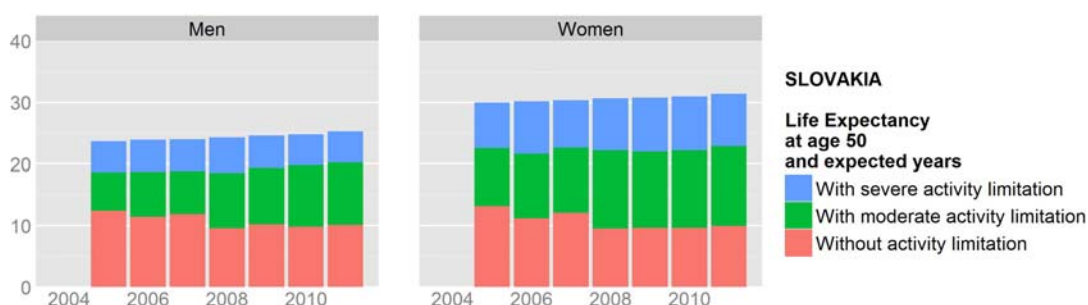


Figure A111: Life expectancy and Healthy life years of people in Slovakia at age 50, in 2004-2011.

Between 2005 and 2011 in SLOVAKIA life expectancy (LE) at age 65 increased by 1.3 years for men and increased by 1.3 years for women. LE without activity limitation (HLY) decreased by 1.4 years for men (-5.4 % per year) and decreased by 2.5 years for women (-9.6 % per year). In 2011 in SLOVAKIA men can expect 3.5 HLYs, and women 2.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 23.8 % and 16 % respectively of their remaining life without long-term activity limitations.

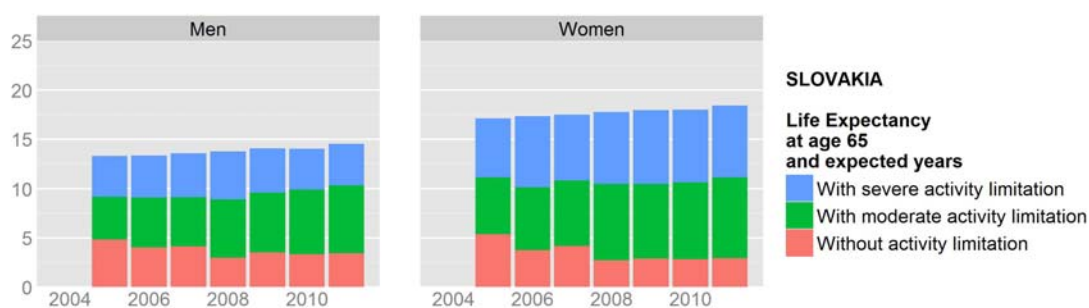


Figure A112: Life expectancy and Healthy life years of people in Slovakia at age 65, in 2004-2011

Between 2005 and 2011 in SLOVAKIA life expectancy (LE) at age 85 increased by 0.7 years for men and increased by 0.8 years for women. LE without activity limitation (HLY) decreased by 0.9 years for men (-28 % per year) and decreased by 1 years for women (-23.2 % per year). In 2011 in SLOVAKIA men can expect 0.2 HLYs, and women 0.3 HLYs. Thus in 2011 men and women at age 85 can expect to spend 2.9 % and 4.5 % respectively of their remaining life without long-term activity limitations.

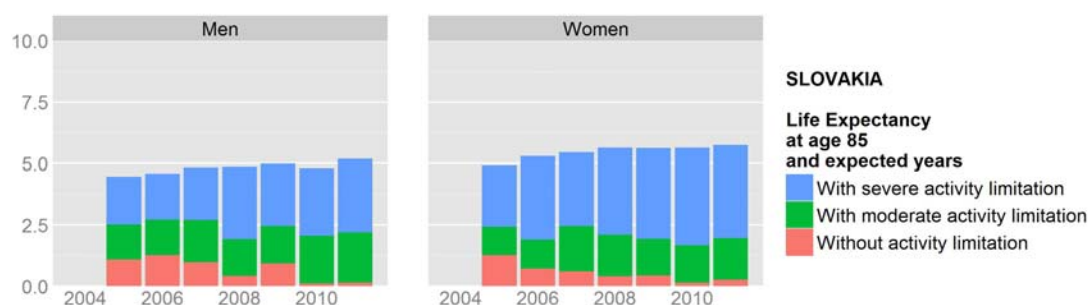


Figure A113: Life expectancy and Healthy life years of people in Slovakia at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in 2008 to better reflect the EU standard. This led to a clear decrease in HLY for men and women between 2007 and 2008 (JA EHLEIS, 2013).

