

Global Longevity Governance Landscape

Enhanced Analysis of Factors
Determining Health-Adjusted Life
Expectancy (HALE) and Levels of
Longevity Progressiveness in 50
Countries



www.aginganalytics.com

Global Longevity Governance Landscape

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Executive Summary

Introducing HALE

HALE, a specific measure of healthy Longevity, is an indispensable metric for Aging Analytics Agency.

Today's increased global Longevity is a "problem of success", an inevitable consequence of sharp increases in sanitation, diet, health care, elderly care, and geriatric medicine, a set of changes which have occurred suddenly within the lifetimes of today's elderly. But this increased Longevity is not a consequence of decreased aging; this life extension is not accompanied by a commensurate extension in health. As a result, increased global Longevity is producing a global aging demographic, an impending crisis frequently referred to as the "silver tsunami".

In order to float rather than sink, Longevity must become an asset. And this means altering the nature of aging entirely, reducing the period of financially and socially inactive decrepitude at the end of life. Specifically, it means utilizing technology to ensure that these longer lives are also healthy, productive, financially active lives, and creating a system of government frameworks and financial incentives to create and sustain this case of affairs.

The most important technical metric for this task is **HALE (health-adjusted life-expectancy)**. It belongs to a set of metrics known as **HALYs** (health-adjusted life-year). It includes HALE, a measure of population health that takes into account mortality and morbidity, **Quality-adjusted life years (QALYs)** and **disability-adjusted life years (DALYs)**, the latter being types of HALY whose original purposes were at variance.

HALE can be estimated at international, national or local levels to:

- Compare population health across communities and over time;
- Provide a full picture of which diseases, injuries, and risk factors contribute the most to poor health in a specific population (this is probably the most common use of summary measures of health);
- Assess which information or sources of information are missing, uncertain, or of low quality;
- Measures of HALE are normally presented by age, sex and geographical region.

The uses of HALE

Research on healthy ageing encompasses: the biological processes contributing to ageing per se; the socio-economic and environmental exposures across life which modulate ageing and the risk of age-related frailty, disability and disease; and the development of interventions which may modulate the ageing trajectory.

Such research needs measures of health span which, in addition to chronological age, can characterise and quantify important functions which are subject to decline at faster, or slower, rates during individual human ageing. Furthermore, it is impossible to determine whether biotechnologies for aging have been successful if we cannot tell how advanced the aging process is in any given individual.

The role of government strategy is of immediate importance in advancing the Longevity industry from its present point, and governments must be able to monitor and describe biomedical progress. Metrics for tangible progress are absolutely essential component of any government strategic agenda. It will be impossible to make concrete claims regarding global progress in biotechnology - and in preventive medicine in particular - without an agreed set of metrics.

HALE serves as a crucial metric type in many Aging Analytics Agency reports and publications, most notably *National Longevity Development Plans: Global Overview 2019 (First Edition)*.

Executive Summary

This report aims answer three key questions:

- **HALE is impacted by economy, healthcare systems, environment, infrastructure, society and demography. How then does the impact differ between countries?**
- **What can be done to improve HALE in each country globally?**
- **What is the most effective health care system with regard to HALE?**

The report uses a complex analytic framework of metrics to provide a comprehensive overview of the factors involved with this HALE, and its causes and effects globally, and what steps each country would need to take to maximize its HALE. It is Aging Analytics Agency's expectation that it serve as a companion to its past and future publications which utilize this metric.

Report Structure

The Introduction begins by defining each of the HALYs, explaining why HALE may be the most useful of the HALY metrics, and the normal difference between HALE and life expectancy, and then lists data sources to be used in the analysis that follows.

Ranking of Countries provides a detailed methodology for ranking countries according to their HALE-affecting factors, and then provides rankings for economy, health and healthcare, and HALE itself.

Main Patterns identifies the patterns that emerge across the countries, providing healthcare system overviews, healthcare expenditures, eHealth efficiency and air pollution across countries with high medium and low HALE and life expectancies.

Singapore and USA Healthy Longevity Comparison summarises specific features of healthcare systems and derives factors that affect public health both in Singapore and the United States. The main focus is made on healthcare system efficiency of Singapore and disproportionate healthcare expenditures in the United States.

Public Spendings and Healthcare Efficiency To help formulate and prioritize among social and health government expenditures, described here are methodologies for estimations of relationship between HALE and public spendings for countries that differ solely in their national plans, target programmes can provide valuable information.

HALE and Supercentenarian Distributions discusses the distribution of centenarians across nations, with a special focus on the USA.

Meteorological Analysis briefly analyses the effects of climate on HALE in every world region.

HALE and Obesity lays bare the relationship between obesity, HALE and life expectancy with special focus on the USA. It also provides an overview of government programs, strategies, development plans focused on tackling adult and childhood obesity.

Report Methodology explains in detail the analytical process behind the report, beginning by illustrating the multiple layers of metrics and then methodologies for ratios, growth rates, growth rates of ratios, meteorological analysis and indexes of health status, society, retirement, immunization, economy and mental health.

Recommendations and Conclusions chapter identifies the key findings and provides guidance on improving the HALE factors in each country, listed according to the size of the HALE \ Life Expectancy gap in each.

Report Methodology

The focus of this study was primarily on 6 levels of analysis and aimed at perceptions of actual changes of interconnections between the nearly **200** parameters.

Quantitative data analysis in this report include approximately **10 000 numerical values to indicate trends in Longevity**.

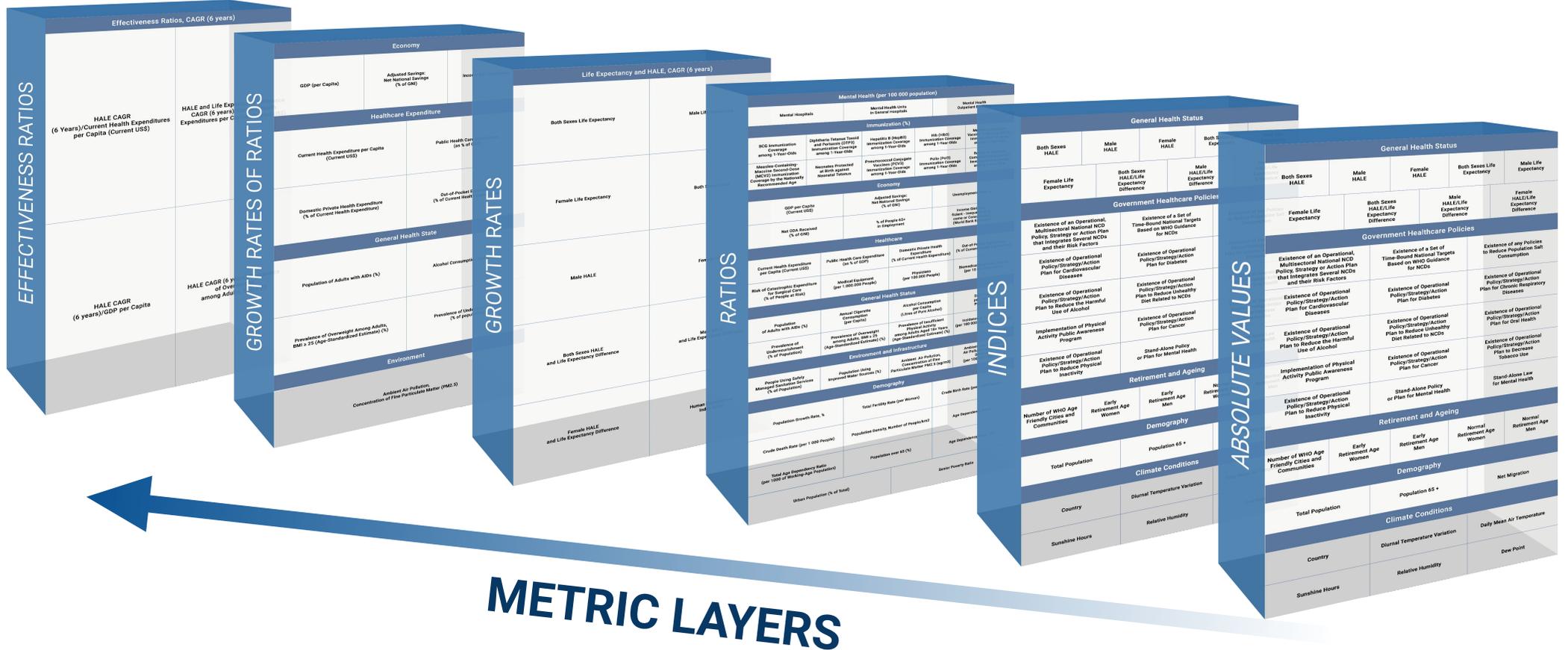
Therefore, the six step approach was used to conduct this systematic search:

1. Providing of statistical analysis for **absolute values**.
2. **Indexes** research.
3. **Ratios** estimating.
4. Counting of **growth rates**.
5. **Growth rates of ratios** valuation.
6. Deep analysis of **effectiveness ratios**.

The Report Methodology is needed to develop health systems performance indicators, data collection strategies and tools for monitoring at national and global levels. Using of key metrics is aimed at evaluation what factors have the greatest influence on HALE and life expectancy in a particular country from the ranking. In some extension, this metrics system is well-defined performance measurement that is used to analyze and optimize all relevant healthcare processes to increase the level of industry effectiveness.

Therefore, metrics which are covered by this report could be applied for the assessment of healthcare system and strategies for health improvement. As well as all above indicators are complex and tangible, this metrics system can be used for deep analysis of current state of a country, its prospects and overall industry optimization. Secondary data sources are reliable and accurate: local health authorities, government, WHO, OECD, The World Bank.

Global Healthy Longevity Analytical Framework



The lowest and highest HALE indicators were observed in **USA (68.5 years)** and **Singapore (76.2 years)** respectively. GDP per capita, health spending per capita, urban population, age-friendly cities and communities, population density, consumer price index, mental health and diseases, total fertility rate, crude birth rate, medical technologies in 50 countries were revealed as the **correlates of HALE**.

In general, HALE is affected by many groups of factors such as: socioeconomic status, demography, income, wellbeing, the quality of the health system and the ability of people to access it, health behaviours such as tobacco and excessive alcohol consumption, poor nutrition and lack of exercise, social factors, genetic factors and environmental factors including overcrowded housing, lack of clean drinking water and adequate sanitation.

Underlying world trends in difference between healthy life expectancy and life expectancy at birth show a general improvement. However, **healthy life expectancy has remained much lower than life expectancy in all countries**.

Moreover, this study shows that the adverse **effect of climate change** on human habitat, migration and health threaten average life span and HALE. The effect of climate change on life expectancy deserves great attention for three important reasons. First, the duration of rainy season has shortened in the country in the last two decades, creating drier land, causing environmental problems, health and adaptation challenges. Second, countries are currently experiencing unusual environmental issues which provide serious health risks to people. Third, many developing countries lack the skill, technology and resources to handle climate change related problems like the developed countries. Hence, the outcome of the present research can aid in taking proactive measures which will put in check diurnal temperature variation, daily mean air temperature, relative humidity and dew point for HALE increasing.

Also, one of the main factors affecting HALE is obesity. **There is a clear relationship between HALE and percentage of adult population that is obese**. Therefore, people with extreme obesity had a dramatic reduction in life expectancy compared with people of normal weight.

Countries with **high HALE and Life Expectancy** and low gap between these indicators are **Singapore and Cyprus**. One of the most important factors of life expectancy in this group of countries is wealth - richer people tend to eat healthfully and smoke and drink less, have access to the best health care. Affluent countries also tend to have low rates of violent crime and civil unrest. However, among 50 considered countries there are some exceptions. For example, **the USA spending is highest**, but this country ranks not in the top in the world for its levels of health care.

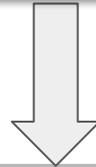
In countries with **low HALE and Life Expectancy (e.g. Iran, Turkey, Slovakia, India etc)** the combination of factors that contribute to the general health standards of these countries include not only the availability and quality of the healthcare facilities, but quality of food and pollution regulations as well.

It must be noted that the **countries that have the highest life expectancy and HALE indicators are generally the most developed countries**.

A group with countries which have **medium HALE and Life Expectancy** includes mostly EU members: **Belgium, Denmark, Germany, Portugal** etc. Their HALE and Life Expectancy indicators continue to increase each year. These gains in longevity can be attributed to a number of factors, including improved education, socio-economic conditions and lifestyle, as well as progress in health care. However, this growth in the performance is insufficient to reach the leading position in the HALE countries ranking.

The bottom line is that it is no coincidence that among the 50 countries on list there is a relatively long life expectancy compared to other countries. Instead, it is precisely because of many common characteristics that the citizens of these countries can achieve a long and healthy life, and the further development of such characteristics may allow developing countries to also increase their HALE and Life Expectancy.

Global Longevity Governance Landscape **Third Edition**



- 100 countries in its analysis.
- A wider variety of metrics (including a precise formulation for sub-metrics, metric categorization and metric weighting).
- Detailed project and explanatory HALE factors analysis.
- Upgraded overall breadth and depth of the proprietary analysis for ranking the strength, relevance and proactiveness of countries proceeding with HALE policy development.

Next edition will deliver:

- practical answers to specific questions about Longevity industry in order to optimize the short and long-term strategies of investors, governments and other institutions related to the Healthcare and Longevity industries;
- analysis of key features that increase investment attractiveness, and problems that impede growth of countries profiled in this report;
- full description of 100 countries' profiles, their strengths and weaknesses.

Each new edition will provide a more sophisticated, comprehensive and precise understanding of the recent trend of development of Healthcare, Longevity and Pharmaceutical industries, needs in financial resources for disruptive projects and reasons for governments to invest.

The report also suggests important insights for investors dealing in the related market.

HALE and Life Expectancy

| Gap | High Gap between HALE and Life Expectancy | Medium Gap between HALE and Life Expectancy | Low Gap between HALE and Life Expectancy |
|---------------------------------|---|---|--|
| HALE and LE | | | |
| High HALE and Life Expectancy | Australia, Austria, Canada, France, Italy, Luxembourg, Norway, Republic of Korea, Sweden, Switzerland | Iceland, Israel, Japan, New Zealand, Spain | Cyprus, Singapore |
| Medium HALE and Life Expectancy | Belgium, Chile, Czech Republic, Denmark, Finland, Germany, Ireland, Slovenia | Cuba, Greece, Netherlands, Malta, Portugal, Qatar, United Kingdom of Great Britain and Northern Ireland | China, Costa Rica, Panama |
| Low HALE and Life Expectancy | Estonia, Iran, Turkey, United Arab Emirates, United States of America | Brazil, India, Mexico, Poland, Saudi Arabia, Slovakia | Argentina, Indonesia, Russia, South Africa |

This table represents distribution of countries by their Health Adjusted Life Expectancy (HALE) and estimated average life expectancy (ALE) and the gap. Gap is measured as absolute difference between life expectancy and HALE in a particular country.

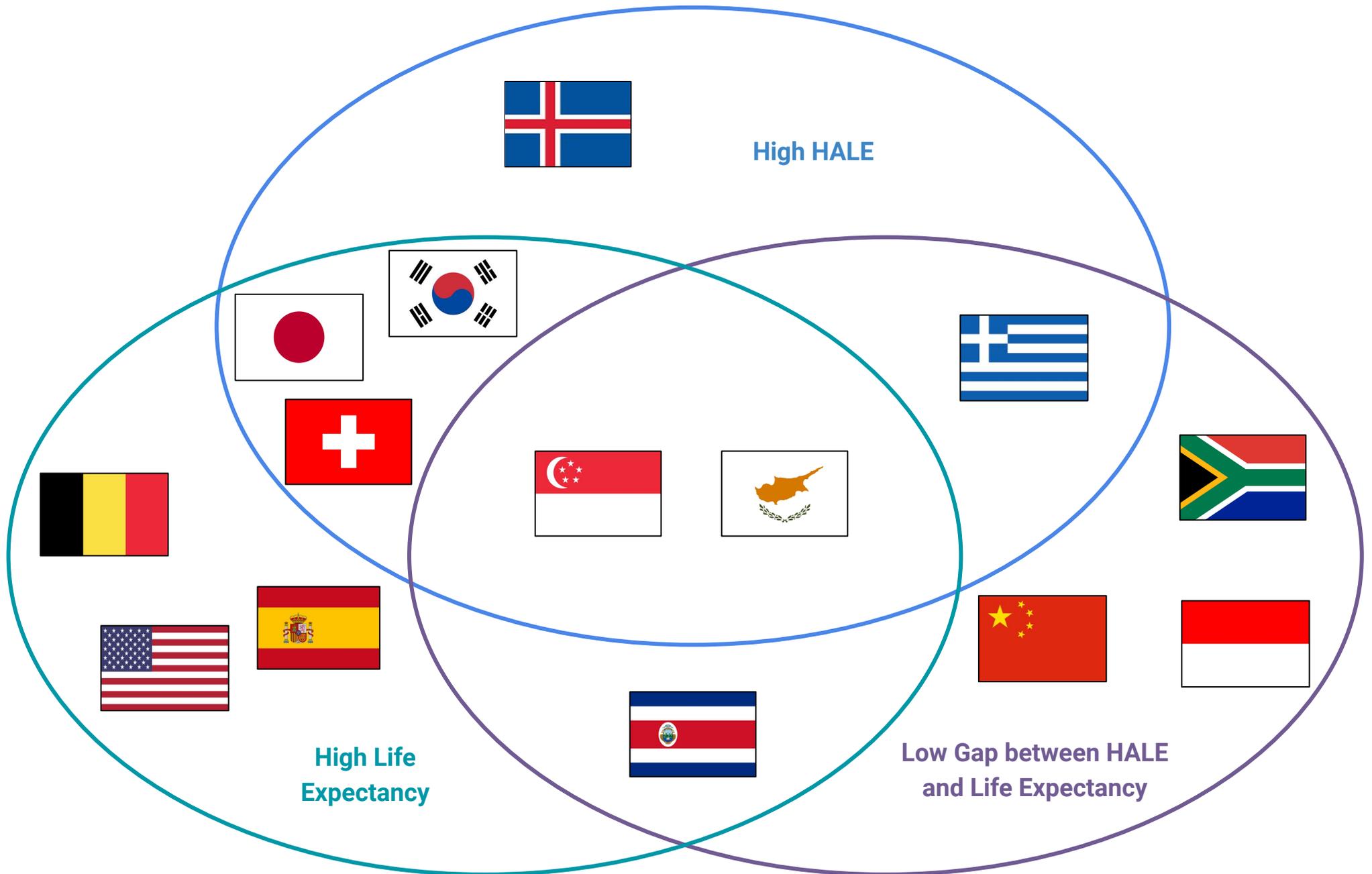
Countries are distributed unevenly, because the major countries are developed countries with approximately the same level of development and welfare.

As we can see the biggest groups are with high life expectancy and HALE but high gap, there are 12 countries and the group with high HALE and ALE but medium gap, there 13 countries. They cover a half of observation



Infographics summary

HALE Classification Framework



Global Healthy Longevity Landscape Overview

High HALE & Life Expectancy - 17
Medium HALE & Life Expectancy - 18
Low HALE & Life Expectancy - 15

High HALE and Life Expectancy

Medium HALE and Life Expectancy

Low HALE and Life Expectancy



Global Healthy Longevity Landscape Overview

High Gap between HALE & Life Expectancy - 23;
Medium Gap between HALE & Life Expectancy - 18;
Low Gap between HALE & Life Expectancy - 9;

High Gap between HALE and Life Expectancy

Medium Gap between HALE and Life Expectancy



Low Gap between HALE and Life Expectancy

HALE and Life Expectancy



Source:

WHO

HALE and GDP



Source:

WHO

HALE and Public Health Care Expenditure



Source:

WHO

HALE and Alcohol Consumption



Source:

WHO

HALE and Prevalence of Overweight among Adults

HALE, 2016

| | | | |
|------|---|----------------|------|
| 76.2 |  | Singapore | 31.8 |
| 74.8 |  | Japan | 27.2 |
| 73.8 |  | Spain | 61.6 |
| 73.5 |  | Switzerland | 54.3 |
| 73.0 |  | South Korea | 30.3 |
| 72.9 |  | Israel | 64.3 |
| 72.1 |  | Netherlands | 58.7 |
| 71.9 |  | United Kingdom | 63.7 |
| 68.7 |  | China | 32.1 |
| 68.5 |  | USA | 67.9 |

Prevalence of Overweight among Adults,
BMI \geq 25 (Age-Standardized Estimate) (%)

Source:

WHO

Current Health Expenditure and Healthcare Efficiency Score

Current Health Expenditure per Capita
(Thousand \$) 2016

Healthcare Efficiency Score

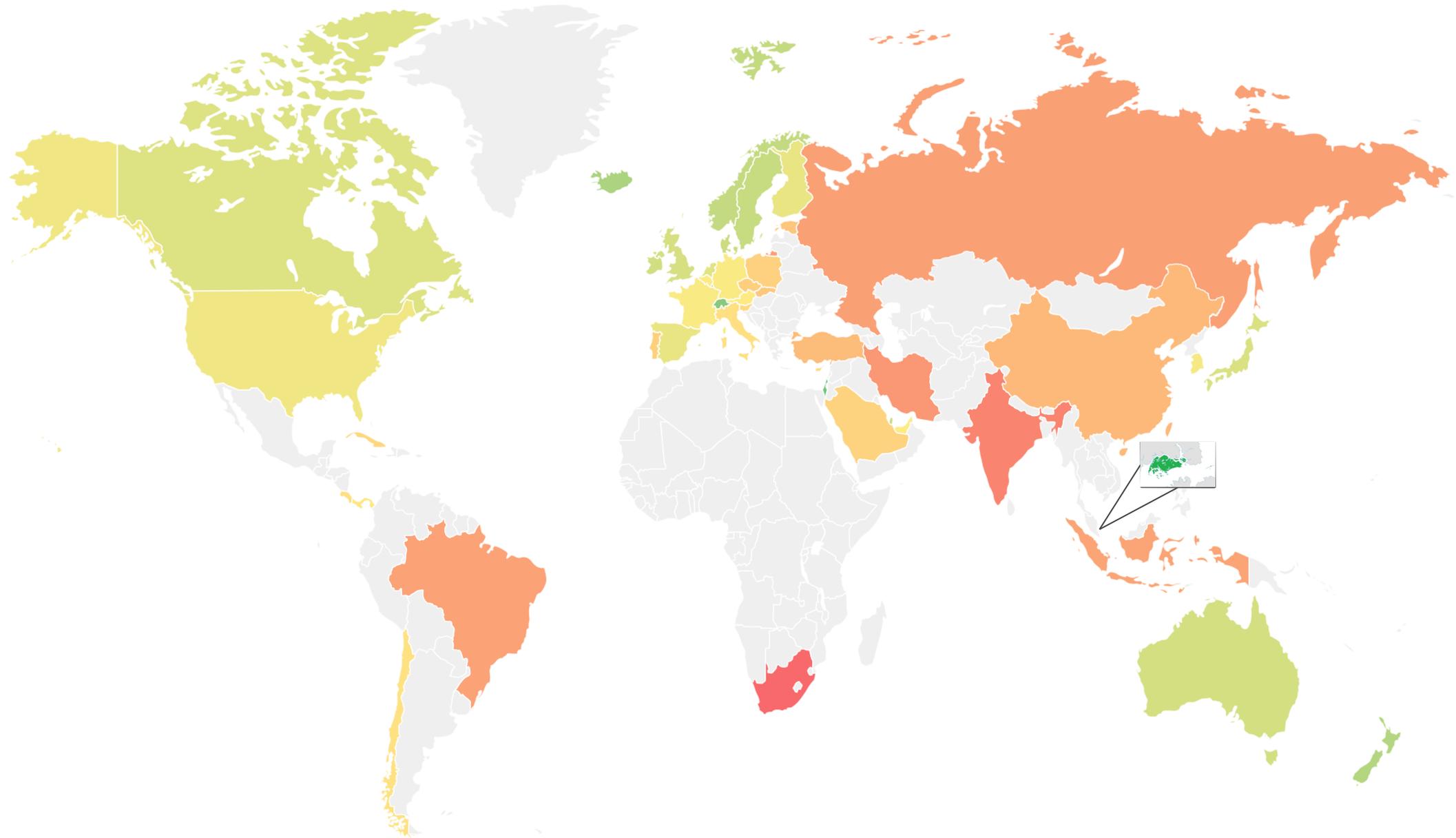
| | | | |
|------|---|----------------|------|
| 9.87 |  | USA | 29.6 |
| 9.84 |  | Switzerland | 58.4 |
| 4.74 |  | Netherlands | 50.8 |
| 4.23 |  | Japan | 64.3 |
| 3.96 |  | United Kingdom | 46.3 |
| 2.84 |  | Israel | 67.0 |
| 2.46 |  | Singapore | 85.6 |
| 2.39 |  | Spain | 69.3 |
| 2.04 |  | South Korea | 67.4 |
| 0.4 |  | China | 54.6 |

Source:

WHO



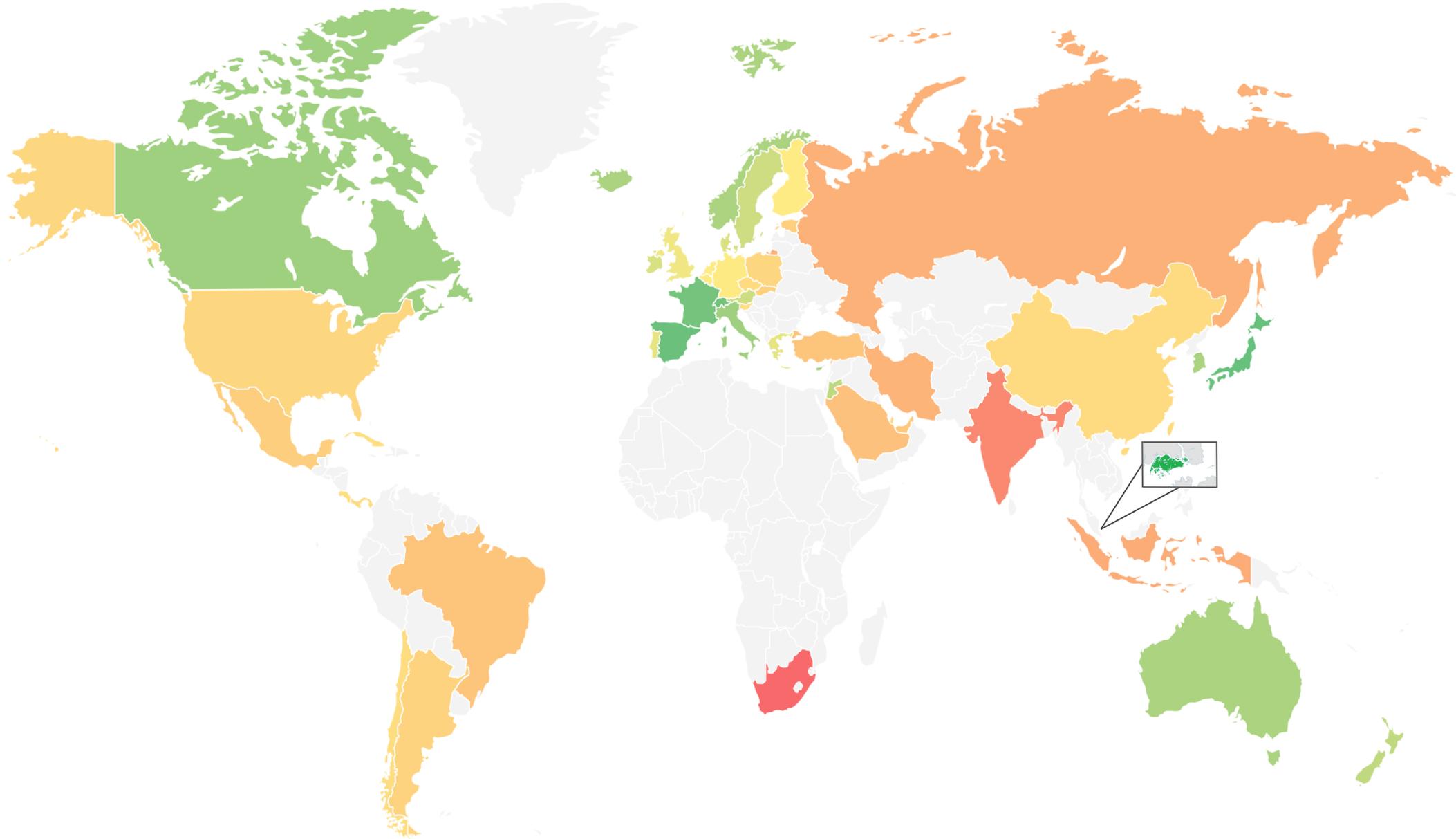
Final Rankings



0.417  0.755

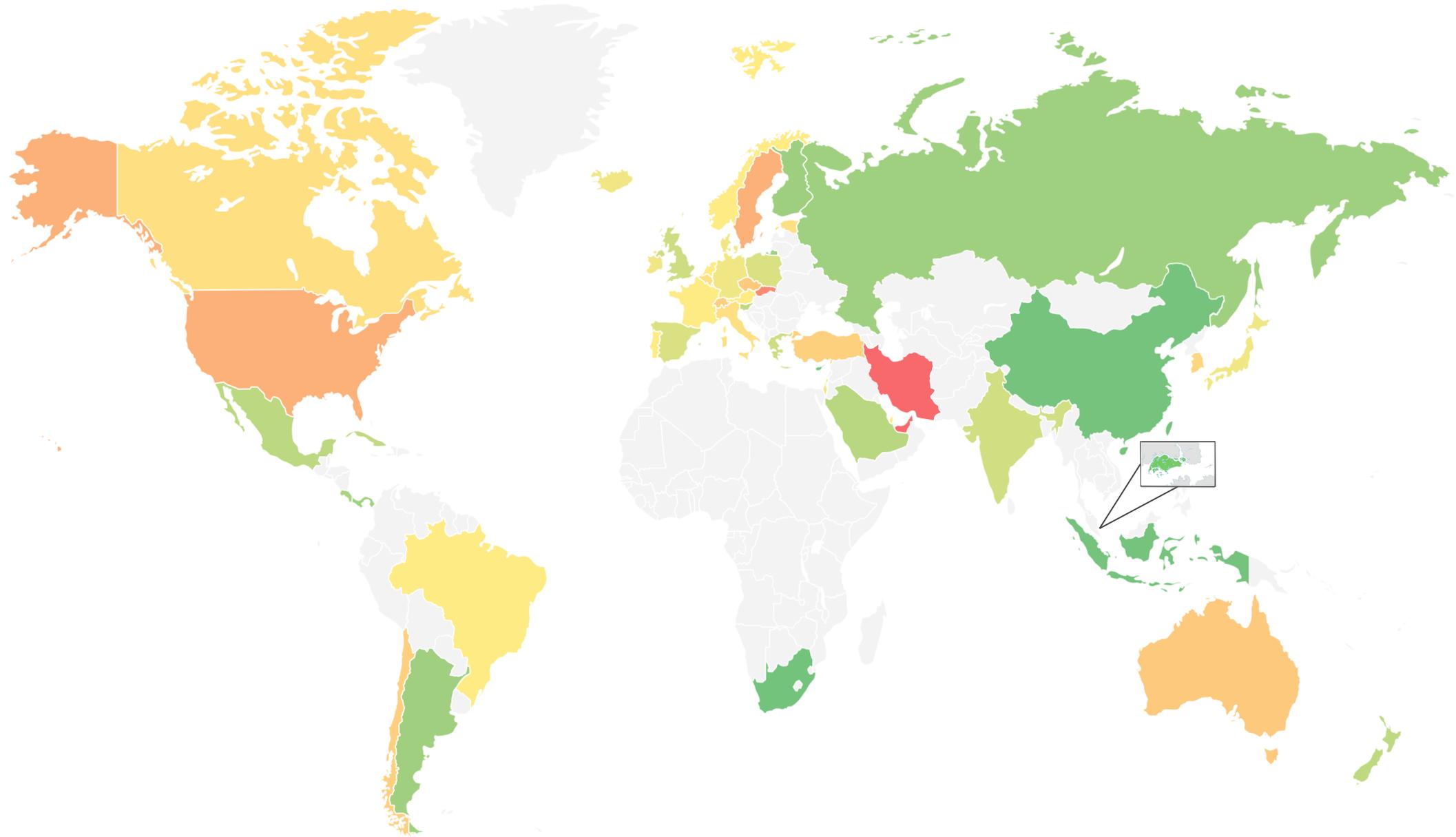


Healthy Longevity Level Map





Map of Difference between Healthy Longevity and Life Expectancy

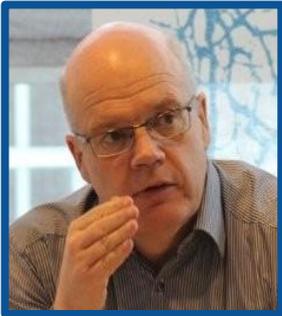


10.55  6.7

Top 40 Influencers



Alan Russell



Andy Jones



Anthony Paek



Brigitte Zarfl



Collin Ewald



David Clark



David Sinclair



Denis Tan



Dimitri Desantoine



Dmitry Kaminskiy



Dominik Escher



Eric Topol



Ginette Petitpas Taylor



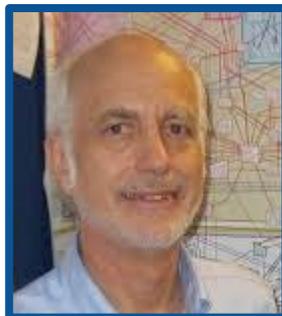
Greg Hunt



Jean-Claude Schmit



Jeremy Kahn



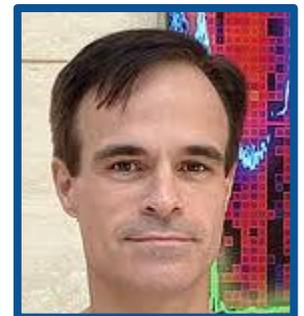
John D. Furber



Keith Comito



Ken Dychtwald



Kevin Perrot

Top 40 Influencers



Laura Carstensen



Łukasz Szumowski



Michael West



Nathaniel David



Nir Barzilai



Peter Diamandis



Raj Thampuran



Richard Barker



Robin Farmanfarmaian



Romilly Madew



Sabine Weiss



Sally Bamford



Sergey Young



Sinuhe Arroyo



Steven Norvath



Sudhir Agarwal



Tina Woods



Thomas Gebhart



Thomas Rando



Vasant Narasimhan

Top 40 Journalists



Alexandra Sifferlin



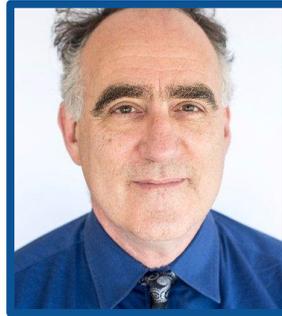
Alice Park



Anna Azvolinsky



Antonio Regalado



Arthur Allen



Beth Baker



Brian Wang



Carol Marak



Carolyn Crist



Catherine Offord



Charlotte Hu



Christina Farr



David Rae



David Baker



Debra Krol



Eric Wicklund



Felicity Caldwell



Gisèle Wertheim
Aymés



Gretchen Grosky



Howard Gleckman

Top 40 Journalists



Ian McGugan



Jacqueline Garcia



James Ives



Janice Tai



Jeanne Erdmann



Jenee Darden



Jennifer Bresnick



Jeremy Chan



JoAnnMar



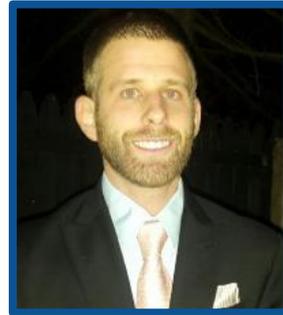
Joseph Coughlin



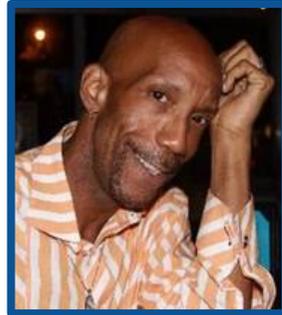
Judith Graham



Kelli Grant



Kenny Walter



Kevin McNeir



Liz Seegert



Martha Porado



Roshan
Nebhrajani



Susan Jaffe



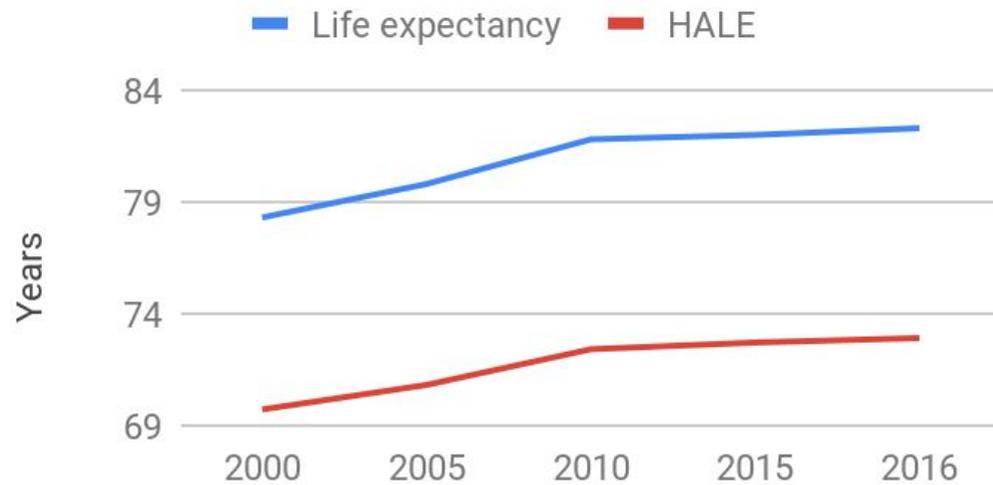
Tibisay Zea



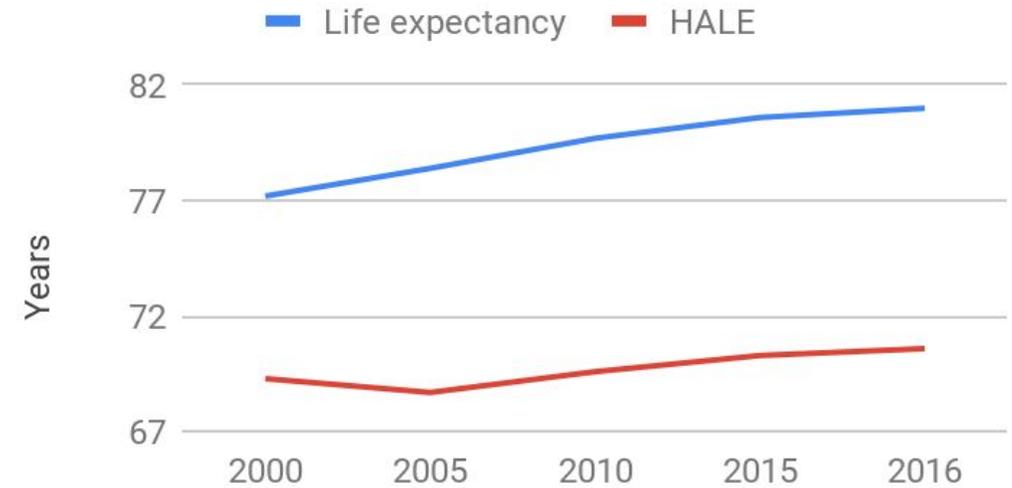
Wade Pfau

Health-Adjusted Life Expectancy vs. Life Expectancy Israel, EU, USA and China (2000-2016)

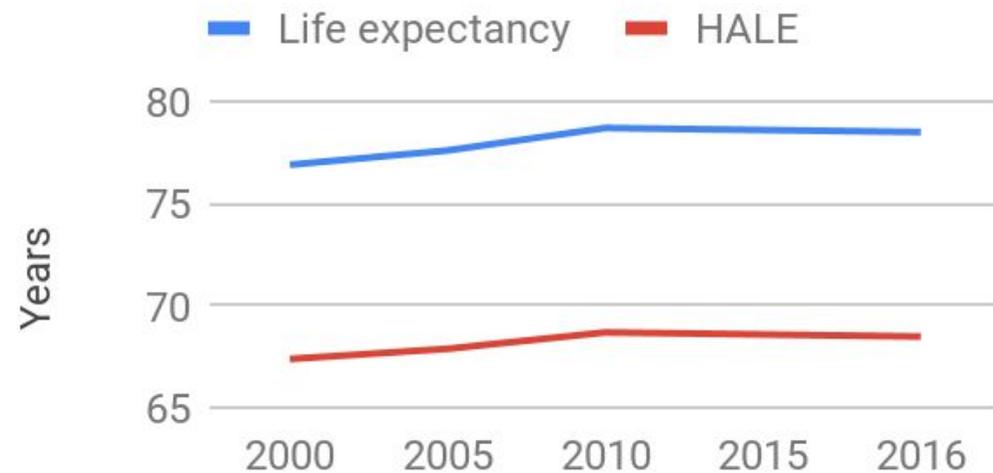
Israel



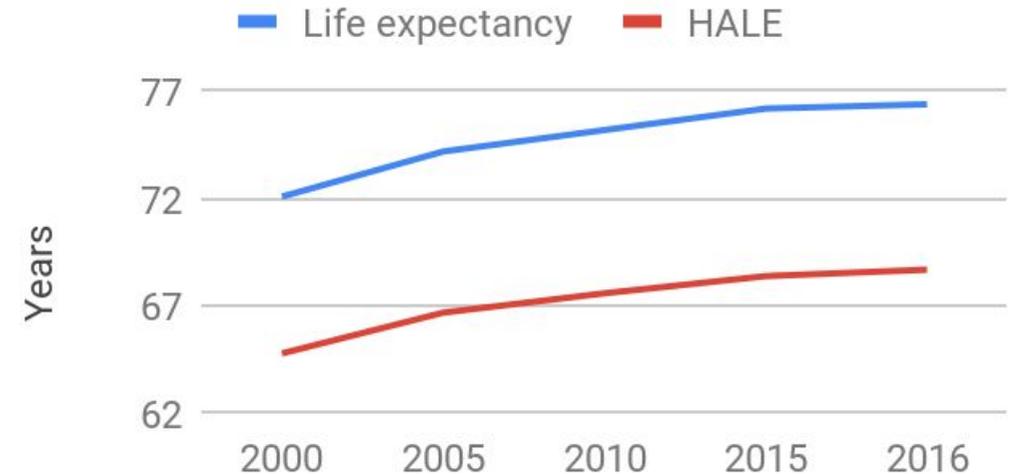
EU



USA



China



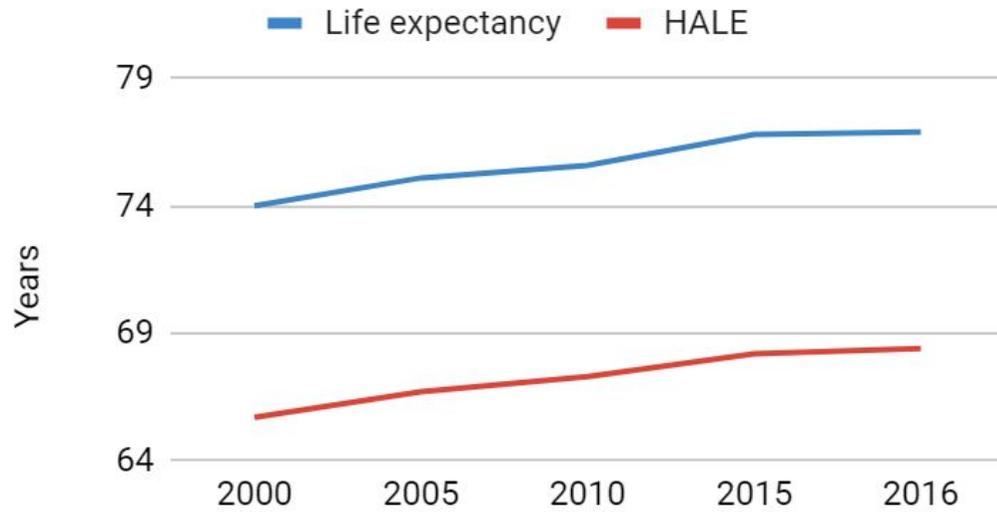
Sources:

GHO Life expectancy and HALE

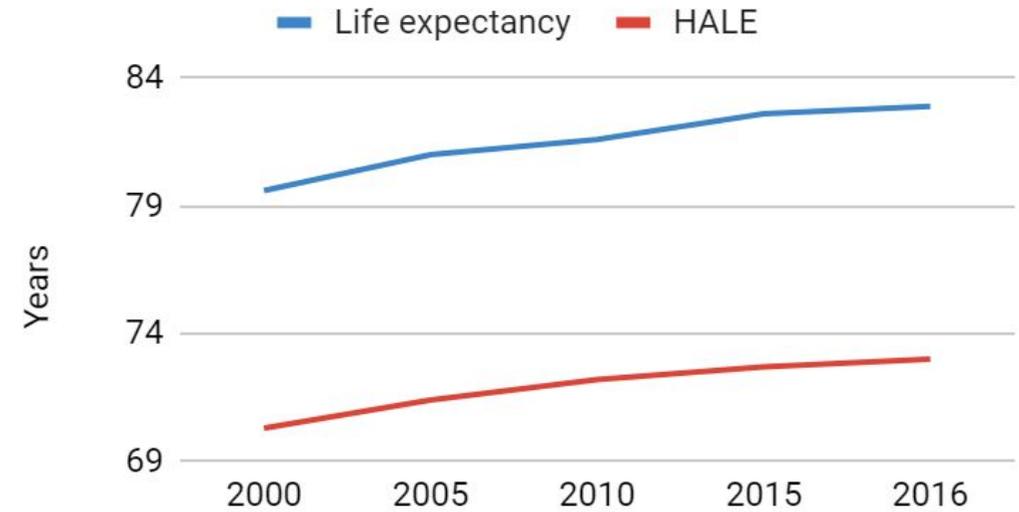
Life expectancy - WB Data

Health-Adjusted Life Expectancy vs. Life Expectancy Argentina, Australia, Austria and Belgium (2000-2016)

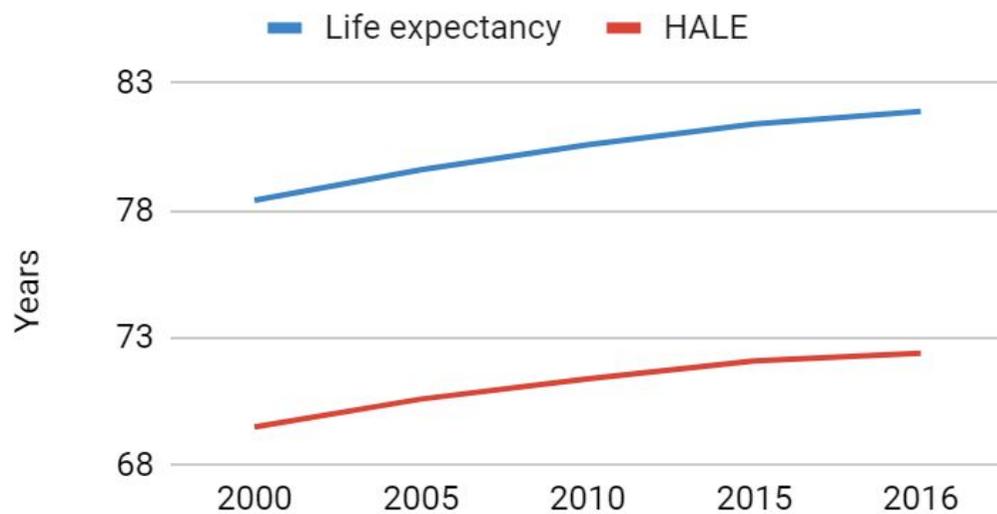
Argentina



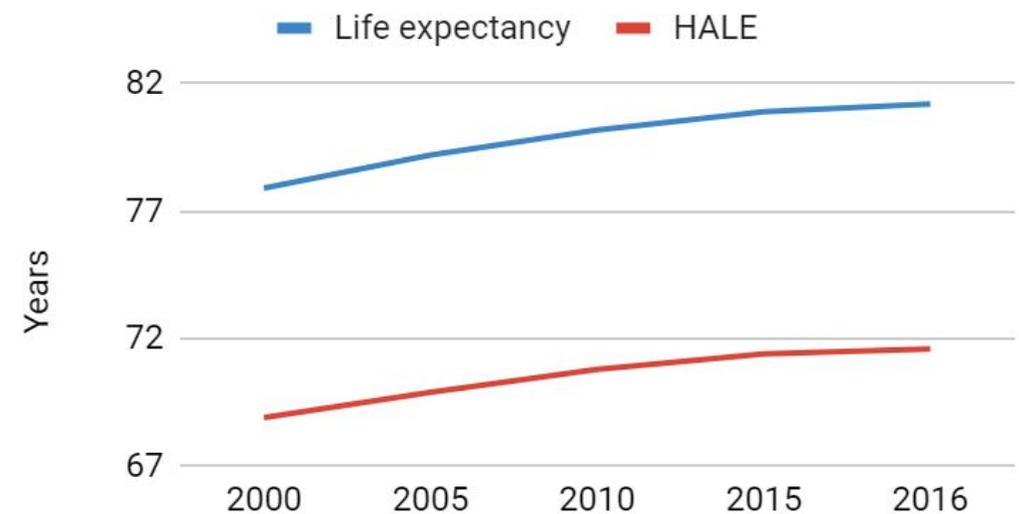
Australia



Austria



Belgium



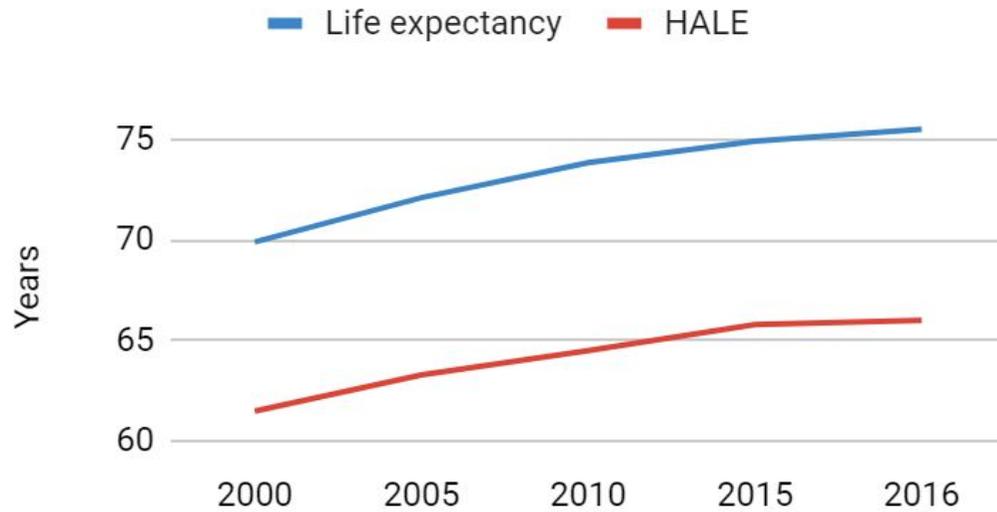
Sources:

