Healthy life years statistics

Statistics Explained

Data extracted in July 2025.
Planned article update: July 2026.

Highlights

In the EU, the number of healthy life years at birth in 2023 was 63.3 years for women and 62.8 years for men. This represented approximately 3 quarters (75.4%) and 4 fifths (79.8%) of the total life expectancy for women and men, respectively.

Whether extra years of life gained through increased longevity are spent in good or bad health is a crucial question. Since life expectancy at birth is not able to fully answer this question, indicators of health expectancies, such as healthy life years (also called disability-free life expectancy) have been developed. These focus on the quality of life spent in a healthy state, rather than the quantity of life, as measured by life expectancy. As such, healthy life years are an important measure of the relative health of people in the European Union (EU).

This article is one of a set of statistical articles concerning health status in the EU which forms part of the online publication Health in the European Union – facts and figures .

Healthy life years at birth

In the EU, the number of healthy life years at birth in 2023 was 63.3 years for women and 62.8 years for men, a gender gap of 0.5 years. Life expectancy in 2023 was 84.0 years for women and 78.7 years for men, a gap of 5.3 years. As the gender gap was considerably smaller in terms of healthy life years than it was for overall life expectancy, most of the additional years of life expectancy for women tend to be lived with activity limitations. Therefore, men tended to spend a greater share (79.8%) of their somewhat shorter lives free from activity limitations than women (75.4%) did.

Across the EU countries, life expectancy at birth for women in 2023 ranged between 79.7 years in Bulgaria and 86.7 years in Spain; a difference of 7.0 years. A similar comparison for men shows that the lowest life expectancy in 2023 was recorded in Latvia at 70.5 years and the highest in Sweden 81.7 years; a range of 11.2 years.

The corresponding ranges for healthy life years at birth were

- between 54.3 years in Latvia and 71.1 years in Malta (a range of 16.8 years) for women (see **Figure 1**)
- between 51.2 years in Latvia and 71.7 years in Malta (a range of 20.5 years) for men (see **Figure 2**).