23.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

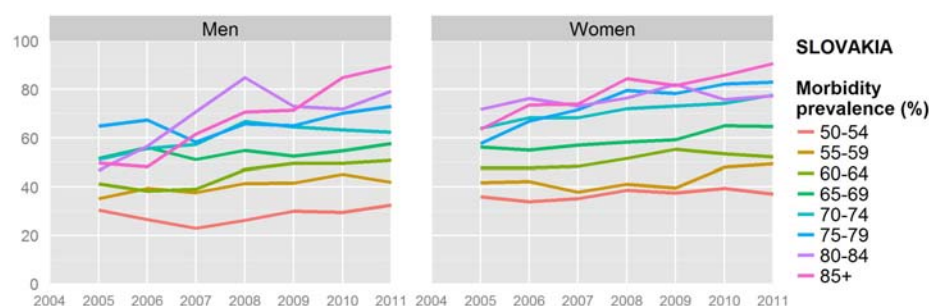


Figure A114: Self-reported chronic morbidity in Slovakia, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 55-59 increased between 2005 and 2011. For men the prevalence of self-reported chronic morbidity for age category 85+ increased between 2005 and 2011. For women the prevalence of self-reported chronic morbidity for age category 65-69 increased between 2005 and 2011. For women the prevalence of self-reported chronic morbidity for age category 70-74 increased between 2005 and 2011. For women the prevalence of self-reported chronic morbidity for age category 75-79 increased between 2005 and 2011. For women the prevalence of self-reported chronic morbidity for age category 85+ increased between 2005 and 2011.

23.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

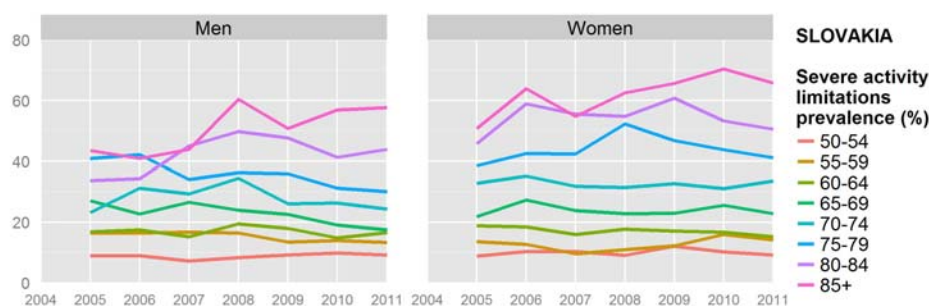


Figure A115: Long-term severe activity limitations in Slovakia, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 55-59 increased between 2005 and 2011. For men the prevalence of long-term moderate activity limitations for age category 60-64 increased between 2005 and 2011. For men the prevalence of long-term moderate activity limitations for age category 70-74 increased between 2005 and 2011. For men the prevalence of long-term moderate activity limitations for age category 75-79 increased between 2005 and 2011.

24. Slovenia

24.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in SLOVENIA life expectancy (LE) at age 50 increased by 2.1 years for men and increased by 2 years for women. LE without activity limitation (HLY) decreased by 1.9 years for men (-2.2 % per year) and decreased by 3.3 years for women (-3.5 % per year). In 2011 in SLOVENIA men can expect 13.5 HLYs, and women 14.1 HLYs. Thus in 2011 men and women at age 50 can expect to spend 46.7 % and 40.8 % respectively of their remaining life without long-term activity limitations.

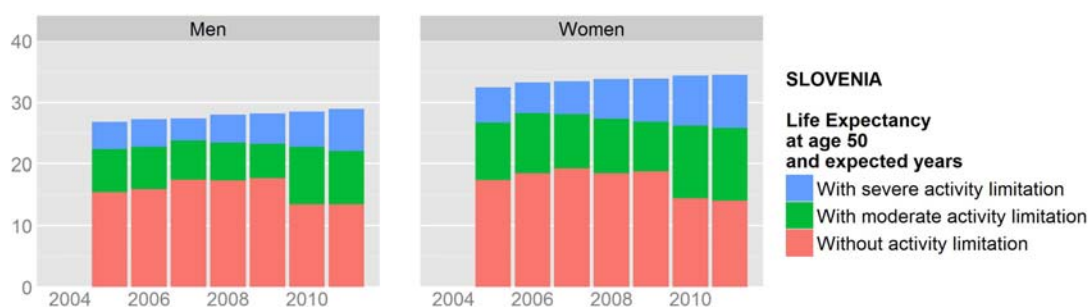


Figure A116: Life expectancy and Healthy life years of people in Slovenia at age 50, in 2004-2011.

Between 2005 and 2011 in SLOVENIA life expectancy (LE) at age 65 increased by 1.8 years for men and increased by 1.9 years for women. LE without activity limitation (HLY) decreased by 1.2 years for men (-2.9 % per year) and decreased by 1.7 years for women (-3.6 % per year). In 2011 in SLOVENIA men can expect 6.2 HLYs, and women 6.9 HLYs. Thus in 2011 men and women at age 65 can expect to spend 36.8 % and 32.5 % respectively of their remaining life without long-term activity limitations.