GHO Life expectancy and HALE

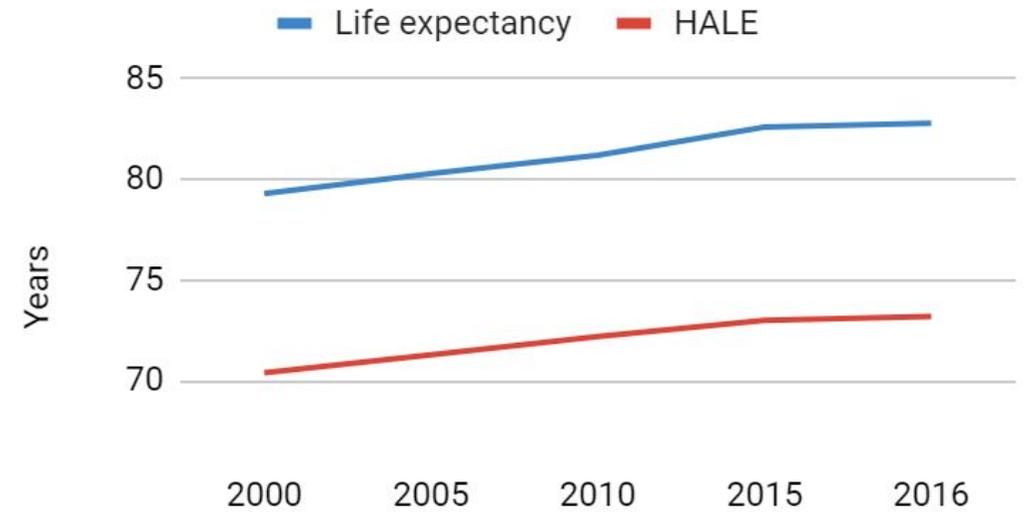
Life expectancy - WB Data

Health-Adjusted Life Expectancy vs. Life Expectancy Brazil, Canada, Chile and Costa Rica (2000-2016)

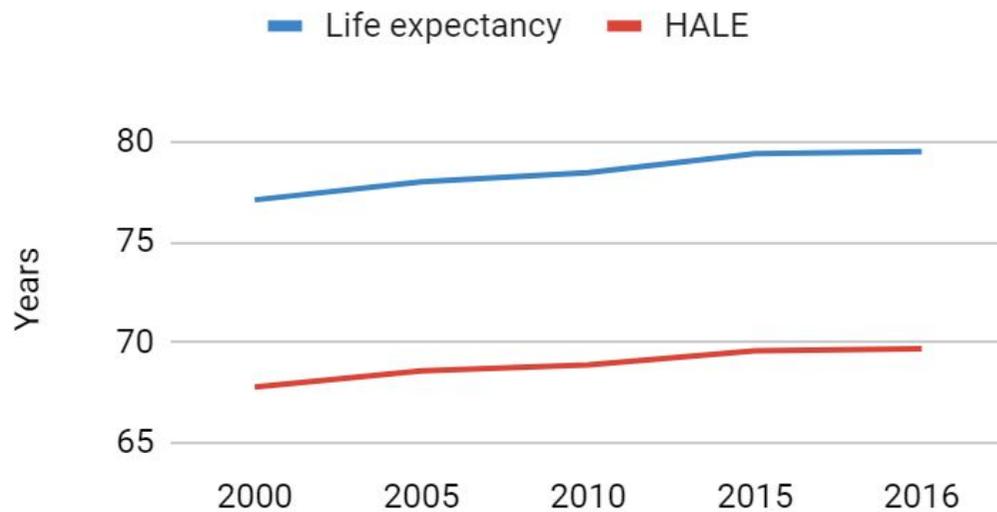
Brazil



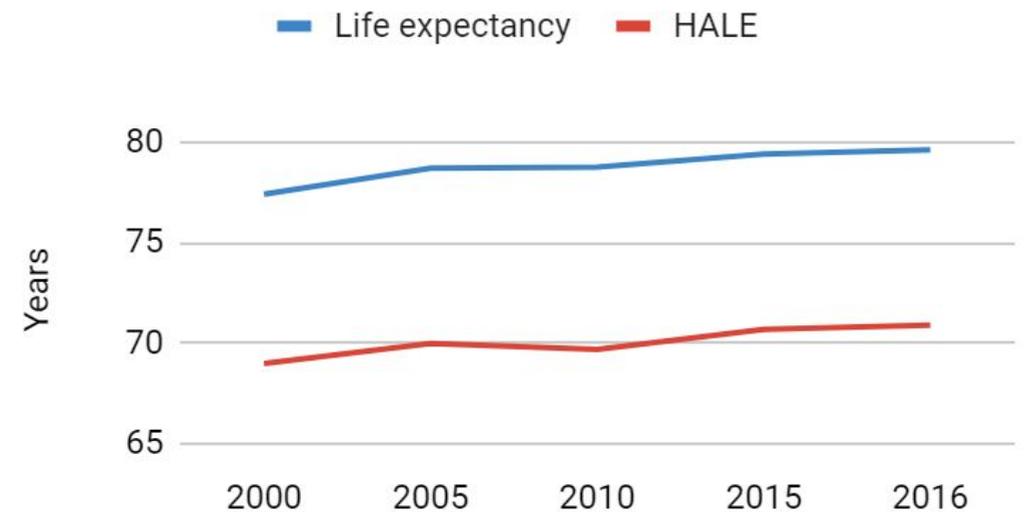
Canada



Chile



Costa Rica



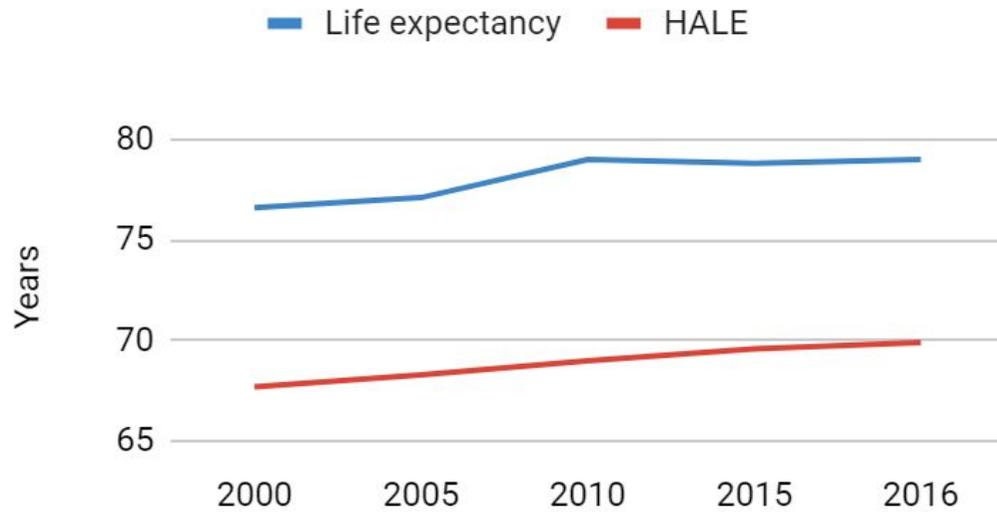
Sources:

GHO Life expectancy and HALE

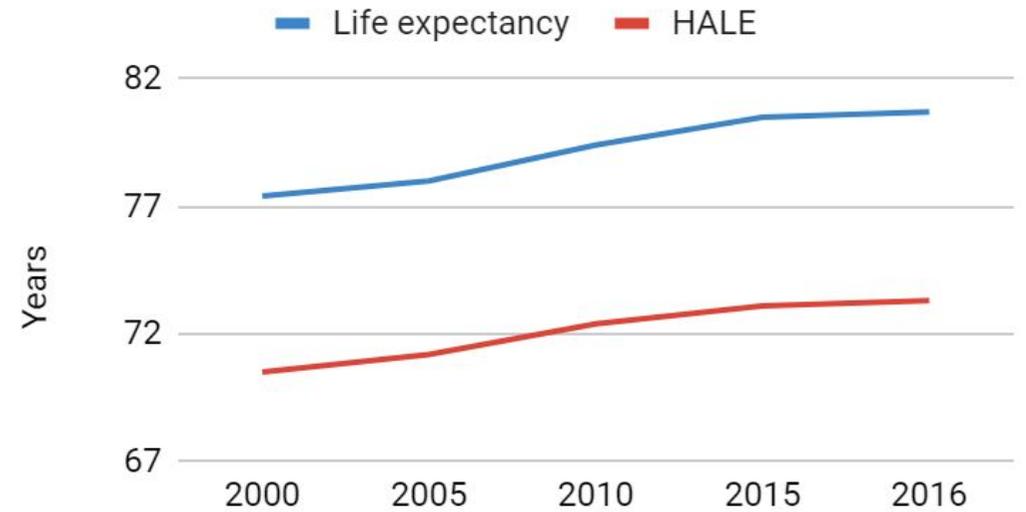
Life expectancy - WB Data

Health-Adjusted Life Expectancy vs. Life Expectancy Cuba, Cyprus, Czech Republic and Denmark (2000-2016)

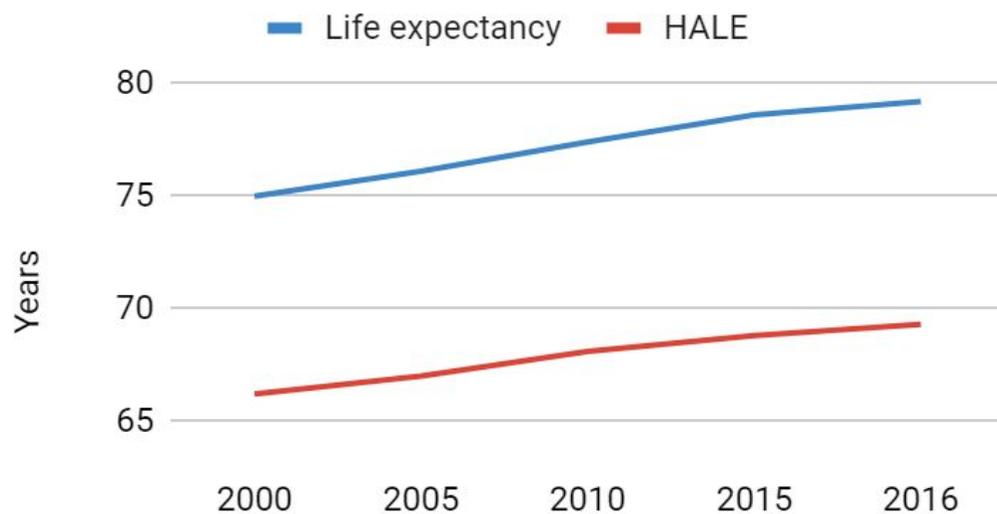
Cuba



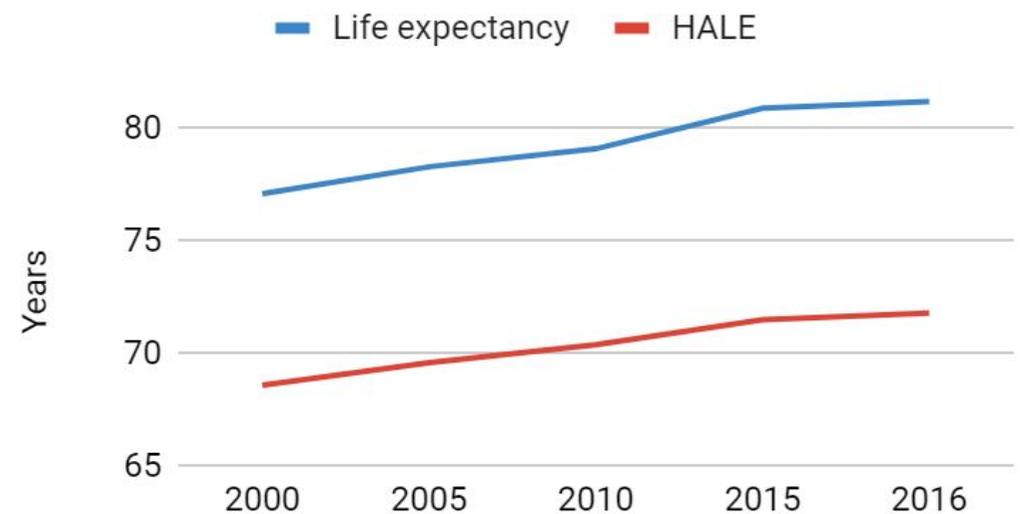
Cyprus



Czech Republic



Denmark



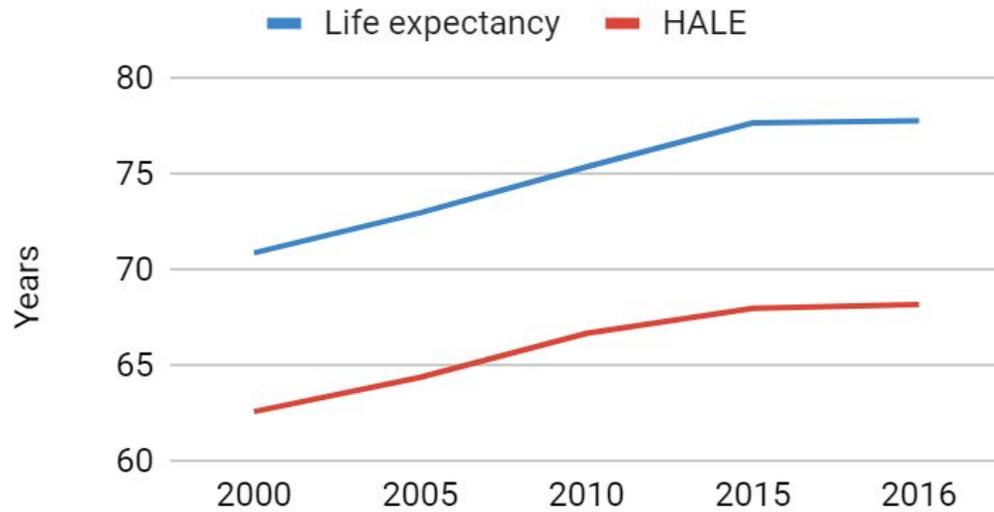
Sources:

[GHO Life expectancy and HALE](#)

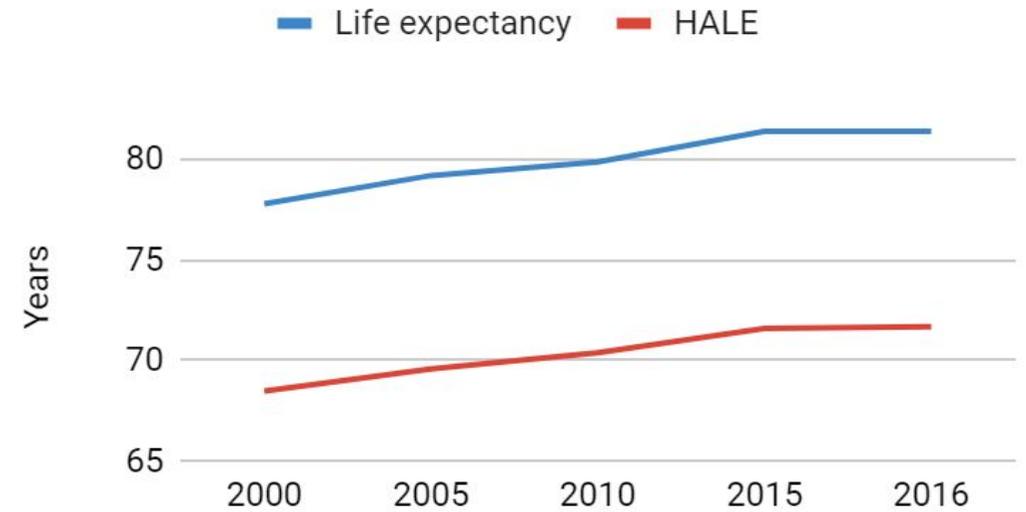
[Life expectancy - WB Data](#)

Health-Adjusted Life Expectancy vs. Life Expectancy Estonia, Finland, France and Germany (2000-2016)

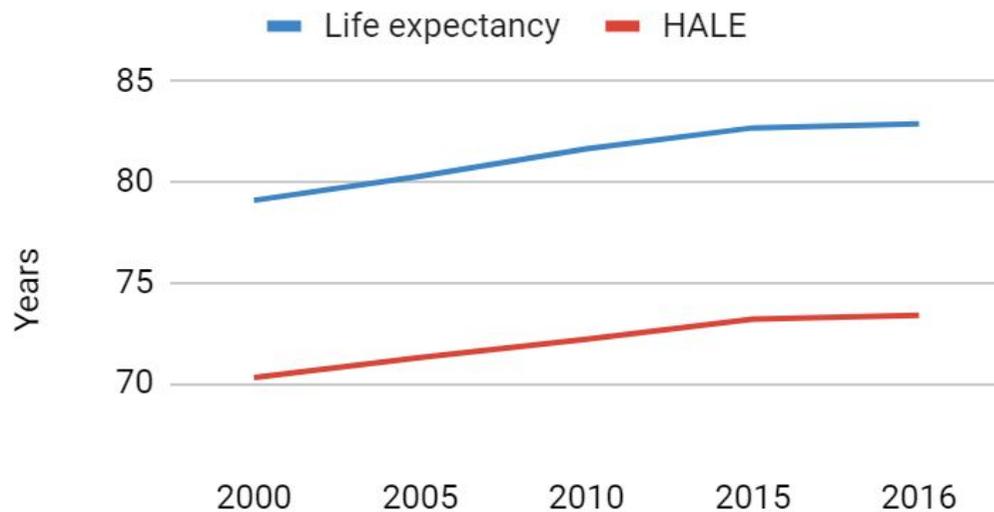
Estonia



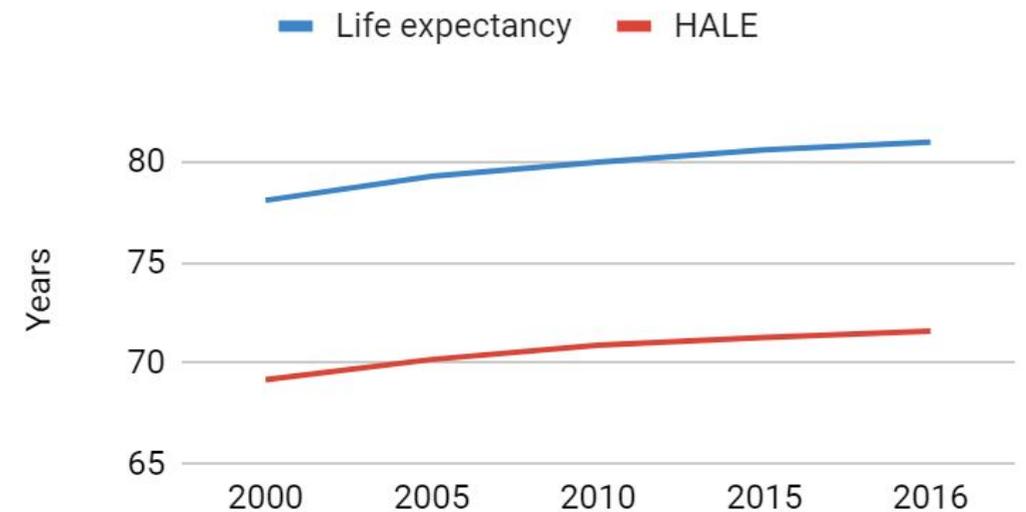
Finland



France



Germany



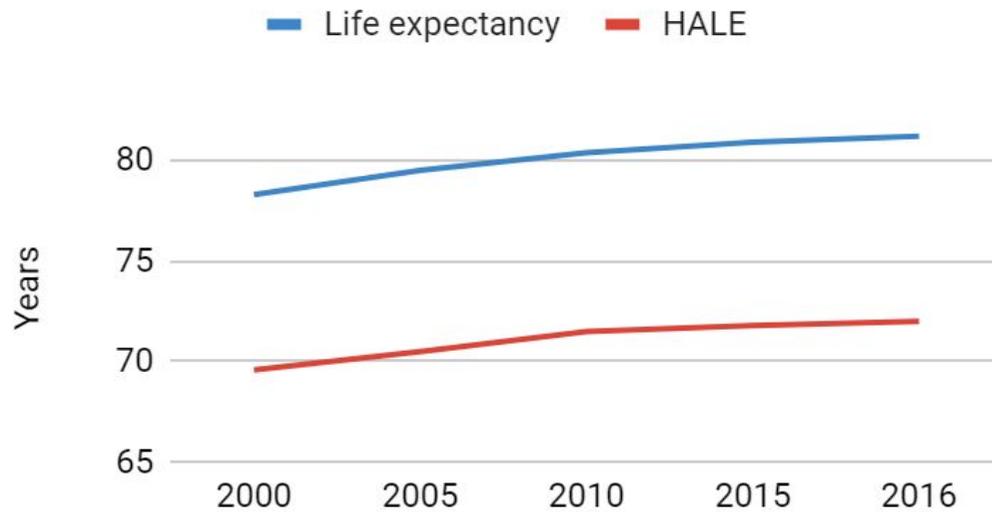
Sources:

[GHO Life expectancy and HALE](#)

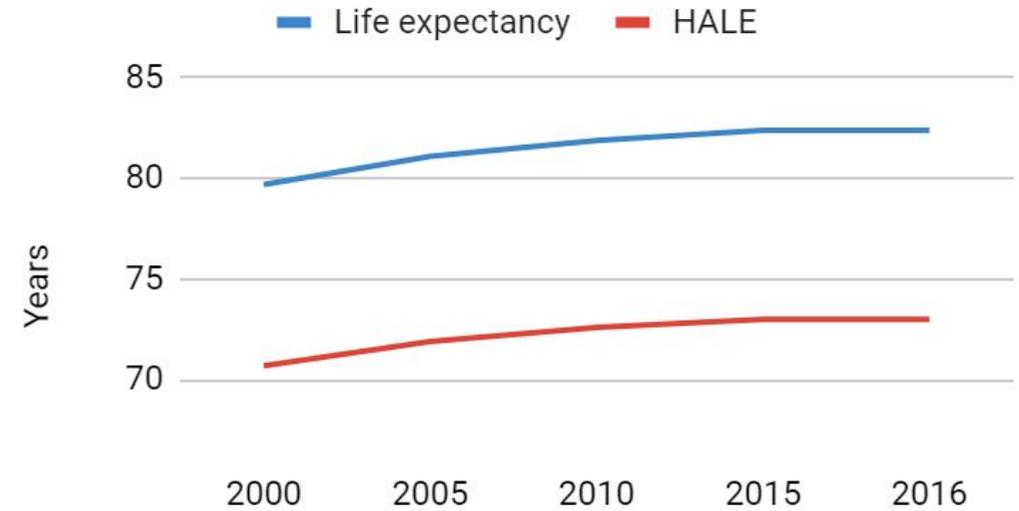
[Life expectancy - WB Data](#)

Health-Adjusted Life Expectancy vs. Life Expectancy Greece, Iceland, India and Indonesia (2000-2016)

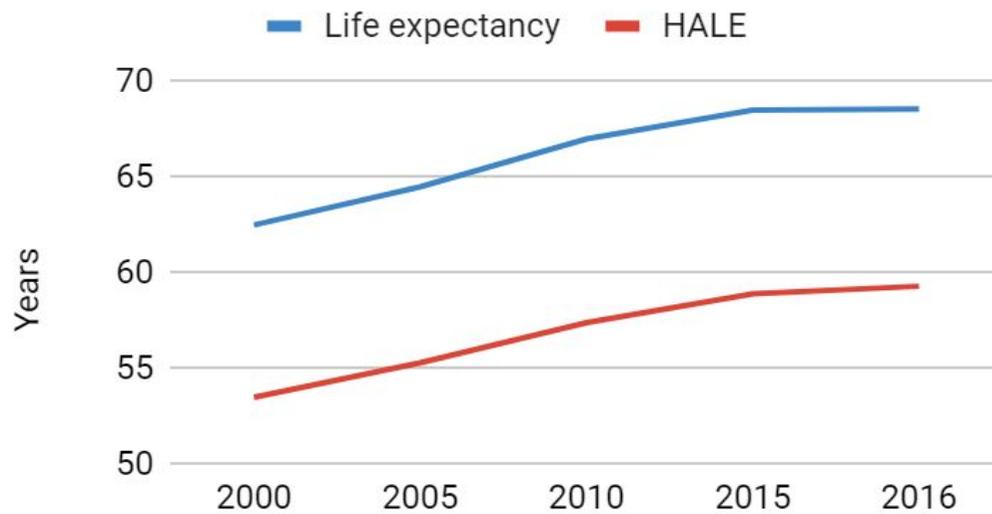
Greece



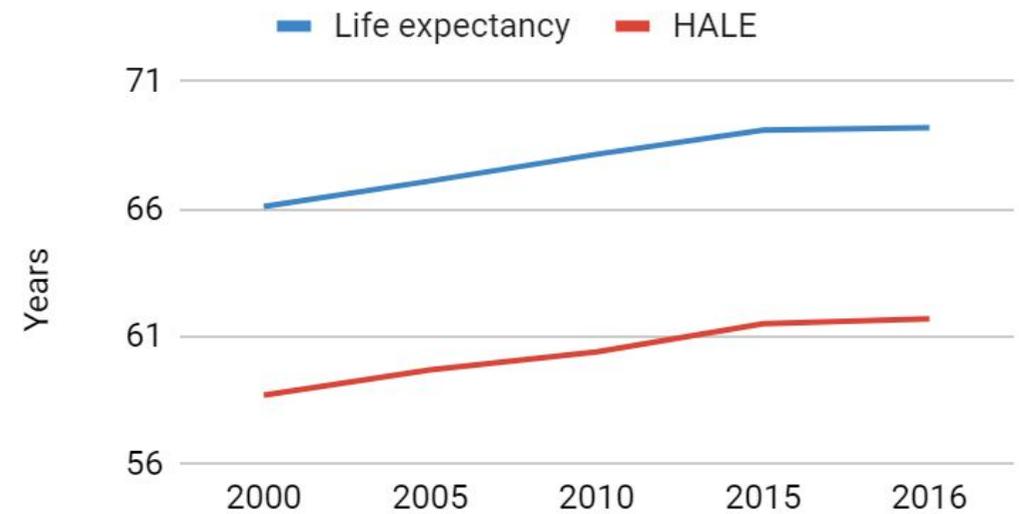
Iceland



India



Indonesia



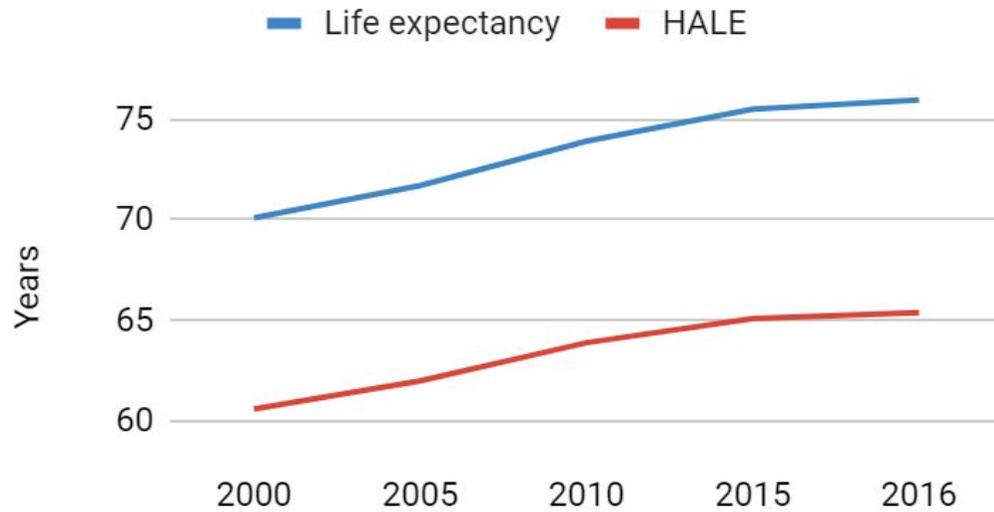
Sources:

[GHO Life expectancy and HALE](#)

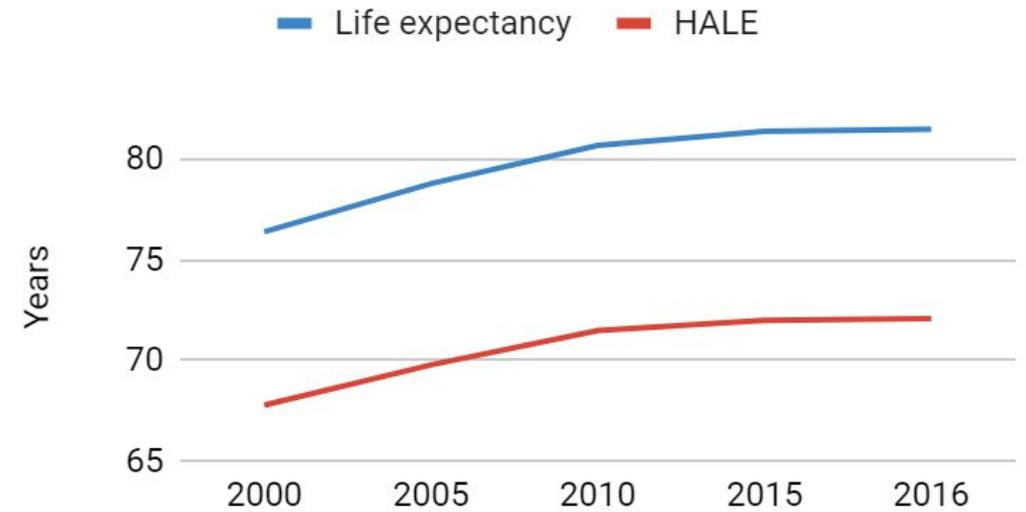
[Life expectancy - WB Data](#)

Health-Adjusted Life Expectancy vs. Life Expectancy Iran, Ireland, Netherlands and Italy (2000-2016)

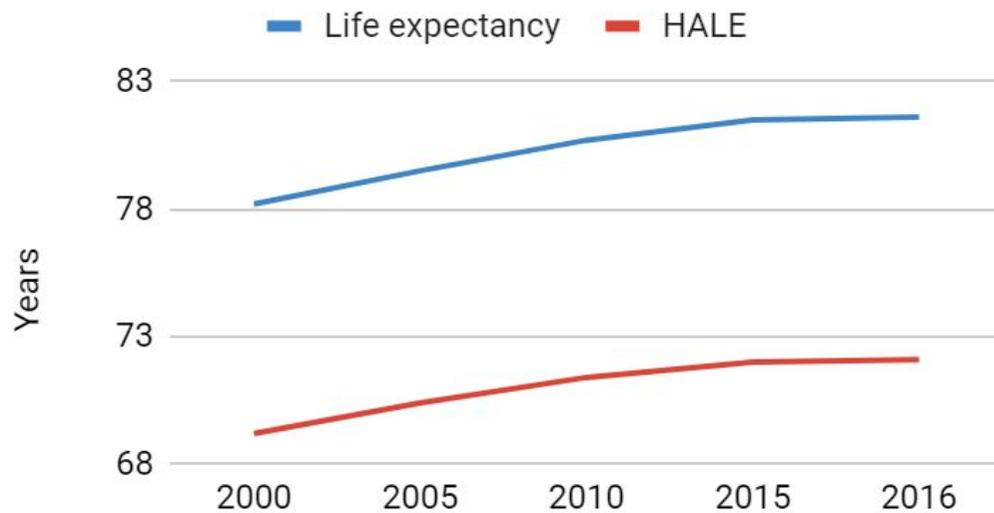
Iran



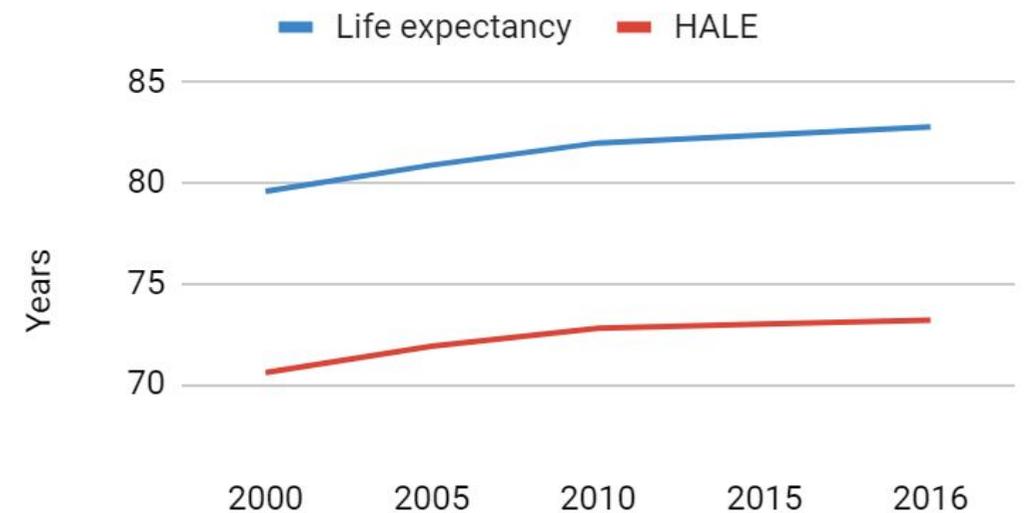
Ireland



Netherlands



Italy



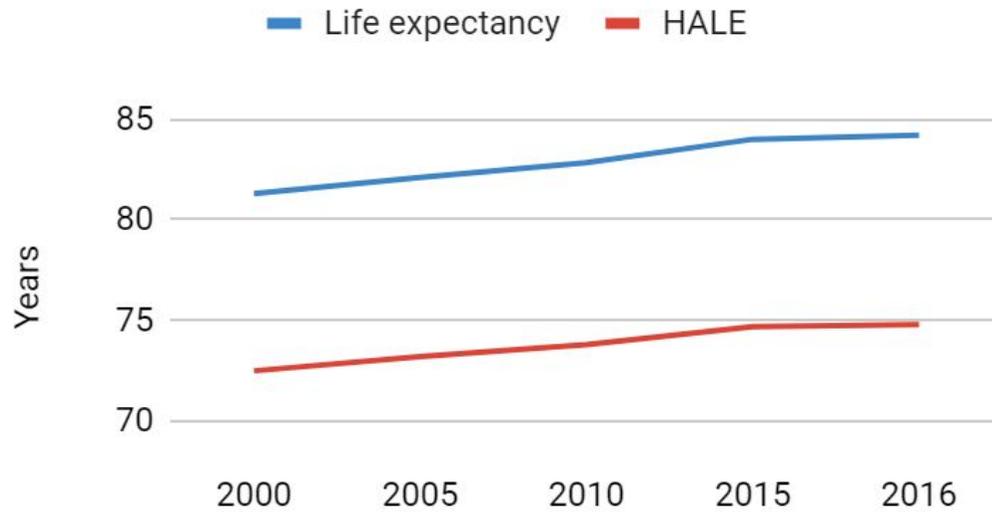
Sources:

[GHO Life expectancy and HALE](#)

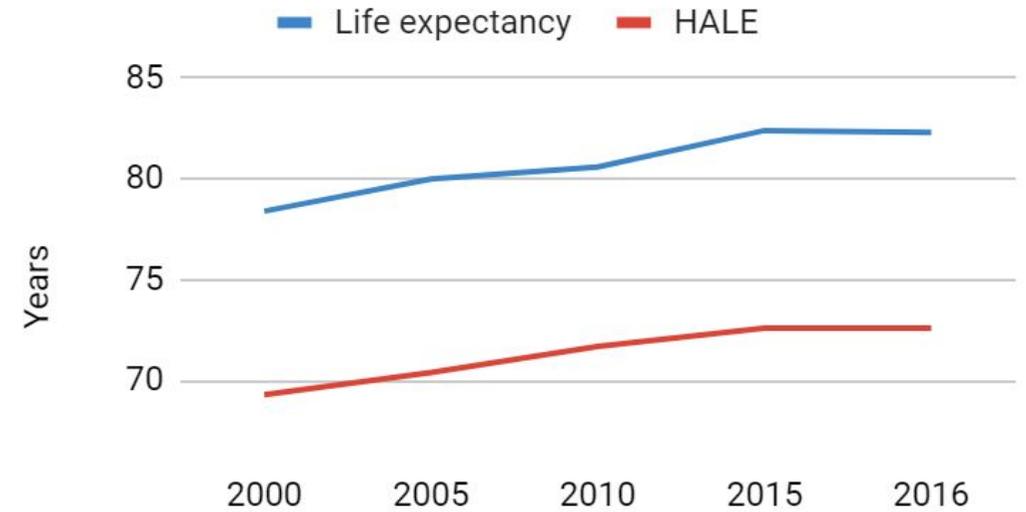
[Life expectancy - WB Data](#)

Health-Adjusted Life Expectancy vs. Life Expectancy Japan, Luxembourg, Malta and Mexico (2000-2016)

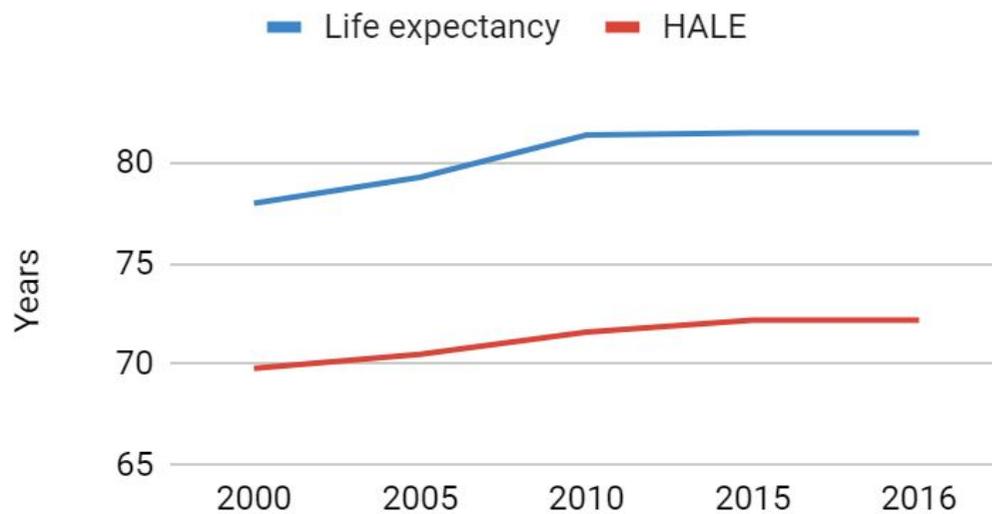
Japan



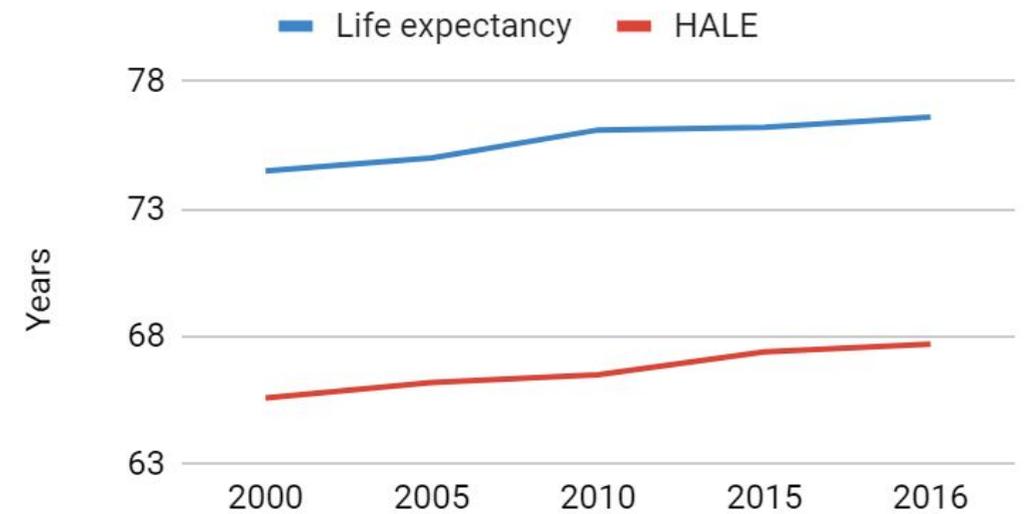
Luxembourg



Malta



Mexico



Sources:

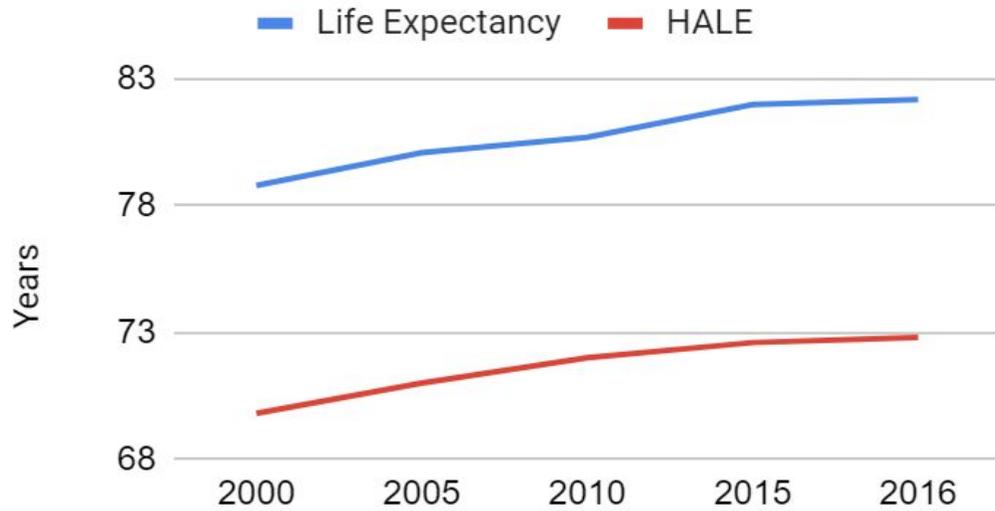
[GHO Life expectancy and HALE](#)

[Life expectancy - WB Data](#)

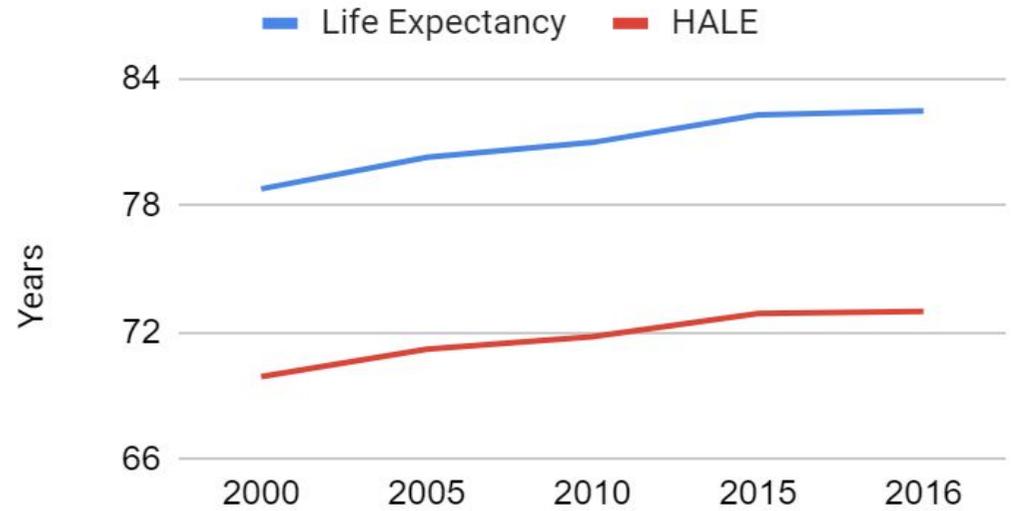


Health-Adjusted Life Expectancy vs. Life Expectancy New Zealand, Norway, Panama and Poland (2000-2016)

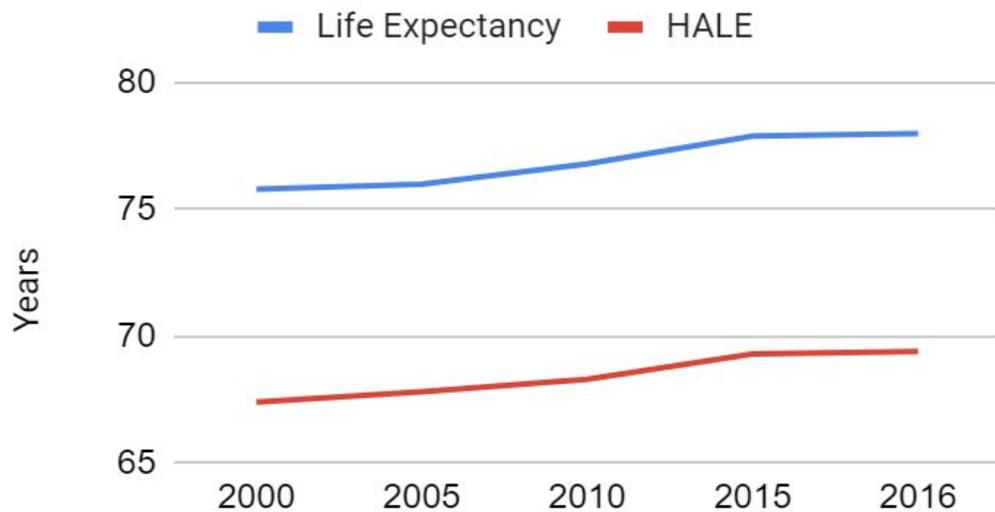
New Zealand



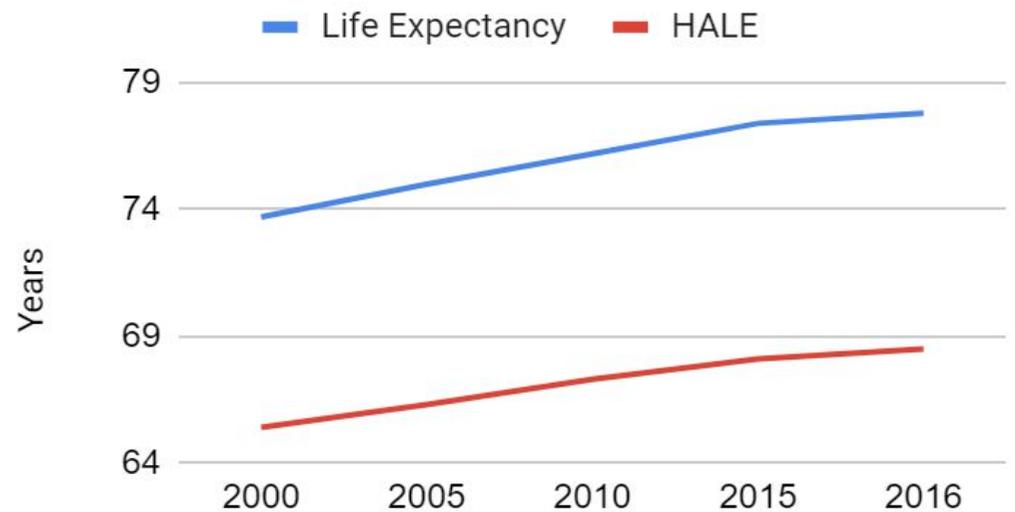
Norway



Panama



Poland



Sources:

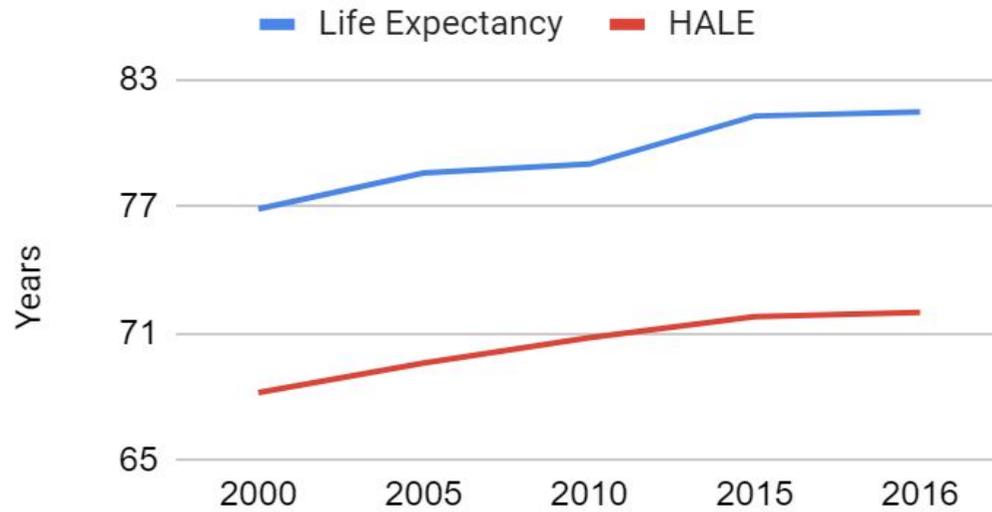
[GHO Life expectancy and HALE](#)

[Life expectancy - WB Data](#)