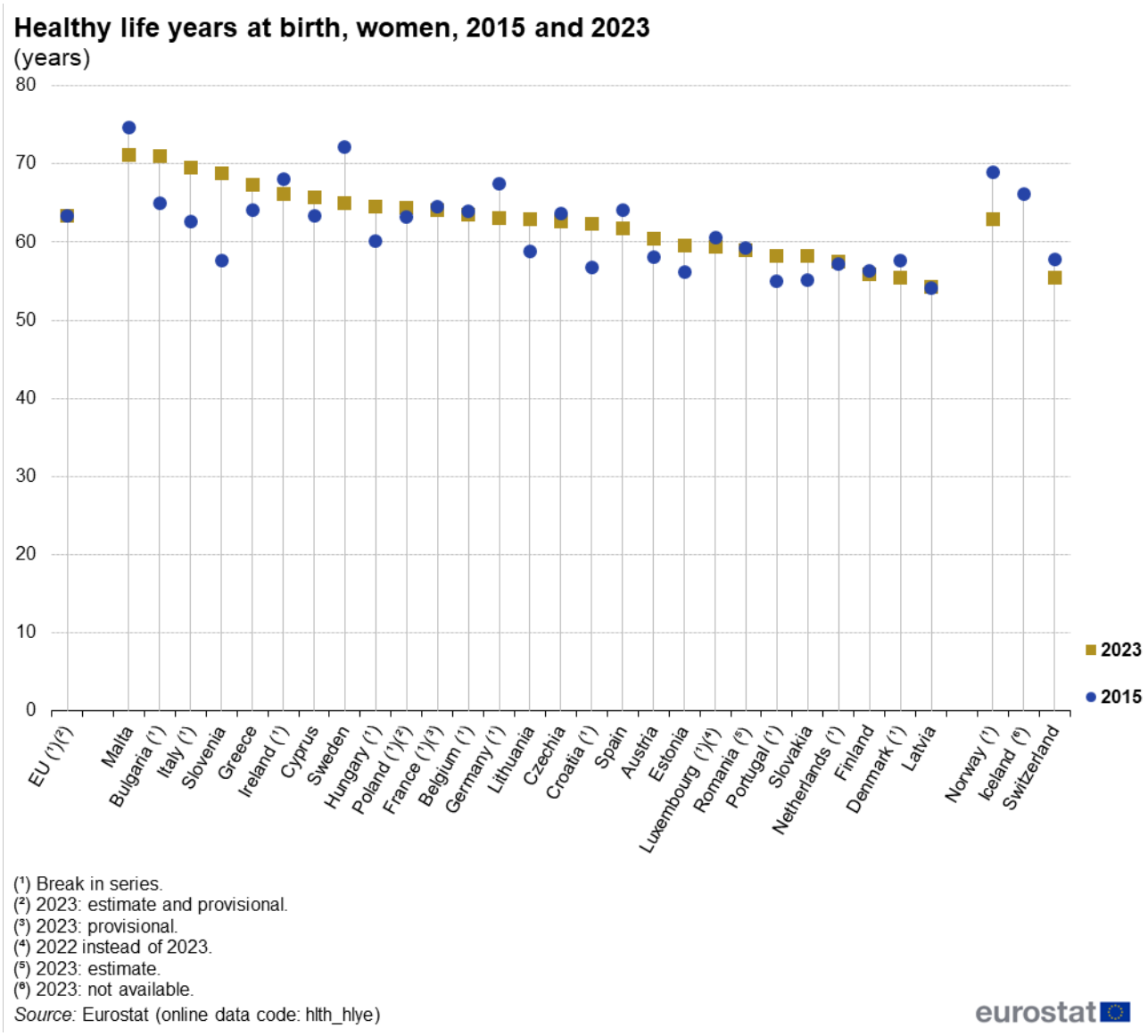


Figure 1: Healthy life years at birth, women, 2015 and 2023 Source: Eurostat (hlth_hlye)