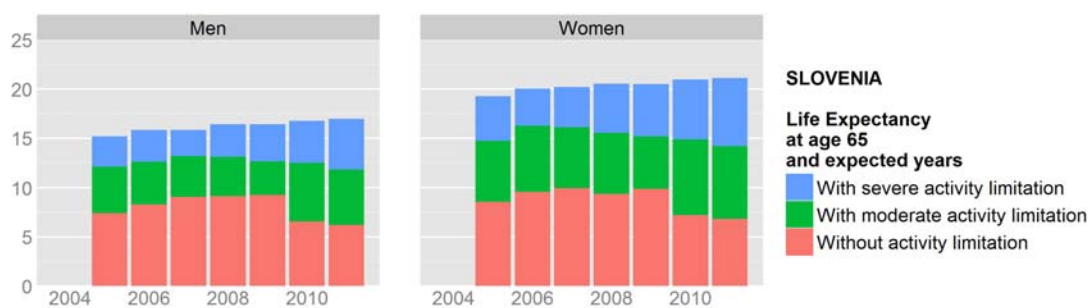


Figure A117: Life expectancy and Healthy life years of people in Slovenia at age 65, in 2004-2011.

Between 2005 and 2011 in SLOVENIA life expectancy (LE) at age 85 increased by 1.1 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) increased by 0.8 years for men (8.7 % per year) and decreased by 0.8 years for women (-8.3 % per year). In 2011 in SLOVENIA

men can expect 1.9 HLYs, and women 1.2 HLYs. Thus in 2011 men and women at age 85 can expect to spend 33.6 % and 17.2 % respectively of their remaining life without long-term activity limitations.

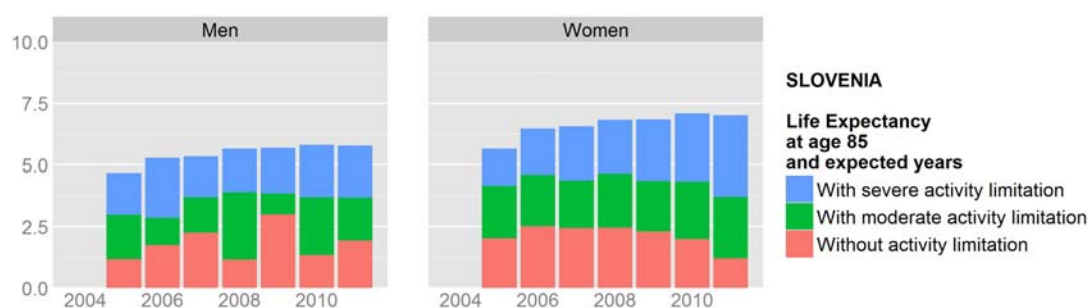


Figure A118: Life expectancy and Healthy life years of people in Slovenia at age 85, in 2004-2011.

Note that the wording of the GALI question changes in Slovenia in 2010. However, this slightly change hardly explains the strong decrease of HLY observed in 2010 (JA EHLEIS, 2013).

24.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

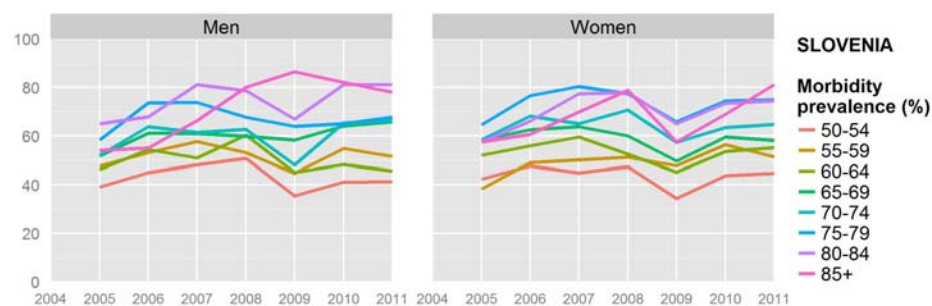


Figure A119: Self-reported chronic morbidity in Slovenia, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in SLOVENIA.

24.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

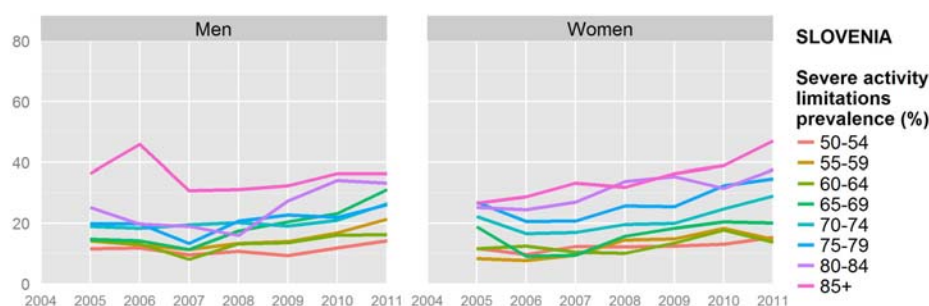


Figure A120: Long-term severe activity limitations in Slovenia, in 2004-2011.