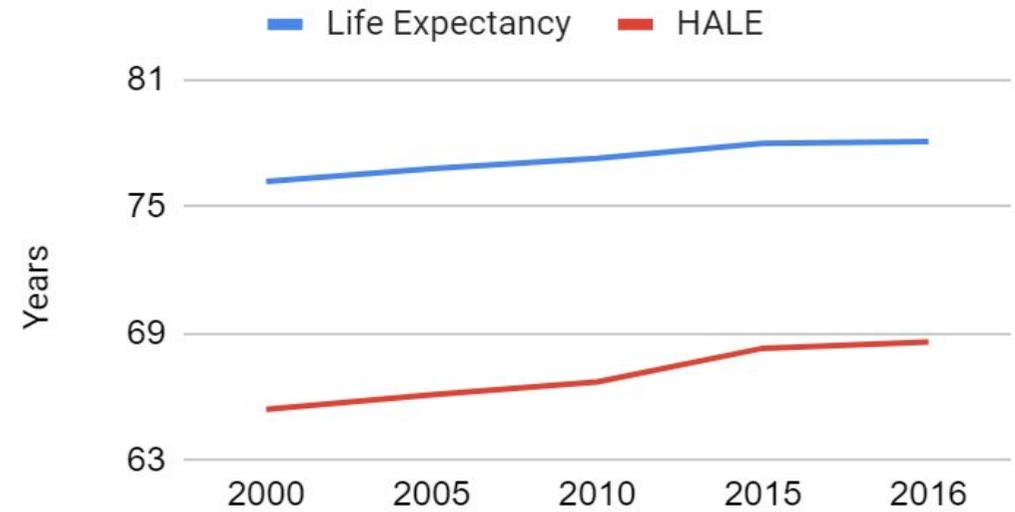
Health-Adjusted Life Expectancy vs. Life Expectancy

Portugal, Qatar, Republic of Korea and Russia (2000-2016)

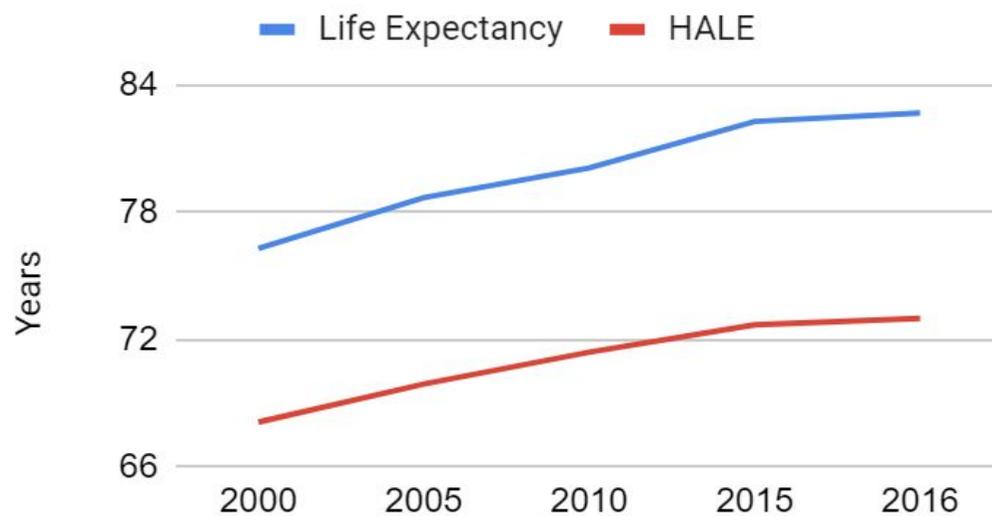
Portugal



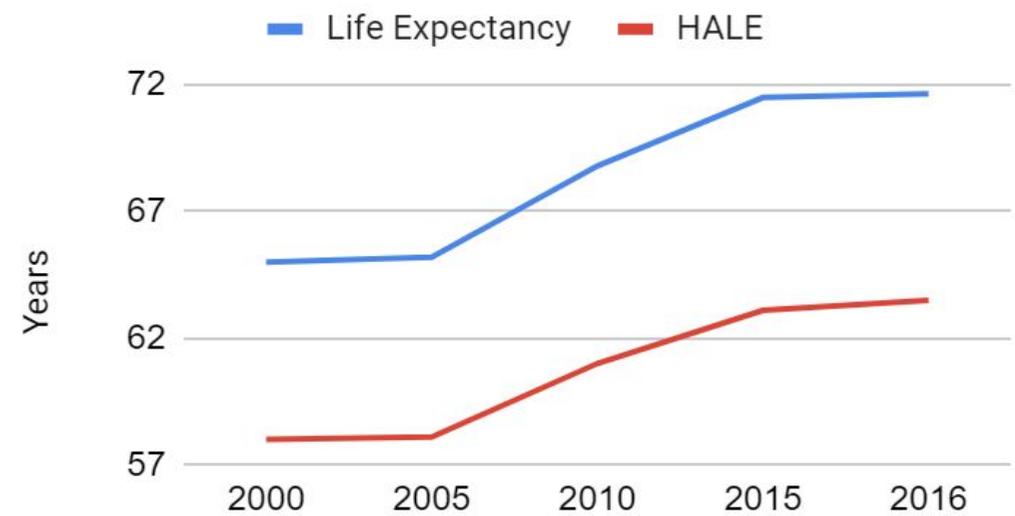
Qatar



Republic of Korea



Russia



Sources:

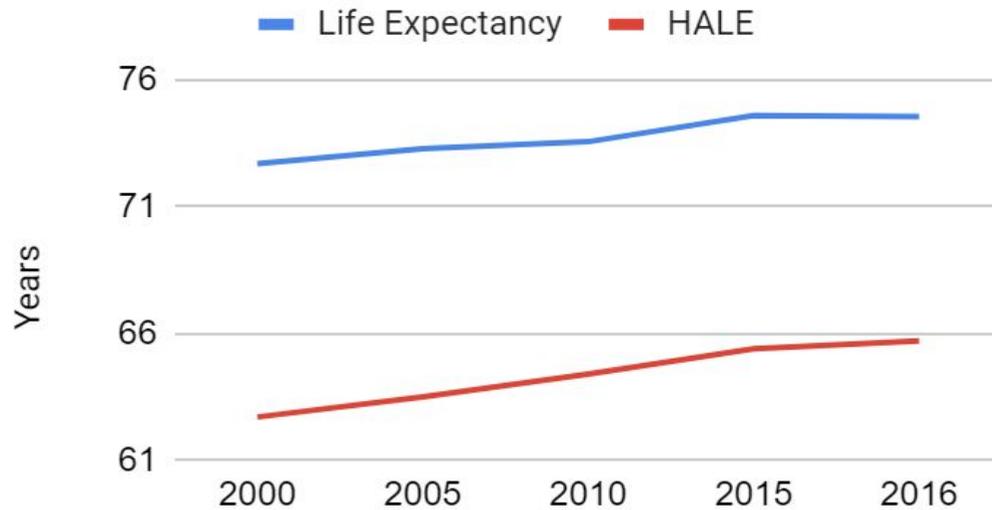
GHO Life expectancy and HALE

Life expectancy - WB Data

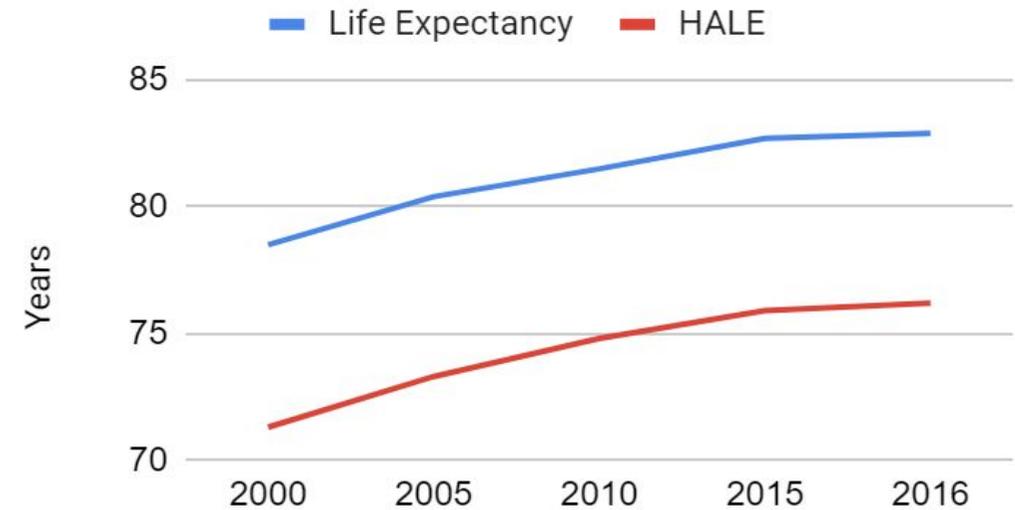
Health-Adjusted Life Expectancy vs. Life Expectancy

Saudi Arabia, Singapore, Slovakia and Slovenia (2000-2016)

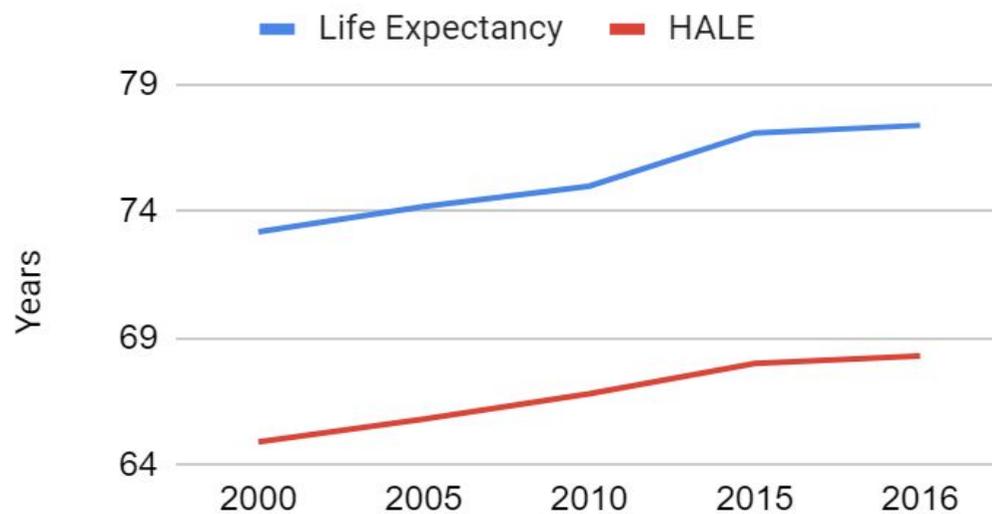
Saudi Arabia



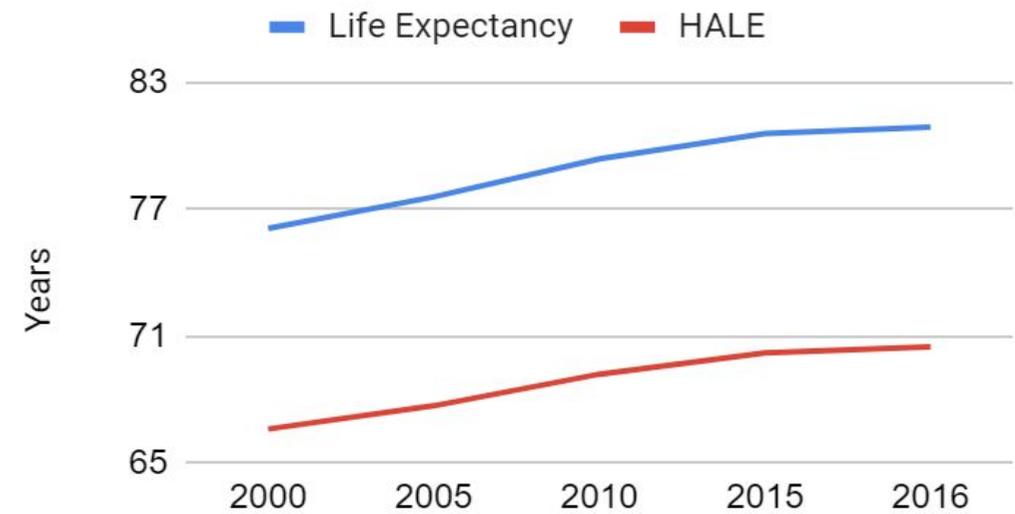
Singapore



Slovakia



Slovenia



Sources:

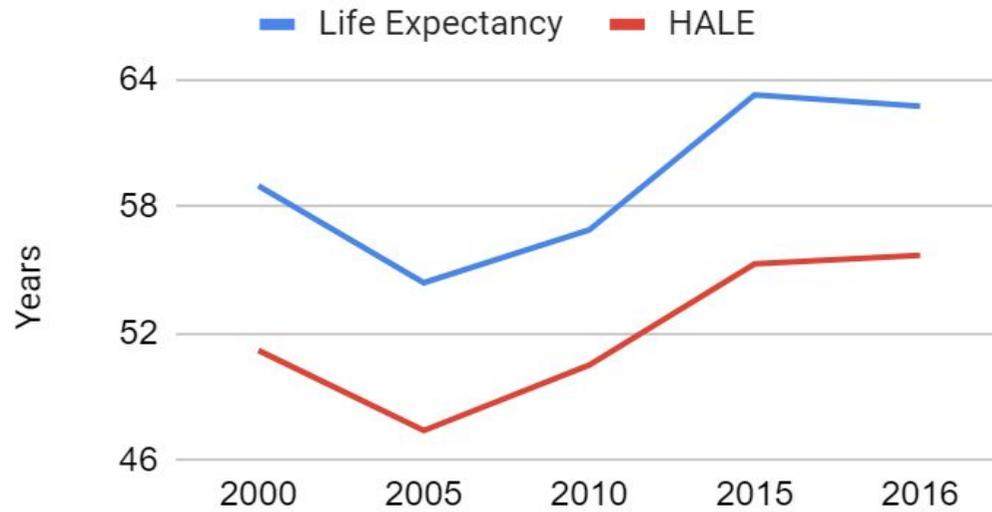
GHO Life expectancy and HALE

Life expectancy - WB Data

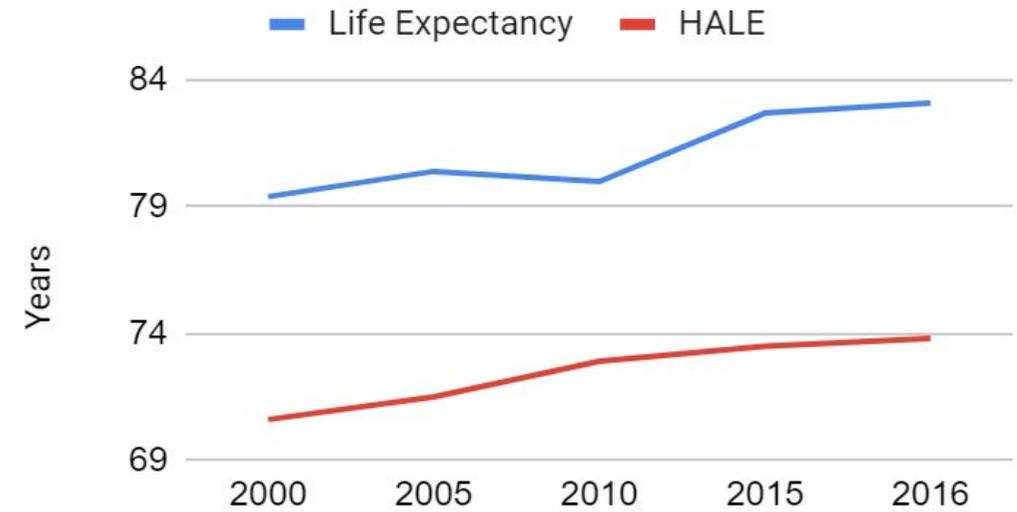
Health-Adjusted Life Expectancy vs. Life Expectancy

South Africa, Spain, Sweden and Switzerland (2000-2016)

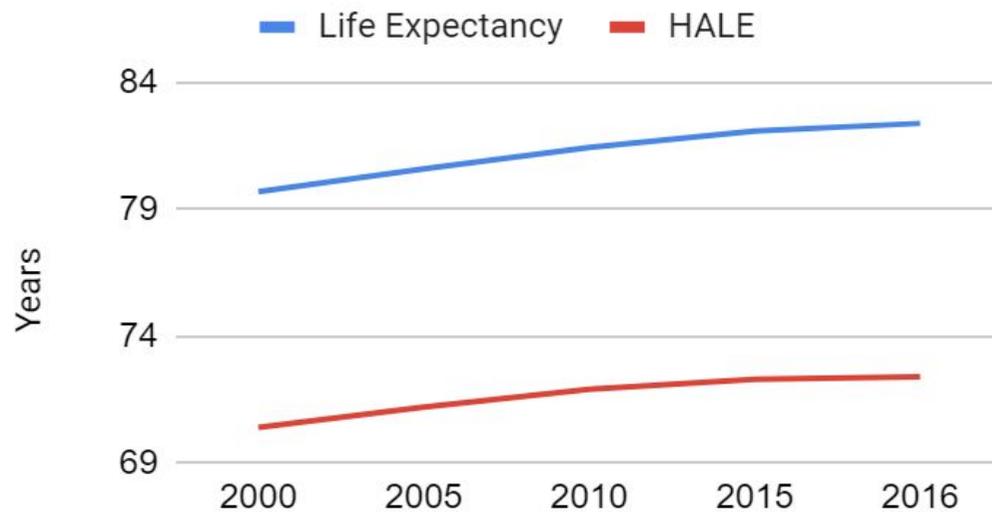
South Africa



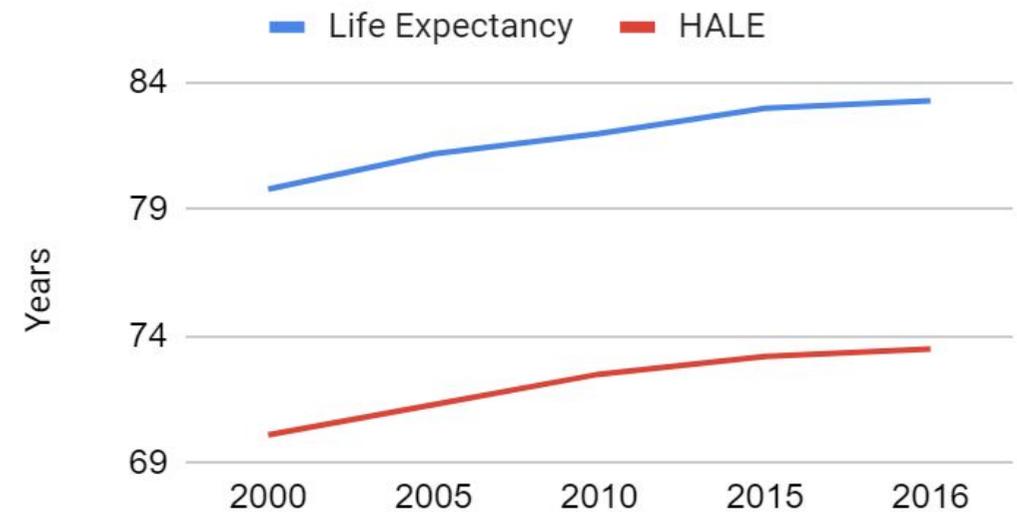
Spain



Sweden



Switzerland



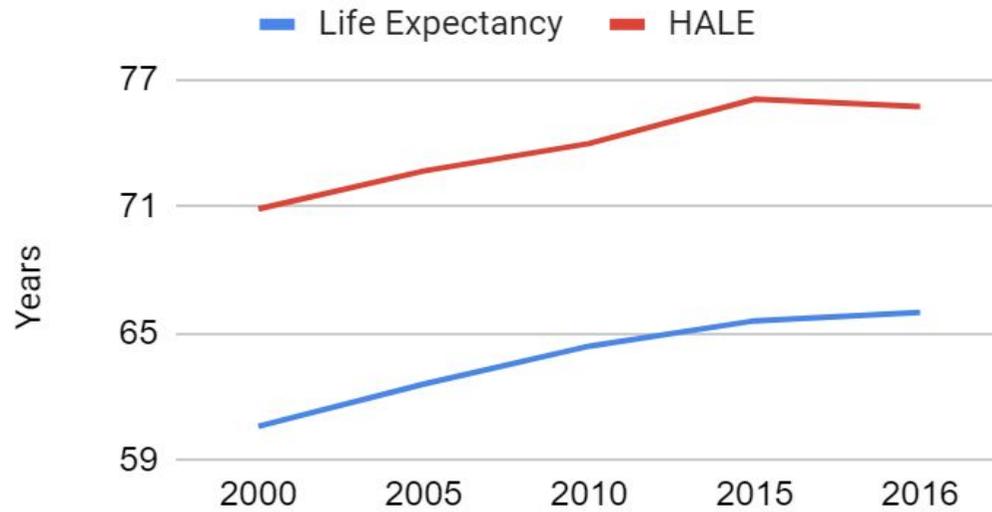
Sources:

GHO Life expectancy and HALE

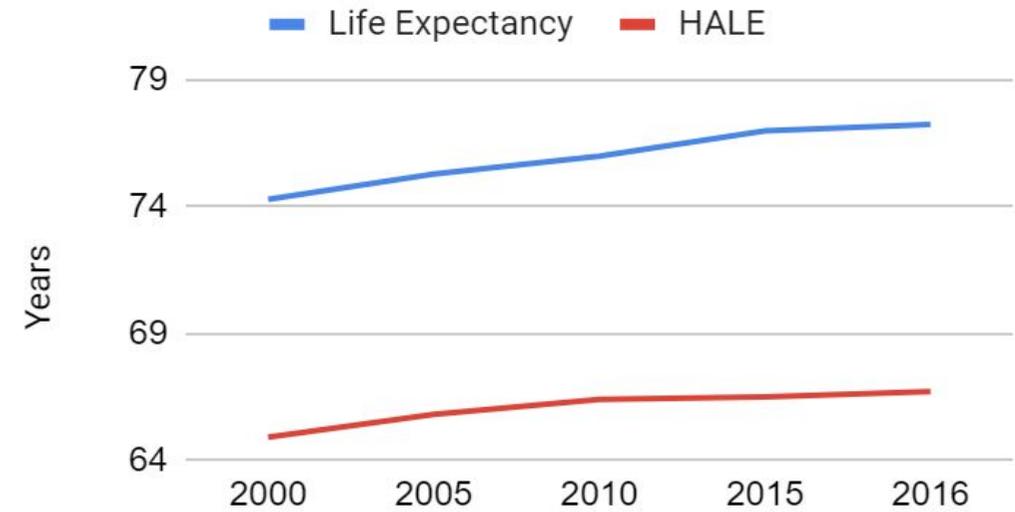
Life expectancy - WB Data

Health-Adjusted Life Expectancy vs. Life Expectancy Turkey, United Arab Emirates and United Kingdom (2000-2016)

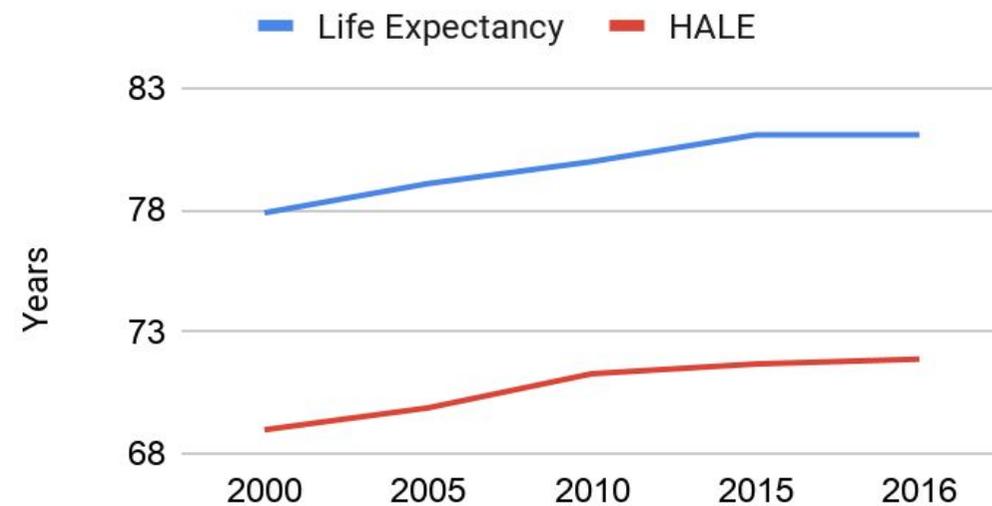
Turkey



United Arab Emirates



United Kingdom of Great Britain and Northern



Sources:

[GHO Life expectancy and HALE](#)

[Life expectancy - WB Data](#)



Country Analysis



General metrics

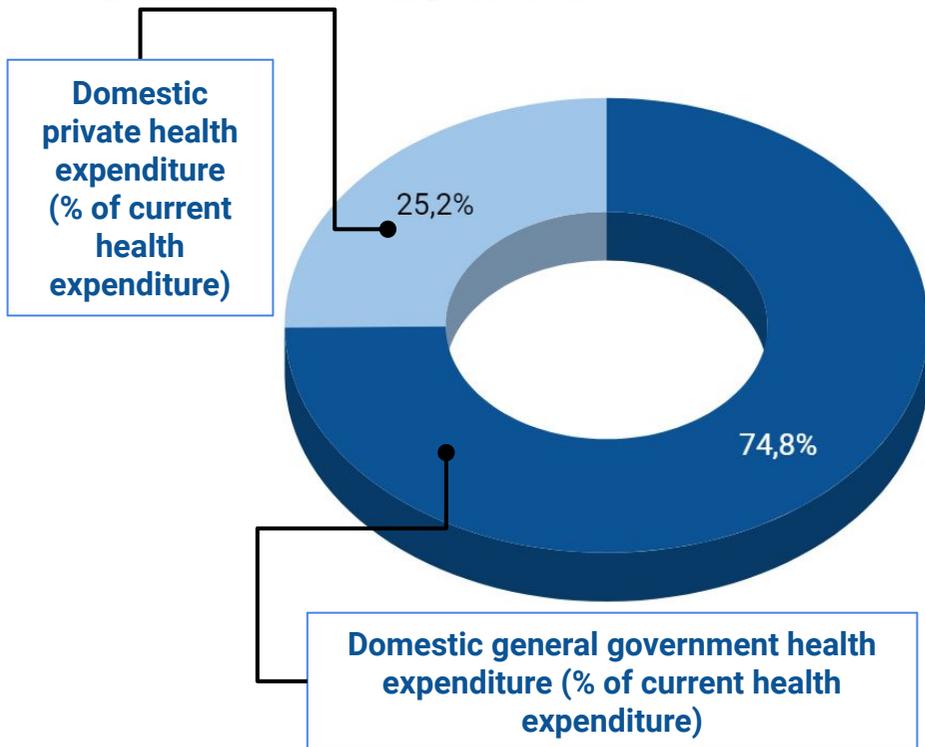
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.4 years |
| | HALE/Life Expectancy Difference 2016 | 8.5 |
| Economy | GDP per Capita, Current Prices (2016) | 12.79 thousand (\$) |
| | Annual GDP Growth (2016) | -2.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.95 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.55 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 57 |
| | Population over 65, 2016 | 11.1 % |
| | Number of WHO Age Friendly Cities and Communities | 10 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1176 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 62.7 % of adults |

Longevity-Related Indices

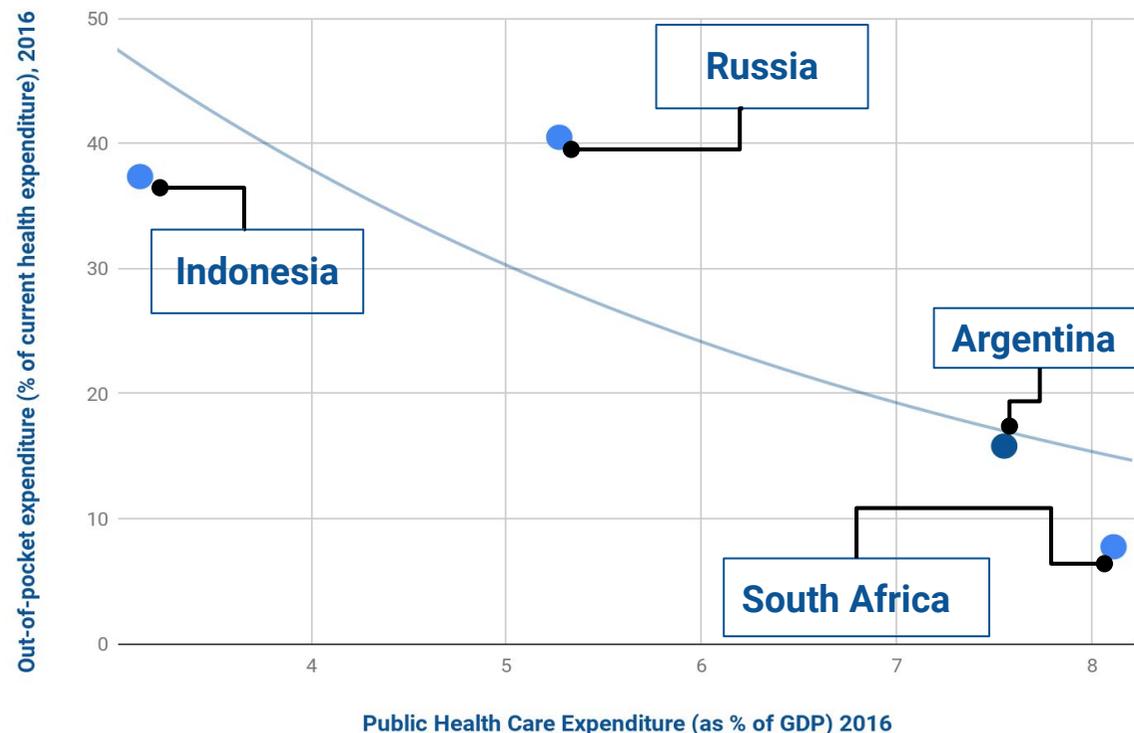


- The Healthcare Access and Quality Index -2016: **68**
- Human Development Index 2016: **0.82**
- E-Government Development Index 2016: **0.7**
- Corruption Perceptions Index 2016: **36**
- Global Gender Gap Index 2016: **0.74**
- Democracy Index 2016: **6.94**

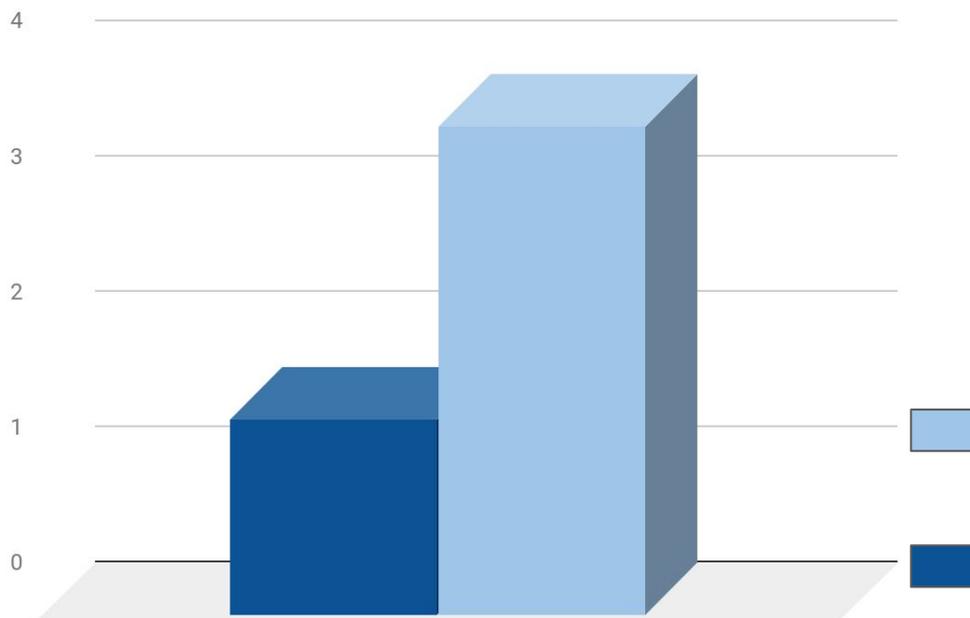
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Low Gap



Effectiveness ratios



Argentina's healthcare system is segmented and highly fragmented system. It is needed to develop strategy to advance the integration of healthcare coverage among subsectors. Policies should address healthcare provision in rural areas and better sanitary facilities.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

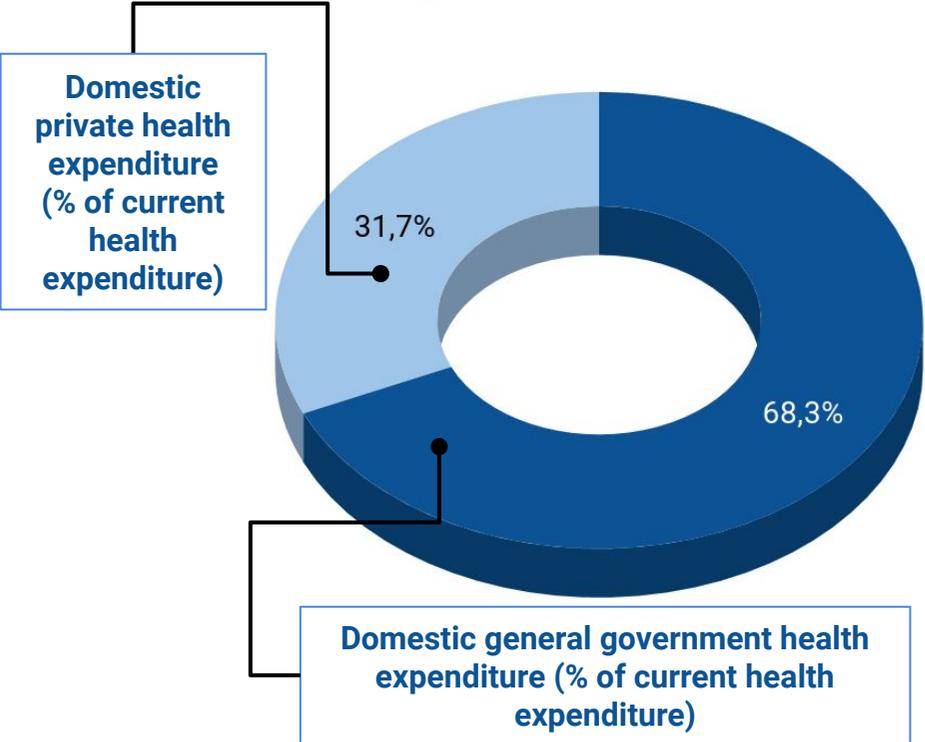


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73 years |
| | HALE/Life Expectancy Difference 2016 | 9.9 |
| Economy | GDP per Capita, Current Prices (2016) | 50.02 thousand (\$) |
| | Annual GDP Growth (2016) | 2.8 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 5.00 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.25 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 15.3 % |
| | Number of WHO Age Friendly Cities and Communities | 28 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 916 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 64.5 % of adults |

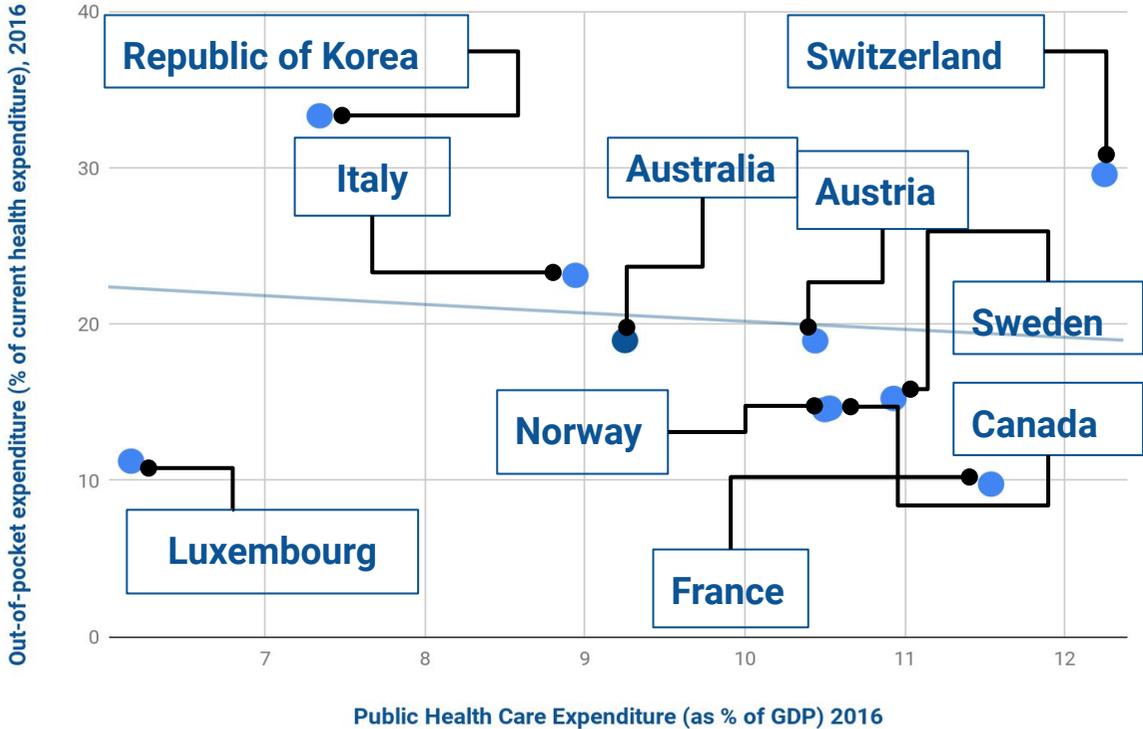
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **96**
- Human Development Index 2016: **0.94**
- E-Government Development Index 2016: **0.91**
- Corruption Perceptions Index 2016: **79**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **9.01**

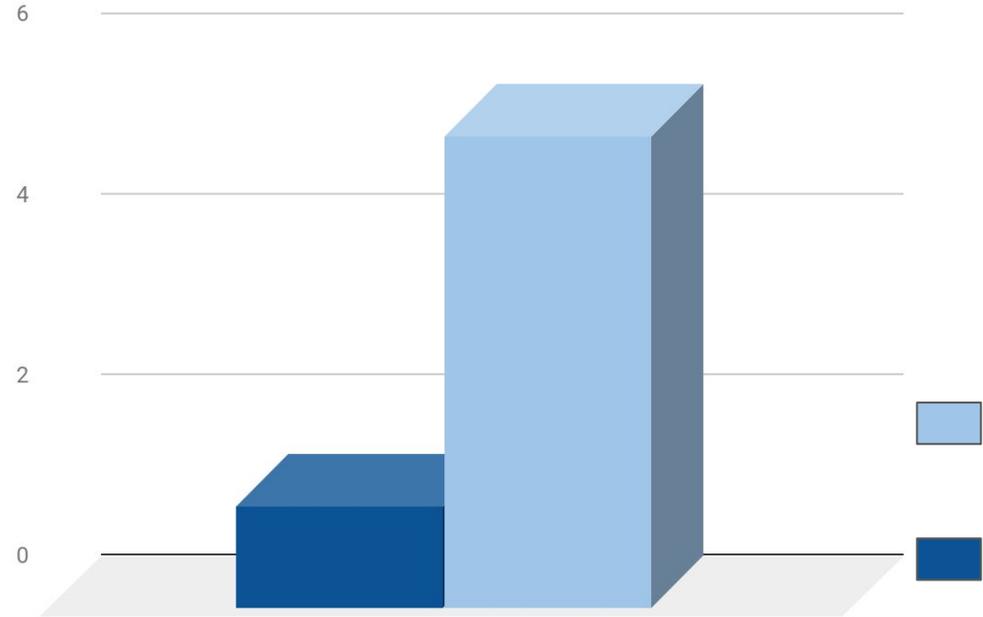
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



Australians live longer and with more years in a good health. Heart disease is largest cause of death. Adults at high risk of heart attack or stroke should receive appropriate treatment and be aware of their risk factors.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



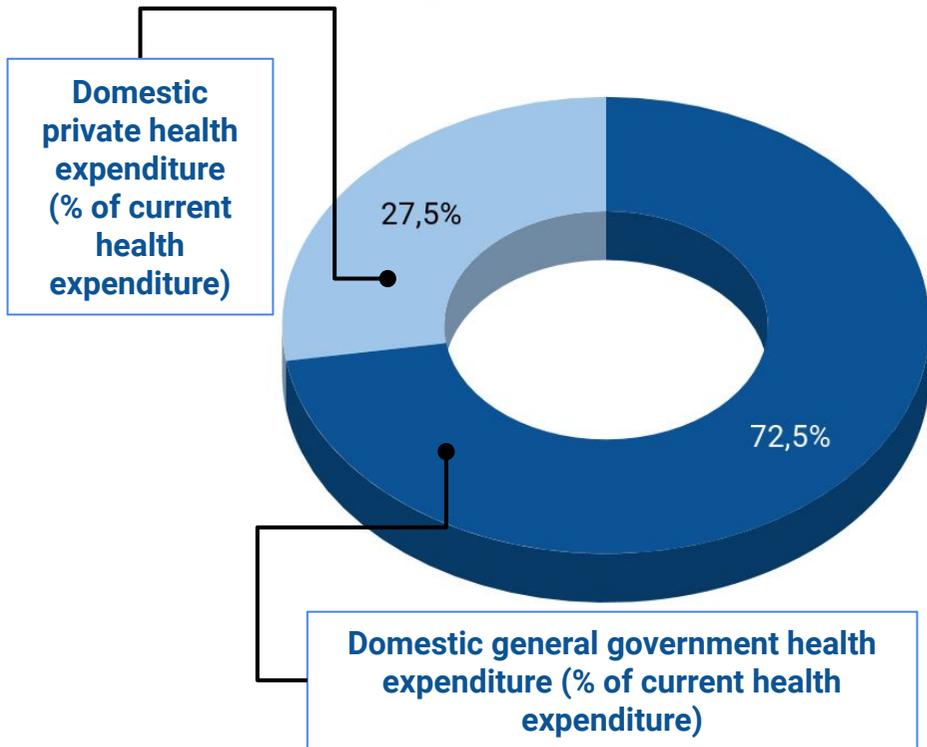
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.4 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 45.10 thousand (\$) |
| | Annual GDP Growth (2016) | 2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.69 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.44 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 50 |
| | Population over 65, 2016 | 19.0 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1926 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 54.3 % of adults |

Longevity-Related Indices

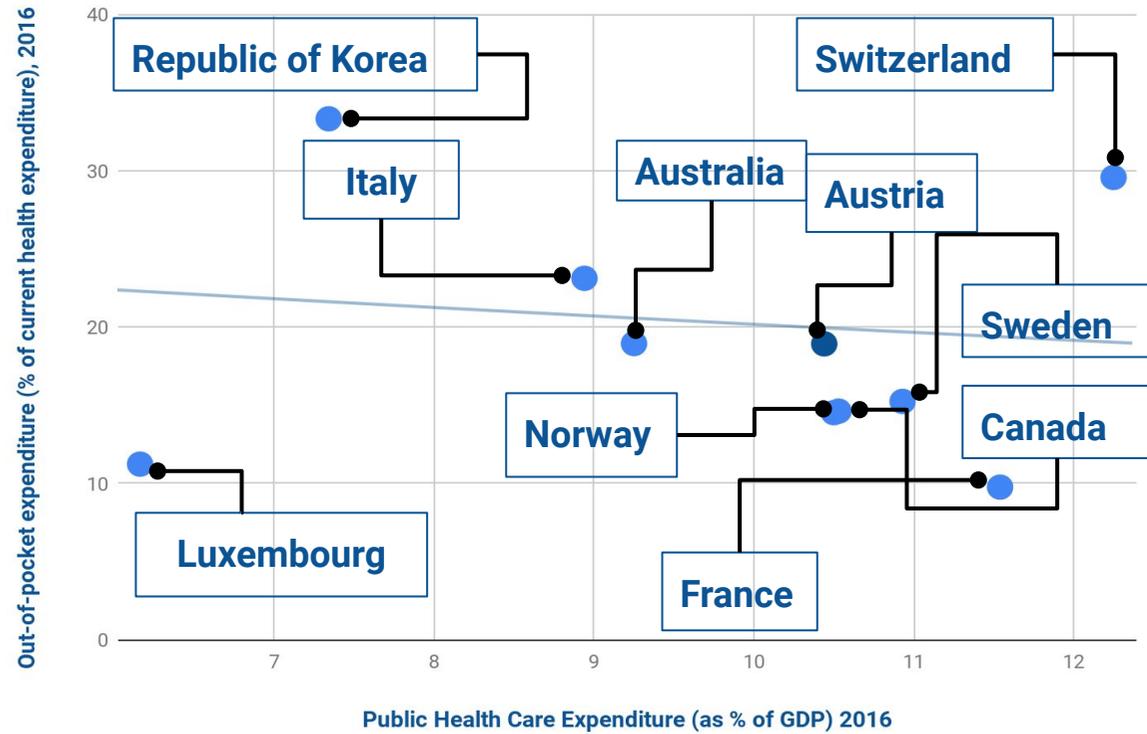


- The Healthcare Access and Quality Index -2016: **94**
- Human Development Index 2016: **0.91**
- E-Government Development Index 2016: **0.82**
- Corruption Perceptions Index 2016: **75**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **8.41**

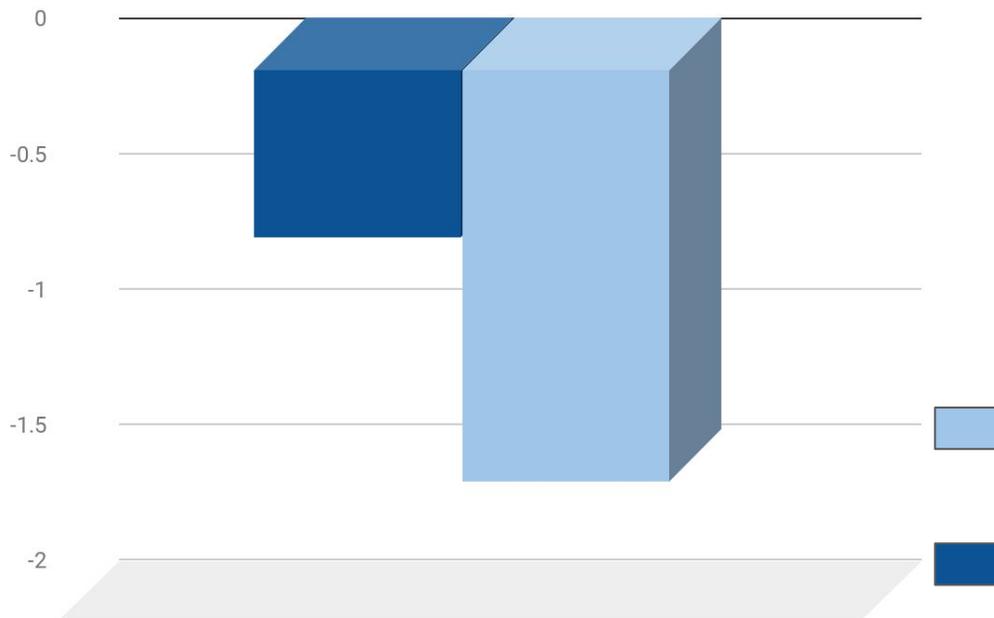
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



Behavioural risk factors are a major public health issue in Austria. Alcohol consumption and smoking rates are among the highest across the EU. To increase public health they should be addressed.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



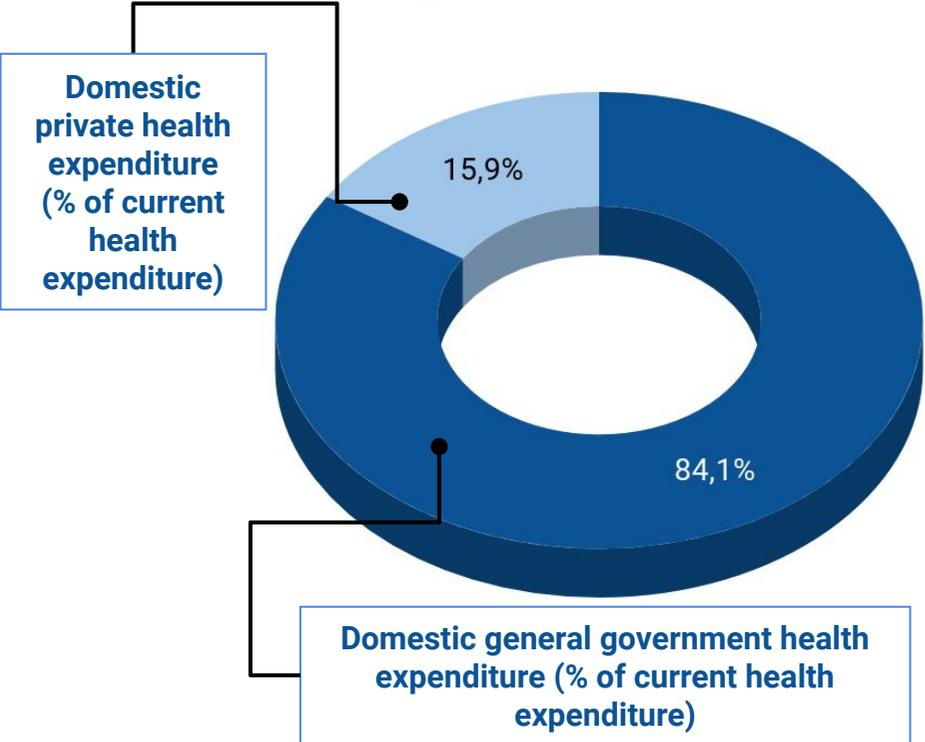
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 71.6 years |
| | HALE/Life Expectancy Difference 2016 | 9.6 |
| Economy | GDP per Capita, Current Prices (2016) | 41.45 thousand (\$) |
| | Annual GDP Growth (2016) | 1.5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.15 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.04 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 55 |
| | Population over 65, 2016 | 18.4 % |
| | Number of WHO Age Friendly Cities and Communities | 9 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 12.1 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2440 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 59.5 % of adults |