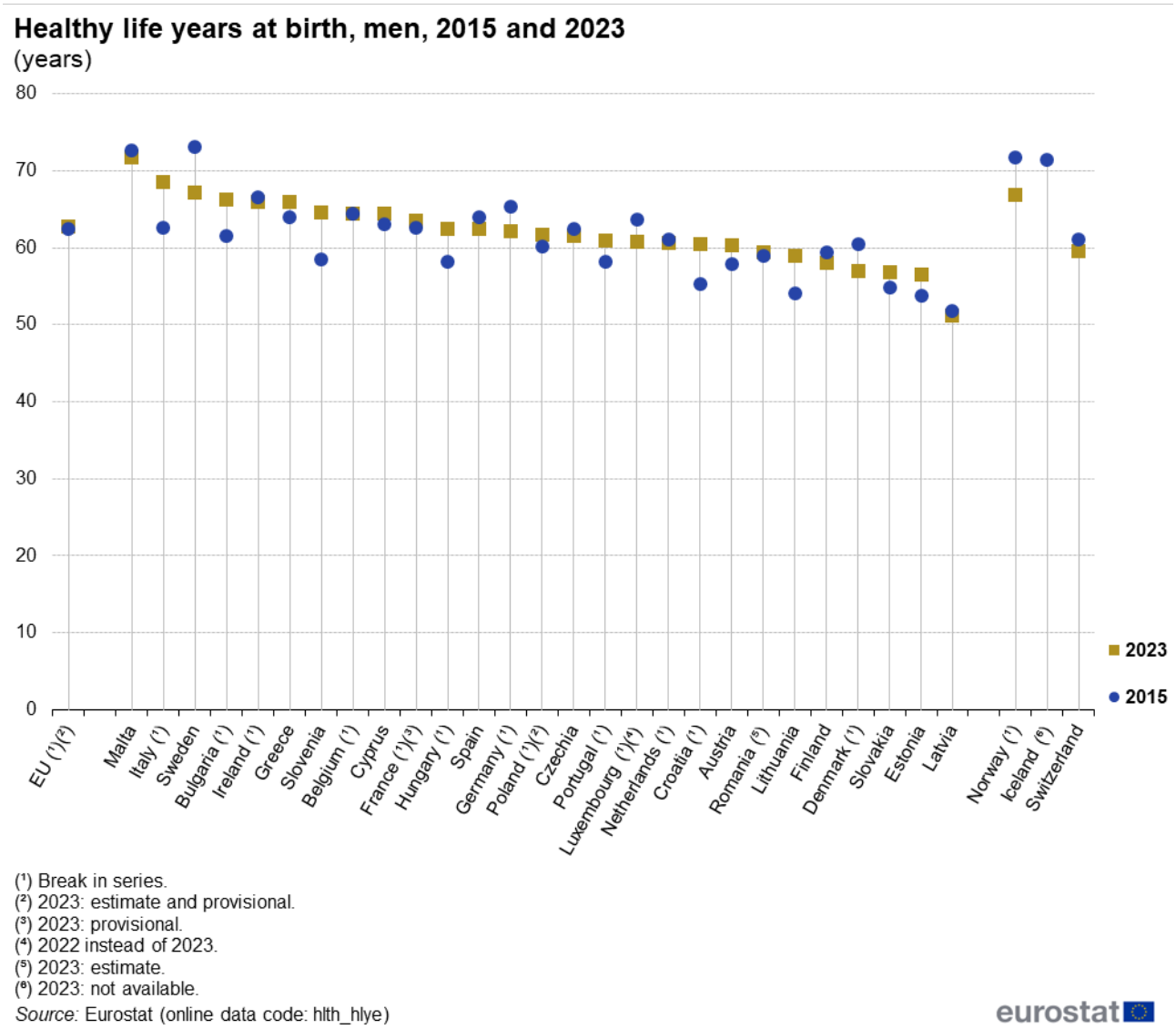


Figure 2: Healthy life years at birth, men, 2015 and 2023 Source: Eurostat (hlth_hlye)

The expected number of healthy life years at birth was higher for women than for men in 17 of the EU countries (see **Table 1**). The difference between the sexes was generally relatively small: there were 5 EU countries where the gap rose to more than 3.0 years in favour of women (Bulgaria, Slovenia, Lithuania, Estonia and Latvia) and 1 where the gap rose to more than 3.0 years in favour of men (the Netherlands).

Healthy life years, 2023
(years)

	Healthy life years at birth			Healthy life years at age 65 years		
	Women	Men	Difference	Women	Men	Difference
EU (1)(2)	63.3	62.8	0.5	9.6	9.2	0.4
Bulgaria	71.0	66.3	4.7	12.0	10.4	1.6
Slovenia	68.8	64.6	4.2	12.4	10.6	1.8
Lithuania	62.9	58.9	4.0	7.6	7.0	0.6
Estonia	59.6	56.5	3.1	8.1	6.9	1.2
Latvia	54.3	51.2	3.1	5.0	4.5	0.5
