



EUROPEAN COMMISSION  
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Public Health and Risk Assessment  
**Health information**

## NOTE TO EXPERTS GROUP ON HEALTH INFORMATION

### **Subject: Healthy Life Years (HLY) and the European Health and Life Expectancy Information System (EHLEIS)**

#### **The Healthy Life Years indicator**

The Healthy Life Years (HLY) indicator (also called disability-free life expectancy) measures the number of remaining years that a person of a certain age is still supposed to live without disability. It is calculated using the Sullivan method, combining data on mortality obtained from life tables, with data on health status gathered through surveys. The main source of information on health status is the Minimum European Health Module (MEHM), which is submitted through the EU Survey on Income and Living Conditions (EU-SILC) and now also through the European Health Interview Survey (EHIS).

The Minimum European Health Module is a set of three global questions especially designed to allow comparable calculations of health expectancies across Europe. The three questions are on:

1. General perceived health
2. Chronic health problems
3. Global activity limitation

The HLY currently presented by Eurostat is calculated with regard to question 3: life expectancy without activity limitation (or disability-free life expectancy). With the data regularly collected and processed by Eurostat it is also feasible to calculate life expectancy in perceived good health, and life expectancy without chronic morbidity.

Key cross-cutting EU policies such as the Lisbon agenda and the Sustainable Development Strategy include HLY within their list of indicators. More HLY means a healthier workforce, less retirement due to ill health and potentially less health and social care use and is thus a means of reducing the economic and social risks associated with demographic change. Accurate monitoring of HLY across MS is crucial to plan for our ageing population but also to understand the impact of national policies to increase healthy ageing.

**Life expectancy and HLY in 2008:** Life expectancy (LE) at birth has steadily increased during the last decade in the EU27, by more than 3 years for men and 2 years for women. Substantial gaps between MS however remain and have reached 13 years for men and 8 years for women in 2008.

With this accelerated population ageing, the quality of remaining years becomes as important as the quantity, if not more. The Healthy Life Years (HLY) indicator is a summary measure of population health measuring the number of remaining years that a person is expected to live free of disability. Its most recent values for 2008 show that the

gap between the MS is much broader than that in life expectancy; in fact, it is around 18 years for men and close to 20 for women.

The Project EHLEIS (European Health and Life Expectancy Information System) was in charge of monitoring trends in healthy life expectancy. It ended in June 2010 and will be replaced by a Joint Action which was submitted to the 2010 Call for proposals.

### **The new Joint Action EHLEIS**

The general objective of this Joint Action (JA) is to increase the utility of HLY for EU public health through the consolidation and further development of the existing information system developed by EHLEIS, increase comparability with US and Japanese health expectancy indicators and greater use by Member States of HLY in national policy-making. Moreover, the JA aims to integrate the former Task Force on Health Expectancies (TFHE) into an annual meeting to further engage MS with HLY.

More specifically the JA will:

- i) compute and disseminate HLY through an online information system, annual country reports and website,
- ii) analyse HLY at EU level (identifying trends to identify public health priorities, contribute towards identifying the main determinants of healthy life in Europe),
- iii) develop methods for computing comparable HE by socio-economic status,
- iv) foster international harmonisation of health expectancy indicators with Third Countries.

**Contribution to the programme** – The JA will contribute directly to two of the three objectives of the Second Programme of Community Action in the Field of Health 2008-2013: to promote health, including the reduction of health inequalities – specifically increasing healthy life years and promoting healthy ageing; and to generate and disseminate health information and knowledge.

The EHLEIS Joint Action is expected to start before the end of 2010 and it is planned to last three years.

**Action for the Committee:**

X	For information
	For comments
	For agreement