Longevity-Related Indices

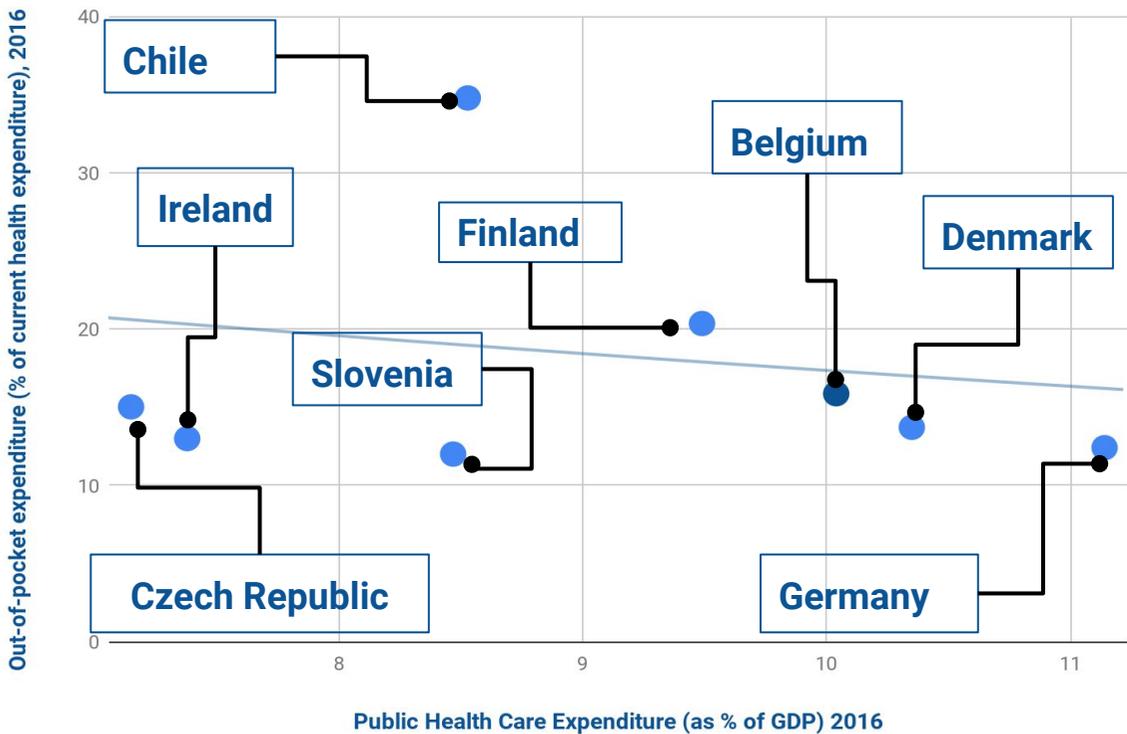


- The Healthcare Access and Quality Index -2016: **93**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.79**
- Corruption Perceptions Index 2016: **77**
- Global Gender Gap Index 2016: **0.75**
- Democracy Index 2016: **7.77**

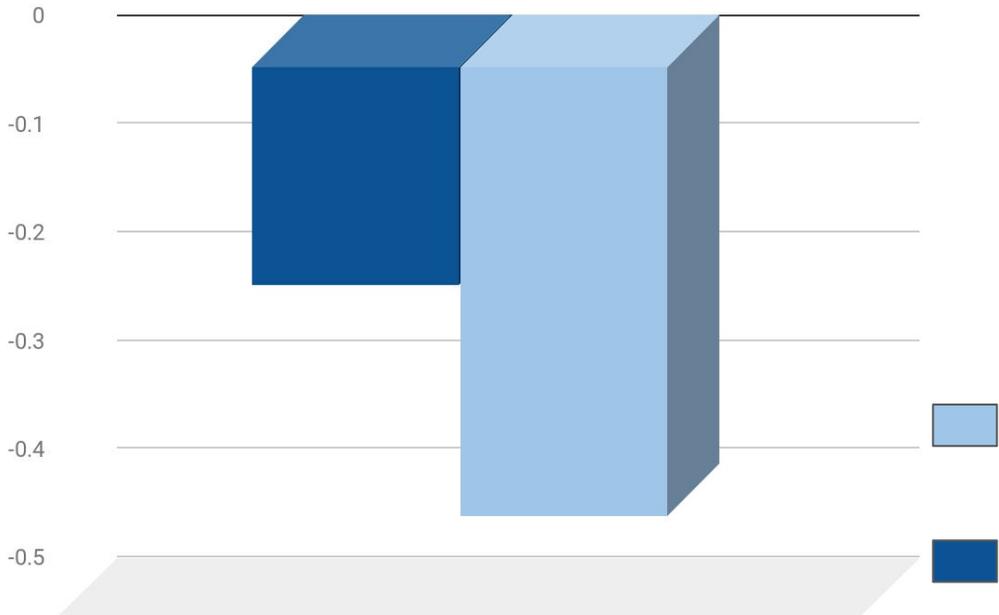
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



There are disparities in unmet care needs by income group. As cardiovascular diseases and cancer are the leading causes of death, the challenge is to strengthen prevention and primary care.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

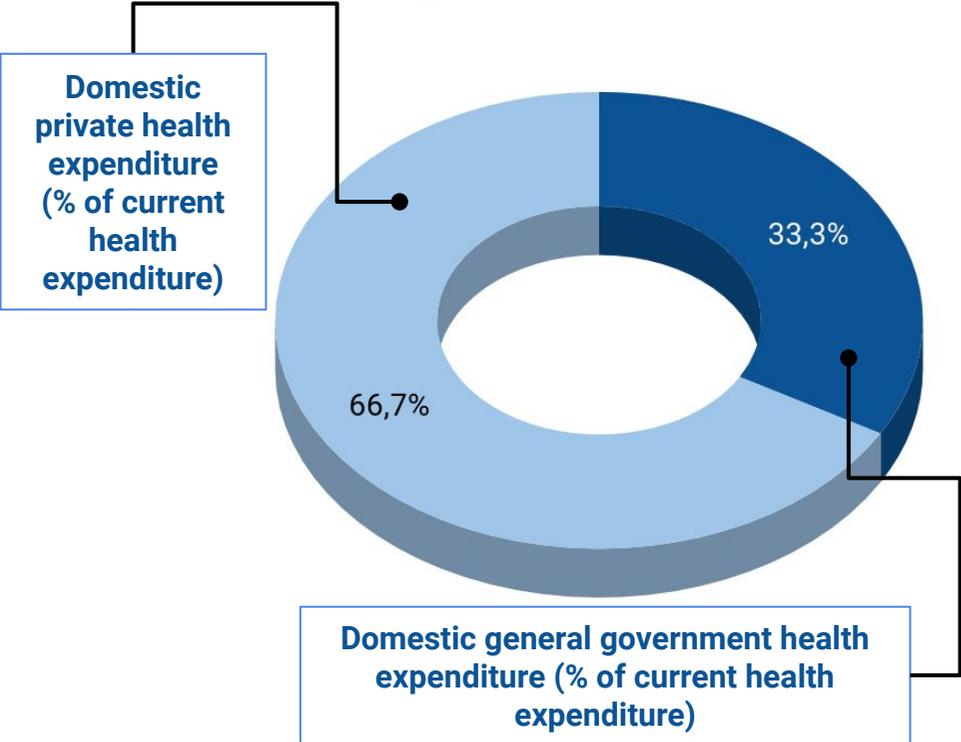
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 66 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 8.71 thousand (\$) |
| | Annual GDP Growth (2016) | -3.3 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.02 thousand (\$) |
| | Public Health Care Expenditure 2016 | 11.77 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 44 |
| | Population over 65, 2016 | 8.2 % |
| | Number of WHO Age Friendly Cities and Communities | 5 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 7.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 333 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 56.5 % of adults |

Longevity-Related Indices

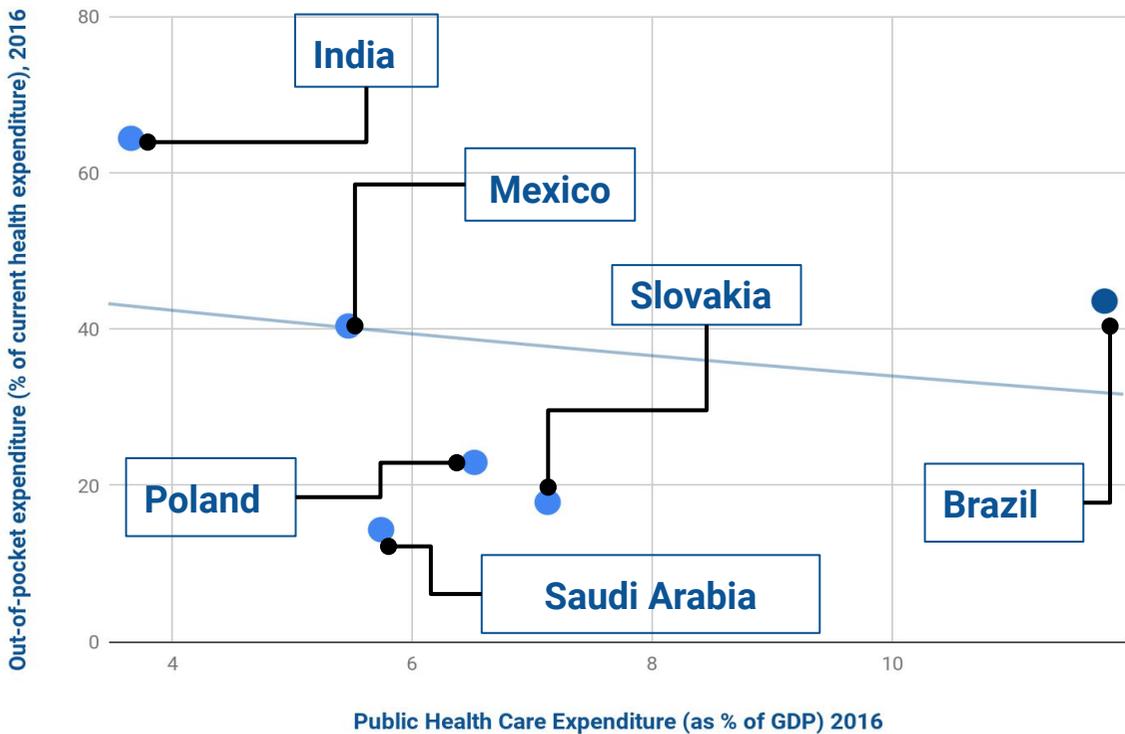


- The Healthcare Access and Quality Index -2016: **64**
- Human Development Index 2016: **0.76**
- E-Government Development Index 2016: **0.64**
- Corruption Perceptions Index 2016: **40**
- Global Gender Gap Index 2016: **0.69**
- Democracy Index 2016: **6.9**

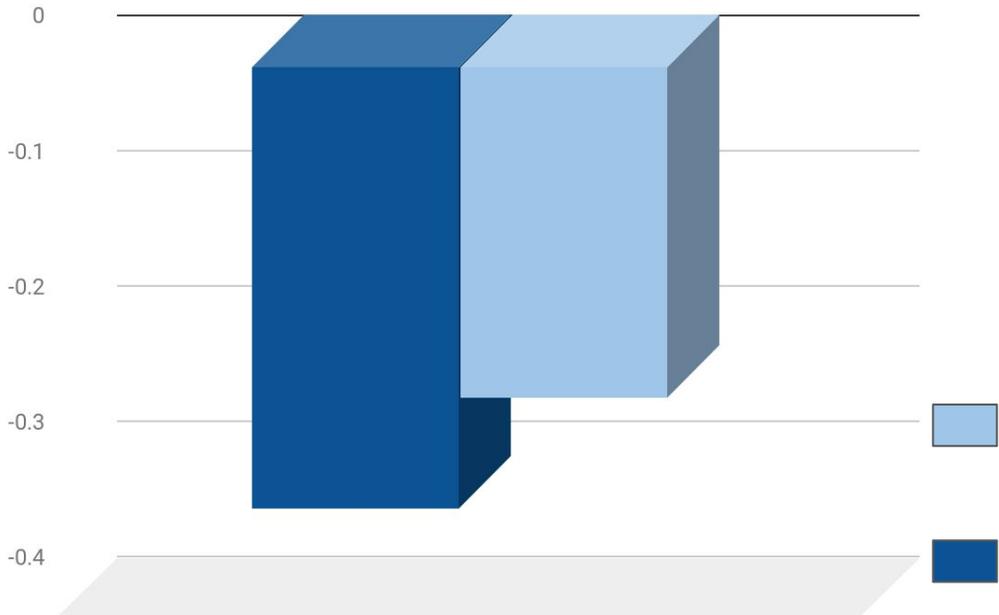
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Socioeconomic inequality is one of the biggest problems. The wealthiest are less likely to need help, but when help is needed are more likely to receive formal care, while the poor relied on informal care. Brazil has to make progress towards providing healthcare for all, built on the solid foundations of primary care. It now needs to maintain momentum by exploiting the potential of digital services in healthcare.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

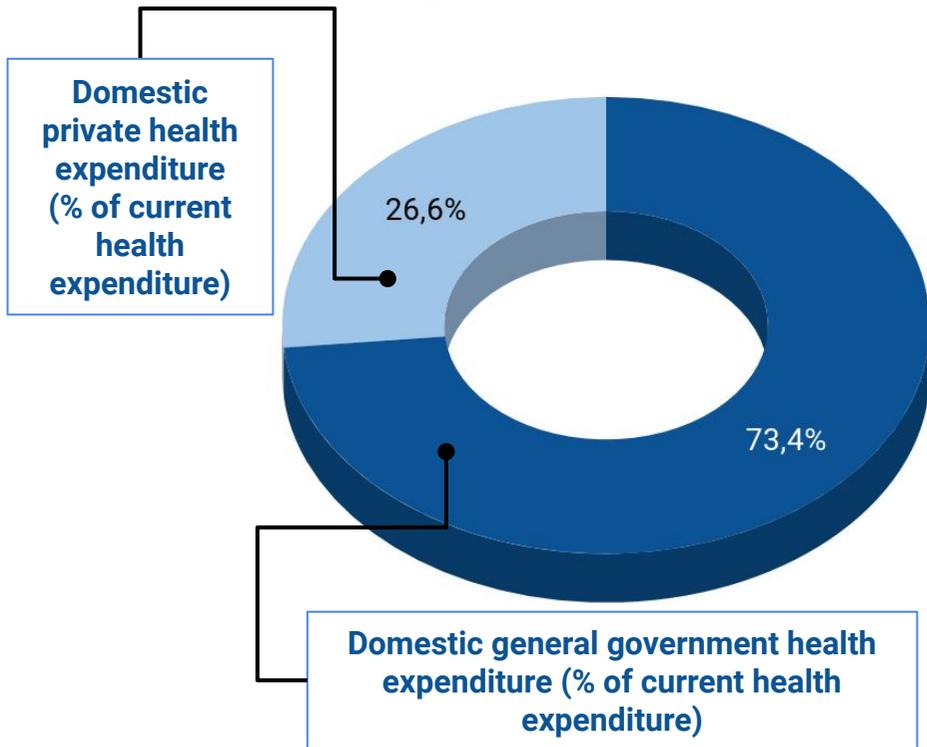
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.2 years |
| | HALE/Life Expectancy Difference 2016 | 9.6 |
| Economy | GDP per Capita, Current Prices (2016) | 42.28 thousand (\$) |
| | Annual GDP Growth (2016) | 1.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.46 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.53 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 48 |
| | Population over 65, 2016 | 16.6 % |
| | Number of WHO Age Friendly Cities and Communities | 85 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 8.9 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1021 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 64.1 % of adults |

Longevity-Related Indices

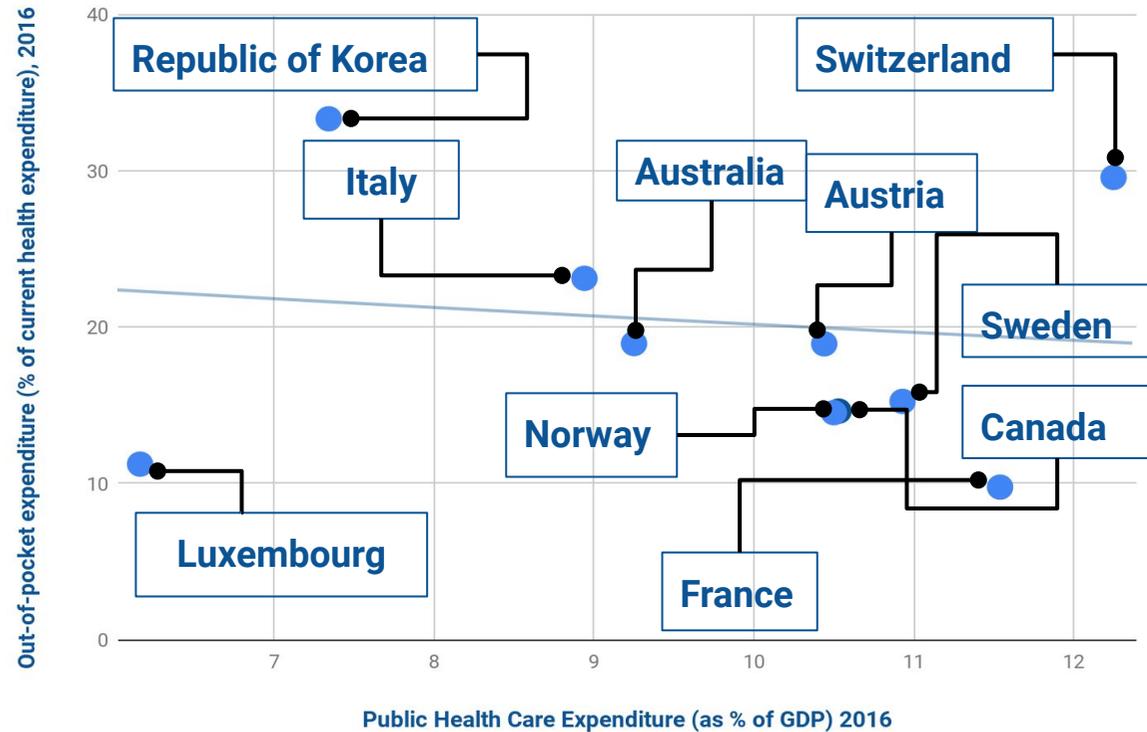


- The Healthcare Access and Quality Index -2016: **94**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.83**
- Corruption Perceptions Index 2016: **82**
- Global Gender Gap Index 2016: **0.73**
- Democracy Index 2016: **9.15**

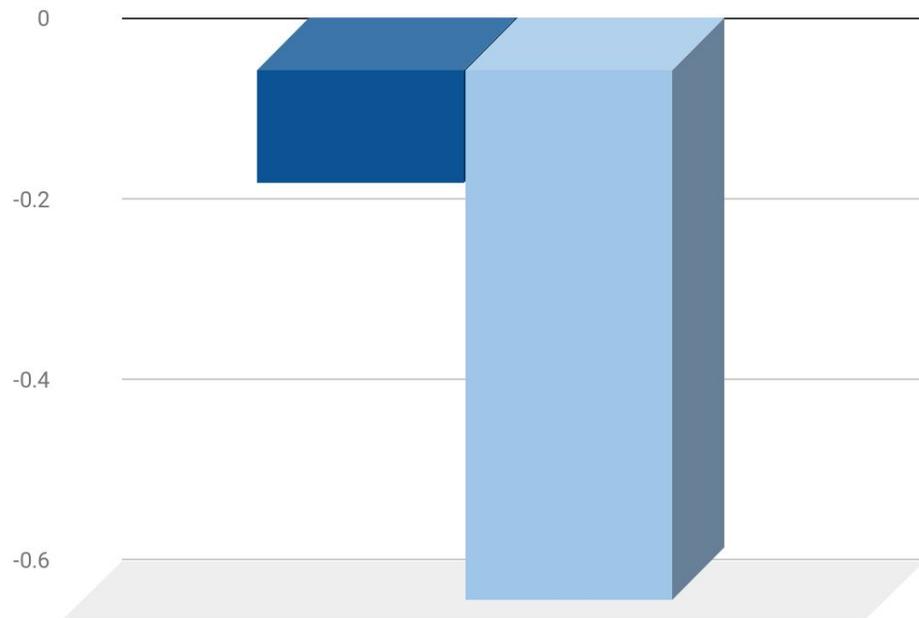
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



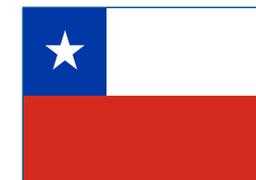
Effectiveness ratios



Recommendations suggested facilitating the exchange of information and interaction between health providers and government figures as well as flexible funding would also contribute to improvement and solve the problem of differences in regional care by allowing regions to determine the needs of their general populace and meet those needs more efficiently by allowing target-specific allocation of funds.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



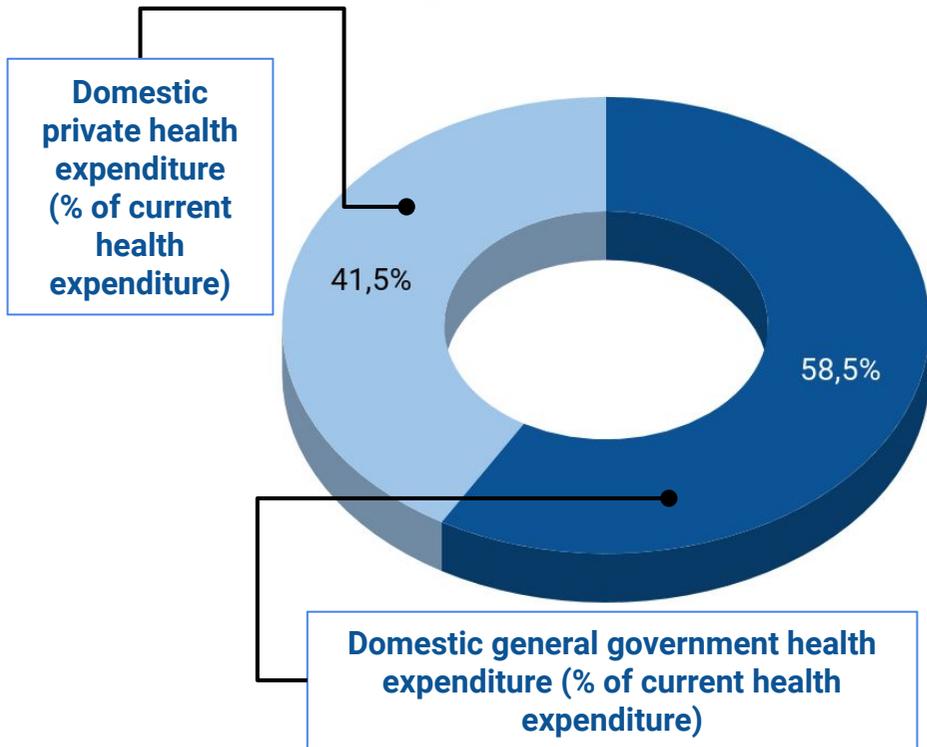
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 69.7 years |
| | HALE/Life Expectancy Difference 2016 | 9.8 |
| Economy | GDP per Capita, Current Prices (2016) | 13.79 thousand (\$) |
| | Annual GDP Growth (2016) | 1.7 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.19 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.53 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 46 |
| | Population over 65, 2016 | 10.7 % |
| | Number of WHO Age Friendly Cities and Communities | 22 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.3 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 769 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 63.1 % of adults |

Longevity-Related Indices

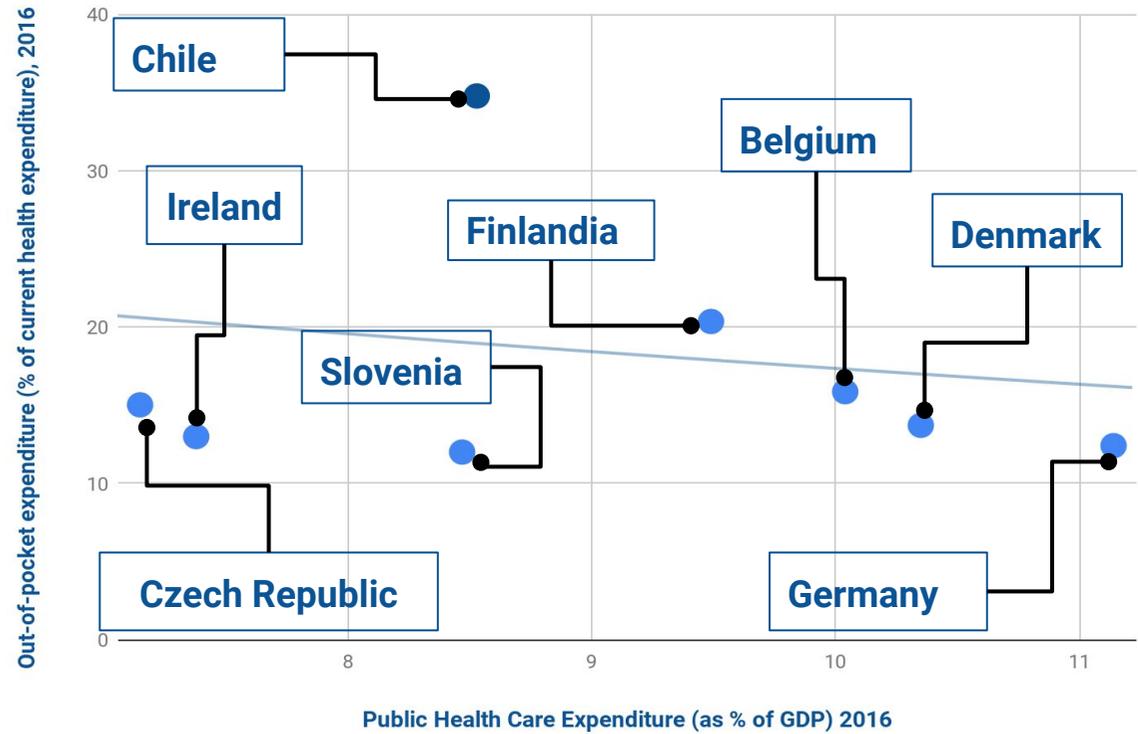


- The Healthcare Access and Quality Index -2016: **78**
- Human Development Index 2016: **0.84**
- E-Government Development Index 2016: **0.69**
- Corruption Perceptions Index 2016: **66**
- Global Gender Gap Index 2016: **0.7**
- Democracy Index 2016: **7.78**

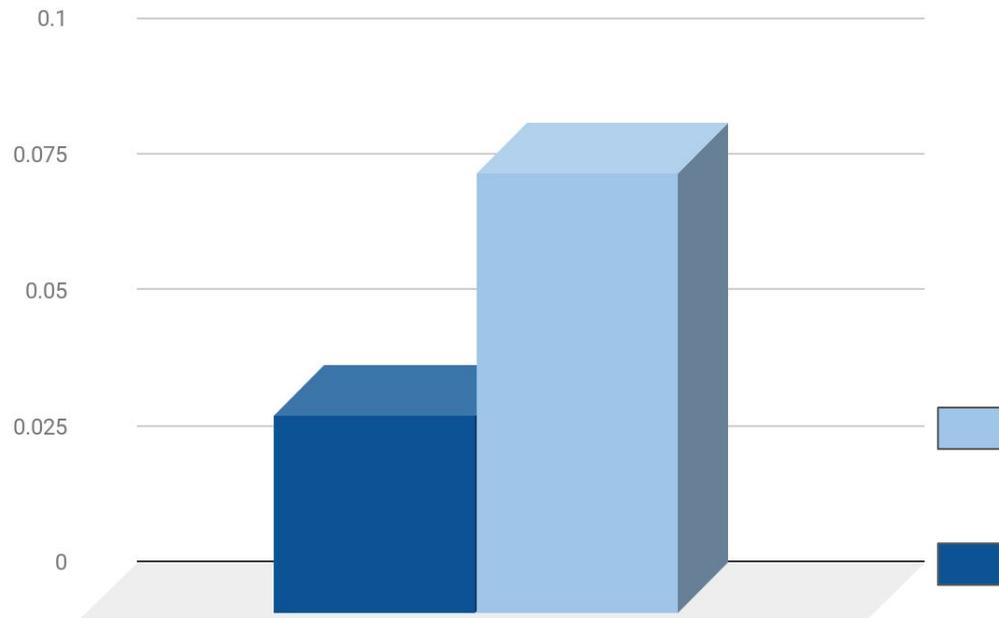
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



In order to improve public health and increase HALE policy should response to the obesity epidemic. Government of Chile should take actions for further development of epidemiological surveillance, costing strategy, stronger data governance.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



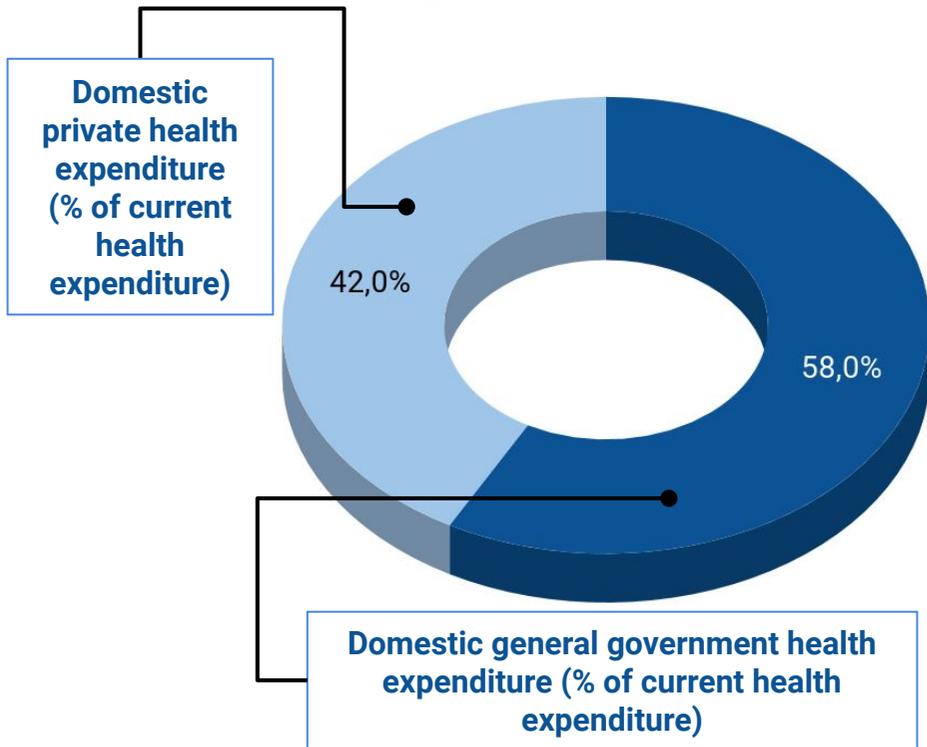
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 68.7 years |
| | HALE/Life Expectancy Difference 2016 | 7.4 |
| Economy | GDP per Capita, Current Prices (2016) | 8.08 thousand (\$) |
| | Annual GDP Growth (2016) | 6.7 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.4 thousand (\$) |
| | Public Health Care Expenditure 2016 | 4.98 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 39 |
| | Population over 65, 2016 | 10.1 % |
| | Number of WHO Age Friendly Cities and Communities | 19 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 7.2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2043 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 32.1 % of adults |

Longevity-Related Indices

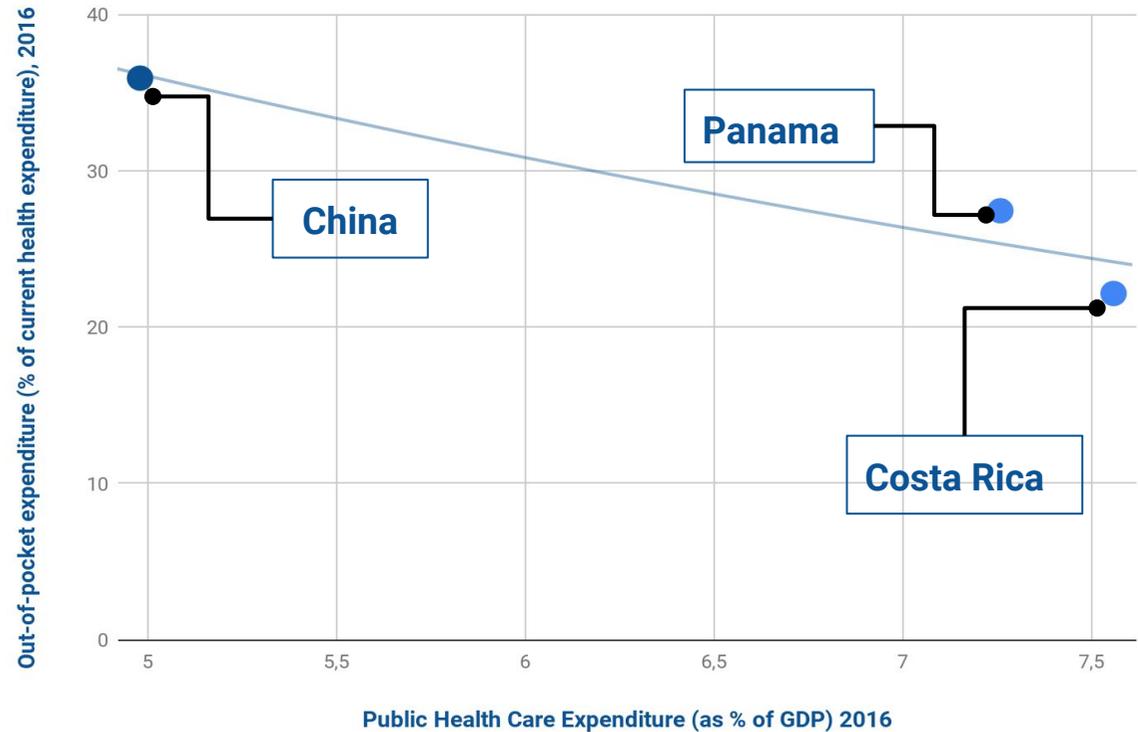


- The Healthcare Access and Quality Index -2016: **78**
- Human Development Index 2016: **0.75**
- E-Government Development Index 2016: **0.61**
- Corruption Perceptions Index 2016: **40**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **3.14**

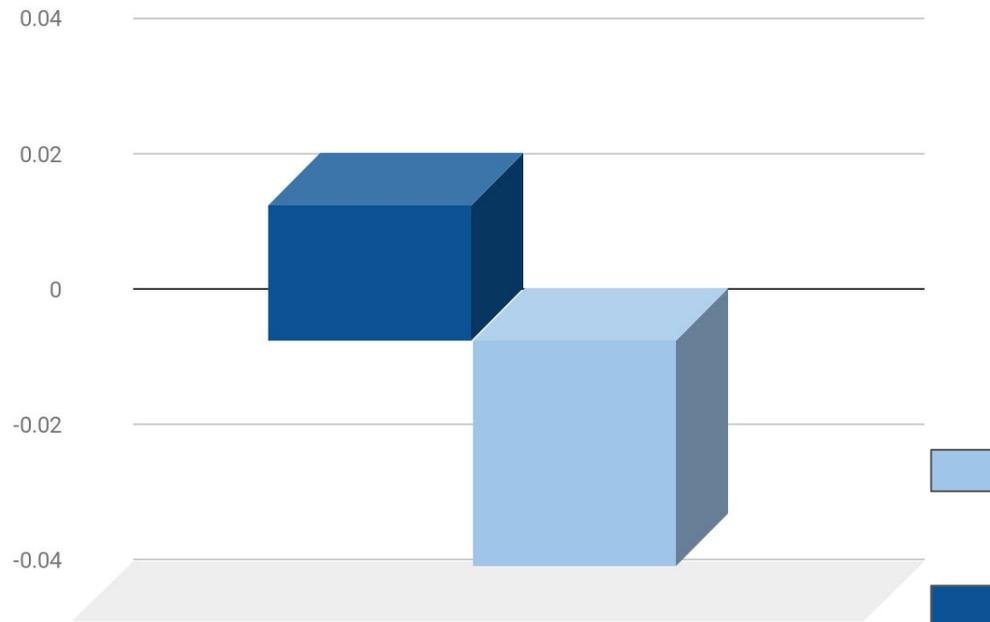
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Low Gap



Effectiveness ratios



China faces many health challenges. A key component of healthcare should be the promotion of healthy lifestyles and physical fitness, including through the development of healthy cities, to ensure a greater focus on prevention rather than treatment. For greater reduction in infant mortality and rates of infectious diseases, government should invest in expanding health infrastructure, improvement quality of healthcare service and provision of affordable health care in rural areas across country.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

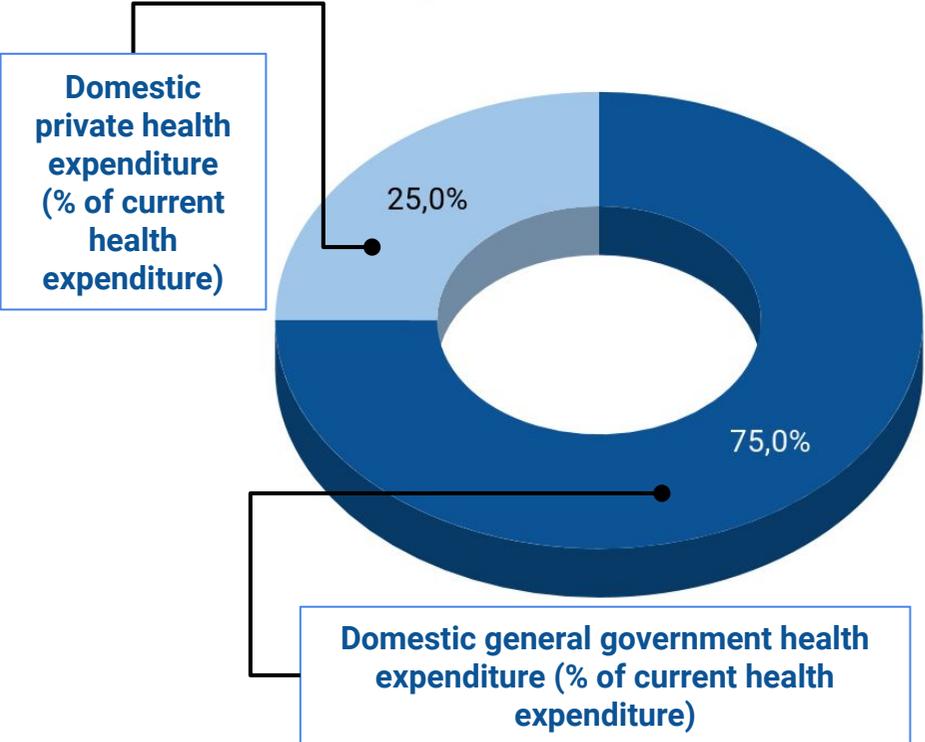
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 70.9 years |
| | HALE/Life Expectancy Difference 2016 | 8.7 |
| Economy | GDP per Capita, Current Prices (2016) | 11.67 thousand (\$) |
| | Annual GDP Growth (2016) | 4.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.89 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.56 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 45 |
| | Population over 65, 2016 | 9.2 % |
| | Number of WHO Age Friendly Cities and Communities | 2 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 4.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 411 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 61.6 % of adults |

Longevity-Related Indices

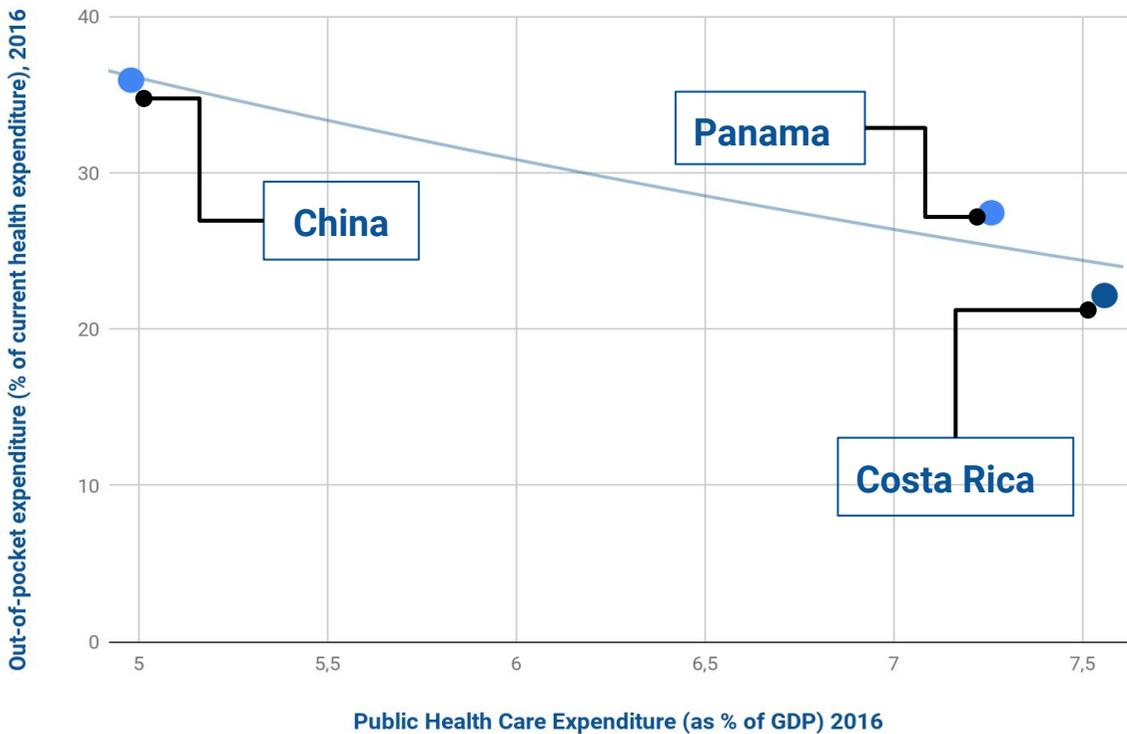


- The Healthcare Access and Quality Index -2016: **74**
- Human Development Index 2016: **0.79**
- E-Government Development Index 2016: **0.63**
- Corruption Perceptions Index 2016: **58**
- Global Gender Gap Index 2016: **0.74**
- Democracy Index 2016: **7.88**

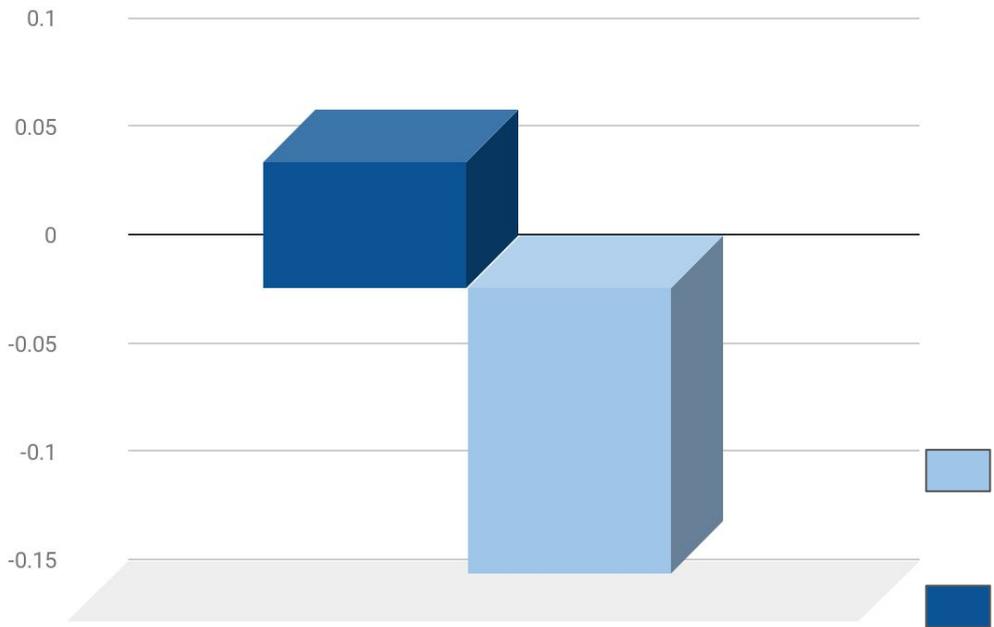
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Low Gap



Effectiveness ratios



Diseases that most affect quality of life are heart disease, back pain, depressive disorders, hearing loss and diabetes. Inequalities also persist among the various population groups. Costa Rica needs to expand its efforts to promote healthy living, particularly young people. The health system needs to contribute to higher levels of equity and solidarity.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



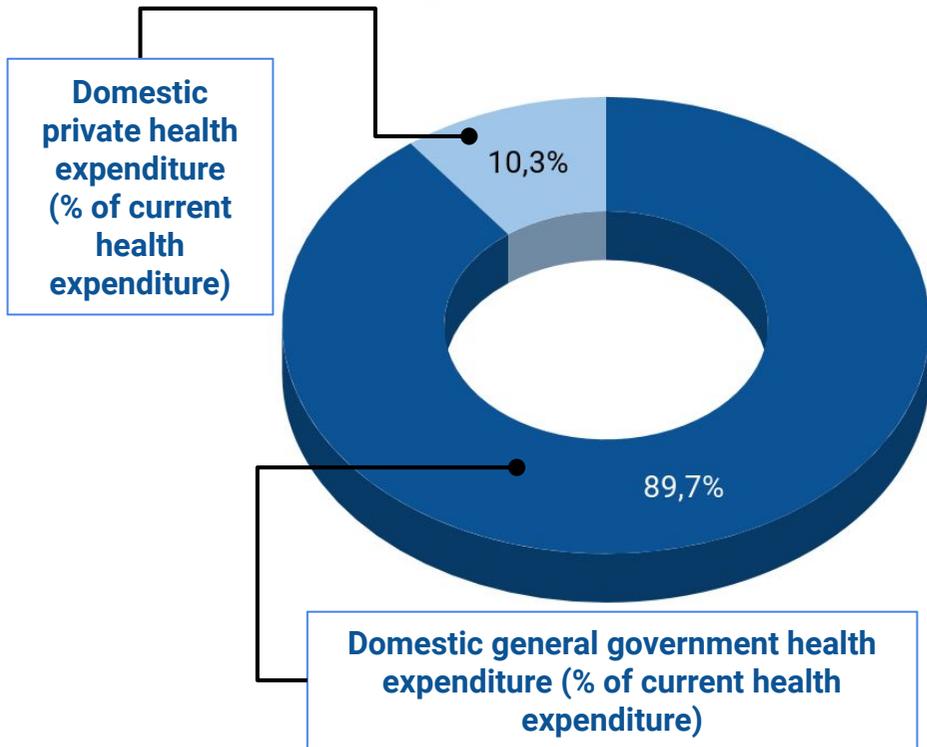
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 69.9 years |
| | HALE/Life Expectancy Difference 2016 | 9.1 |
| Economy | GDP per Capita, Current Prices (2016) | 8.06 thousand (\$) |
| | Annual GDP Growth (2016) | 0.5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.97 thousand (\$) |
| | Public Health Care Expenditure 2016 | 12.19 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 44 |
| | Population over 65, 2016 | 14.3 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 6.1 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 233 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 58.5 % of adults |

Longevity-Related Indices

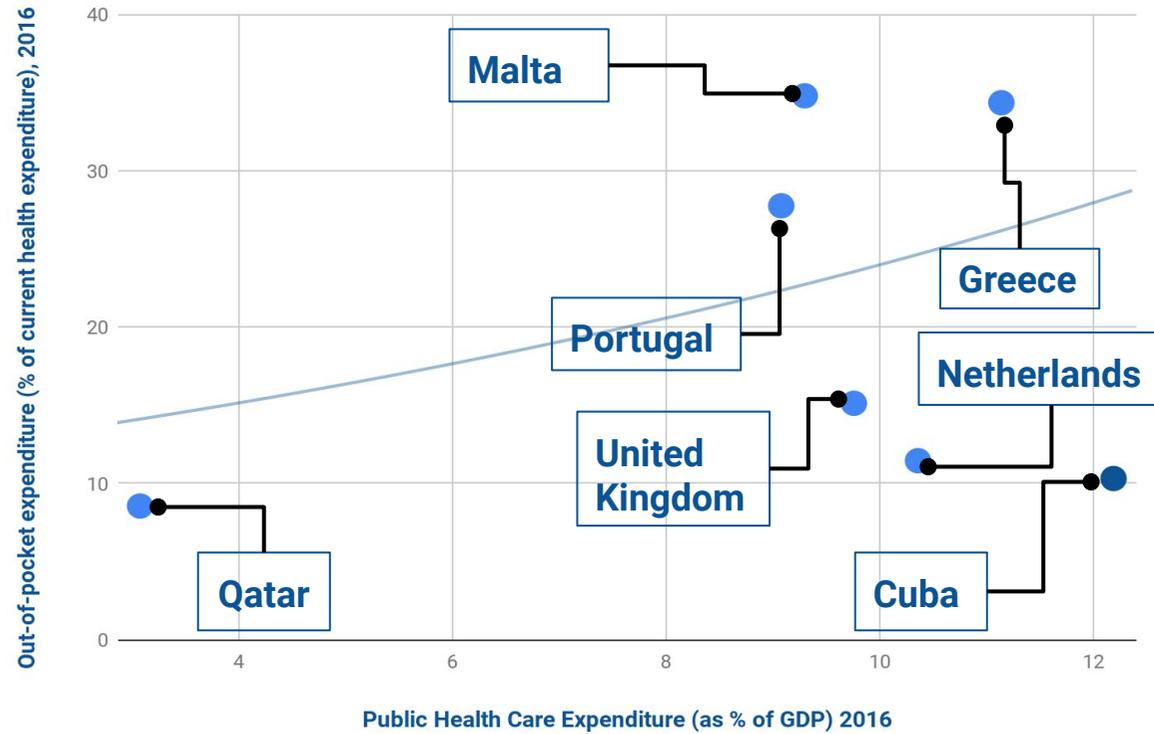


- The Healthcare Access and Quality Index -2016: **76**
- Human Development Index 2016: **0.74**
- E-Government Development Index 2016: **0.35**
- Corruption Perceptions Index 2016: **47**
- Global Gender Gap Index 2016: **0.74**
- Democracy Index 2016: **3.46**