Poland (1)(2)	64.4	61.7	2.7	9.1	8.2	0.9
Hungary	64.6	62.5	2.1	7.8	7.1	0.7
Croatia	62.4	60.4	2.0	5.9	6.1	-0.2
Slovakia	58.2	56.8	1.4	5.2	4.6	0.6
Greece	67.3	66.0	1.3	8.3	8.1	0.2
Cyprus	65.7	64.4	1.3	8.8	8.5	0.3
Czechia	62.6	61.5	1.1	7.8	7.4	0.4
Italy	69.6	68.5	1.1	10.7	11.0	-0.3
Germany	63.0	62.1	0.9	9.0	8.4	0.6
France (1)	64.1	63.5	0.6	12.0	10.5	1.5
Ireland	66.2	66.0	0.2	11.9	11.6	0.3
Austria	60.5	60.3	0.2	9.4	9.3	0.1
Romania (2)	58.9	59.4	-0.5	3.8	4.3	-0.5
Spain	61.8	62.4	-0.6	10.2	10.3	-0.1
Malta	71.1	71.7	-0.6	12.0	13.1	-1.1
Belgium	63.5	64.4	-0.9	11.7	11.3	0.4
Luxembourg (3)	59.4	60.7	-1.3	9.8	9.7	0.1
Denmark	55.4	57.0	-1.6	10.3	9.5	0.8
Finland	55.9	58.1	-2.2	9.7	9.2	0.5
Sweden	65.0	67.2	-2.2	14.3	13.5	0.8
Portugal	58.3	61.0	-2.7	7.8	9.1	-1.3
Netherlands	57.5	60.6	-3.1	9.0	9.2	-0.2
Norway	62.9	66.9	-4.0	14.3	13.6	0.7
Switzerland	55.4	59.6	-4.2	10.2	10.9	-0.7