For women the prevalence of long-term severe activity limitations for age category 50-54 increased between 2005 and 2011. For women the prevalence of long-term severe activity limitations for age category 85+ increased between 2005 and 2011.

25. Spain

25.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2004 and 2011 in SPAIN life expectancy (LE) at age 50 increased by 1.6 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) increased by 0.6 years for men (0.5 % per year) and increased by 1 years for women (0.8 % per year). In 2011 in SPAIN men can expect 19.6 HLYs, and women 19.7 HLYs. Thus in 2011 men and women at age 50 can expect to spend 63.1 % and 54.1 % respectively of their remaining life without long-term activity limitations.

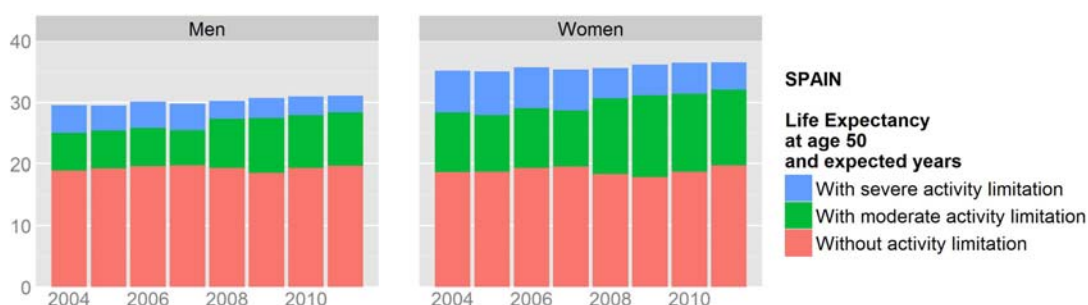


Figure A121: Life expectancy and Healthy life years of people in Spain at age 50, in 2004-2011.

Between 2004 and 2011 in SPAIN life expectancy (LE) at age 65 increased by 1.4 years for men and increased by 1.4 years for women. LE without activity limitation (HLY) decreased by 0.1 years for men (-0.1 % per year) and decreased by 0.3 years for women (-0.5 % per year). In 2011 in SPAIN men can expect 9.7 HLYs, and women 9.2 HLYs. Thus in 2011 men and women at age 65 can expect to spend 51.7 % and 40.5 % respectively of their remaining life without long-term activity limitations.

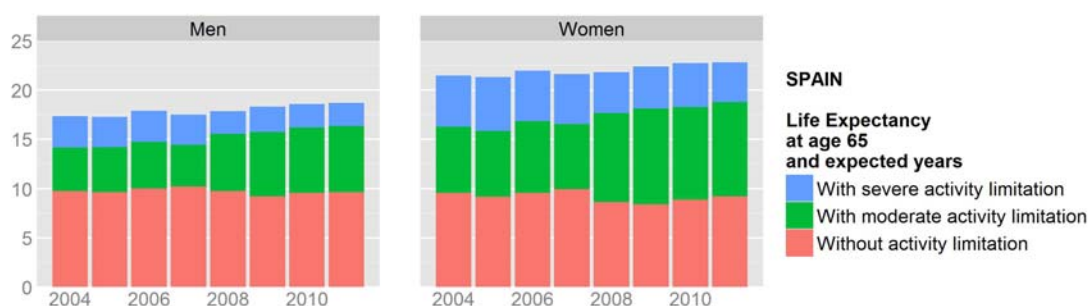


Figure A122: Life expectancy and Healthy life years of people in Spain at age 65, in 2004-2011.

Between 2004 and 2011 in SPAIN life expectancy (LE) at age 85 increased by 0.7 years for men and increased by 0.7 years for women. LE without activity limitation (HLY) decreased by 0.7 years for men (-3.9 % per year) and decreased by 0.6 years for women (-4.3 % per year). In 2011 in SPAIN men can expect 2.1 HLYs, and women 1.7 HLYs. Thus in 2011 men and women at age 85 can expect to spend 31.5 % and 22.5 % respectively of their remaining life without long-term activity limitations.