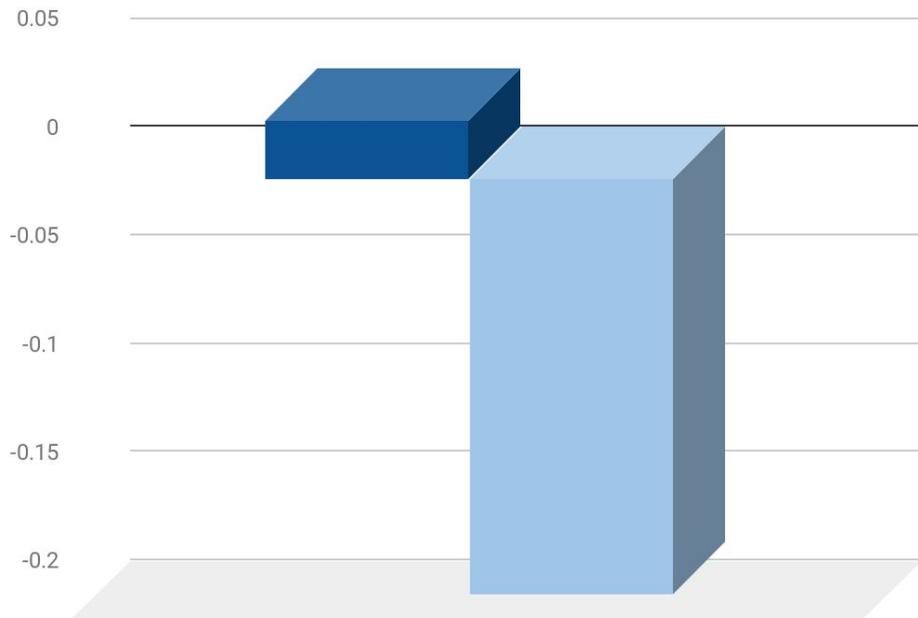
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Ageing, an increase in obesity and problems with tobacco and alcohol are main causes of death among Cuba's citizens. Cuban government should address to health challenge, which is a huge investment in public health education around smoking, alcohol, diet and exercise. The foundation of Cuban's preventative health care model that is at primary care level should be in priority.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



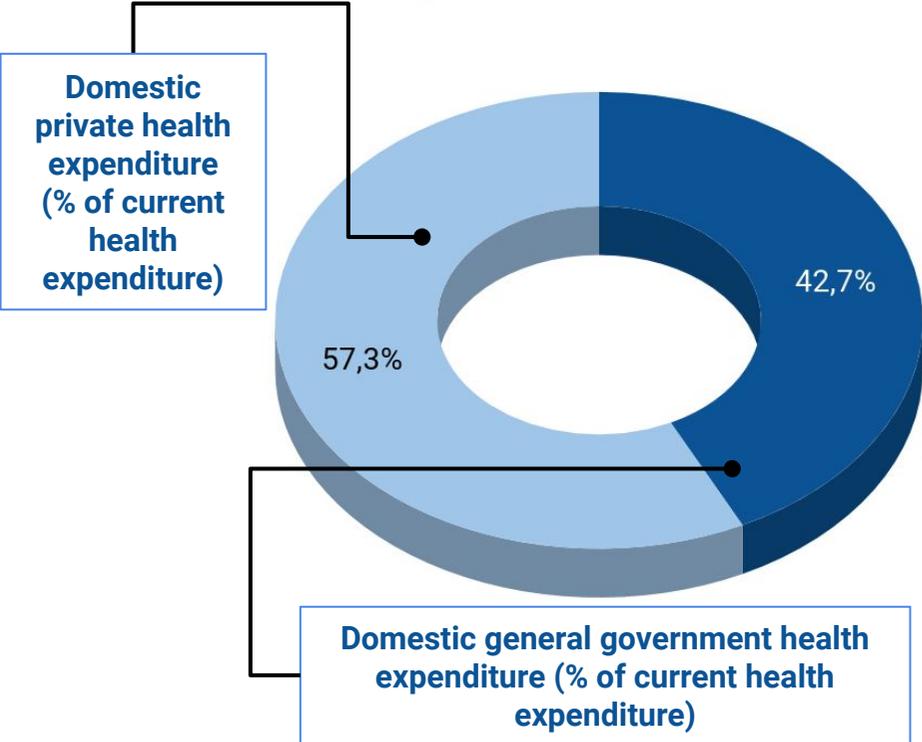
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.3 years |
| | HALE/Life Expectancy Difference 2016 | 7.4 |
| Economy | GDP per Capita, Current Prices (2016) | 24.02 thousand (\$) |
| | Annual GDP Growth (2016) | 4.8 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.63 thousand (\$) |
| | Public Health Care Expenditure 2016 | 6.88 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 43 |
| | Population over 65, 2016 | 13.1 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1961 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 59.1 % of adults |

Longevity-Related Indices

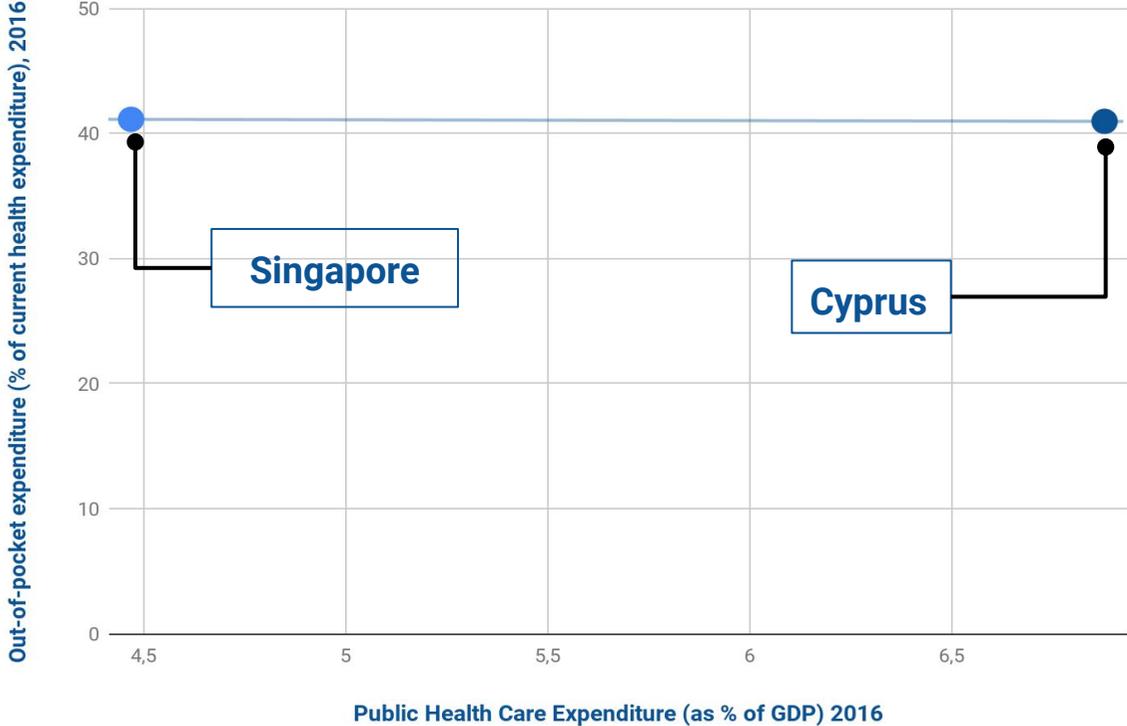


- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.87**
- E-Government Development Index 2016: **0.6**
- Corruption Perceptions Index 2016: **55**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **7.65**

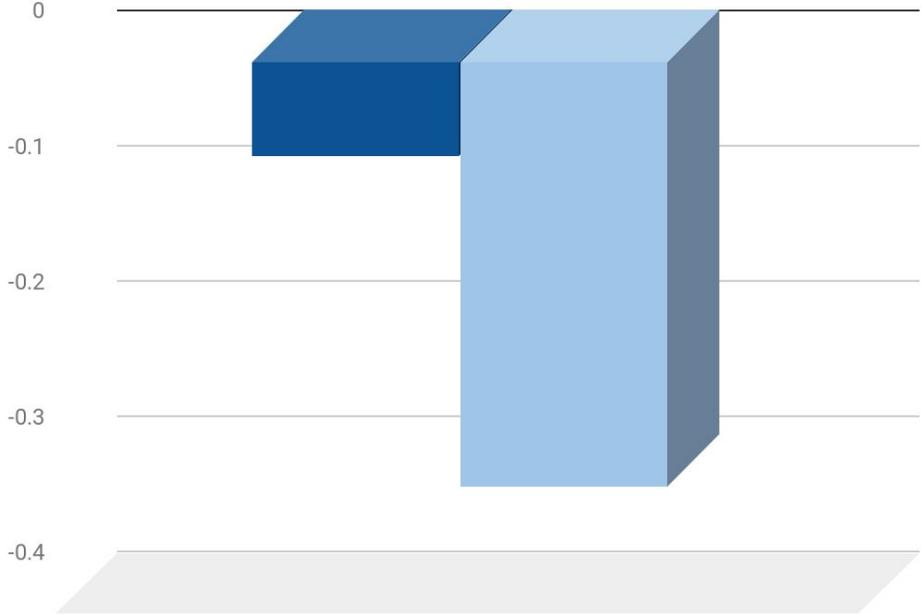
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Low Gap



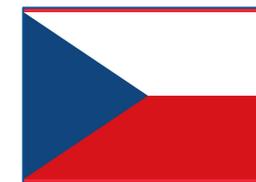
Effectiveness ratios



The Cypriot population is in good health overall, with among the highest life expectancy in the EU. The healthcare system is split between public and private sectors and the public system does not offer universal access. There is also disparity of coverage across social and income groups which suggest paying attention to coordination between universal healthcare provision and private insurance.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

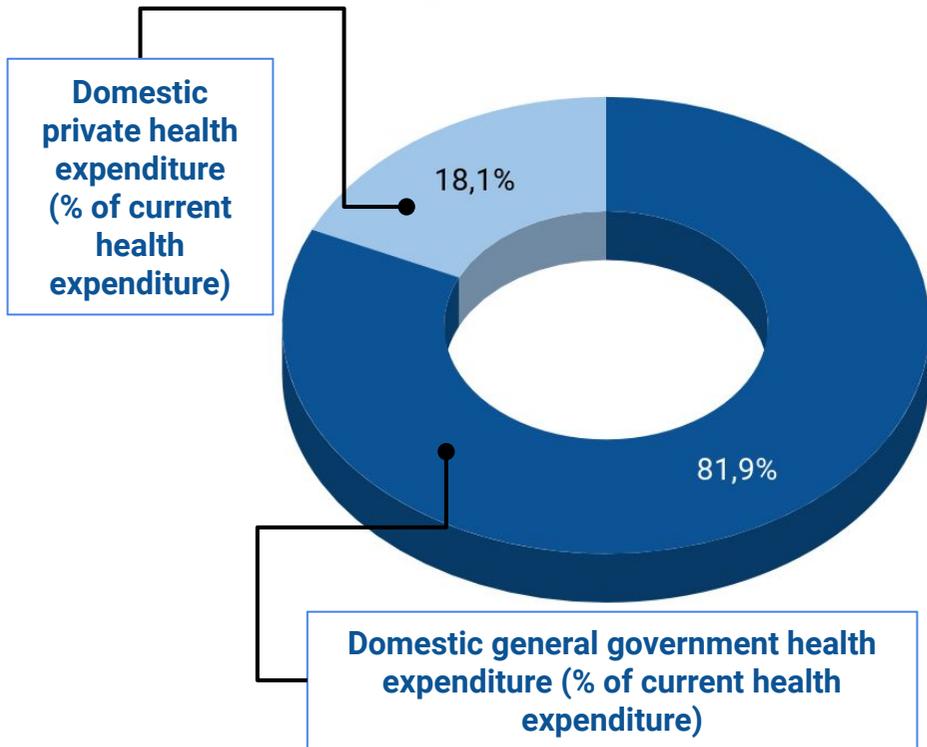
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 69.3 years |
| | HALE/Life Expectancy Difference 2016 | 9.9 |
| Economy | GDP per Capita, Current Prices (2016) | 18.46 thousand (\$) |
| | Annual GDP Growth (2016) | 2.5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.32 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.15 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 51 |
| | Population over 65, 2016 | 18.5 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 14.4 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2427 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 62.3 % of adults |

Longevity-Related Indices

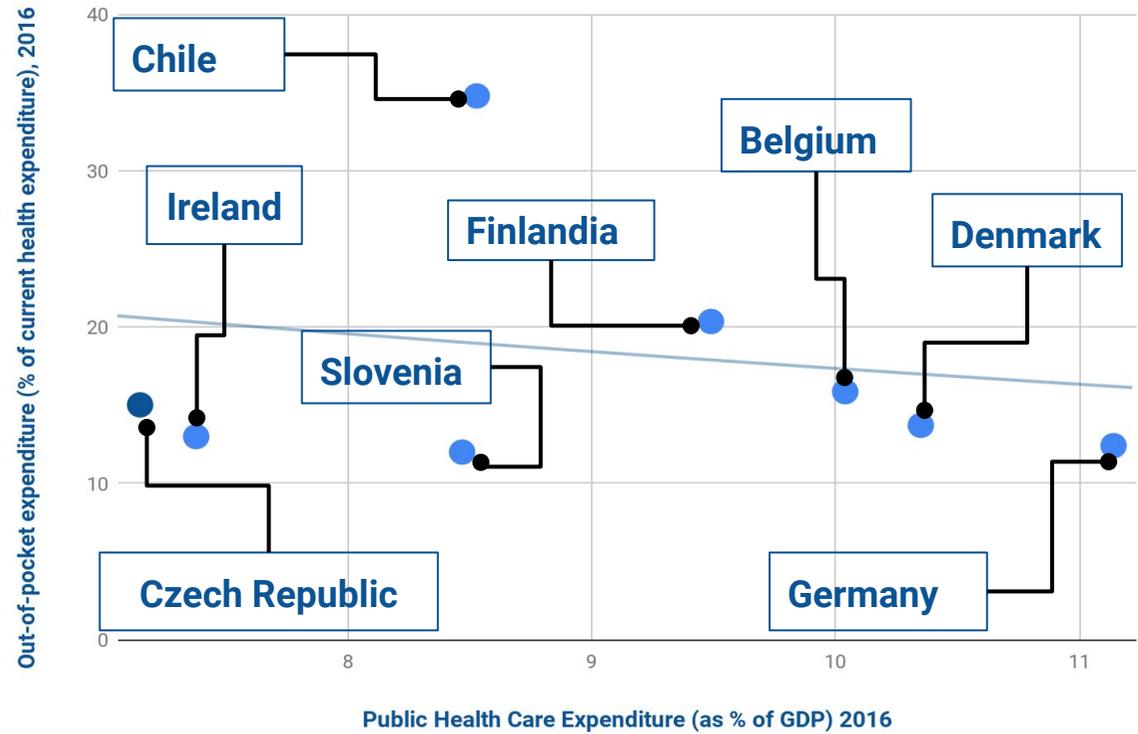


- The Healthcare Access and Quality Index -2016: **89**
- Human Development Index 2016: **0.89**
- E-Government Development Index 2016: **0.64**
- Corruption Perceptions Index 2016: **55**
- Global Gender Gap Index 2016: **0.69**
- Democracy Index 2016: **7.82**

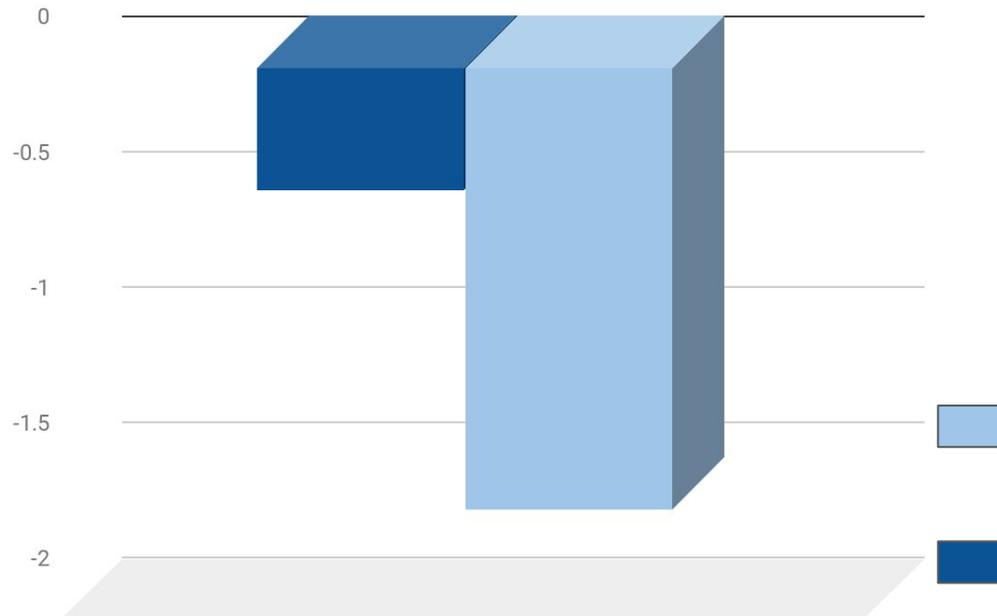
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



There is a regional variations in health outcomes in the country. It is important to develop targeted policy solutions, as institutions, life-style and socio-economic characteristics are considered to be the main explanatory factors that affect HALE.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



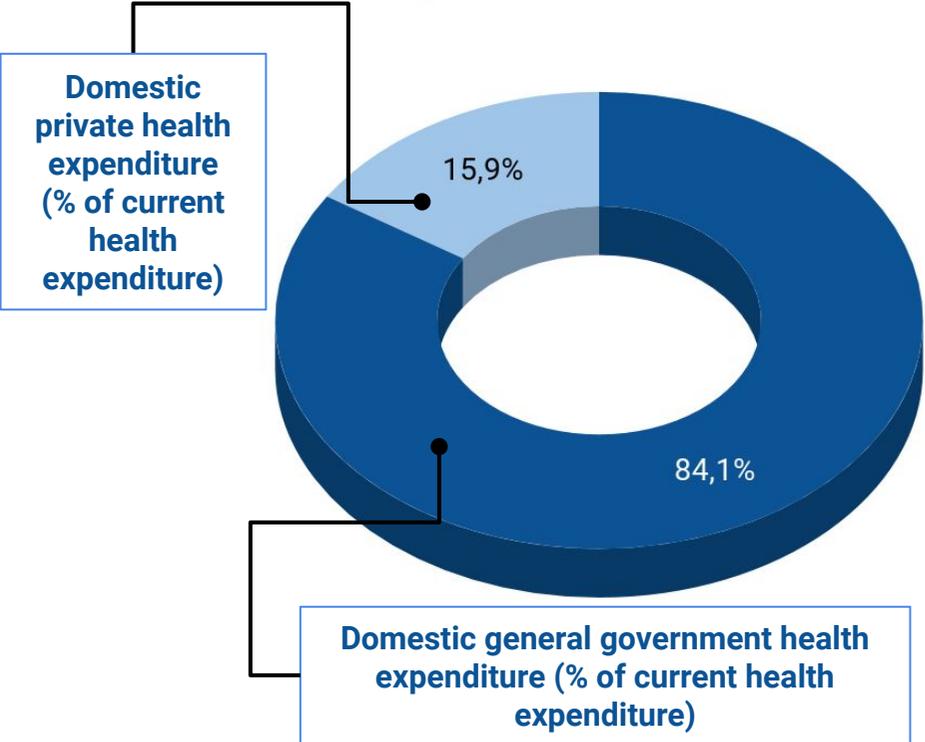
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 71.8 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 54.47 thousand (\$) |
| | Annual GDP Growth (2016) | 2.4 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 5.57 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.35 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 56 |
| | Population over 65, 2016 | 19.4 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.4 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1298 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 55.4 % of adults |

Longevity-Related Indices

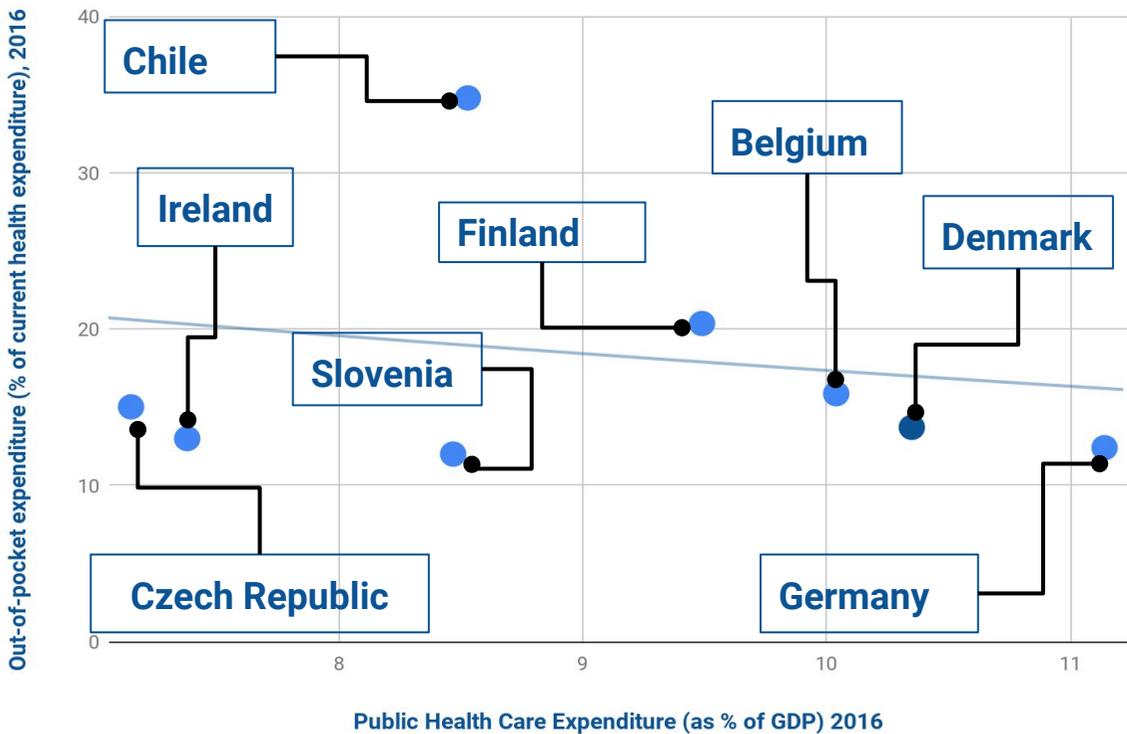


- The Healthcare Access and Quality Index -2016: **92**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.85**
- Corruption Perceptions Index 2016: **90**
- Global Gender Gap Index 2016: **0.75**
- Democracy Index 2016: **9.2**

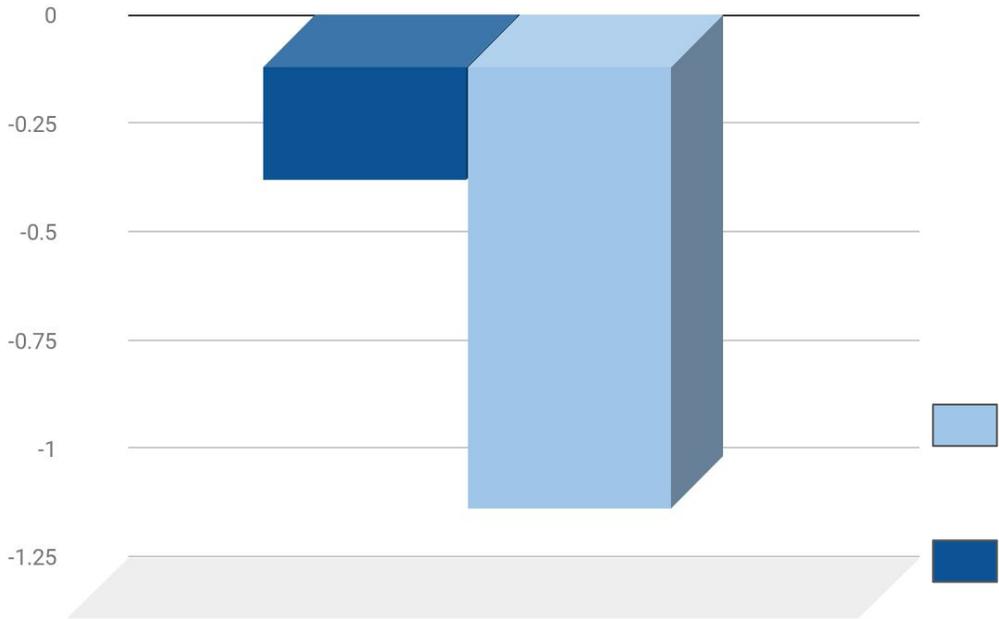
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



Initiatives to reduce levels of drinking and promote healthy lifestyle in Denmark are a welcome development. The proportion of residents who report being in good health is high, although a gap exists between income groups that should be addressed.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



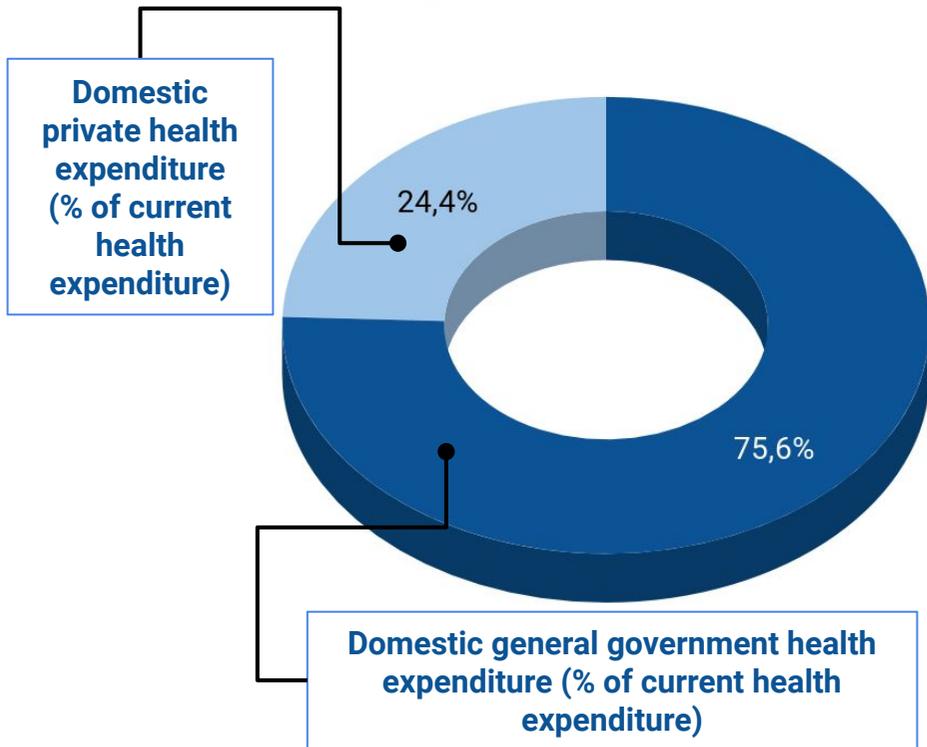
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.2 years |
| | HALE/Life Expectancy Difference 2016 | 9.6 |
| Economy | GDP per Capita, Current Prices (2016) | 18.29 thousand (\$) |
| | Annual GDP Growth (2016) | 3.5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.19 thousand (\$) |
| | Public Health Care Expenditure 2016 | 6.68 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 55 |
| | Population over 65, 2016 | 19.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1759 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 55.8 % of adults |

Longevity-Related Indices

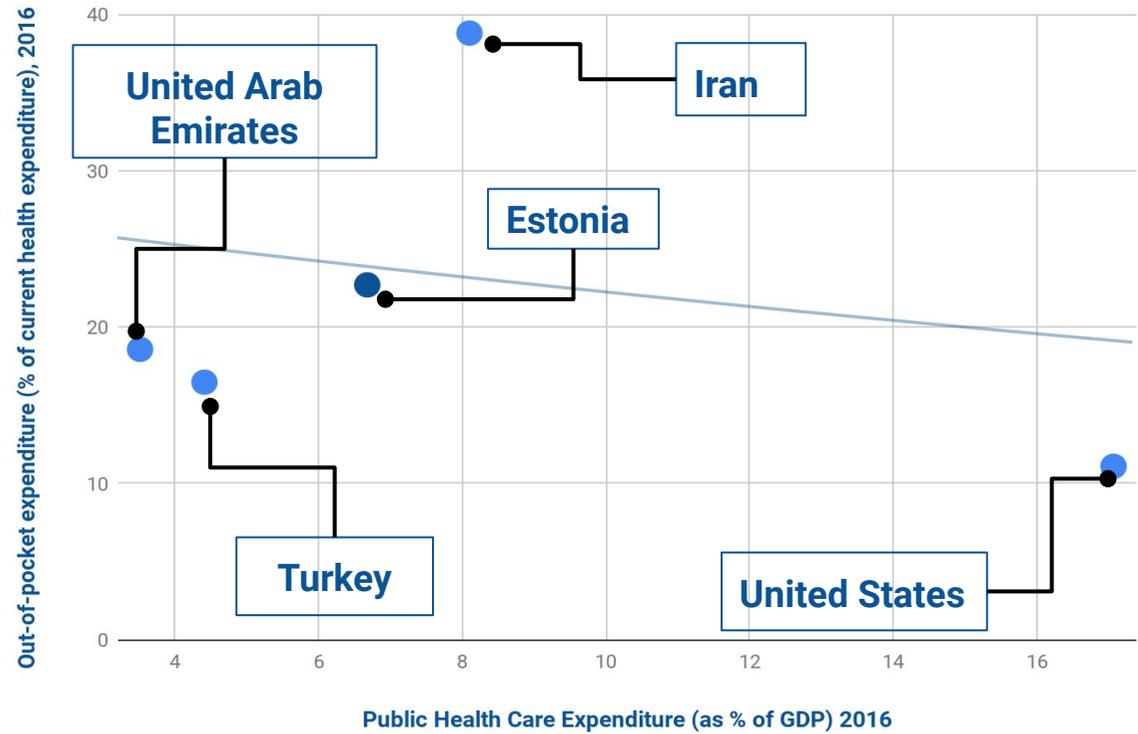


- The Healthcare Access and Quality Index -2016: **86**
- Human Development Index 2016: **0.87**
- E-Government Development Index 2016: **0.83**
- Corruption Perceptions Index 2016: **70**
- Global Gender Gap Index 2016: **0.75**
- Democracy Index 2016: **7.85**

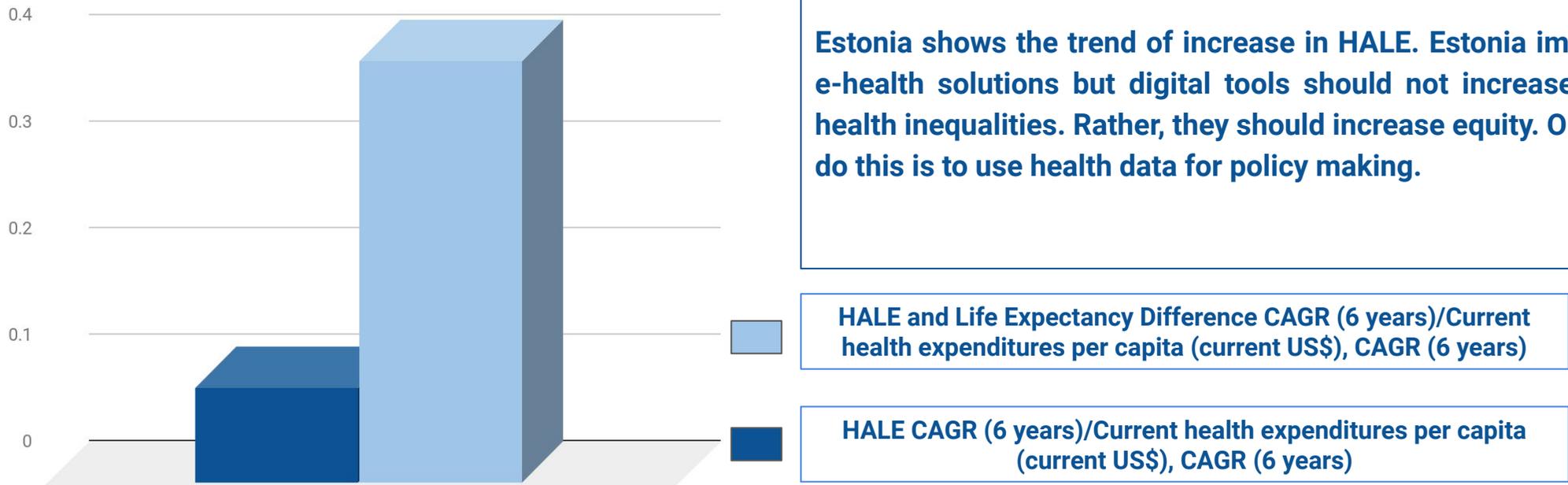
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and High Gap



Effectiveness ratios



Estonia shows the trend of increase in HALE. Estonia implements e-health solutions but digital tools should not increase existing health inequalities. Rather, they should increase equity. One way to do this is to use health data for policy making.



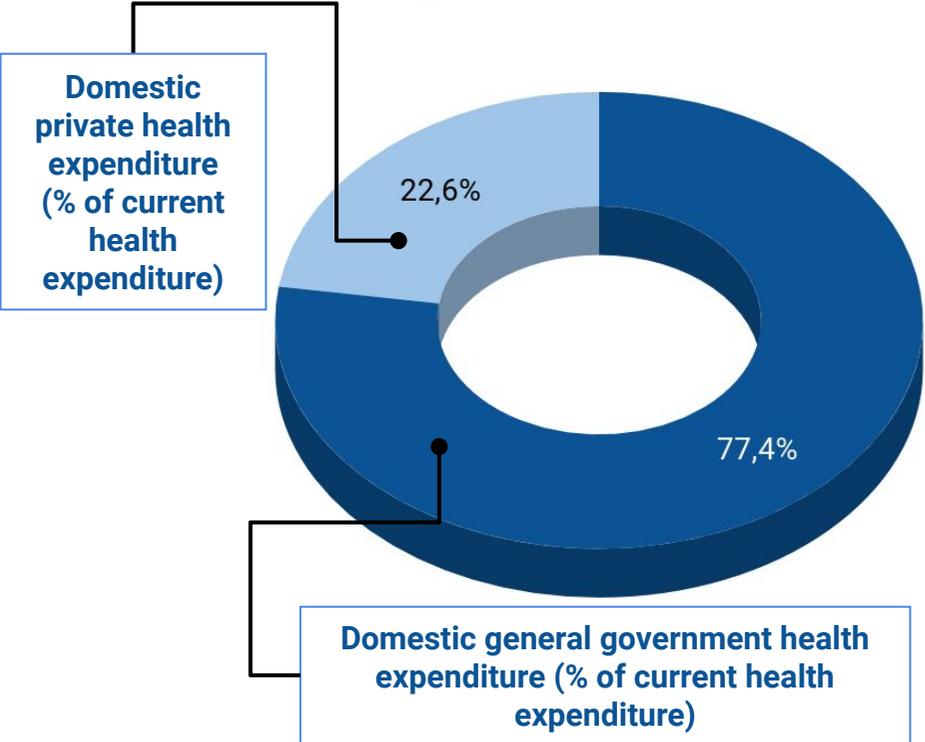
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 71.7 years |
| | HALE/Life Expectancy Difference 2016 | 9.7 |
| Economy | GDP per Capita, Current Prices (2016) | 43.49 thousand (\$) |
| | Annual GDP Growth (2016) | 2.8 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.12 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.49 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 59 |
| | Population over 65, 2016 | 20.8 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.7 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1098 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 57.9 % of adults |

Longevity-Related Indices

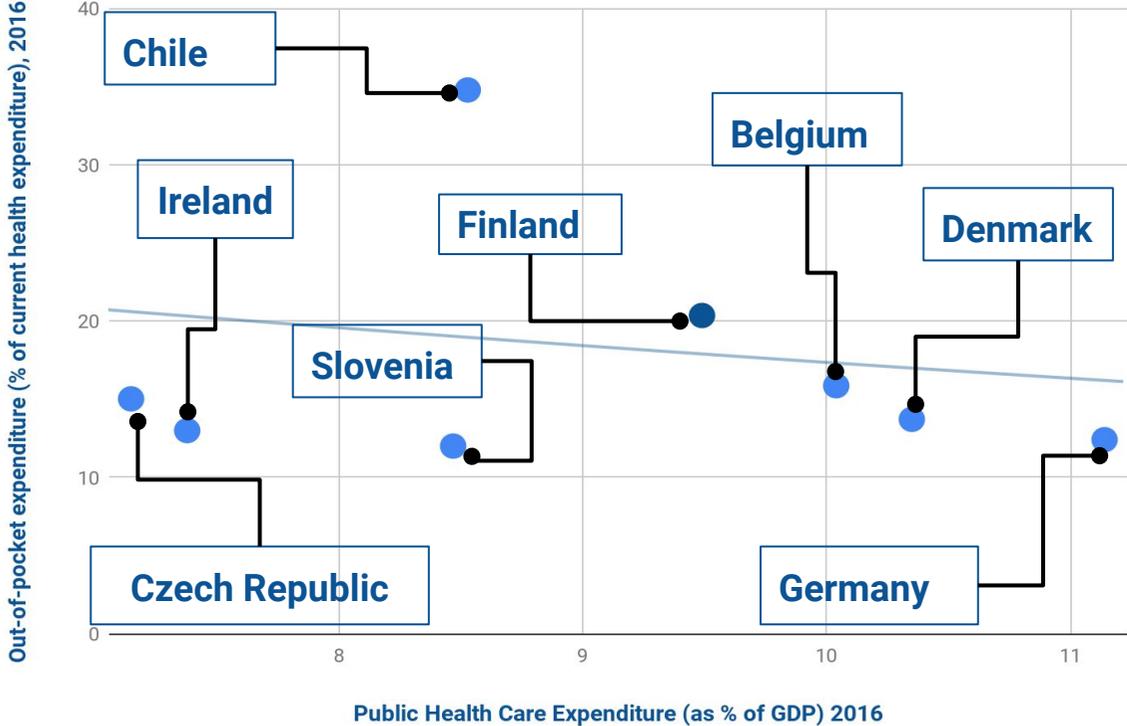


- The Healthcare Access and Quality Index -2016: **96**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.88**
- Corruption Perceptions Index 2016: **89**
- Global Gender Gap Index 2016: **0.85**
- Democracy Index 2016: **9.03**

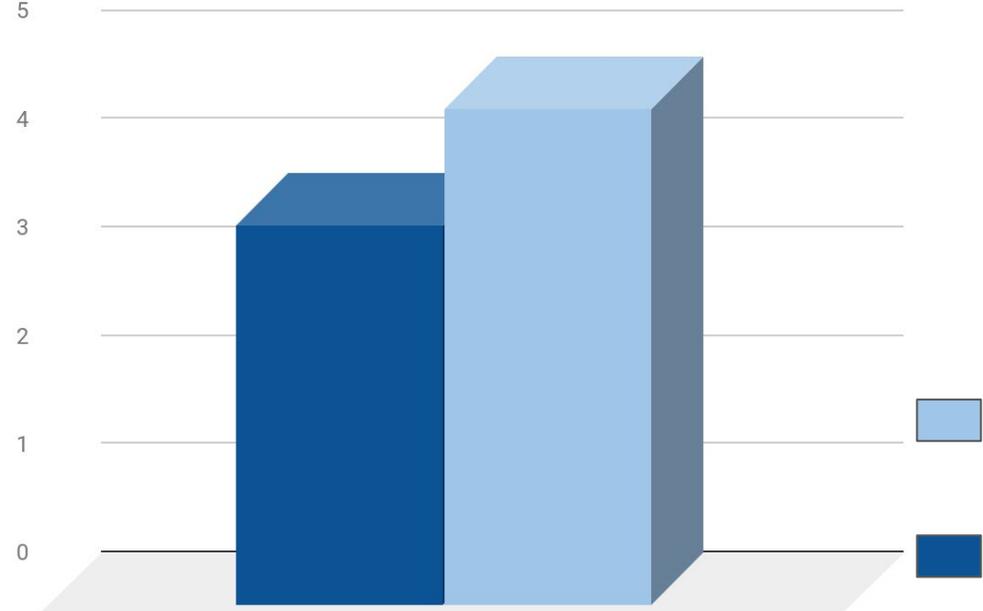
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



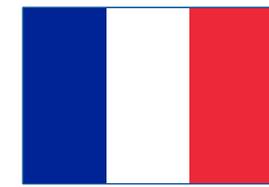
Effectiveness ratios



Alcohol consumption should be considered as it remains an important public health issue in Finland, with more than one-third of adults reporting heavy alcohol consumption on a regular basis.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

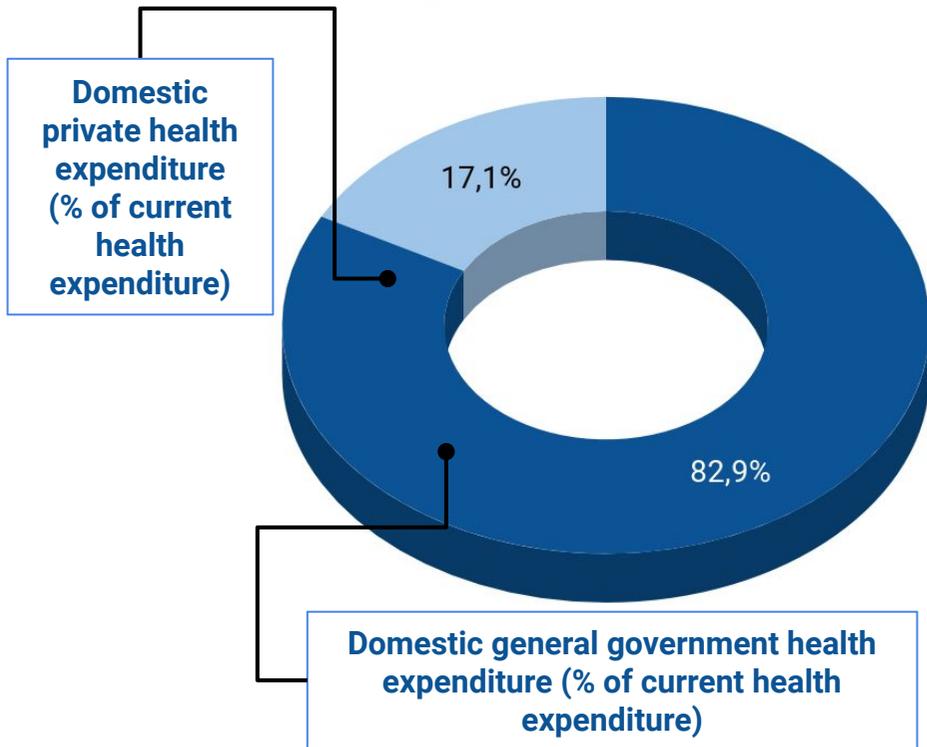


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.4 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 36.96 thousand (\$) |
| | Annual GDP Growth (2016) | 1.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.26 thousand (\$) |
| | Public Health Care Expenditure 2016 | 11.54 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 60 |
| | Population over 65, 2016 | 19.3 % |
| | Number of WHO Age Friendly Cities and Communities | 58 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 12.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1089 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 59.5 % of adults |

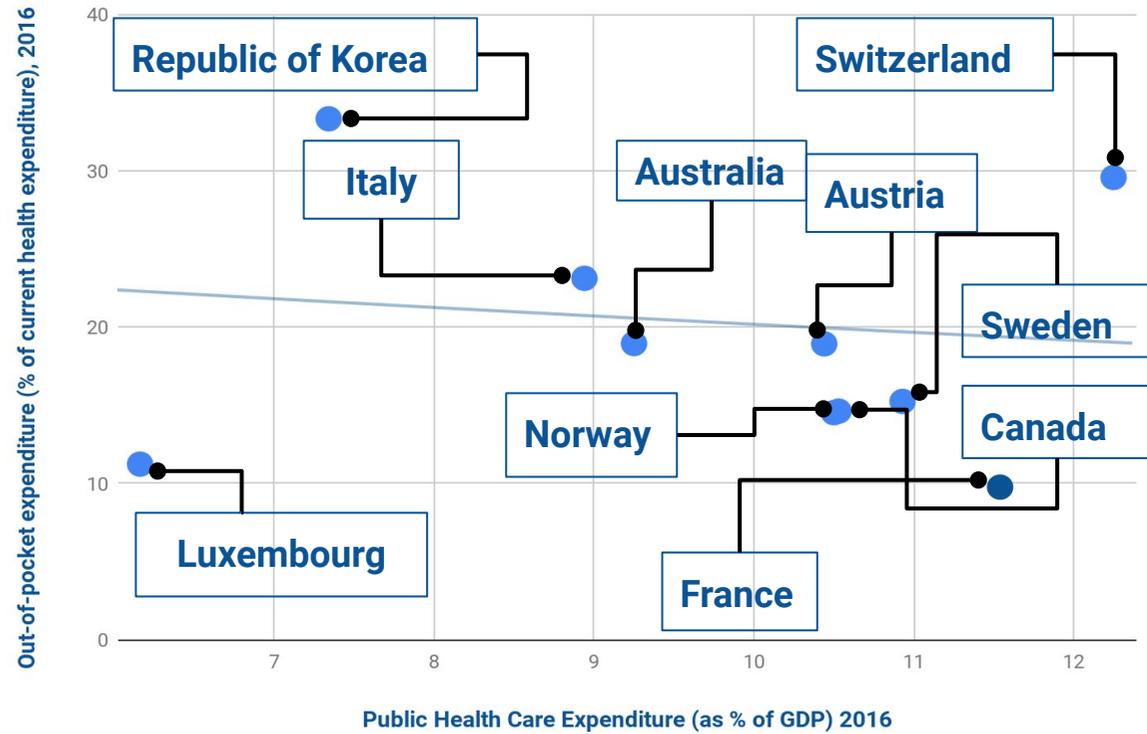
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **92**
- Human Development Index 2016: **0.9**
- E-Government Development Index 2016: **0.84**
- Corruption Perceptions Index 2016: **69**
- Global Gender Gap Index 2016: **0.76**
- Democracy Index 2016: **7.92**

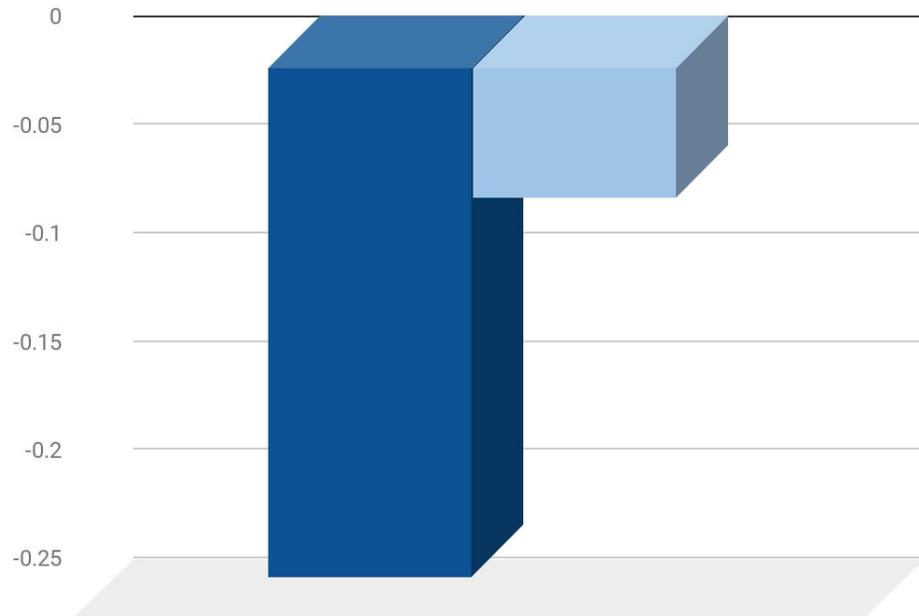
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



The main challenges are to promote prevention and healthy behaviour. Disparities of coverage across social groups suggest paying attention to coordination between universal healthcare provision and private insurance.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



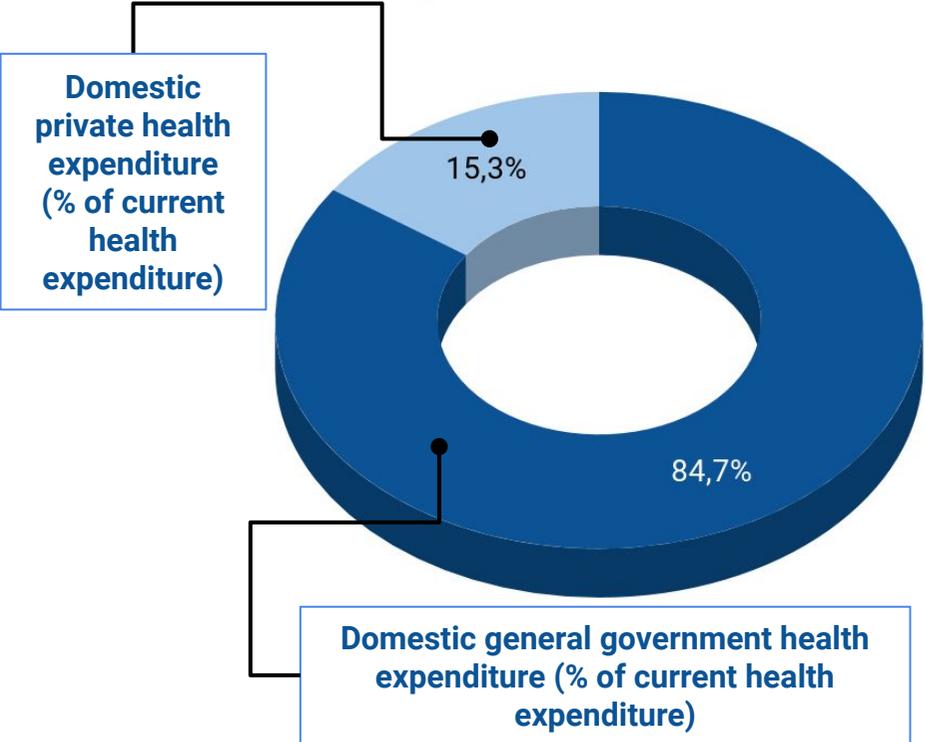
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 71.6 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 42.44 thousand (\$) |
| | Annual GDP Growth (2016) | 2.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.71 thousand (\$) |
| | Public Health Care Expenditure 2016 | 11.11 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 21.3 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 13.4 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1599 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 56.8 % of adults |