(1) Provisional.
(2) Estimates.
(3) 2022.
Source: Eurostat (online data code: hlth_hlye)

eurostat

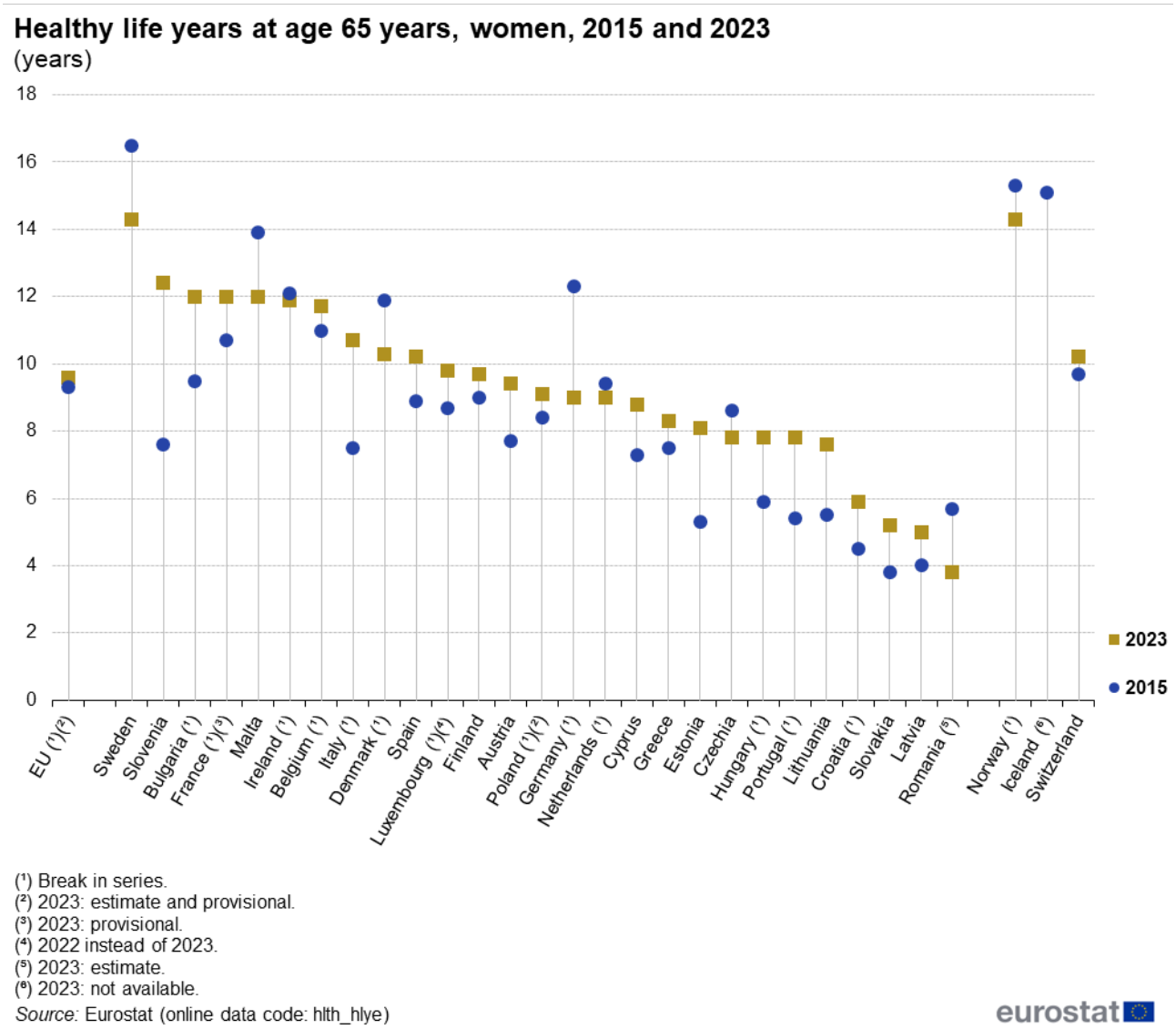
Table 1: Healthy life years, 2023 Source: Eurostat (hlth_hlye)