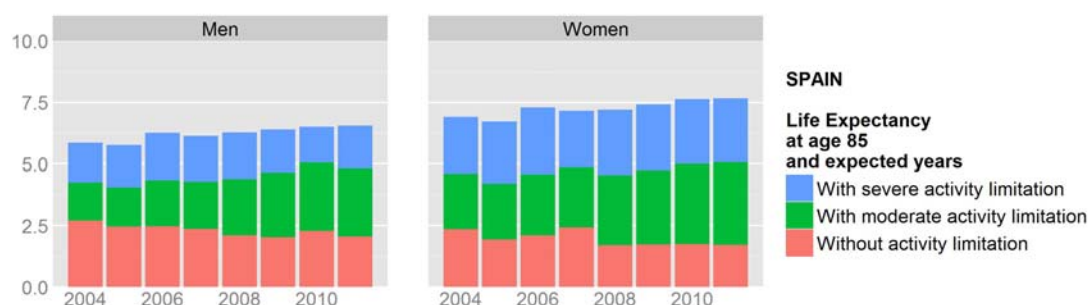


Figure A123: Life expectancy and Healthy life years of people in Spain at age 85, in 2004-2011.

Note that the wording of the GALI question was changed in Spain in 2008 to better reflect the EU standard. This may explain the strong decrease in HLY observed for men and women between 2007 and 2008 (JA EHLEIS, 2013).

25.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

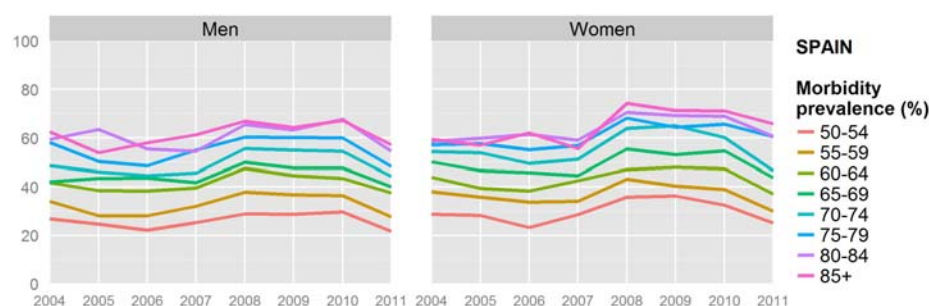


Figure A124: Self-reported chronic morbidity in Spain, in 2004-2011.

Significant trends in chronic morbidity were observed for none of the age groups in SPAIN.

25.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

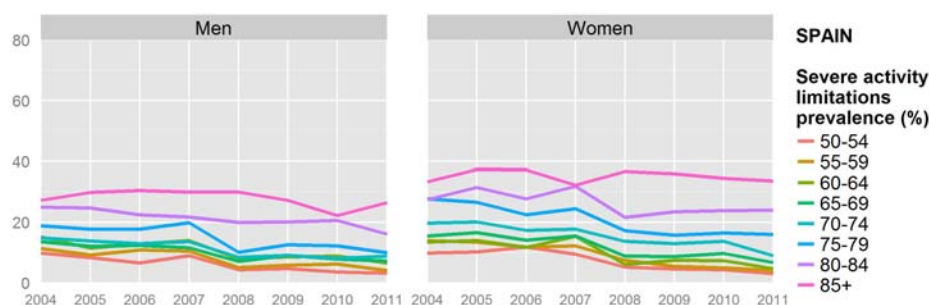


Figure A125: Long-term severe activity limitations in Spain, in 2004-2011.

For men the prevalence of long-term moderate activity limitations for age category 80-84 increased between 2004 and 2011. For men the prevalence of long-term moderate activity limitations for age category 85+ increased between 2004 and 2011. For women the prevalence of long-term moderate activity limitations for age category 85+ increased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 50-54 decreased between 2004 and 2011. For men the prevalence of long-term severe activity limitations for age category 80-84 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 50-54 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 55-59 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 65-69 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 70-74 decreased between 2004 and 2011. For women the prevalence of long-term severe activity limitations for age category 75-79 decreased between 2004 and 2011.

26. Sweden

26.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2006 and 2011 in SWEDEN life expectancy (LE) at age 50 increased by 1 years for men and increased by 0.6 years for women. LE without activity limitation (HLY) increased by 2 years for men (1.7 % per year) and increased by 1.4 years for women (1.1 % per year). In 2011 in SWEDEN men can expect 25 HLYs, and women 25.6 HLYs. Thus in 2011 men and women at age 50 can expect to spend 79.4 % and 73.4 % respectively of their remaining life without long-term activity limitations.