Longevity-Related Indices

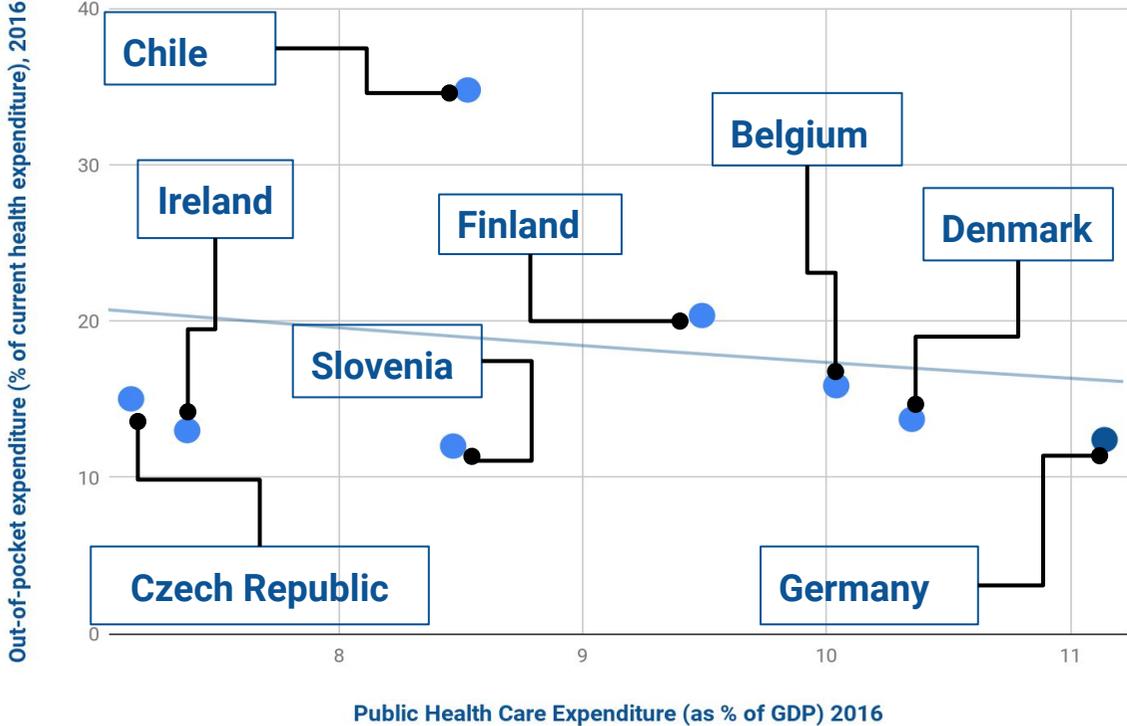


- The Healthcare Access and Quality Index -2016: **92**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.82**
- Corruption Perceptions Index 2016: **81**
- Global Gender Gap Index 2016: **0.77**
- Democracy Index 2016: **8.63**

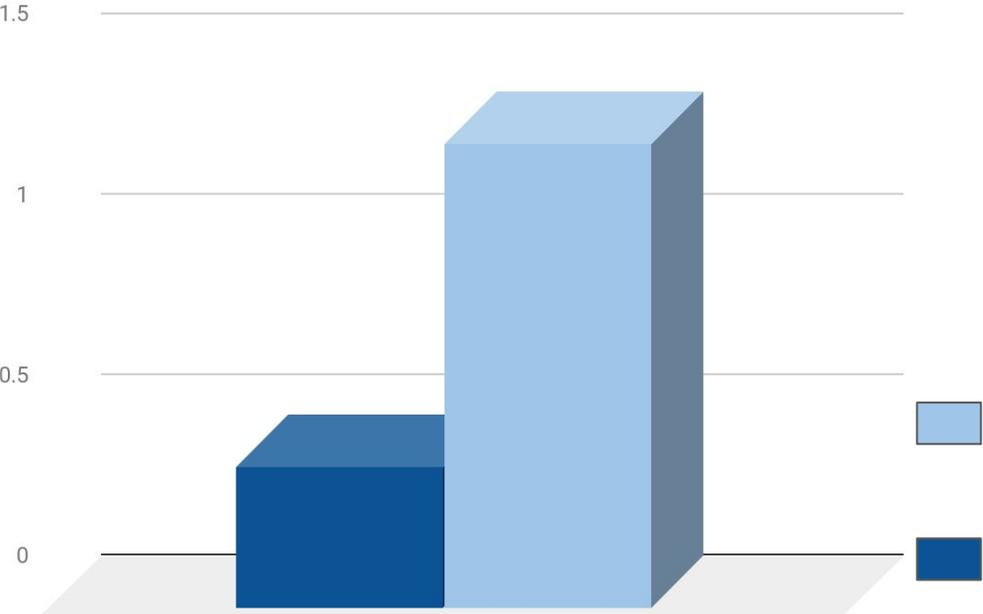
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



A balanced diet and sufficient physical exercise are important aspects of a health-promoting lifestyle in Germany. They can help to prevent the occurrence of obesity, lipid metabolic disorder and hypertension.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

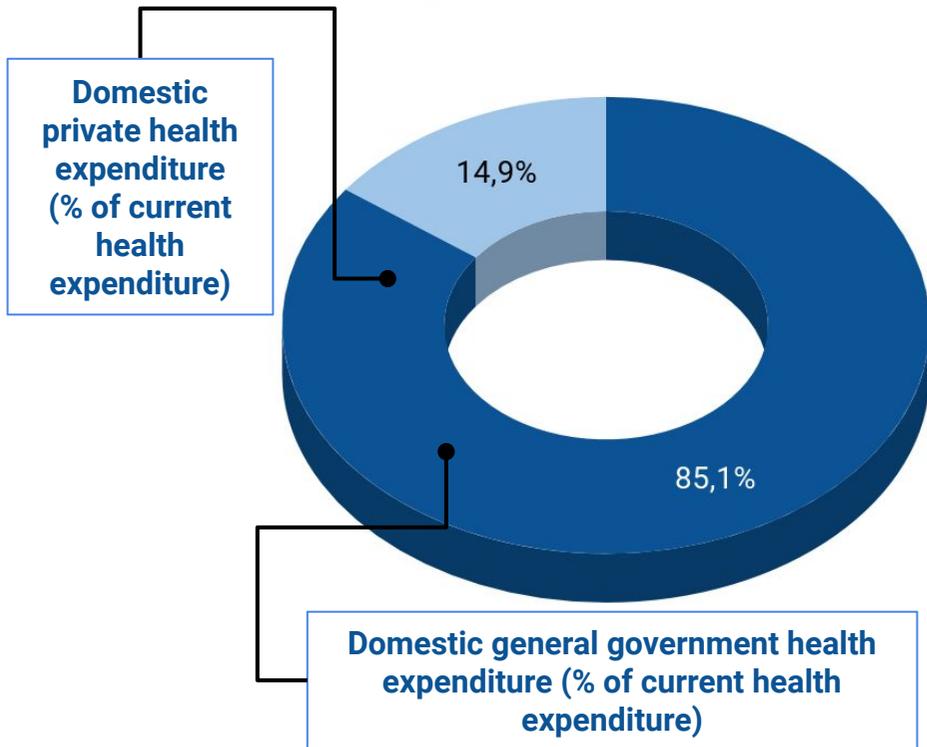


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 70.94 thousand (\$) |
| | Annual GDP Growth (2016) | 1.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 7.48 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.5 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 16.6 % |
| | Number of WHO Age Friendly Cities and Communities | 3 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 7.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 552 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 58.3 % of adults |

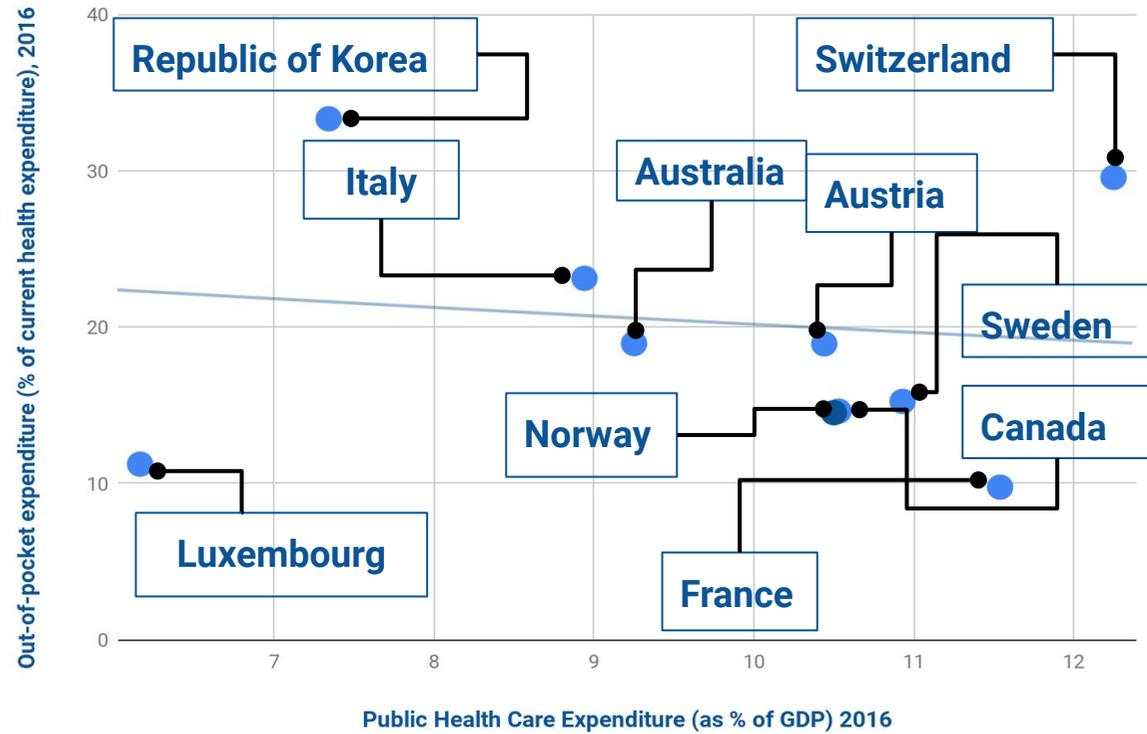
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **97**
- Human Development Index 2016: **0.95**
- E-Government Development Index 2016: **0.81**
- Corruption Perceptions Index 2016: **85**
- Global Gender Gap Index 2016: **0.84**
- Democracy Index 2016: **9.93**

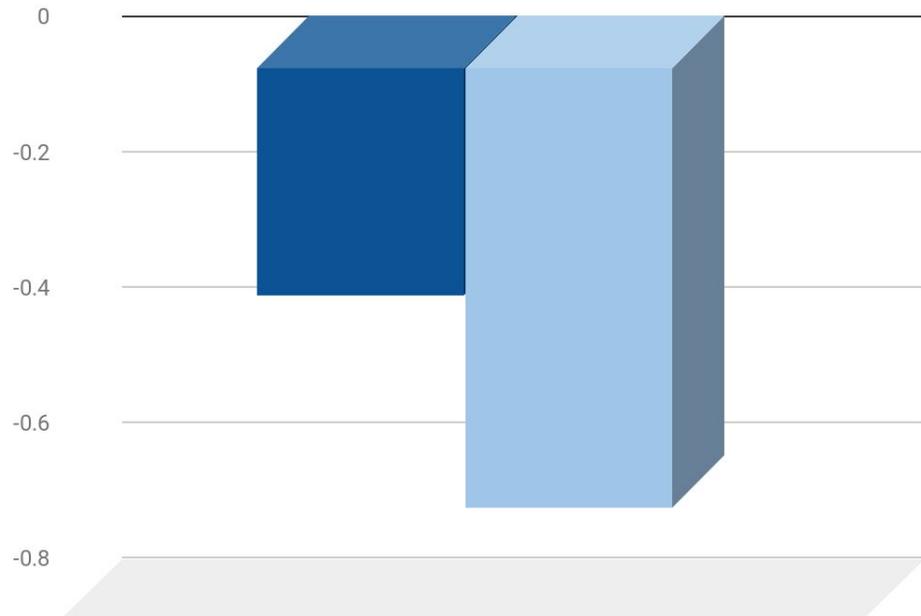
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



The main causes of disability and reduced health are lack of physical activity, mental disorders, cardiovascular disease and cancer. The government should focus on providing effective care and primary care settings.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

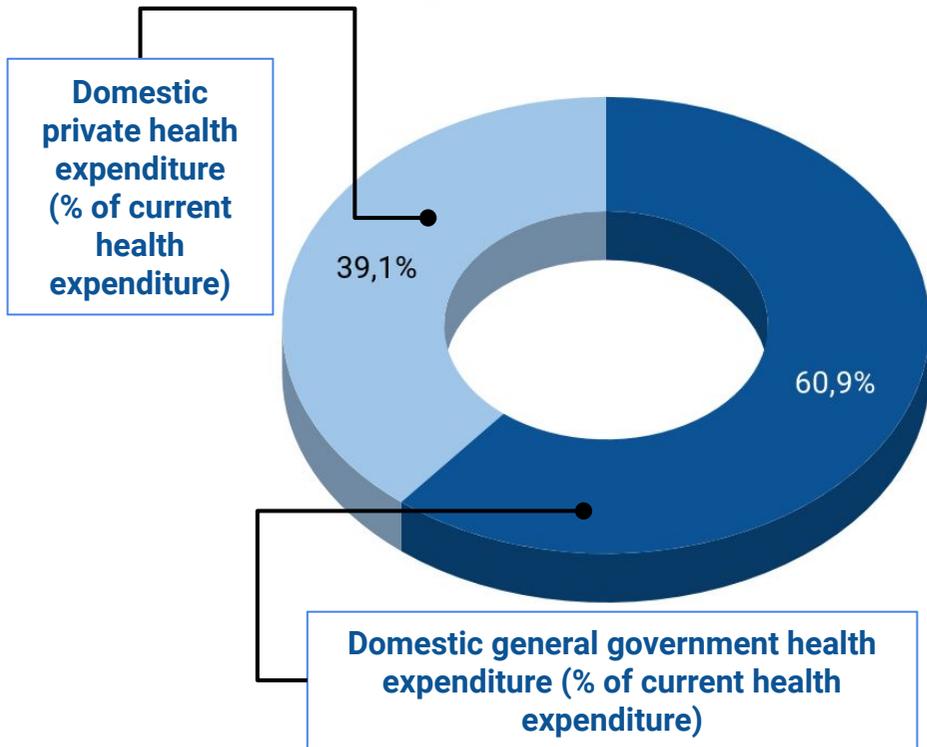
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72 years |
| | HALE/Life Expectancy Difference 2016 | 9.2 |
| Economy | GDP per Capita, Current Prices (2016) | 18.12 thousand (\$) |
| | Annual GDP Growth (2016) | -0.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.51 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.45 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 53 |
| | Population over 65, 2016 | 20.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.4 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2078 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 62.3 % of adults |

Longevity-Related Indices

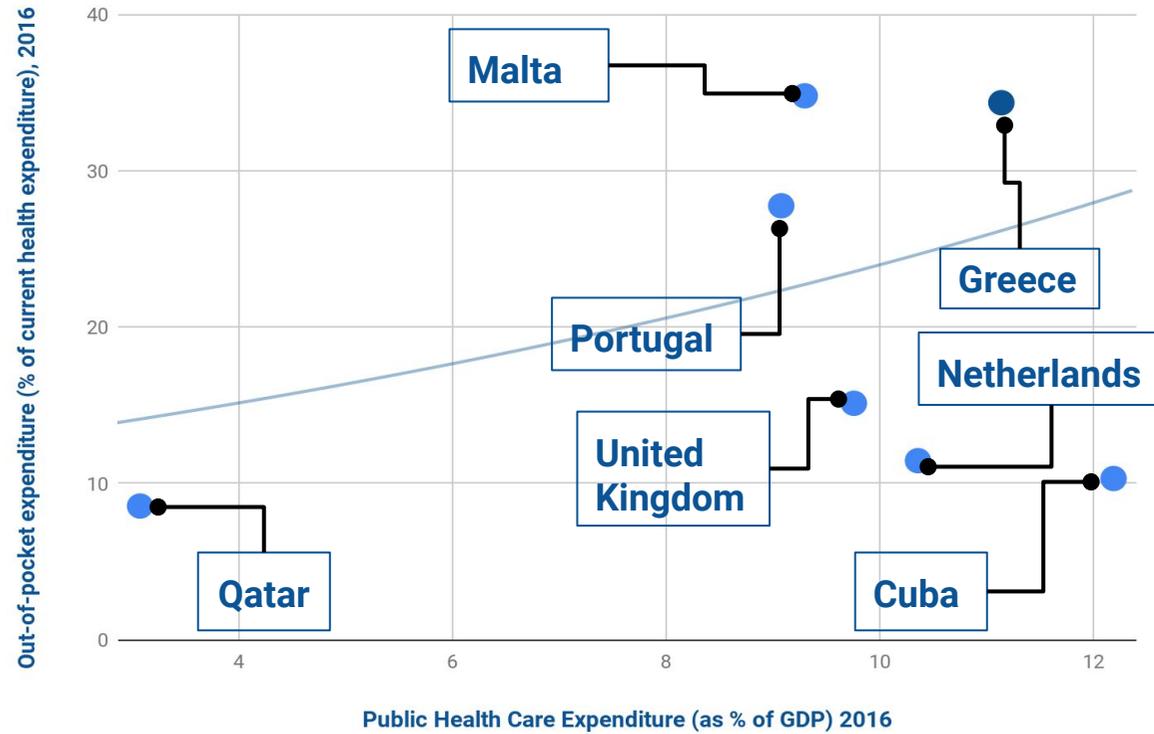


- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.87**
- E-Government Development Index 2016: **0.69**
- Corruption Perceptions Index 2016: **44**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **7.23**

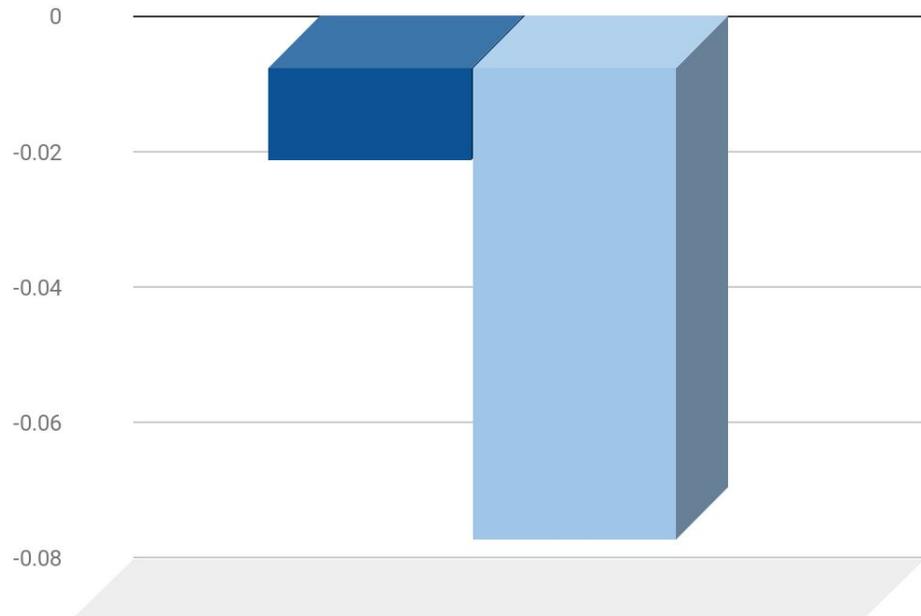
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Creating an effective network of primary care services is one of the most urgent priorities to respond effectively to the needs of population and reduce overcrowding of emergency departments and unnecessary hospital admissions. Universal health coverage can be financially sustainable, to finance public spending.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

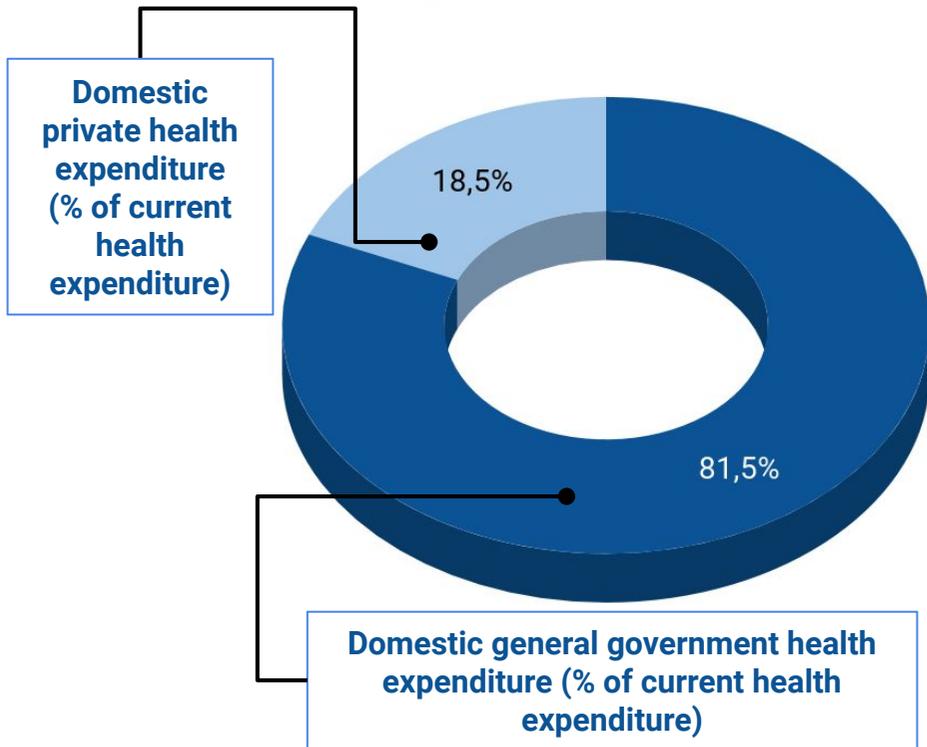
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 61.76 thousand (\$) |
| | Annual GDP Growth (2016) | 7.4 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 5.06 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.29 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 14.1 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.1 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 848 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 59.1 % of adults |

Longevity-Related Indices

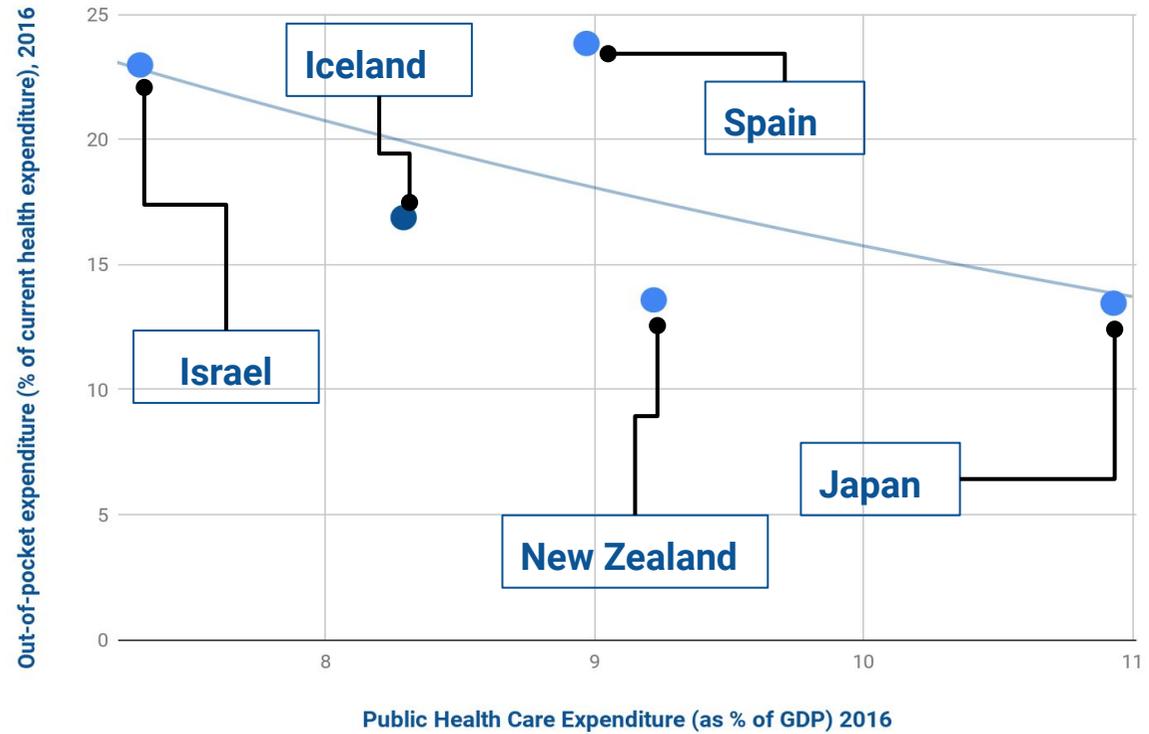


- The Healthcare Access and Quality Index -2016: **97**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.77**
- Corruption Perceptions Index 2016: **78**
- Global Gender Gap Index 2016: **0.87**
- Democracy Index 2016: **9.5**

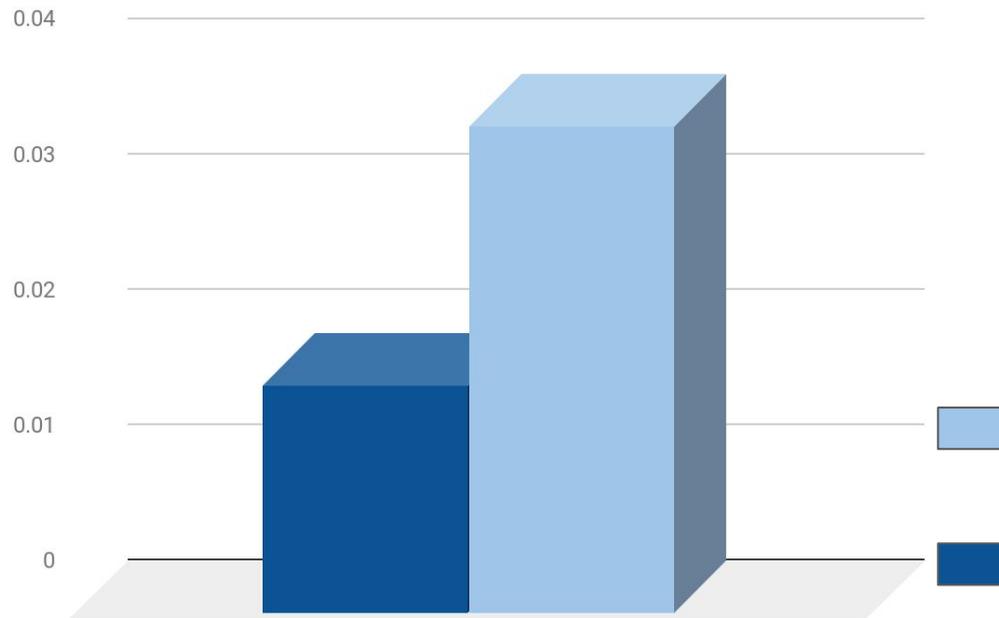
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Medium Gap



Effectiveness ratios



To improve health and wellbeing of people living in Iceland government policies should be focused on obesity, tobacco, healthy workplaces, child wellbeing. eHealth initiatives should meet the needs of the aged population.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



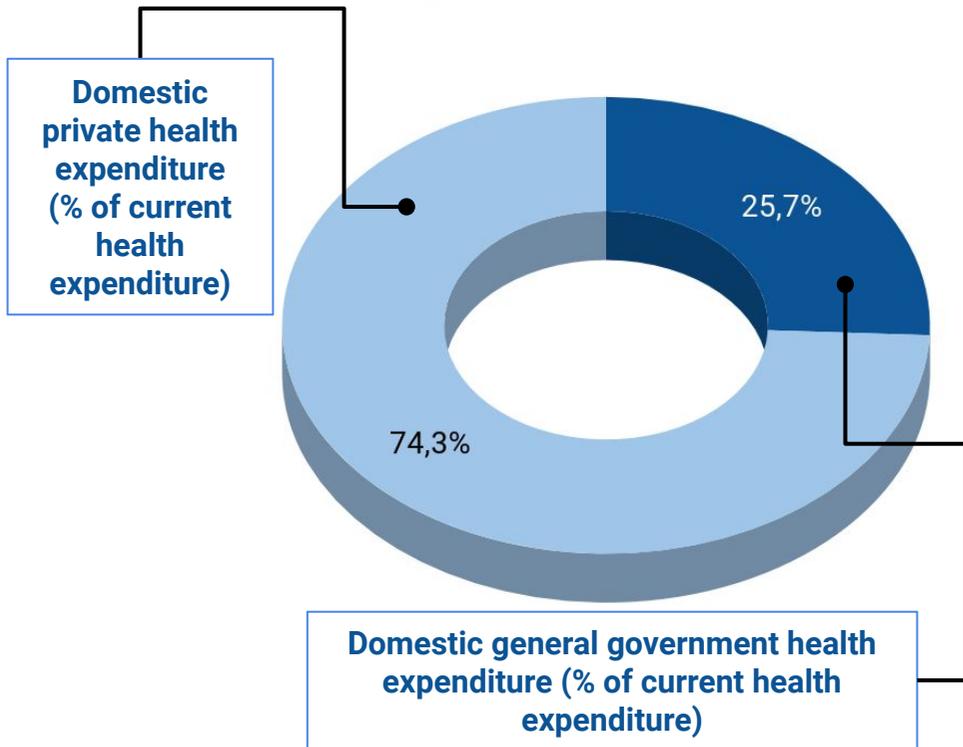
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 59.3 years |
| | HALE/Life Expectancy Difference 2016 | 9.26 |
| Economy | GDP per Capita, Current Prices (2016) | 1.73 thousand (\$) |
| | Annual GDP Growth (2016) | 8.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.06 thousand (\$) |
| | Public Health Care Expenditure 2016 | 3.66 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 5.8 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 5.7 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 89 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 19.7 % of adults |

Longevity-Related Indices

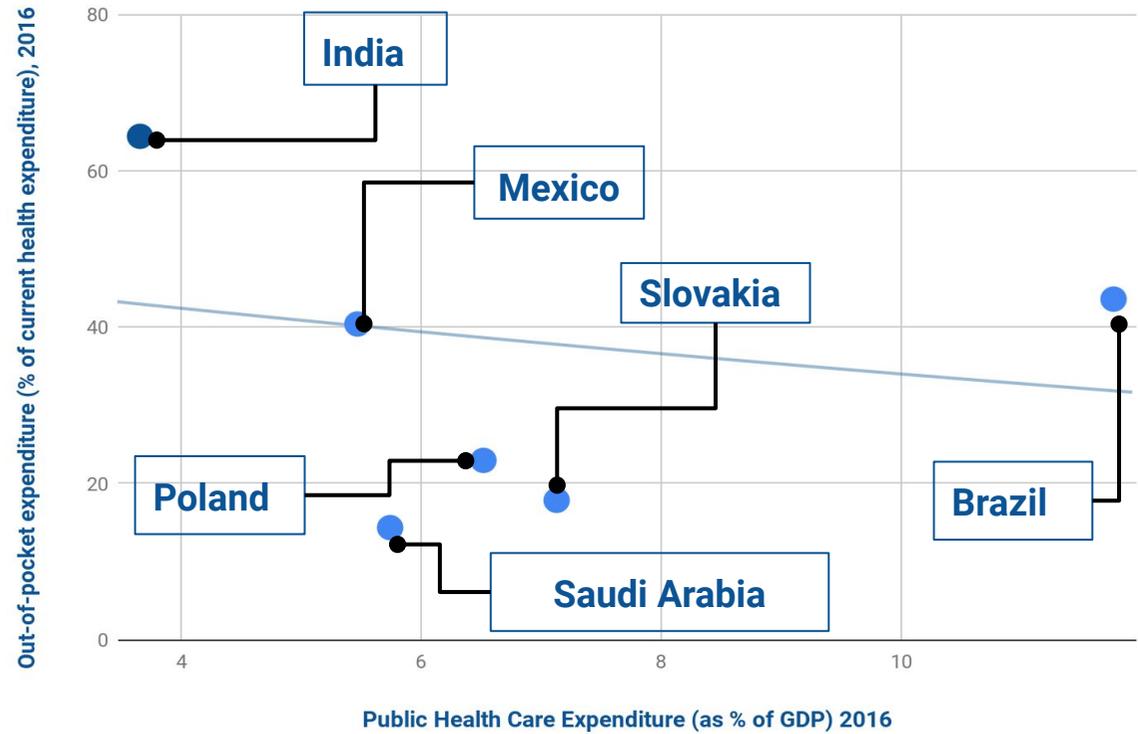


- The Healthcare Access and Quality Index -2016: **41**
- Human Development Index 2016: **0.64**
- E-Government Development Index 2016: **0.46**
- Corruption Perceptions Index 2016: **40**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **7.81**

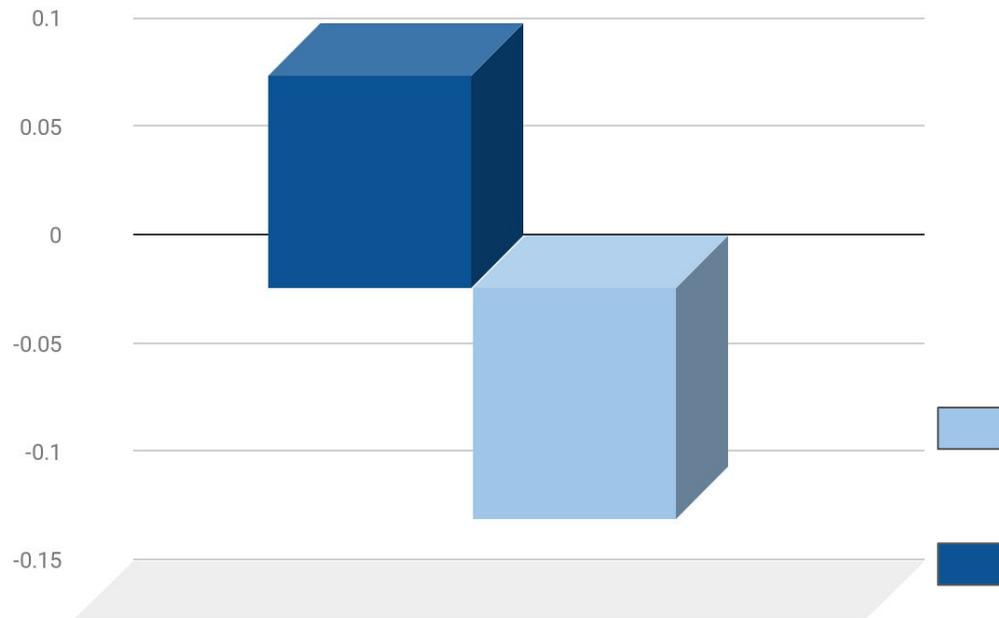
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The country faces public health challenges, particularly for the poor. These include child undernutrition, growth in obesity, diabetes, and tobacco use, leading to cancer and other diseases. There are targets to improve public health: accessible and affordable nutritious food, sanitary facilities, health centres in rural areas, affordable health care.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

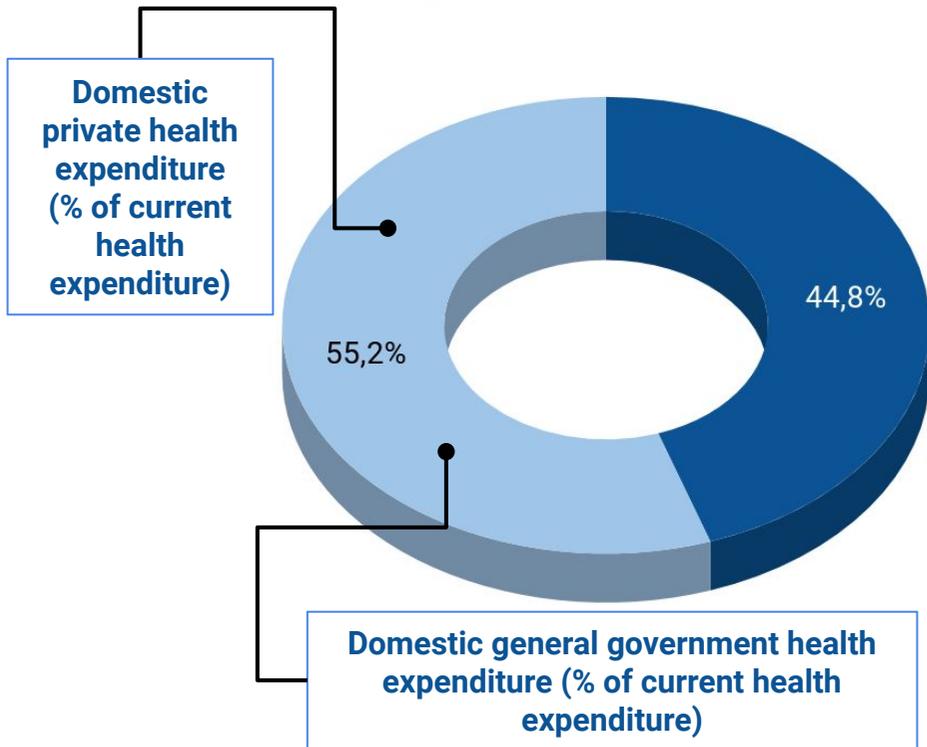
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 61.7 years |
| | HALE/Life Expectancy Difference 2016 | 7.49 |
| Economy | GDP per Capita, Current Prices (2016) | 3.56 thousand (\$) |
| | Annual GDP Growth (2016) | 5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.11 thousand (\$) |
| | Public Health Care Expenditure 2016 | 3.12 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 49 |
| | Population over 65, 2016 | 5.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 0.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1675 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 28.2 % of adults |

Longevity-Related Indices

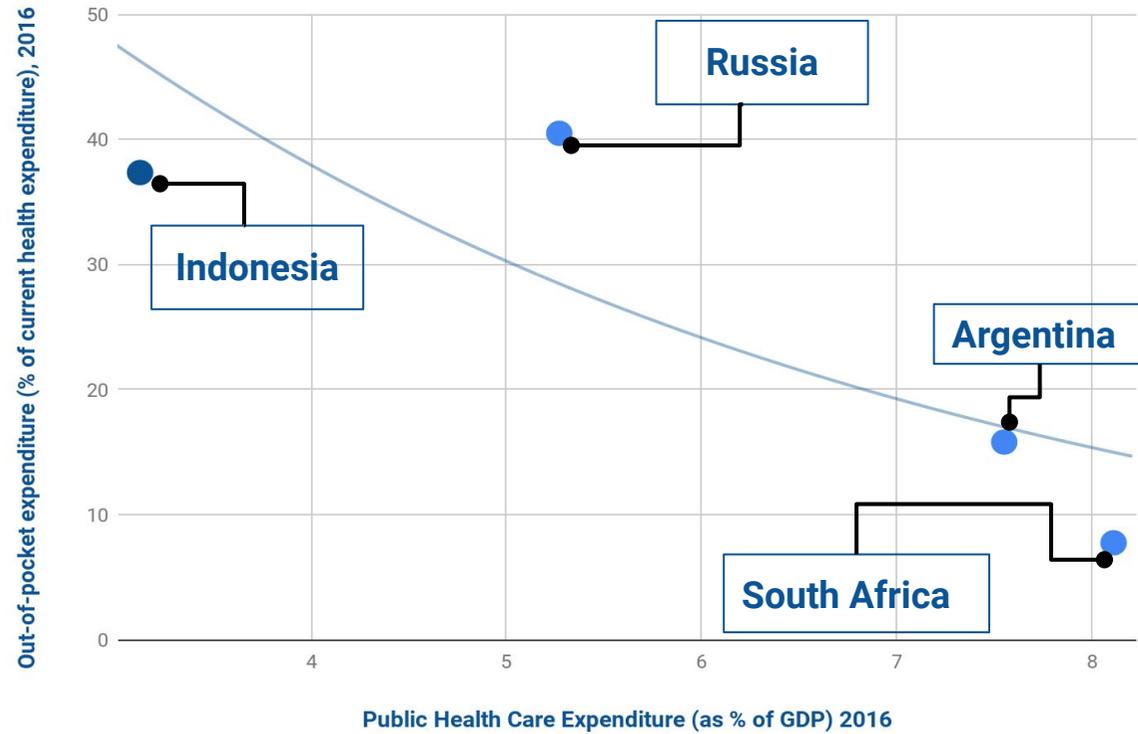


- The Healthcare Access and Quality Index -2016: **44**
- Human Development Index 2016: **0.69**
- E-Government Development Index 2016: **0.45**
- Corruption Perceptions Index 2016: **37**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **6.97**

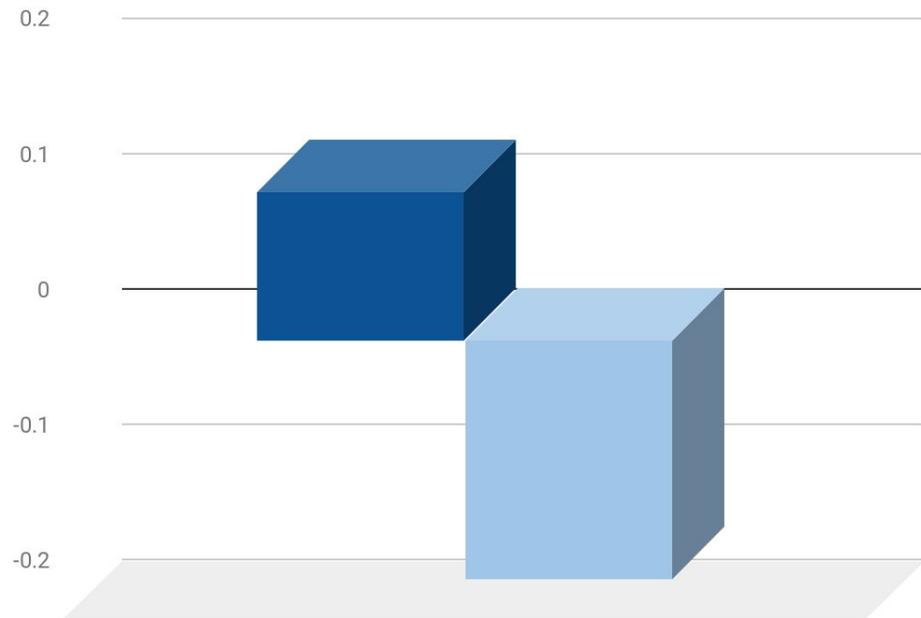
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Low Gap



Effectiveness ratios



There are important regional and socioeconomic inequities in the health system of Indonesia. Health financing also is low and inequitable. Government should concentrate the use of public funds on delivery of public goods and improving equity for priority health outcomes focus on improving health and on managing the whole health system, control the spread of HIV/AIDS by focusing on prevention.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

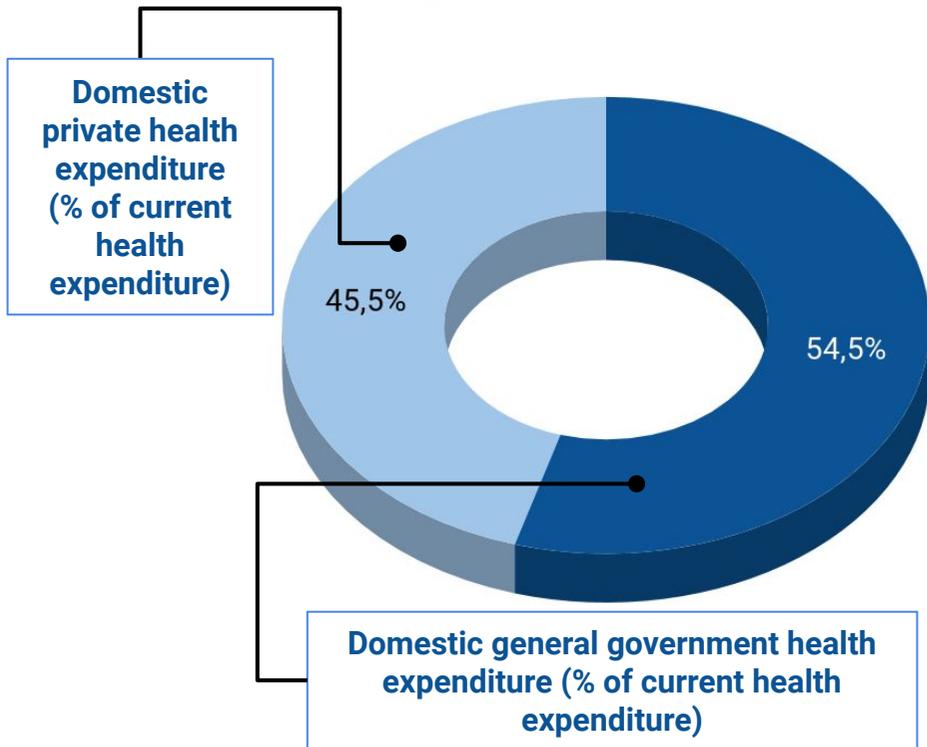


| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 65.4 years |
| | HALE/Life Expectancy Difference 2016 | 6.55 |
| Economy | GDP per Capita, Current Prices (2016) | 5.26 thousand (\$) |
| | Annual GDP Growth (2016) | 13.4 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.42 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.1 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 41 |
| | Population over 65, 2016 | 5.2 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 1 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 937 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 61.6 % of adults |

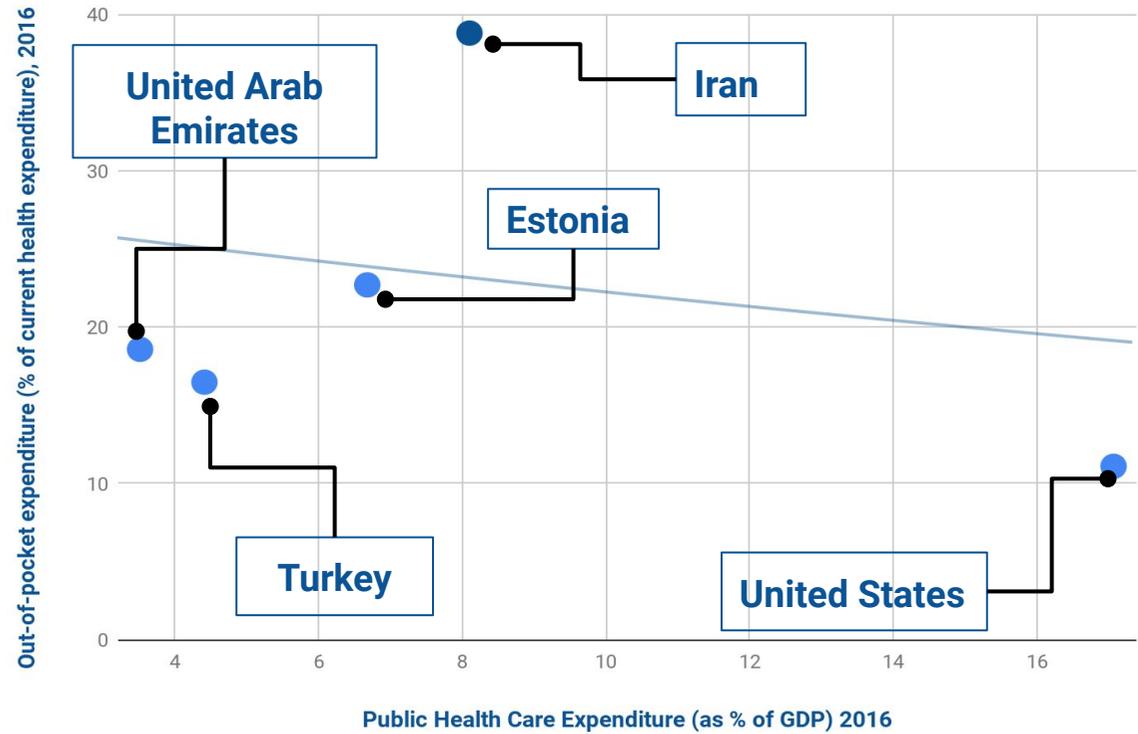
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016:
72
- Human Development Index 2016:
0.8
- E-Government Development Index 2016:
0.46
- Corruption Perceptions Index 2016:
29
- Global Gender Gap Index 2016:
0.59
- Democracy Index 2016:
2.34

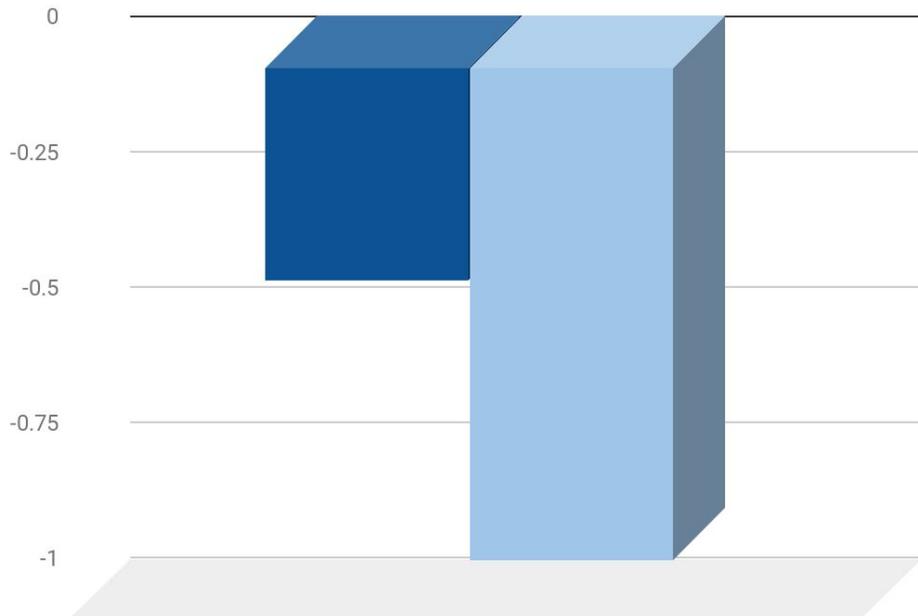
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and High Gap