As such, there were considerably wider differences between EU countries in terms of the quality of life (health wise) that people may expect to live, when compared with the overall differences in life expectancy. In 2023, women in Denmark could expect to live 66.2% of their lives free from any activity limitation, compared with 89.0% for women in Bulgaria. In 2023, men in Denmark could expect to live 71.4% of their lives free from any activity limitation, compared with 92.0% for men in Bulgaria.

Healthy life years at age 65 years

An analysis comparing healthy life years between the sexes at age 65 years in 2023 shows that there were 20 EU countries where women could expect more healthy life years than men and 7 where men could expect more healthy life years than women.

- Women aged 65 years could expect to live between 1.2 and 1.8 years longer free from disability than men in Slovenia, Bulgaria, France and Estonia.
- Men aged 65 years could expect to live between 1.1 and 1.3 years longer free from disability than women in Portugal and Malta.



(1) Break in series.
(2) 2023: estimate and provisional.
(3) 2023: provisional.
(4) 2022 instead of 2023.
(5) 2023: estimate.
(6) 2023: not available.
Source: Eurostat (online data code: hlth_hlye)

Figure 3: Healthy life years at age 65 years, women, 2015 and 2023 Source: Eurostat (hlth_hlye)

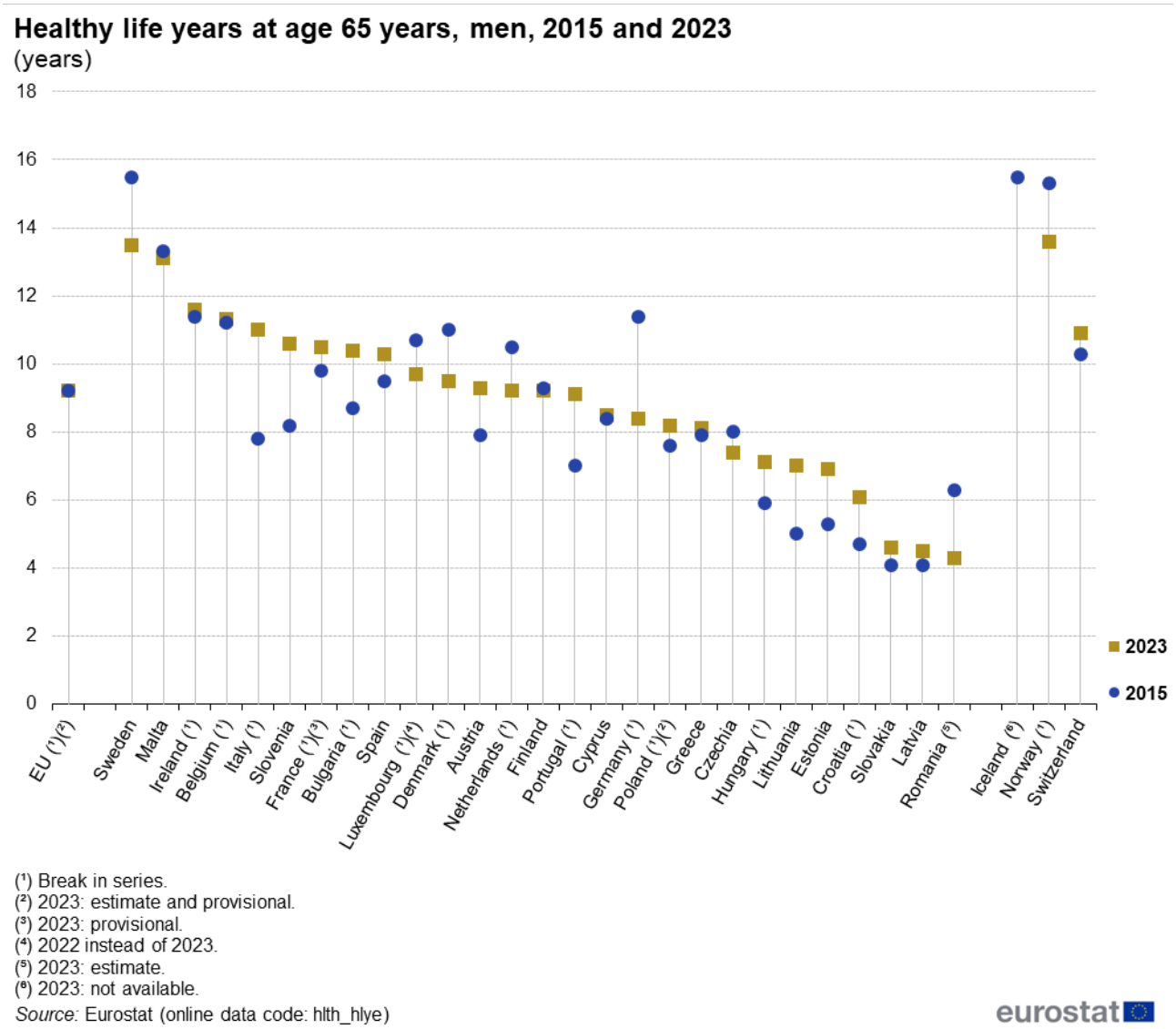


Figure 4: Healthy life years at age 65 years, men, 2015 and 2023 Source: Eurostat (hlth_hlye)

Source data for tables and graphs

- Healthy life years statistics: tables and figures

Data sources

Eurostat calculates information relating to healthy life years for 3 ages: at birth, at age 50 years and at age 65 years. This information is calculated using mortality statistics and data on self-perceived long-standing activity limitations . Mortality data come from Eurostat's demographic database, while self-perceived long-standing activity limitations data come from a European health module that is integrated within the data collection for EU statistics on income and living conditions (EU-SILC).

Self-perceived long-standing limitations in usual activities due to health problems

EU-SILC is documented in more detail in this background article which provides information on the scope of the data, its legal basis, the methodology employed for health-related variables, as well as related concepts and definitions.

The general coverage of EU-SILC is all private households and their members (who are residents at the time of

data collection); it therefore excludes people living in collective households.

The relevant EU-SILC questions concerning long-standing activity limitation are the following.

- Are you limited because of a health problem in activities people usually do: severely limited, limited but not severely or not limited at all?
- If the answer is 'severely limited' or 'limited but not severely', have you been limited for at least the past 6 months: yes or no?

Limitations of the data

The indicator presented in this article is derived from self-reported data. As such, it reflects – to a certain extent – respondents' subjective perceptions, as well as their social and cultural background.