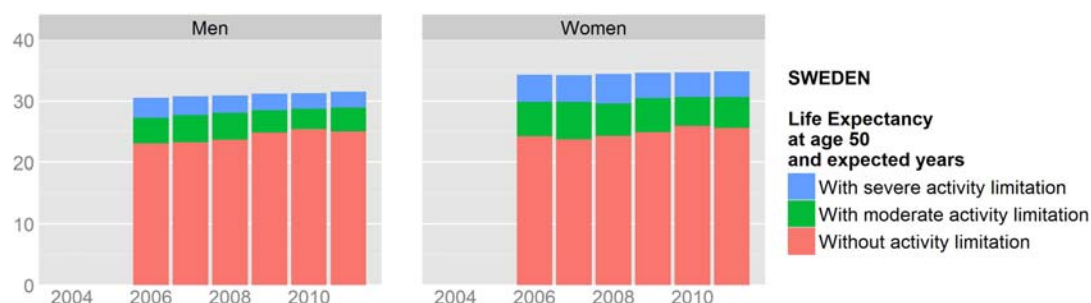


Figure A126: Figure A14: Life expectancy and Healthy life years of people in Sweden at age 50, in 2004-2011.

Between 2006 and 2011 in SWEDEN life expectancy (LE) at age 65 increased by 0.8 years for men and increased by 0.4 years for women. LE without activity limitation (HLY) increased by 0.9 years for men (1.3 % per year) and increased by 1 years for women (1.4 % per year). In 2011 in SWEDEN men can expect 13.9 HLYs, and women 15.2 HLYs. Thus in 2011 men and women at age 65 can expect to spend 75 % and 71.3 % respectively of their remaining life without long-term activity limitations.

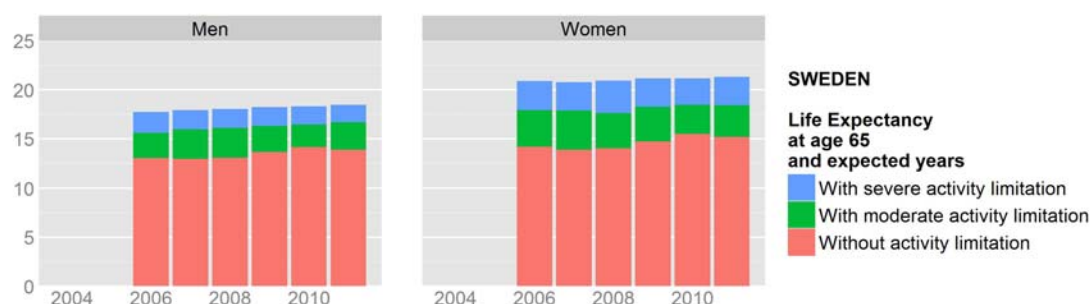


Figure A127: Life expectancy and Healthy life years of people in Sweden at age 65, in 2004-2011.

Between 2006 and 2011 in SWEDEN life expectancy (LE) at age 85 increased by 0.2 years for men and increased by 0.1 years for women. LE without activity limitation (HLY) increased by 0 years for men (-0.1 % per year) and increased by 0.6 years for women (2.8 % per year). In 2011 in SWEDEN men can expect 3.6 HLYs, and women 4.4 HLYs. Thus in 2011 men and women at age 85 can expect to spend 63.6 % and 64.2 % respectively of their remaining life without long-term activity limitations.

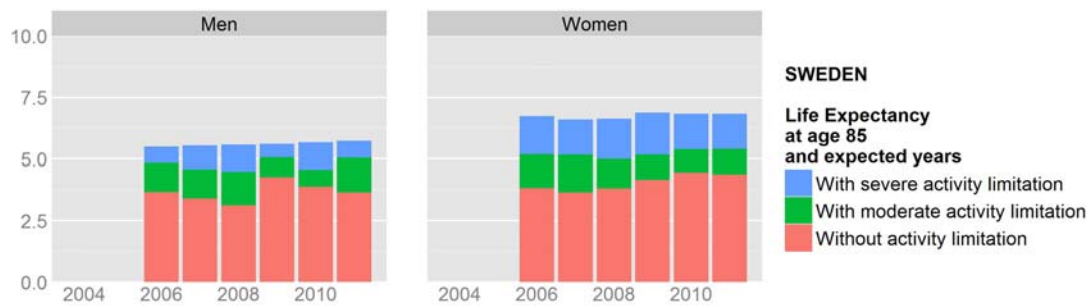


Figure A128: Life expectancy and Healthy life years of people in Sweden at age 85, in 2004-2011.

The HLY trends should be interpreted with caution. Before 2006 the wording of the GALI question was not comparable with the later years. The new wording was again changed in 2008 (JA EHLEIS, 2013).