Effectiveness ratios



The health system is one of the most complex systems with many variables and uncertainties. The management of this system needs trained managers. One of the current shortcomings is lack of those specifically trained for this purpose. There is all high income inequality in the country. Government should improve access in healthcare coverage for the families with a low income.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

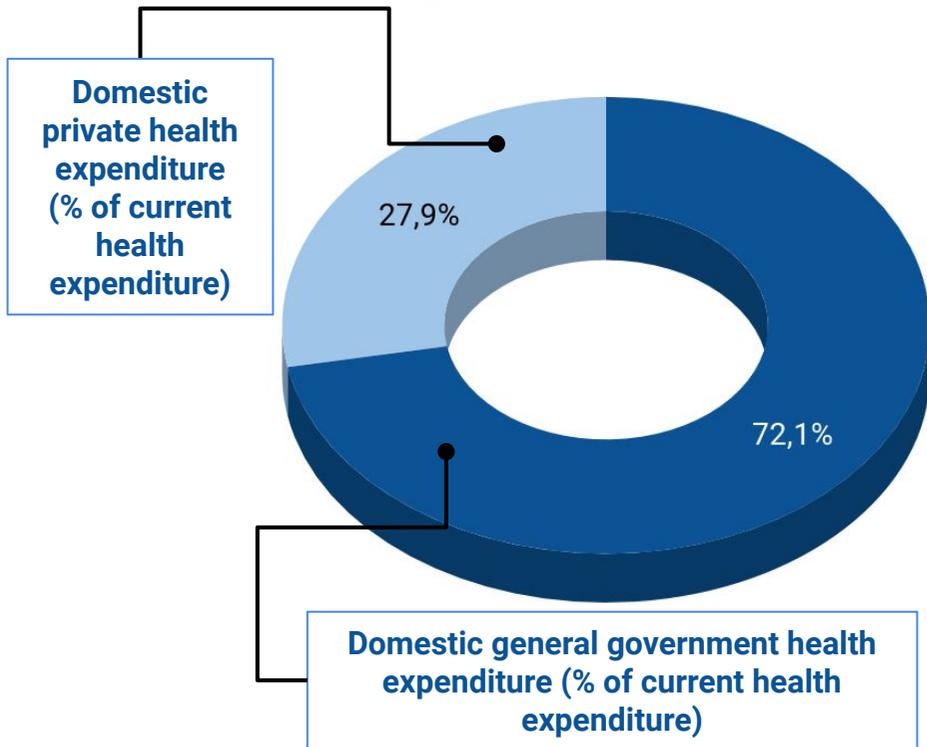
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.1 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 63.56 thousand (\$) |
| | Annual GDP Growth (2016) | 5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.76 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.38 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 55 |
| | Population over 65, 2016 | 13.6 % |
| | Number of WHO Age Friendly Cities and Communities | 28 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 13 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 976 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 60.6 % of adults |

Longevity-Related Indices

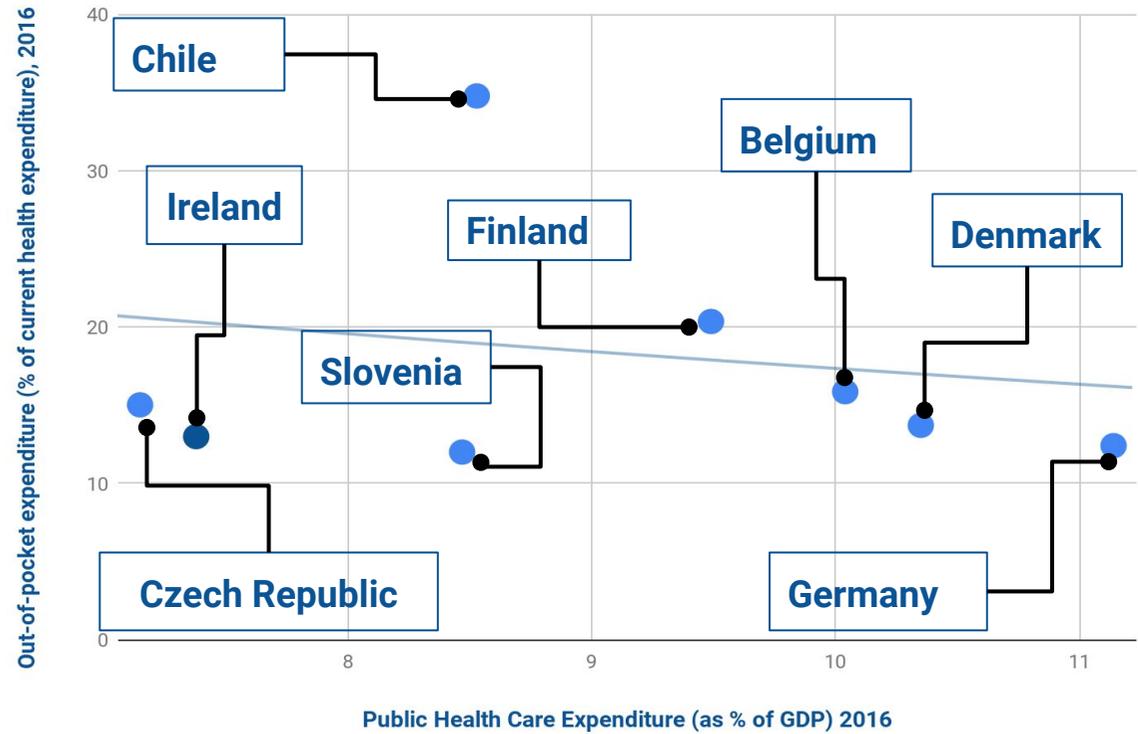


- The Healthcare Access and Quality Index -2016: **95**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.77**
- Corruption Perceptions Index 2016: **73**
- Global Gender Gap Index 2016: **0.8**
- Democracy Index 2016: **9.15**

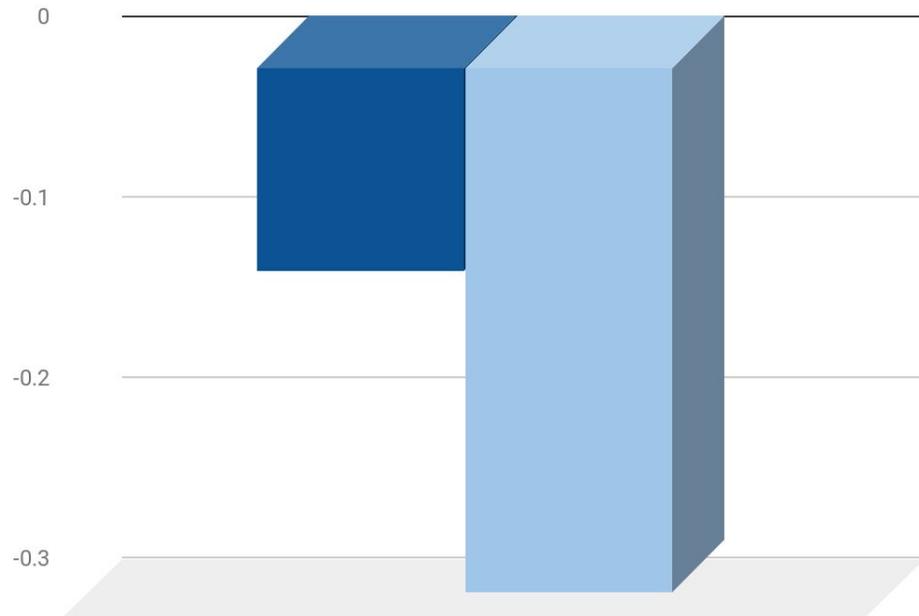
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



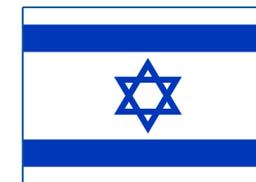
Effectiveness ratios



It should be focused on the proportion of people who are healthy at all stages of life, reduction health inequalities, protection the public from threats to health and wellbeing.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



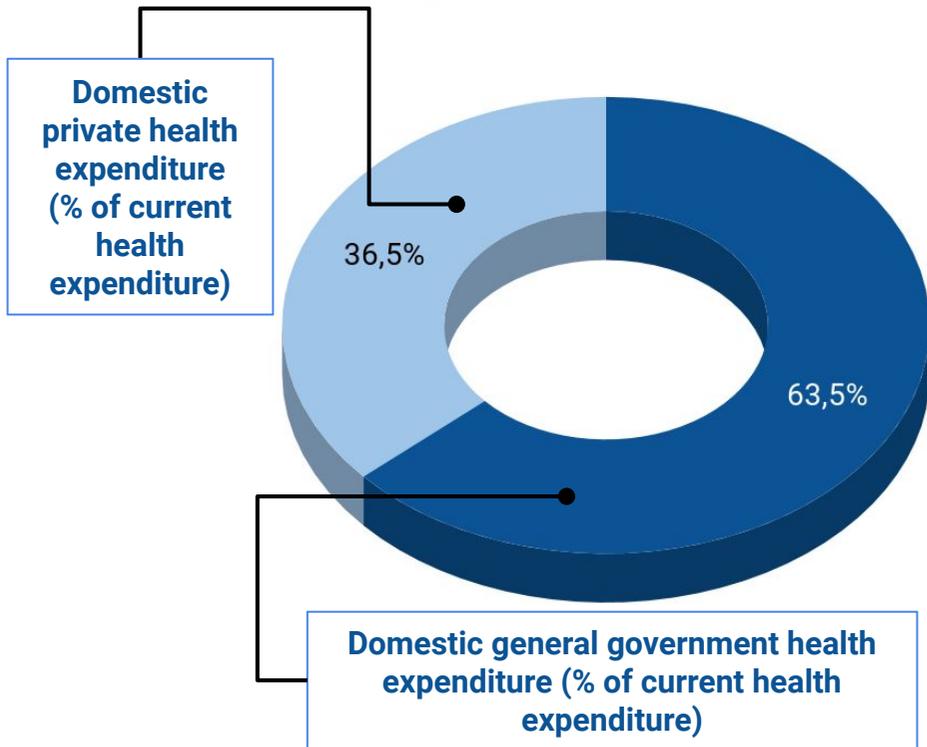
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.9 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 37.37 thousand (\$) |
| | Annual GDP Growth (2016) | 4 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.84 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.31 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 65 |
| | Population over 65, 2016 | 11.5 % |
| | Number of WHO Age Friendly Cities and Communities | 4 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 3.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1280 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 64.3 % of adults |

Longevity-Related Indices

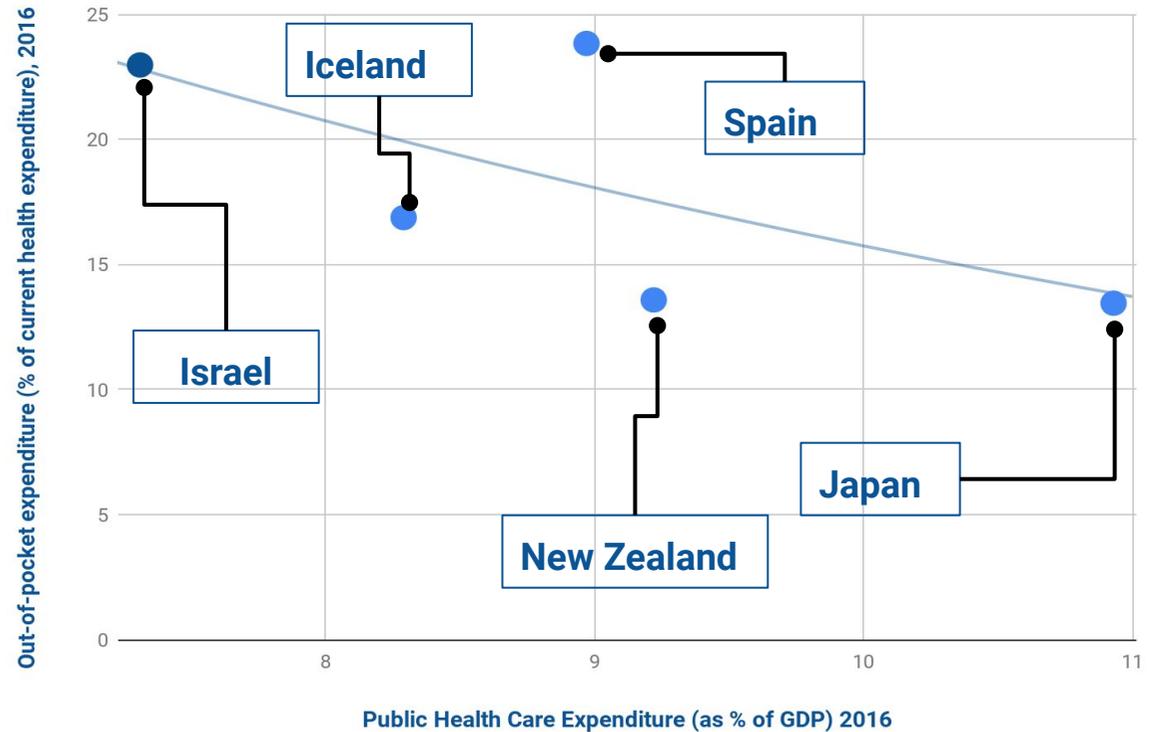


- The Healthcare Access and Quality Index -2016: **85**
- Human Development Index 2016: **0.9**
- E-Government Development Index 2016: **0.78**
- Corruption Perceptions Index 2016: **64**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **7.85**

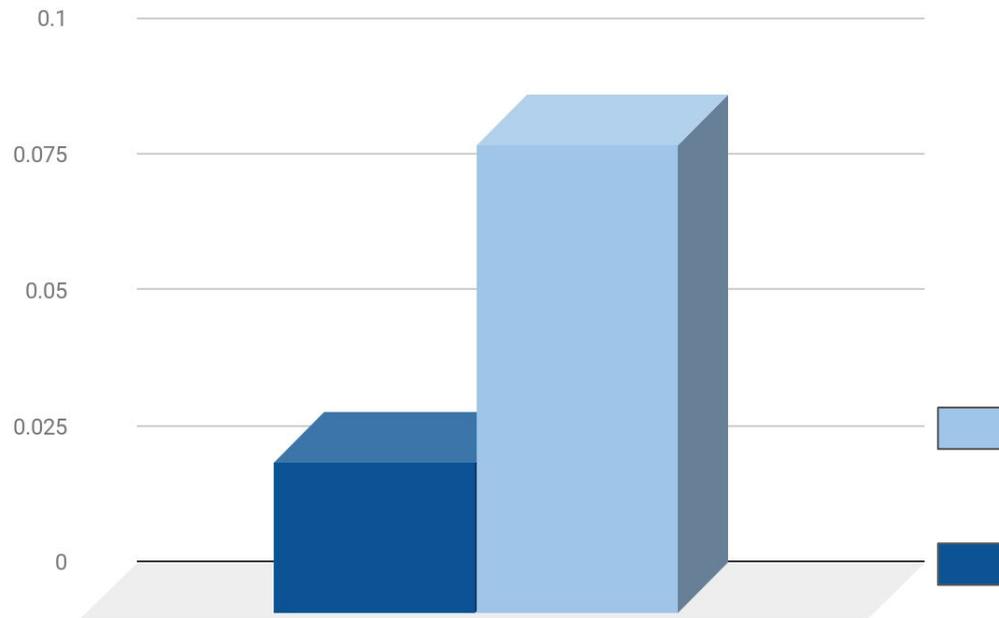
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Life expectancy and HALE are increasing in Israel. The country has developed healthcare system, but some improvements should be done: enhance primary care services by expanding the number of chronic disease conditions covered through data monitoring and encouraging younger doctors to work in primary care, boost current efforts to tackle inequalities in health care coverage

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



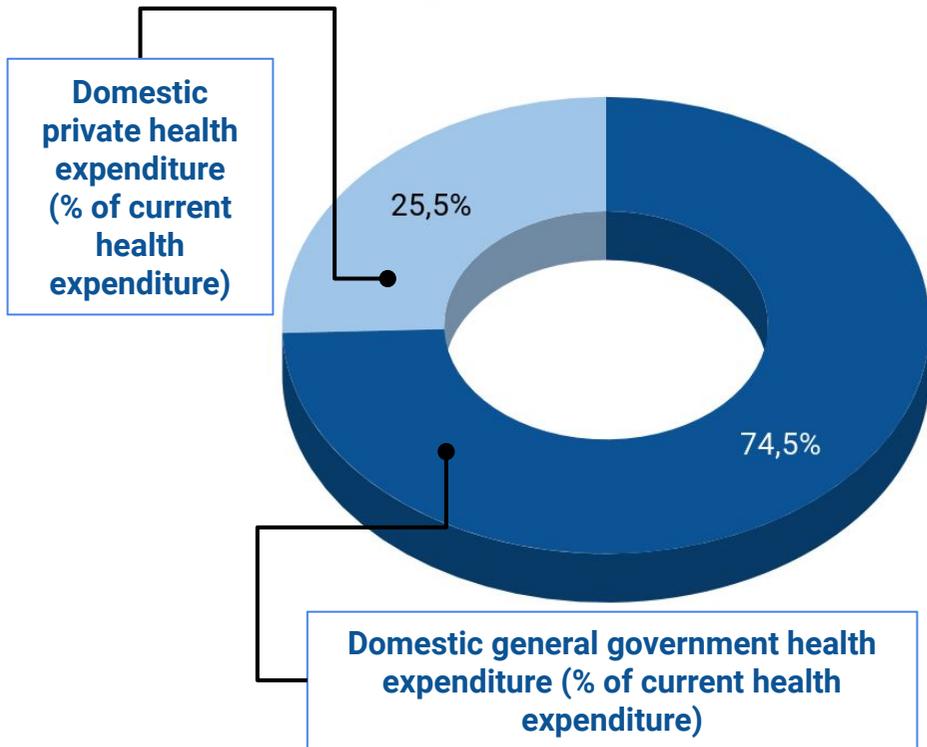
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.2 years |
| | HALE/Life Expectancy Difference 2016 | 9.6 |
| Economy | GDP per Capita, Current Prices (2016) | 30.83 thousand (\$) |
| | Annual GDP Growth (2016) | 1.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.74 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.94 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 57 |
| | Population over 65, 2016 | 22.7 % |
| | Number of WHO Age Friendly Cities and Communities | 3 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 7.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1493 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 58.5 % of adults |

Longevity-Related Indices

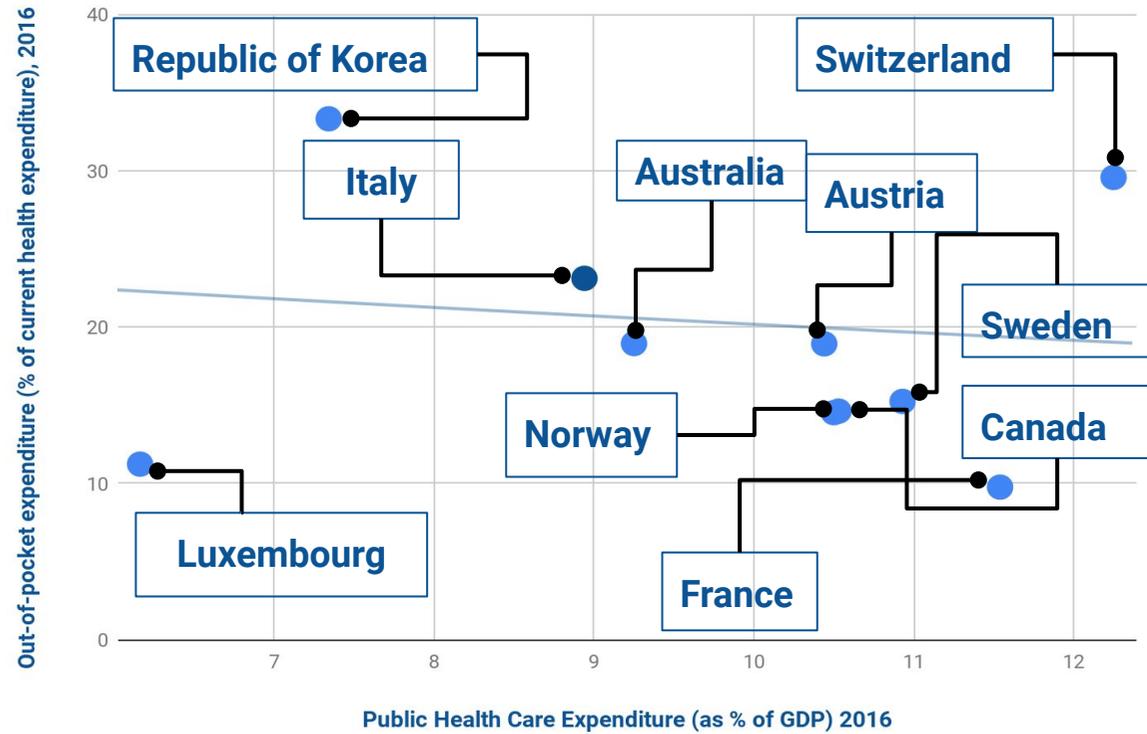


- The Healthcare Access and Quality Index -2016: **95**
- Human Development Index 2016: **0.88**
- E-Government Development Index 2016: **0.78**
- Corruption Perceptions Index 2016: **47**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **7.98**

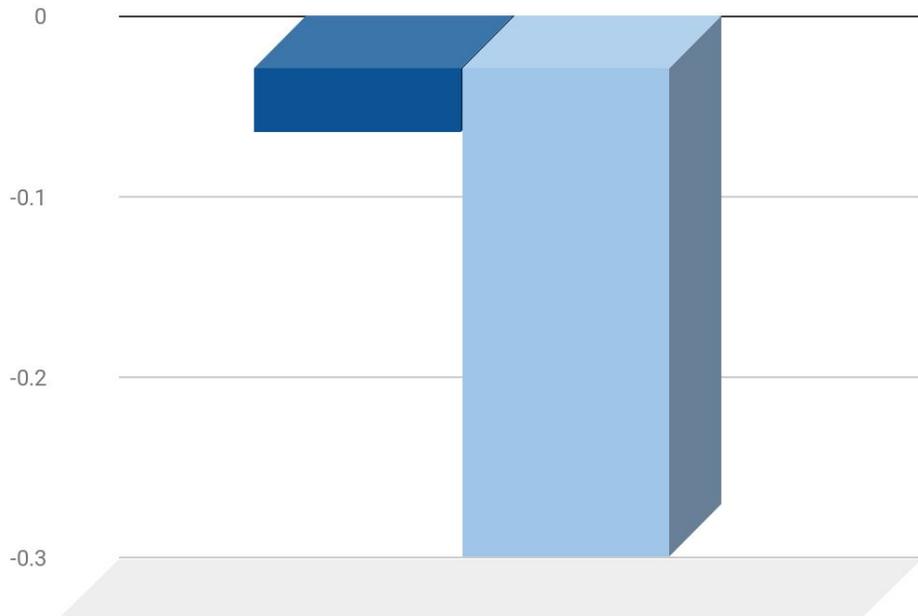
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



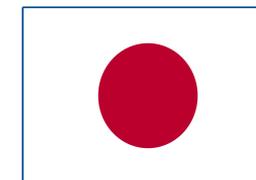
Effectiveness ratios



Further efforts are needed to reduce smoking rates, so as to reduce deaths from lung cancer and other smoking-related deaths and the prevalence of overweight and obesity

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



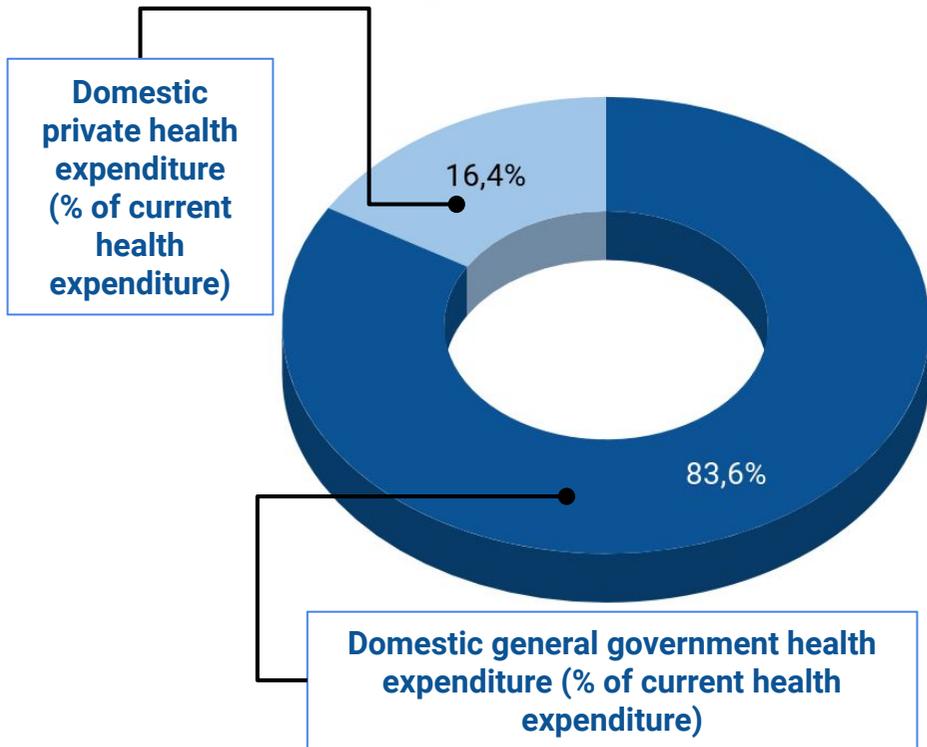
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 74.8 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 38.79 thousand (\$) |
| | Annual GDP Growth (2016) | 0.6 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.23 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.93 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 65 |
| | Population over 65, 2016 | 26.6 % |
| | Number of WHO Age Friendly Cities and Communities | 24 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1583 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 27.2 % of adults |

Longevity-Related Indices

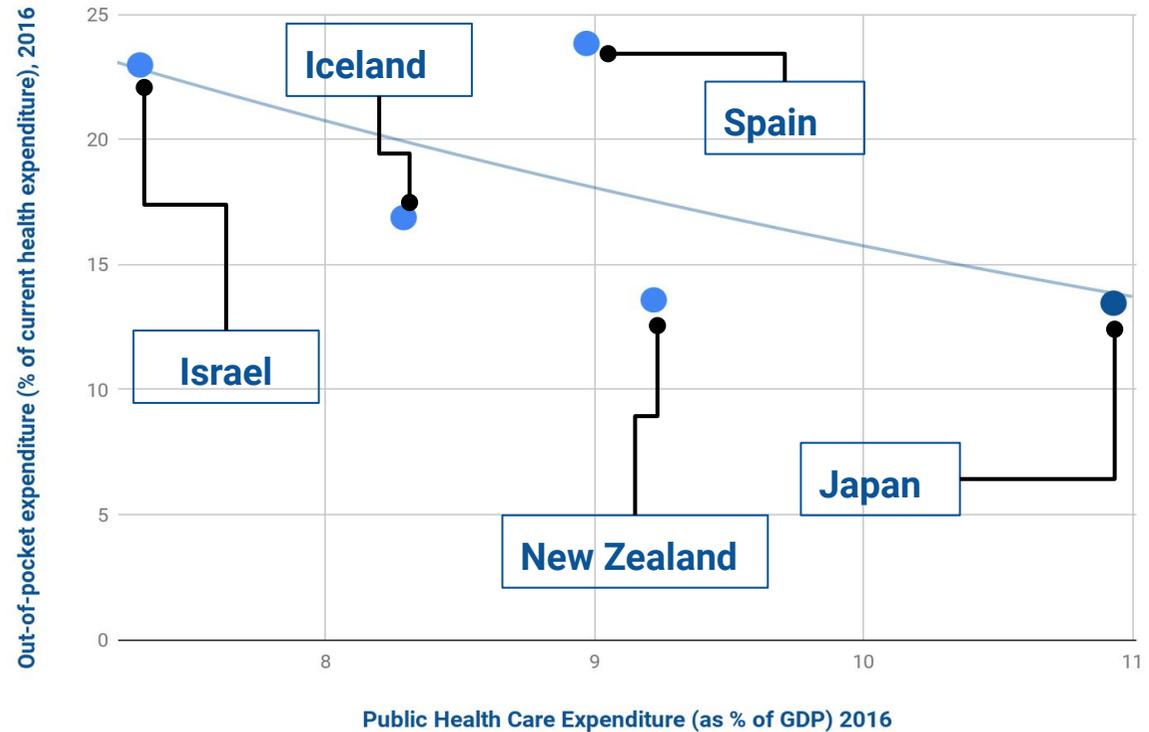


- The Healthcare Access and Quality Index -2016: **94**
- Human Development Index 2016: **0.91**
- E-Government Development Index 2016: **0.84**
- Corruption Perceptions Index 2016: **72**
- Global Gender Gap Index 2016: **0.66**
- Democracy Index 2016: **7.99**

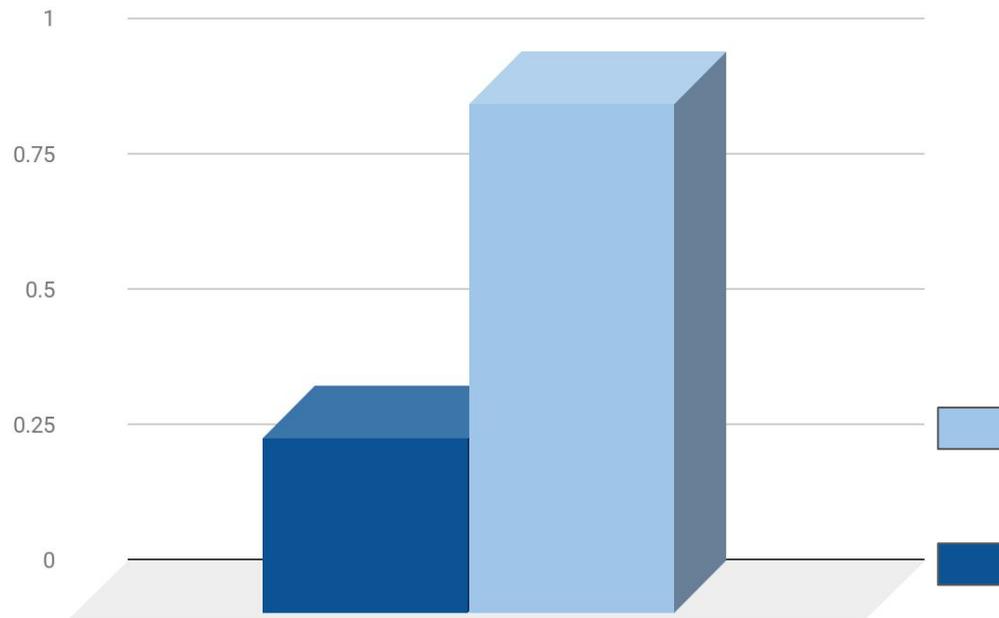
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Japan is facing a rising burden of chronic disease, and a rising number of frail and elderly persons. In addition, Japan faces some relatively unique public health risks, notably a significant exposure to natural hazards such as earthquakes, floods, typhoons, and tsunamis. So, improvement of public health emergencies systems are in priority.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

Luxembourg



100

General metrics

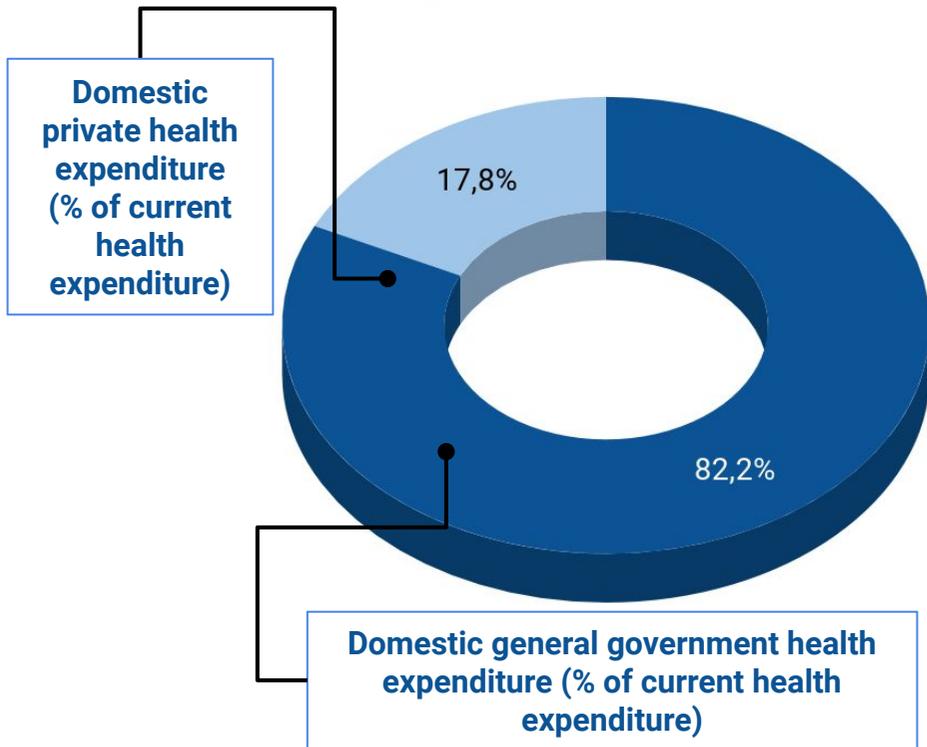
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.6 years |
| | HALE/Life Expectancy Difference 2016 | 9.7 |
| Economy | GDP per Capita, Current Prices (2016) | 101.3 thousand (\$) |
| | Annual GDP Growth (2016) | 2.4 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 6.27 thousand (\$) |
| | Public Health Care Expenditure 2016 | 6.16 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 44 |
| | Population over 65, 2016 | 14.1 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 13 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 6330 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 58.7 % of adults |

Longevity-Related Indices

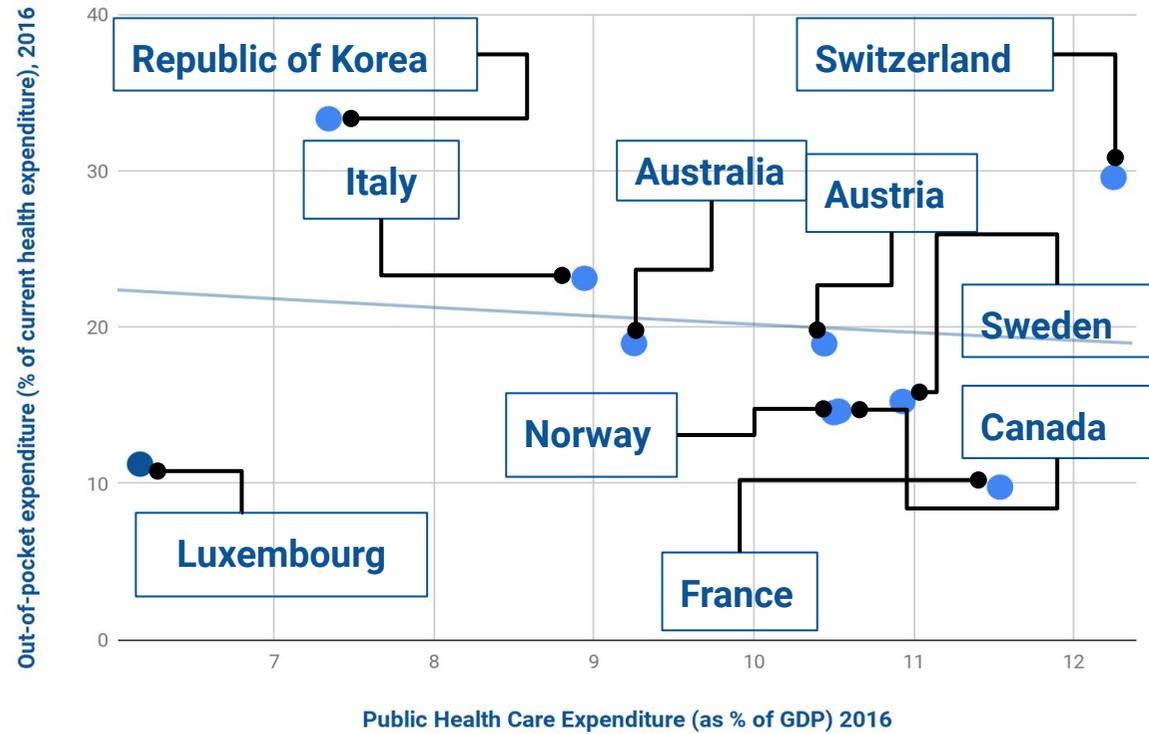


- The Healthcare Access and Quality Index -2016: **96**
- Human Development Index 2016: **0.9**
- E-Government Development Index 2016: **0.77**
- Corruption Perceptions Index 2016: **81**
- Global Gender Gap Index 2016: **0.73**
- Democracy Index 2016: **8.81**

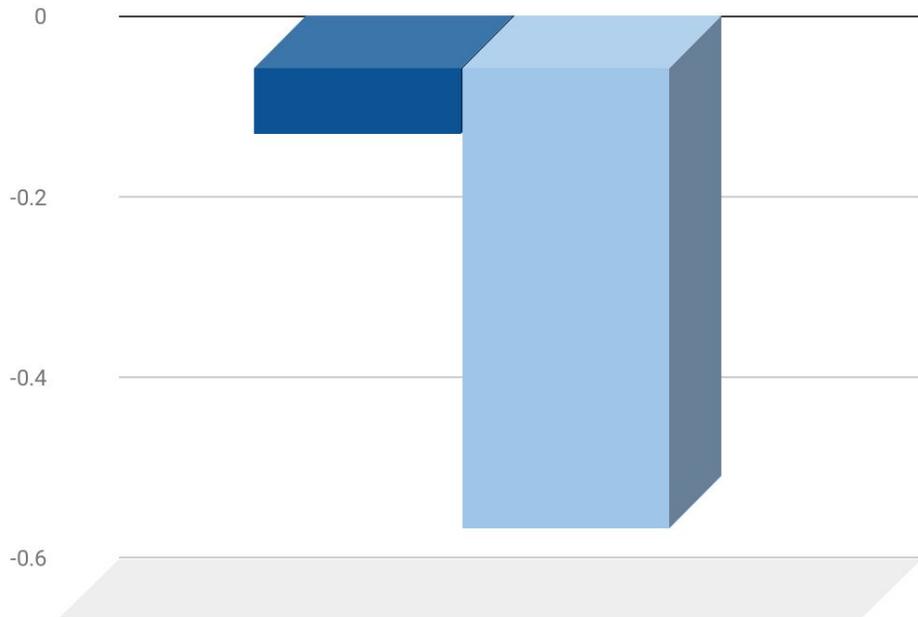
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



A set of health strategies, targeted health awareness promotion and prevention activities aims to address death risks and reduce level of chronic diseases.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



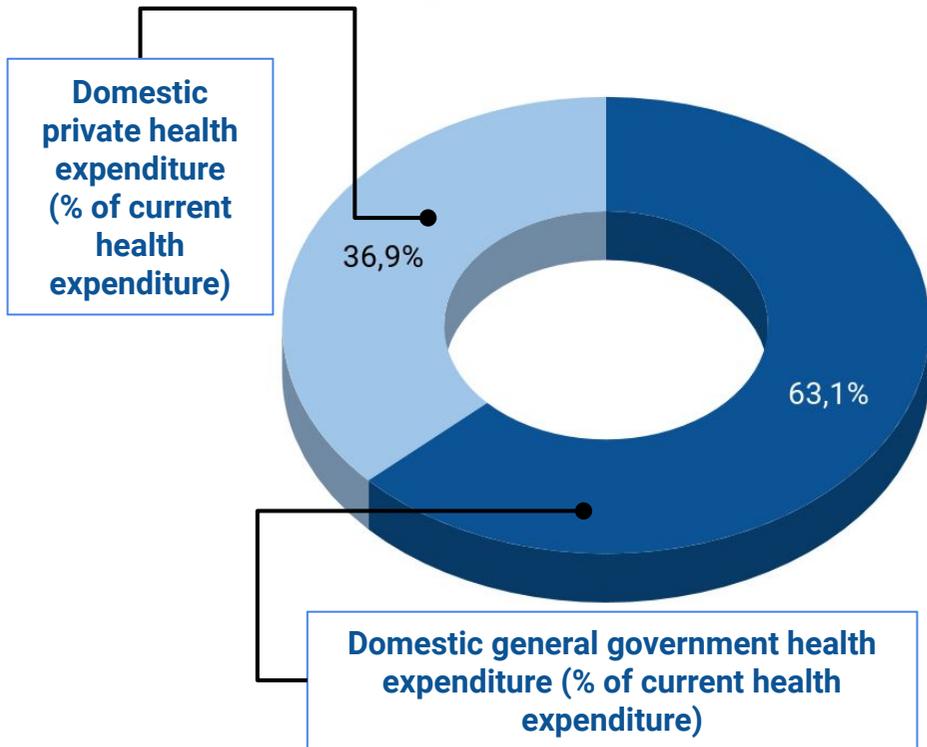
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.2 years |
| | HALE/Life Expectancy Difference 2016 | 9.3 |
| Economy | GDP per Capita, Current Prices (2016) | 25.13 thousand (\$) |
| | Annual GDP Growth (2016) | 5.7 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.39 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.3 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 50 |
| | Population over 65, 2016 | 18.9 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 8.1 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1527 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 66.4 % of adults |

Longevity-Related Indices

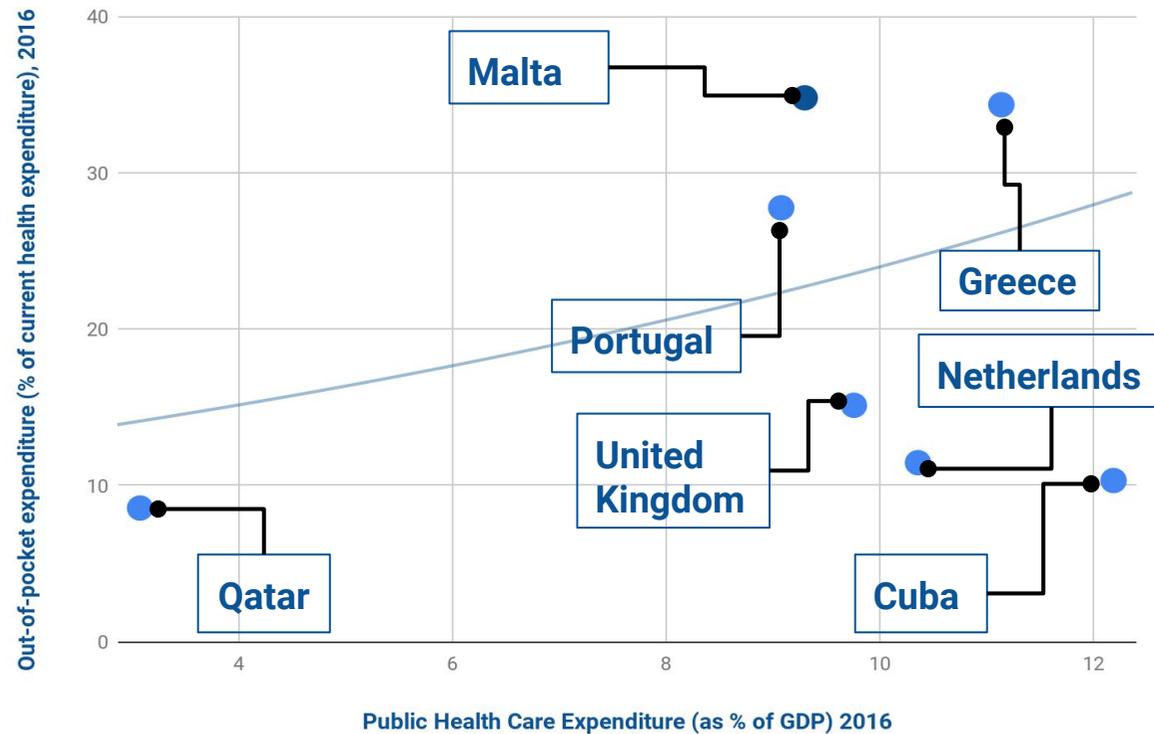


- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.88**
- E-Government Development Index 2016: **0.74**
- Corruption Perceptions Index 2016: **55**
- Global Gender Gap Index 2016: **0.66**
- Democracy Index 2016: **8.39**

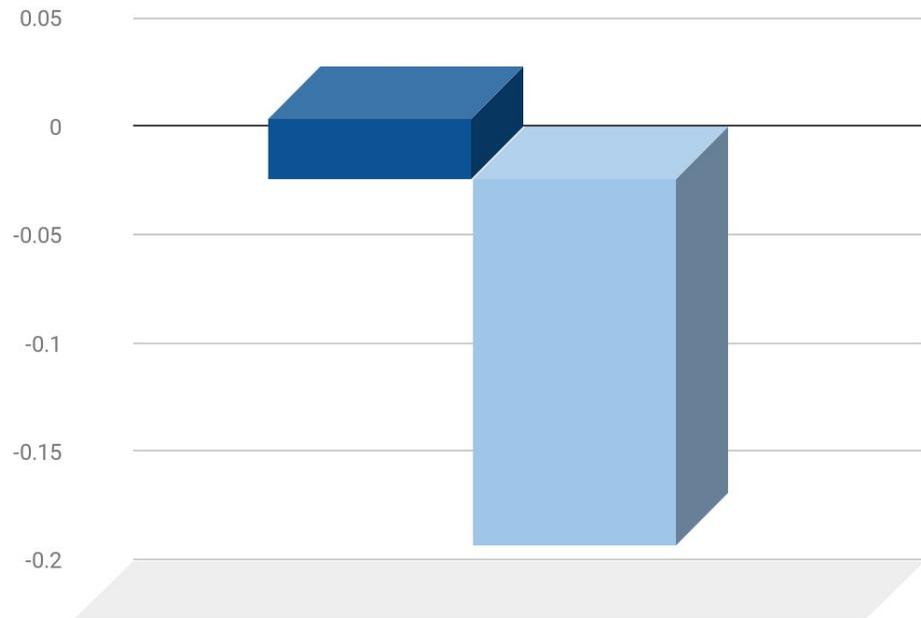
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Malta has the highest obesity rate in the EU, and this remains the major public health issue, both in adults and in children. Poor health behaviours tend to be most common among lower socio-economic groups. Policies should deal with encouragement of health behaviour and reduction of income inequality.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

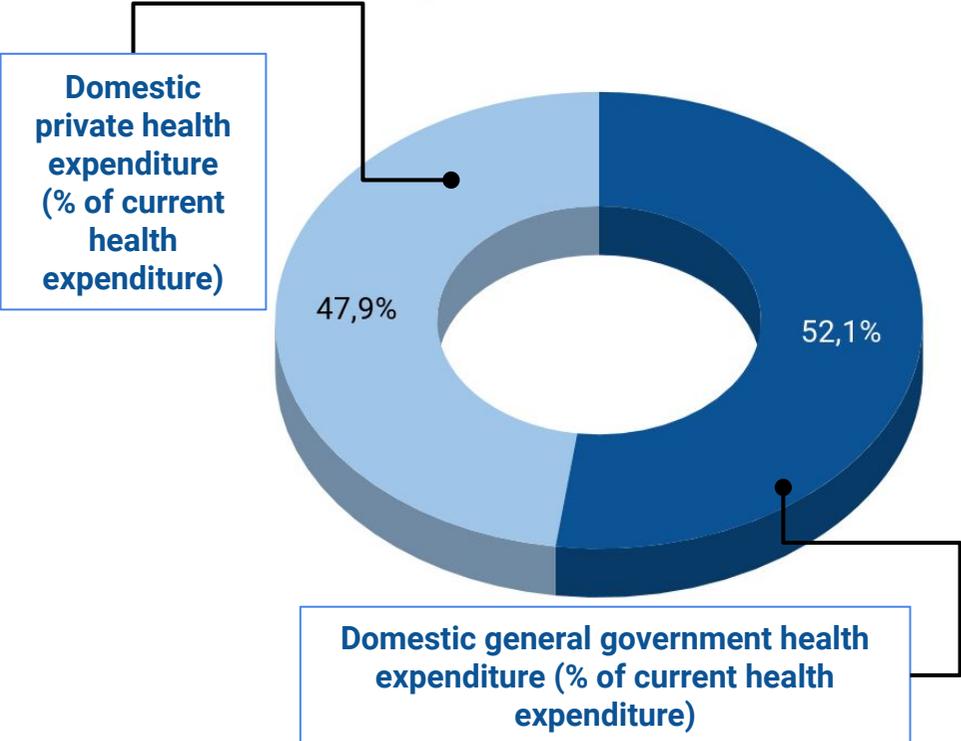
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 67.7 years |
| | HALE/Life Expectancy Difference 2016 | 8.9 |
| Economy | GDP per Capita, Current Prices (2016) | 8.74 thousand (\$) |
| | Annual GDP Growth (2016) | 2.9 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.46 thousand (\$) |
| | Public Health Care Expenditure 2016 | 5.47 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 51 |
| | Population over 65, 2016 | 6.7 % |
| | Number of WHO Age Friendly Cities and Communities | 2 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 6.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 327 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 64.9 % of adults |