EU-SILC does not cover the institutionalised population, for example, people living in health and social care institutions who are more likely to face activity limitations than people living in private households. It is therefore likely that, to some degree, this data source under-estimates the share of people facing such limitations. Furthermore, the implementation of EU-SILC is organised nationally, which may impact the results presented, for example, due to differences in the formulation of questions or changing the related questions in a specific year.

Context

The health status of people is difficult to measure because it is hard to define consistently between individuals, populations, cultures, or even across time periods. The demographic measure of life expectancy has often been used as a proxy for the state of a nation's health, partly because it is based on a characteristic that is simple and easy to understand – namely, that of death. Indeed, life expectancy at birth remains among the most frequently quoted indicators of health status and economic development.

Life expectancy at birth rose rapidly in the last century due to a range of factors, including decreases in infant mortality, rising living standards, improved lifestyles and better education, as well as advances in healthcare and medicine. While most people are aware that successive generations are living longer, less is known about the health of the EU's ageing population. Indicators on healthy life years are based on the concept of the quality of life, by focusing on those years that may be enjoyed by individuals free from the limitations of illness or disability. Chronic disease, frailty, mental disorders and physical disability tend to become more prevalent in older age and may result in a lower quality of life for those who suffer from such conditions, while the burden of these conditions may also impact on healthcare and pension provisions.

Healthy life years also monitor health as a productive or economic factor. An increase in healthy life years is one of the main goals of the EU's health policy, given that this would not only improve the situation of individuals (as good health and a long life are fundamental objectives of human activity) but also lead to lower public healthcare expenditure and likely increase the possibility that people continue to work later into life. If healthy life years increase more rapidly than life expectancy, then not only are people living longer, but they are also living a greater share of their lives free from health problems.

In March 2021, the European Commission adopted a Strategy for the Rights of Persons with Disabilities 2021–2030 that aims to ensure that people with disabilities can experience full social and economic inclusion on an equal basis with others and live free from discrimination. The strategy focuses on implementing the United Nations Convention on the Rights of Persons with Disabilities and consolidating the EU's body of law in this field.

In recent years, active and healthy ageing innovation and policy actions have been supported through joint efforts of the European Commission and EU countries, such as the Active and Assisted Living Programme (AAL), the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), the Joint Programming Initiative – More Years, Better Lives and the Innovation Network for Scaling Active and Healthy Ageing (IN-4-AHA). The Commission has also awarded grants to hundreds of research and innovation projects through Horizon 2020 Societal Challenge 1 – Health, Demographic change and Wellbeing (archived webpage), promoting the development and uptake of digital health innovations for the benefit of older adults' health and well-being. The Commission's Communication on enabling the digital transformation of health and care in the digital single market invited, among other things, the promotion of empowering people and citizens, of all ages, to manage their health and well-being actively with the help of digital technologies.

Explore further

Other articles

Online publications

- Health in the European Union – facts and figures
- Disability statistics

Health status

- Self-perceived health
- Population with disability
- Mortality and life expectancy
- Causes of death

Methodology

- Health variables in SILC

General health statistics articles

- Health statistics introduced
- Regional health statistics

Database

- Health (hlth), see

Health status (hlth_state)

Health determinants (hlth_det)

Health care (hlth_care)

Causes of death (hlth_cdeath)

- Disability (dsb), see

Disability prevalence (dsb_p)

Thematic section

- Health , see
  - Health status

Selected datasets

- Health (t_hlth), see

Health status (t_hlth_state)

Healthy life years at birth by sex (tps00150)
Life expectancy at birth by sex (tps00208)
Healthy life years at age 65 by sex (tepsr_sp320)
Share of people with good or very good perceived health by sex (sdg_03_20)

Methodology

- Healthy life years by sex (from 2004 onwards) (ESMS metadata file – hlth_hlye_esms)
- Methodology for the calculation of Eurostat's demographic indicators

External links

- European Commission – Directorate-General for Health and Food Safety – Public Health – European core health indicators (ECHI) , see
  - Healthy life years