26.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

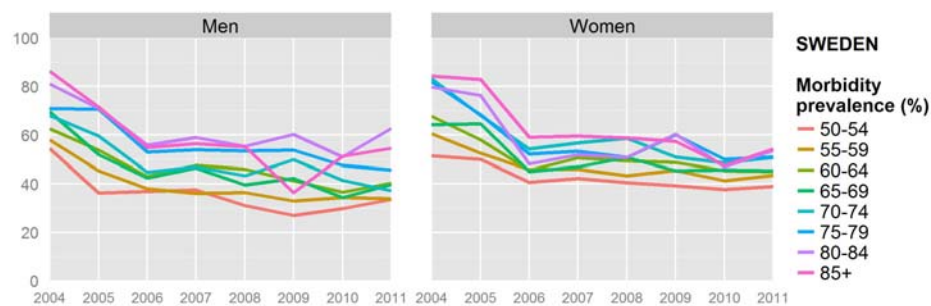


Figure A129: Self-reported chronic morbidity in Sweden, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 55-59 decreased between 2004 and 2011. For men the prevalence of self-reported chronic morbidity for age category 60-64 decreased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 50-54 decreased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 70-74 decreased between 2004 and 2011. For women the prevalence of self-reported chronic morbidity for age category 85+ decreased between 2004 and 2011.

26.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

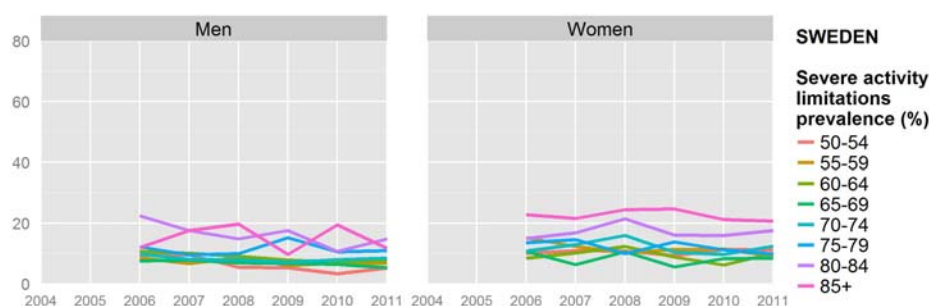


Figure A130: Long-term severe activity limitations in Sweden, in 2004-2011.

Significant trends in severe activity limitations were observed for none of the age groups in SWEDEN.

27. United Kingdom

27.1 Life expectancy and Healthy life years at age 50, 65 and 85, in 2004-2011

Between 2005 and 2011 in UNITED KINGDOM life expectancy (LE) at age 50 increased by 1.8 years for men and increased by 1.6 years for women. LE without activity limitation (HLY) increased by 0.8 years for men (0.7 % per year) and increased by 0.7 years for women (0.5 % per year). In 2011 in UNITED KINGDOM men can expect 20.9 HLYs, and women 21.8 HLYs. Thus in 2011 men and women at age 50 can expect to spend 66.7 % and 63.3 % respectively of their remaining life without long-term activity limitations.

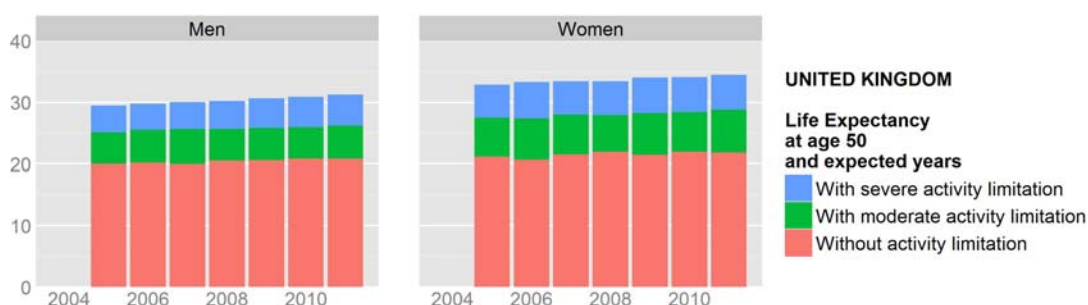


Figure A131: Life expectancy and Healthy life years of people in the United Kingdom at age 50, in 2004-2011.

Between 2005 and 2011 in UNITED KINGDOM life expectancy (LE) at age 65 increased by 1.6 years for men and increased by 1.5 years for women. LE without activity limitation (HLY) increased by 0.7 years for men (1 % per year) and increased by 0.6 years for women (0.8 % per year). In 2011 in UNITED KINGDOM men can expect 11.1 HLYs, and women 12 HLYs. Thus in 2011 men and women at age 65 can expect to spend 59.5 % and 56.3 % respectively of their remaining life without long-term activity limitations.

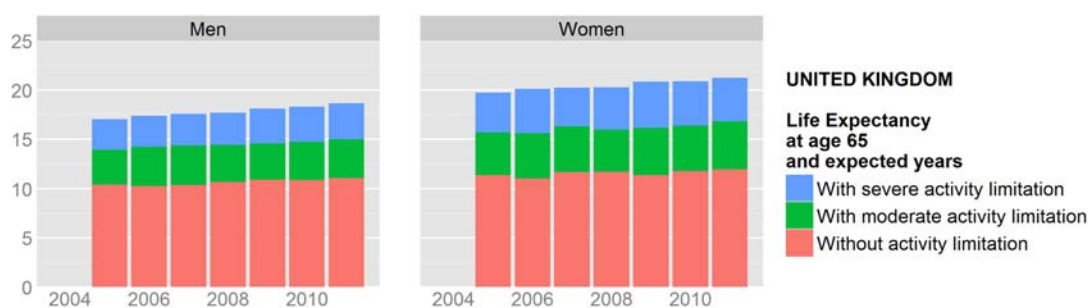


Figure A132: Life expectancy and Healthy life years of people in the United Kingdom at age 65, in 2004-2011.

Between 2005 and 2011 in UNITED KINGDOM life expectancy (LE) at age 85 increased by 0.9 years for men and increased by 1 year for women. LE without activity limitation (HLY) increased by 0.1 years for men (0.5 % per year) and increased by 0.1 years for women (0.6 % per year). In 2011 in UNITED KINGDOM men can expect 3.2 HLYs, and women 3.3 HLYs. Thus in 2011 men and women at age 85 can expect to spend 48 % and 44.2 % respectively of their remaining life without long-term activity limitations.

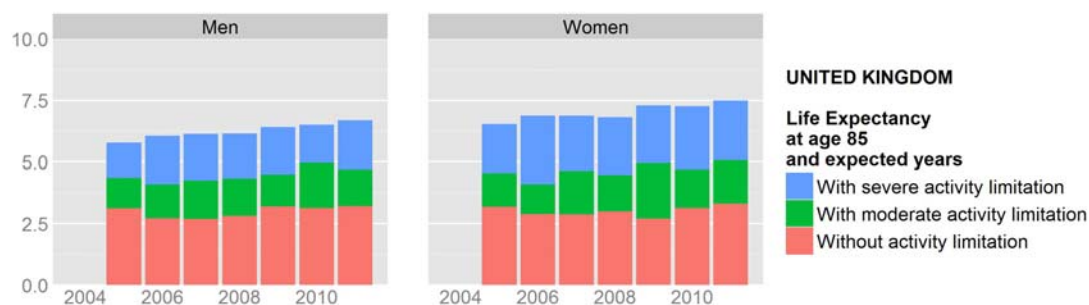


Figure A133: Life expectancy and Healthy life years of people in the United Kingdom at age 85, in 2004-2011.

The wording of the GALI question was not revised in the UK in 2008 (JA EHLEIS, 2013).

27.2 Trends in self-reported chronic morbidity of people aged over 50, in 2004-2011

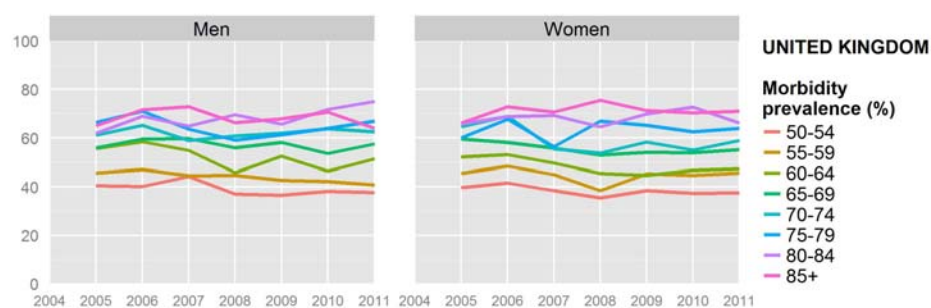


Figure A134: Self-reported chronic morbidity in the United Kingdom, in 2004-2011.

For men the prevalence of self-reported chronic morbidity for age category 55-59 decreased between 2005 and 2011.

27.3 Trends in Long-term severe activity limitations of people aged over 50, in 2004-2011

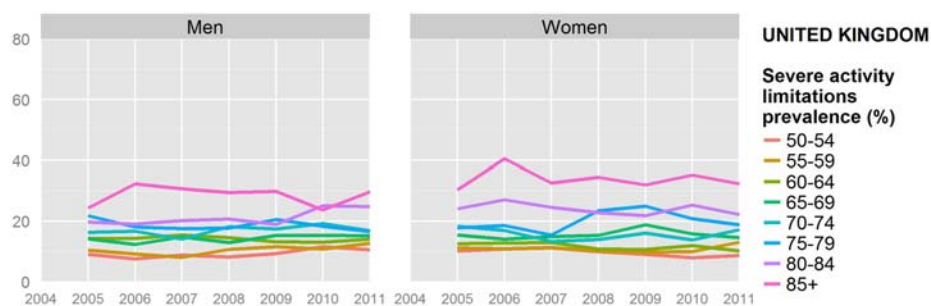


Figure A135: Long-term severe activity limitations in the United Kingdom, in 2004-2011

Significant trends in severe activity limitations were observed for none of the age groups in UNITED KINGDOM.