Longevity-Related Indices

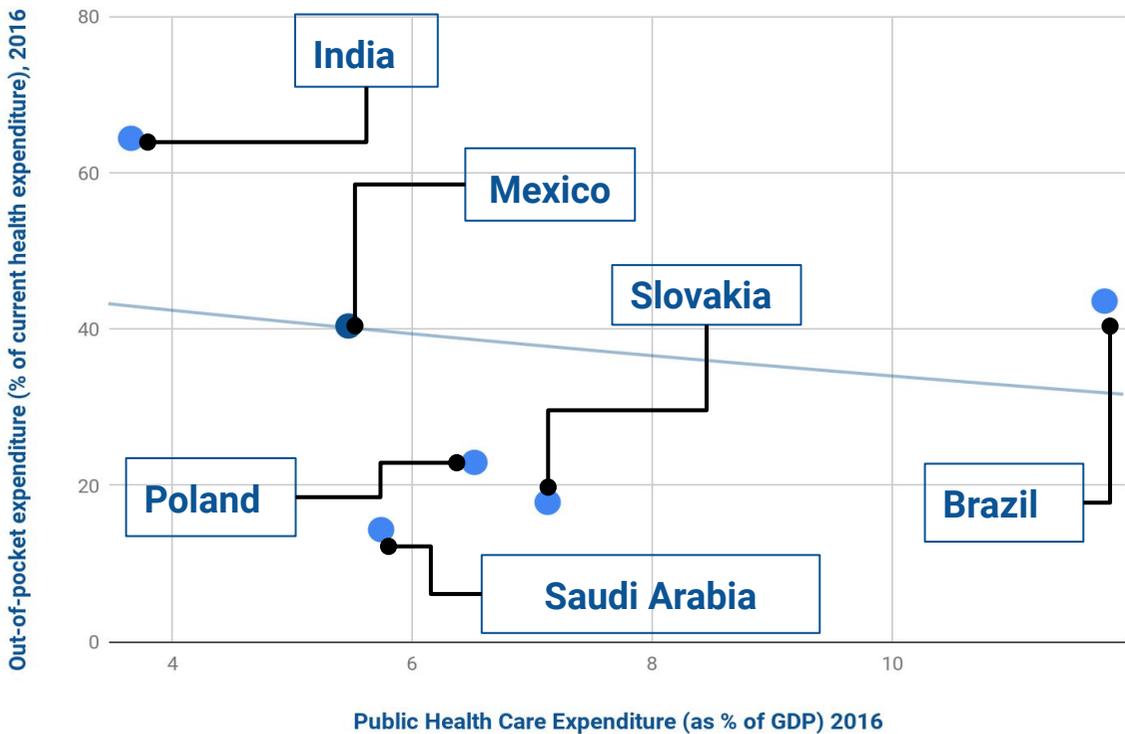


- The Healthcare Access and Quality Index -2016: **66**
- Human Development Index 2016: **0.77**
- E-Government Development Index 2016: **0.62**
- Corruption Perceptions Index 2016: **30**
- Global Gender Gap Index 2016: **0.7**
- Democracy Index 2016: **6.47**

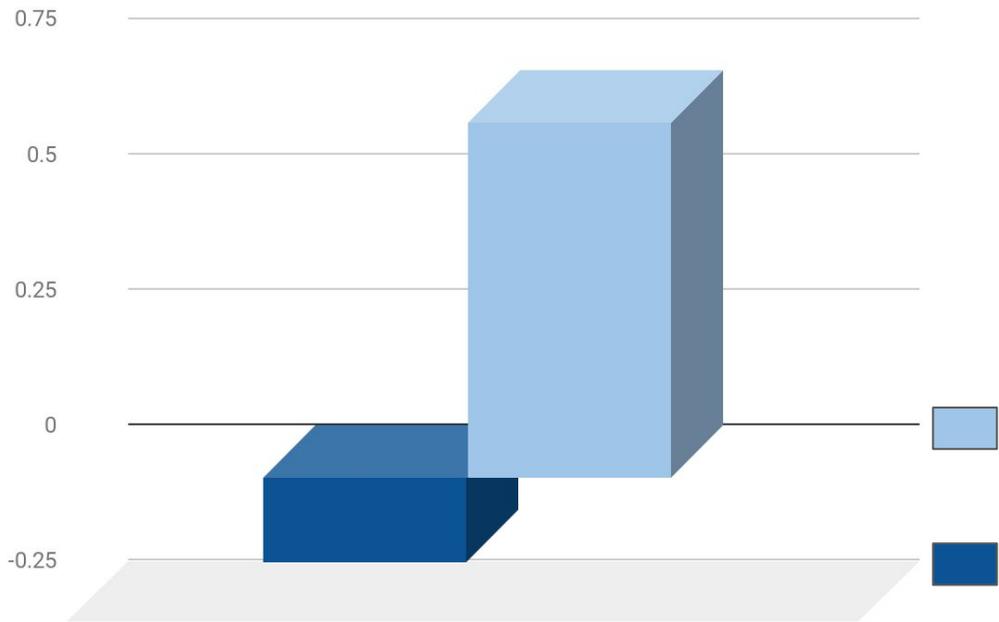
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



In Mexico the main challenge is to reduce inequality in healthcare and ensure that an important proportion of the population gain access to wide health coverage, including, access, quality, and costs. Mexico, due to its high prevalence of obesity, faces serious public health consequences, especially cardiovascular diseases and diabetes, that should also be addressed.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

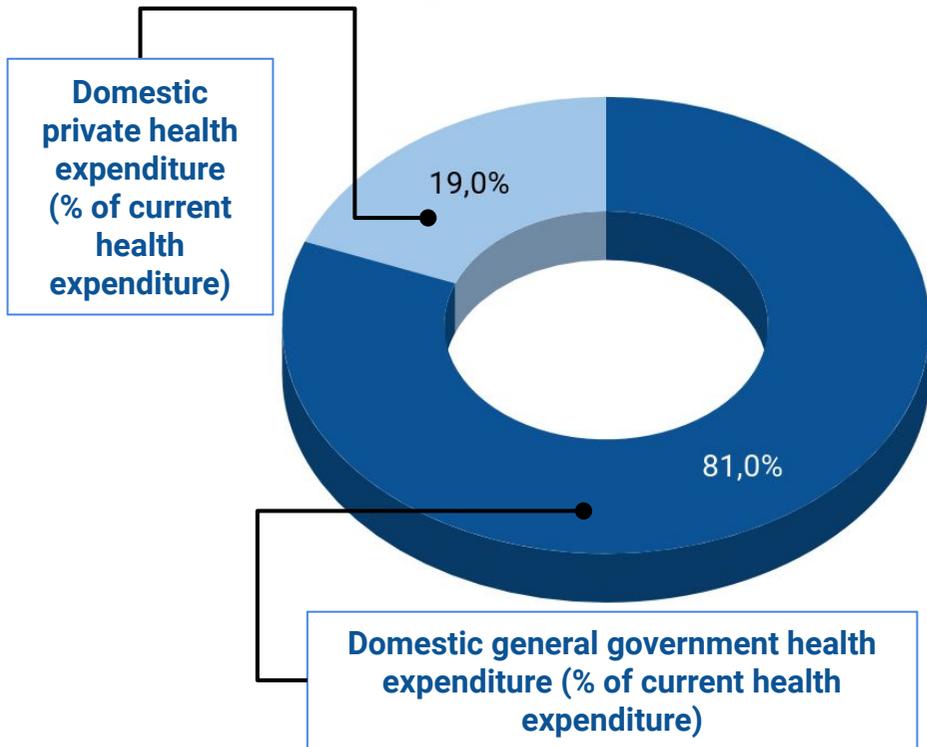
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.1 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 46.01 thousand (\$) |
| | Annual GDP Growth (2016) | 2.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 4.74 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.36 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 54 |
| | Population over 65, 2016 | 18.4 % |
| | Number of WHO Age Friendly Cities and Communities | 2 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 8.7 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1459 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 57.8 % of adults |

Longevity-Related Indices

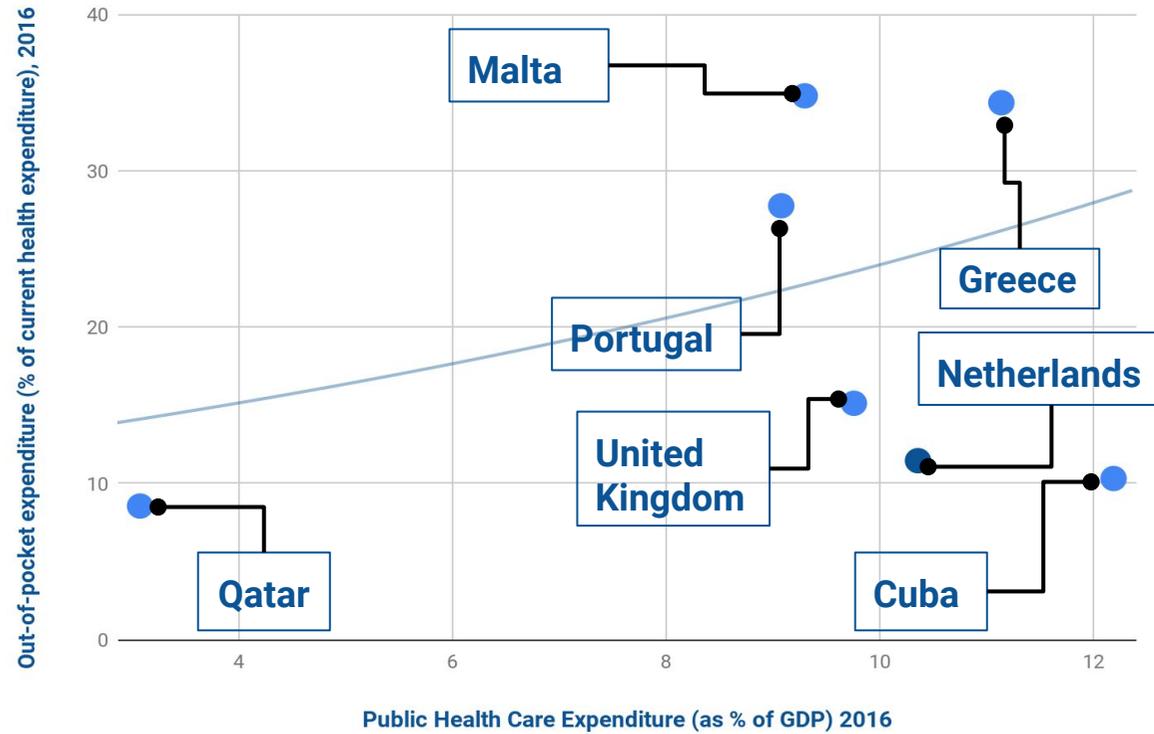


- The Healthcare Access and Quality Index -2016: **96**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.86**
- Corruption Perceptions Index 2016: **83**
- Global Gender Gap Index 2016: **0.76**
- Democracy Index 2016: **8.8**

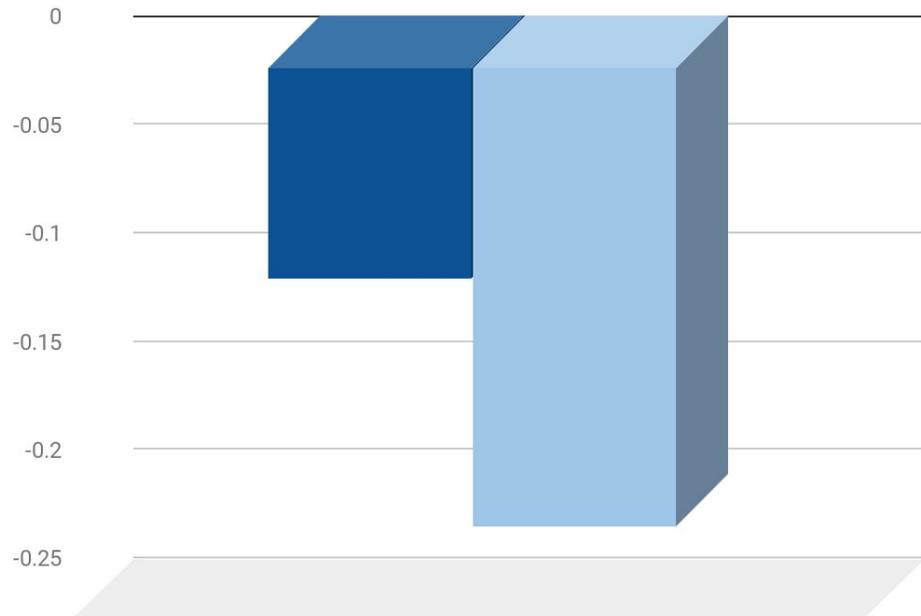
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



Smoking, drinking and obesity are main behavioral factors of bad health which should be addressed. Large inequalities in health persist according to education and income. On the positive side, public health policies are starting to tackle this, but may need time to become effective.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

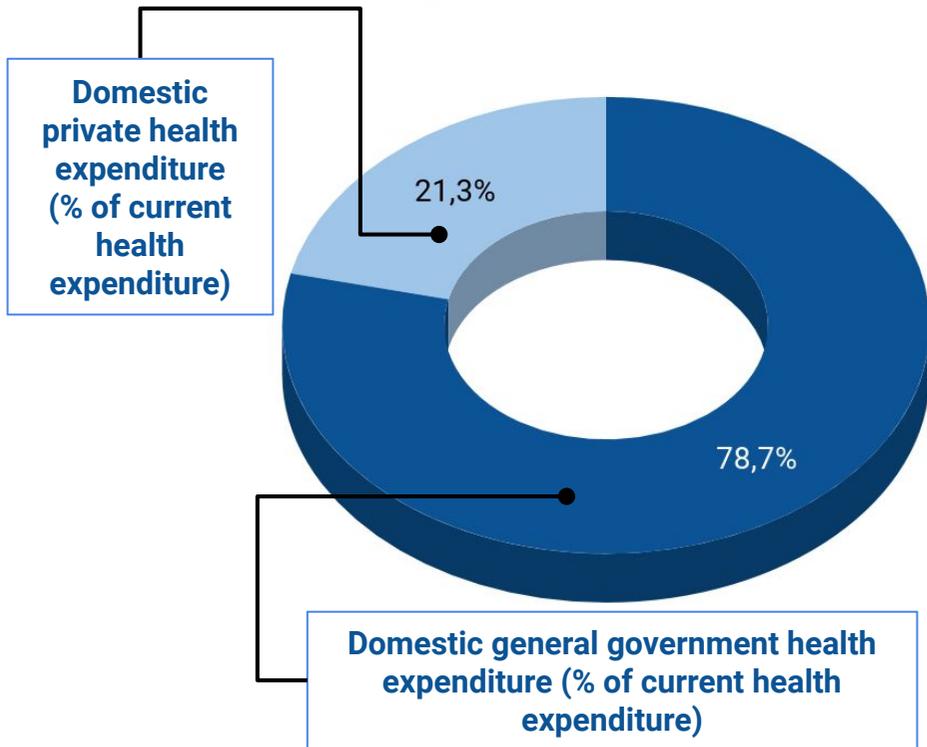
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.8 years |
| | HALE/Life Expectancy Difference 2016 | 9.4 |
| Economy | GDP per Capita, Current Prices (2016) | 40.03 thousand (\$) |
| | Annual GDP Growth (2016) | 3.6 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 3.75 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.22 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 53 |
| | Population over 65, 2016 | 15 % |
| | Number of WHO Age Friendly Cities and Communities | 2 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.7 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 685 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 65.6 % of adults |

Longevity-Related Indices

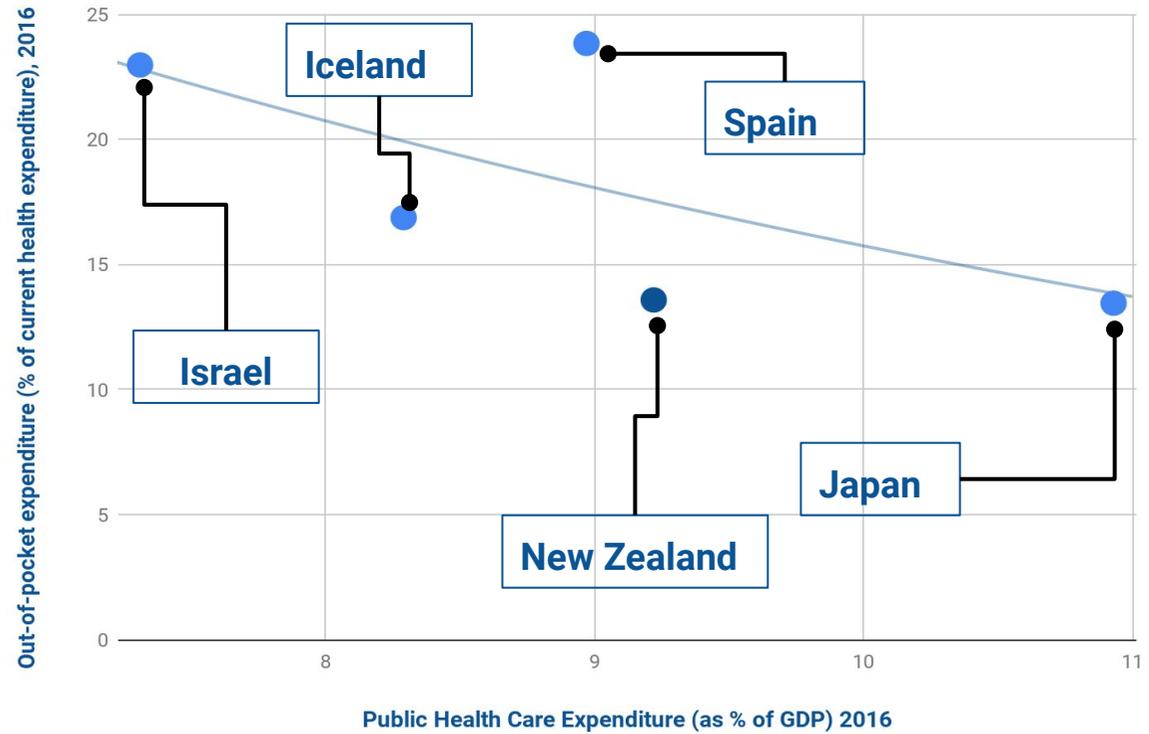


- The Healthcare Access and Quality Index -2016: **92**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.86**
- Corruption Perceptions Index 2016: **90**
- Global Gender Gap Index 2016: **0.78**
- Democracy Index 2016: **9.26**

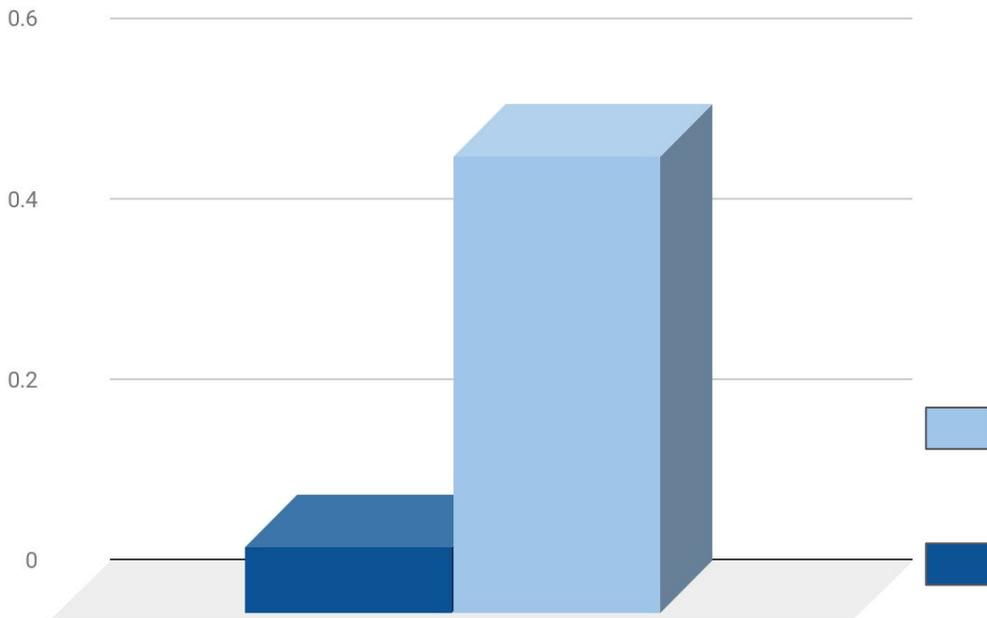
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The government should commit to reduce smoking rates, the overall negative impact of alcohol, prevent and manage obesity, and to support and encourage healthy eating and physical activity, provide better access to primary health care.

HALE and Life Expectancy Difference CAGR (6 years) / Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years) / Current health expenditures per capita (current US\$), CAGR (6 years)



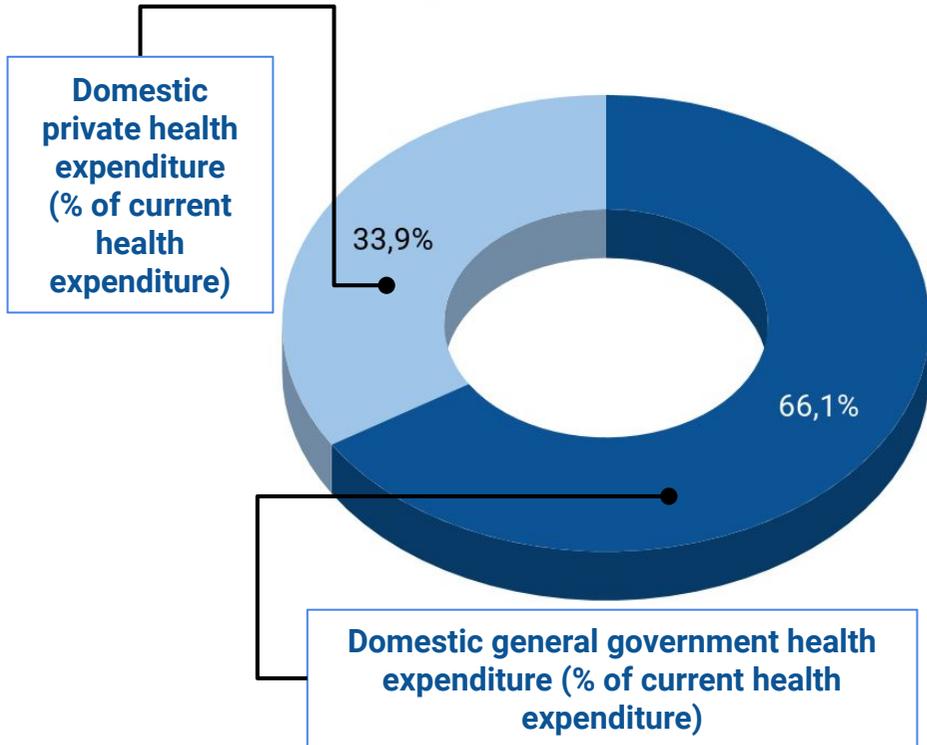
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 69.4 years |
| | HALE/Life Expectancy Difference 2016 | 8.6 |
| Economy | GDP per Capita, Current Prices (2016) | 14.36 thousand (\$) |
| | Annual GDP Growth (2016) | 5 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.04 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.26 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 55 |
| | Population over 65, 2016 | 7.7 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 7.9 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1280 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 64.3 % of adults |

Longevity-Related Indices

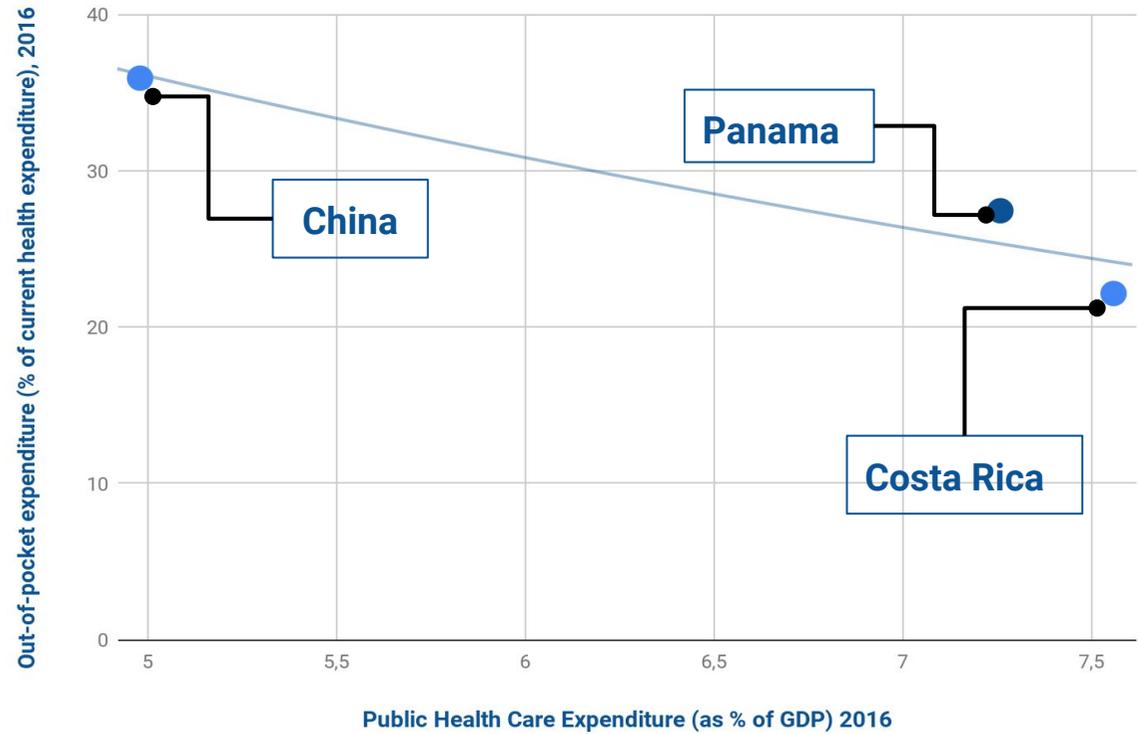


- The Healthcare Access and Quality Index -2016: **68**
- Human Development Index 2016: **0.79**
- E-Government Development Index 2016: **0.49**
- Corruption Perceptions Index 2016: **38**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **7.13**

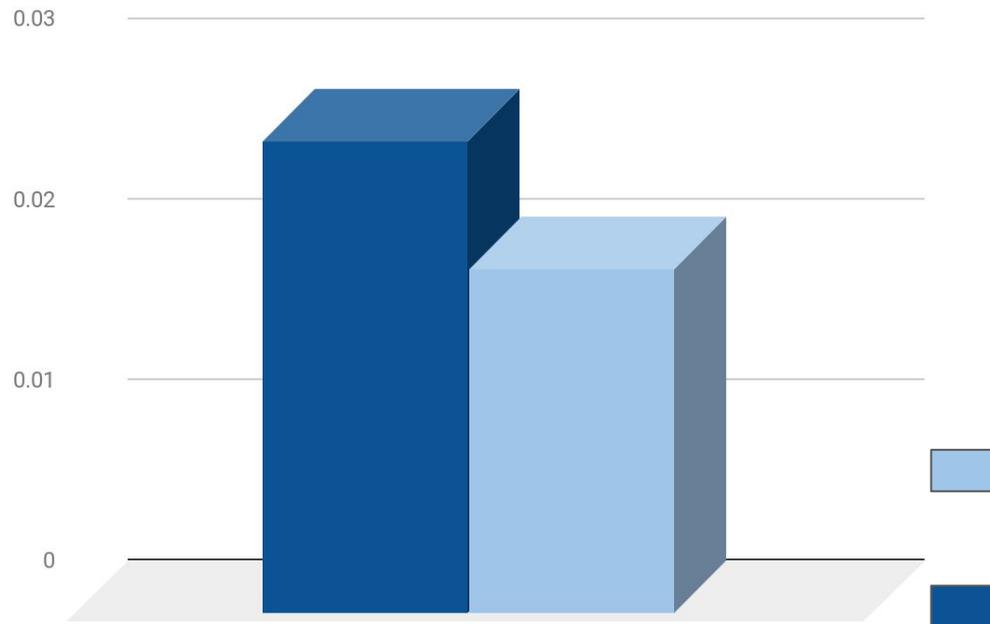
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Low Gap



Effectiveness ratios



Health infrastructure should be developed more evenly, including availability of health workers, medicine and technological equipment, both urban centres and rural areas where populations face with limited access to health services now. The lack of professionals is also an issue limited to the health sector. The government needs commitments to increasing human resources for the healthcare sector, that will necessarily lead to expanding the capacity of the country's medical faculties.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

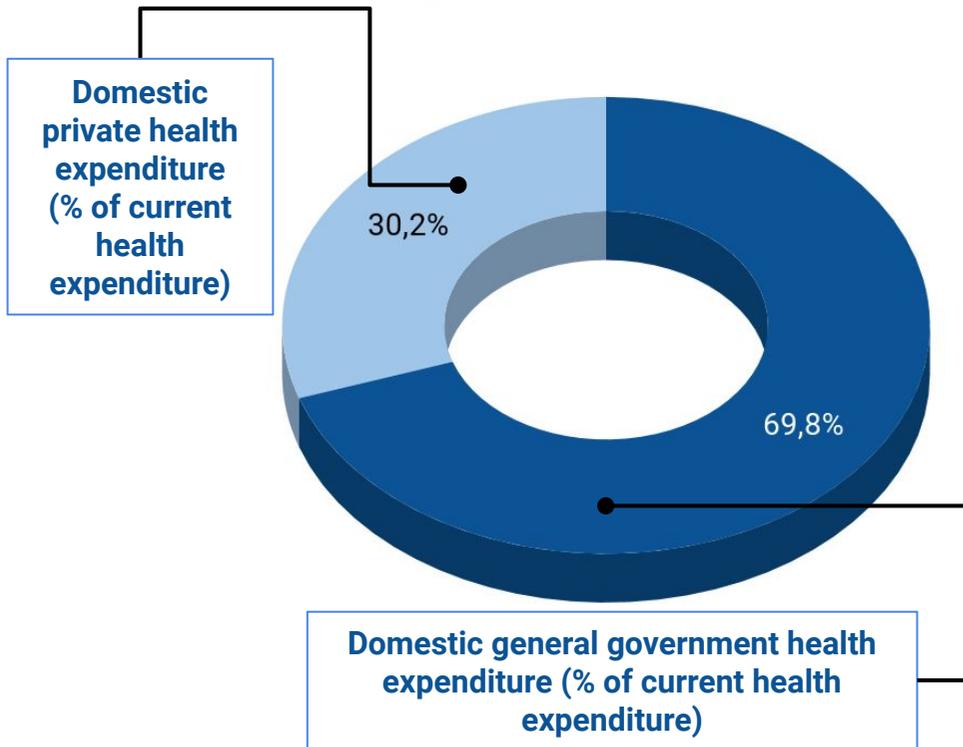


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.5 years |
| | HALE/Life Expectancy Difference 2016 | 9.3 |
| Economy | GDP per Capita, Current Prices (2016) | 12.43 thousand (\$) |
| | Annual GDP Growth (2016) | 3.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.81 thousand (\$) |
| | Public Health Care Expenditure 2016 | 6.52 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 45 |
| | Population over 65, 2016 | 16.2 % |
| | Number of WHO Age Friendly Cities and Communities | 6 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1363 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 58.3 % of adults |

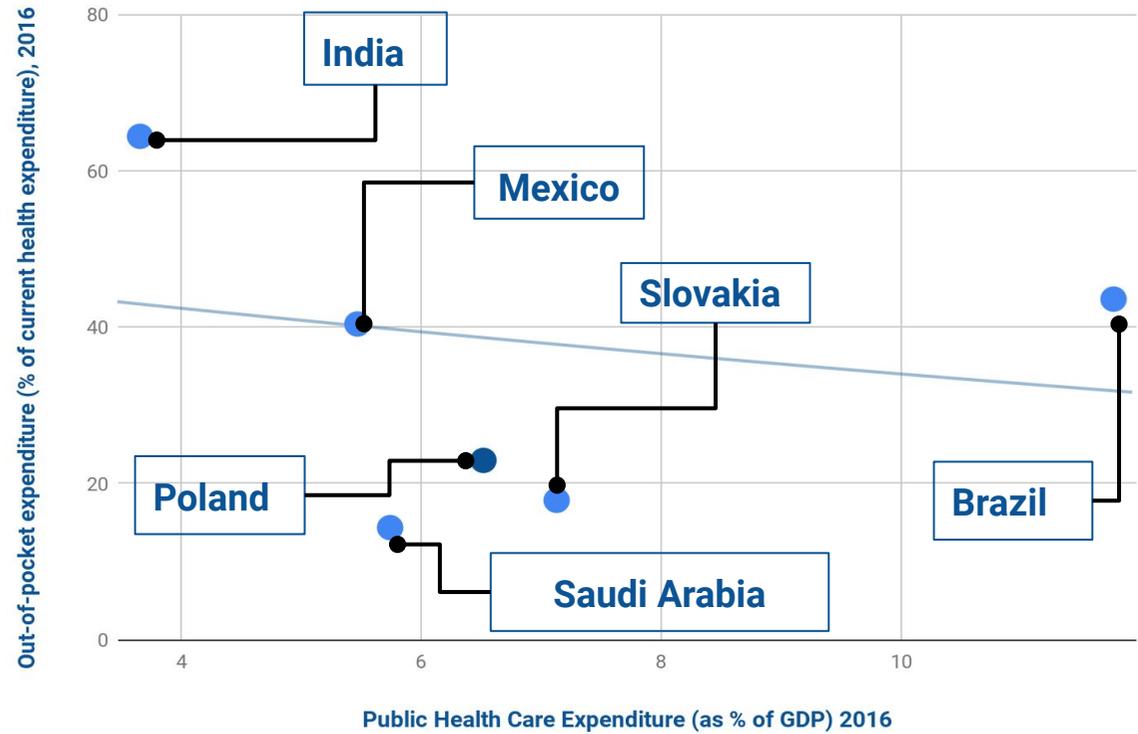
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **82**
- Human Development Index 2016: **0.86**
- E-Government Development Index 2016: **0.72**
- Corruption Perceptions Index 2016: **62**
- Global Gender Gap Index 2016: **0.73**
- Democracy Index 2016: **6.83**

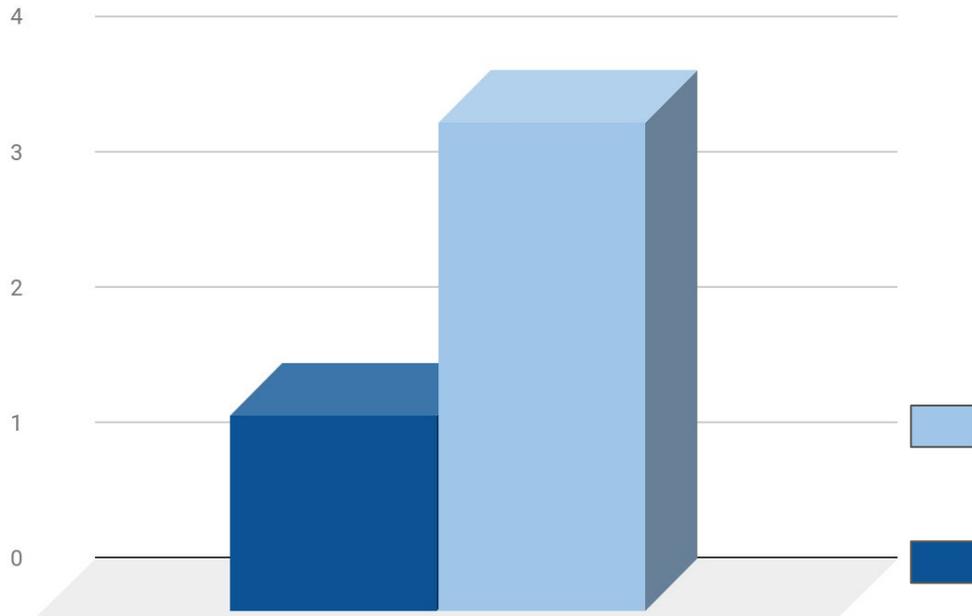
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



To improve public health it is needed to focus on health education, prevention programmes and purchasing of new equipment.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

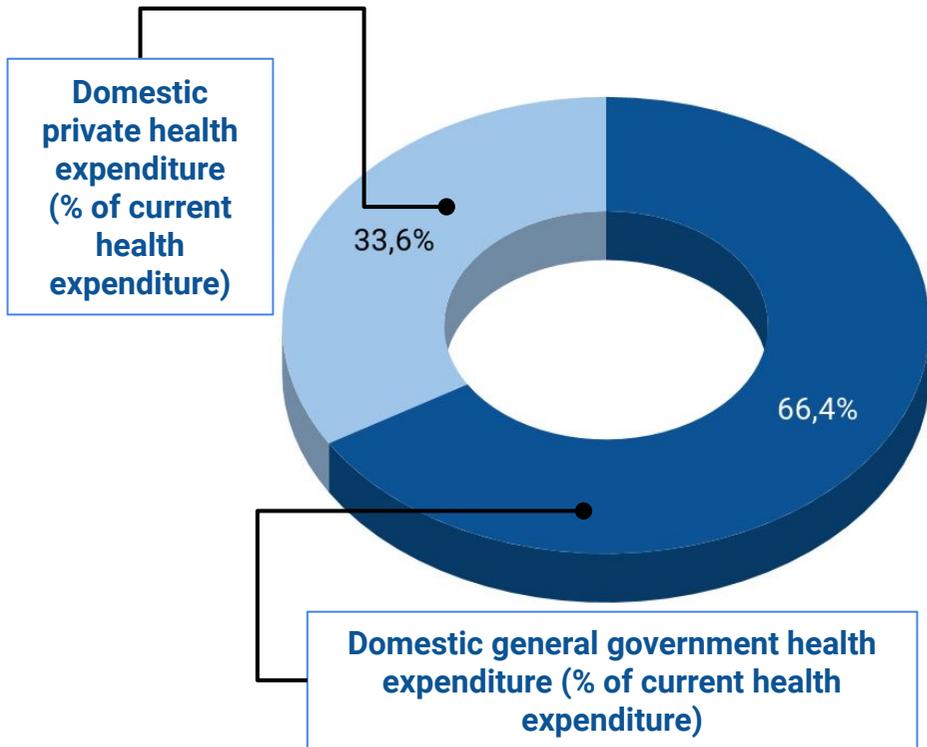
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 19.98 thousand (\$) |
| | Annual GDP Growth (2016) | 1.9 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.80 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.08 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 54 |
| | Population over 65, 2016 | 21.1 % |
| | Number of WHO Age Friendly Cities and Communities | 13 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 12.3 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1133 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 57.5 % of adults |

Longevity-Related Indices

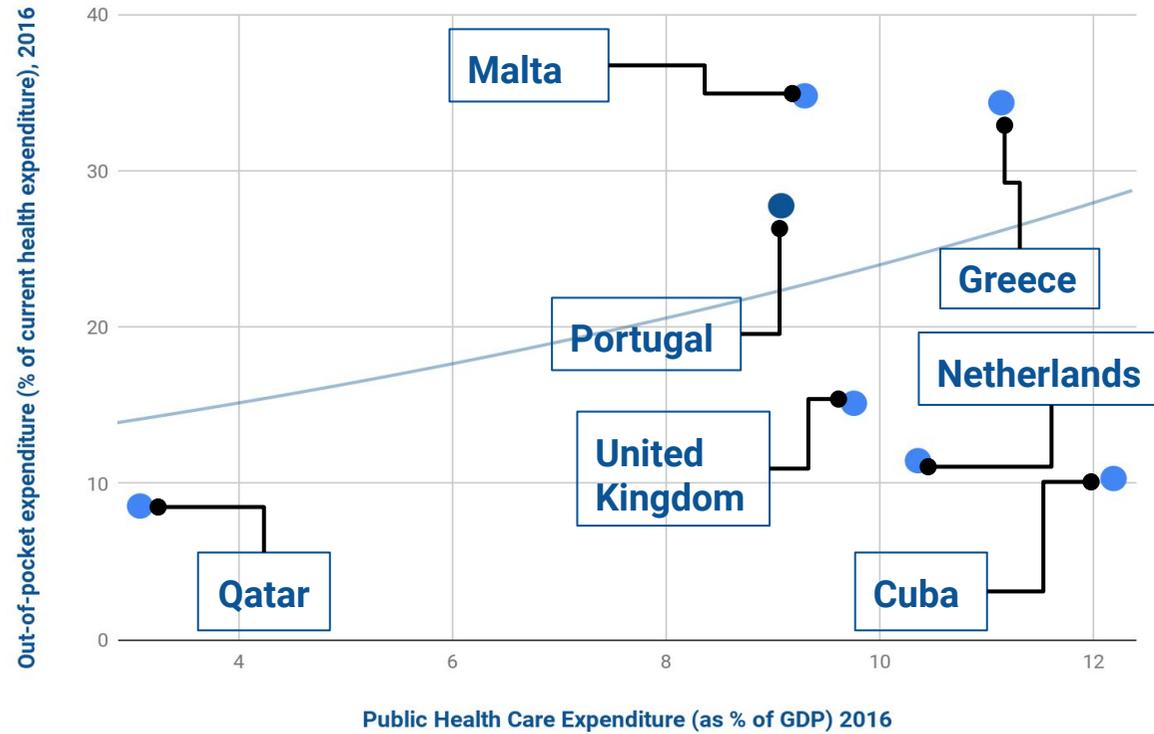


- The Healthcare Access and Quality Index -2016: **86**
- Human Development Index 2016: **0.85**
- E-Government Development Index 2016: **0.71**
- Corruption Perceptions Index 2016: **62**
- Global Gender Gap Index 2016: **0.74**
- Democracy Index 2016: **7.86**

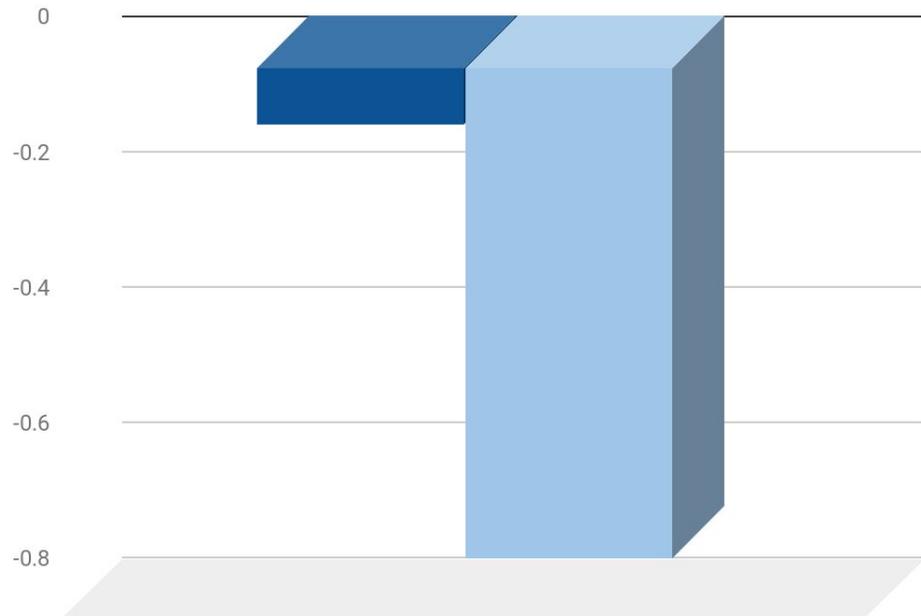
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The prevalence of chronic diseases in the population means that Portugal, in common with many other countries, needs to introduce new service models that provide integrated care, focused on care delivery and creation of medical networks.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



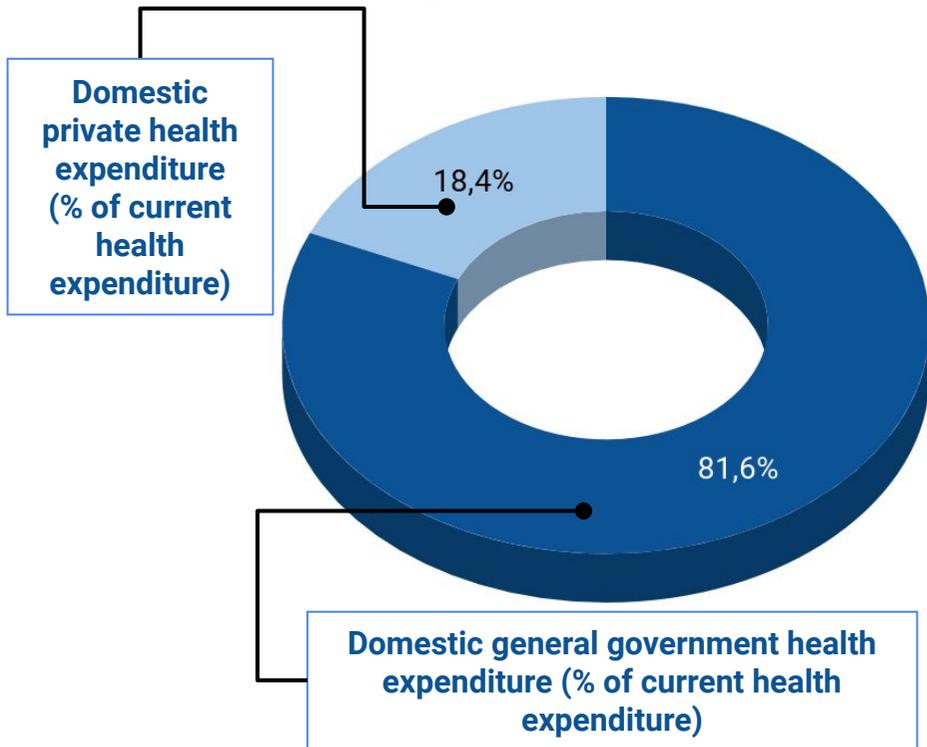
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.6 years |
| | HALE/Life Expectancy Difference 2016 | 9.5 |
| Economy | GDP per Capita, Current Prices (2016) | 57.16 thousand (\$) |
| | Annual GDP Growth (2016) | 2.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.83 thousand (\$) |
| | Public Health Care Expenditure 2016 | 3.08 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 18 |
| | Population over 65, 2016 | 1.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1020 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 71.7 % of adults |

Longevity-Related Indices

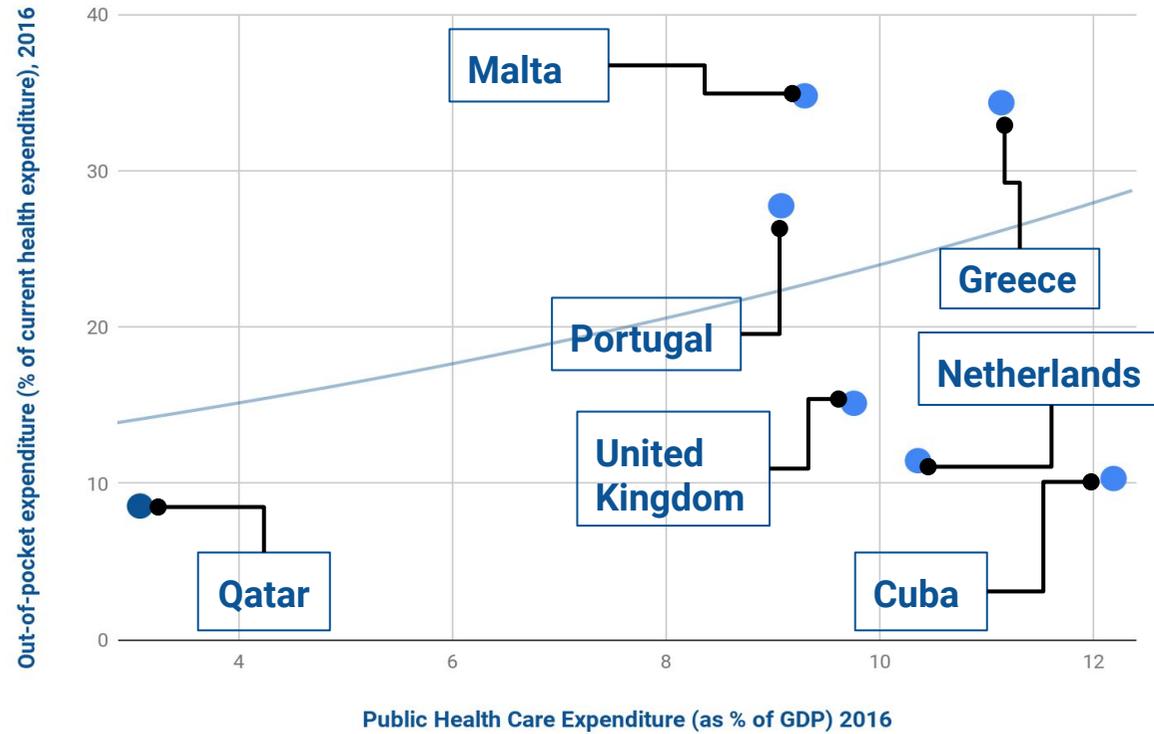


- The Healthcare Access and Quality Index -2016: **82**
- Human Development Index 2016: **0.86**
- E-Government Development Index 2016: **0.67**
- Corruption Perceptions Index 2016: **61**
- Global Gender Gap Index 2016: **0.64**
- Democracy Index 2016: **3.18**

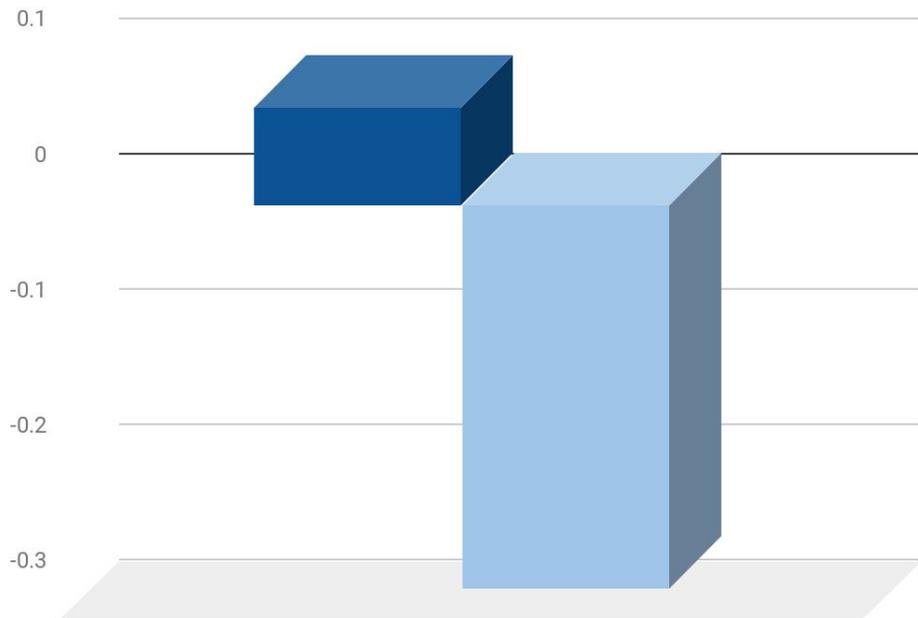
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The government should focus on improvement of nutritions and promotion of healthy lifestyle, also pay attention to improvement of healthcare services and their accessibility to all income groups.

- HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)
- HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



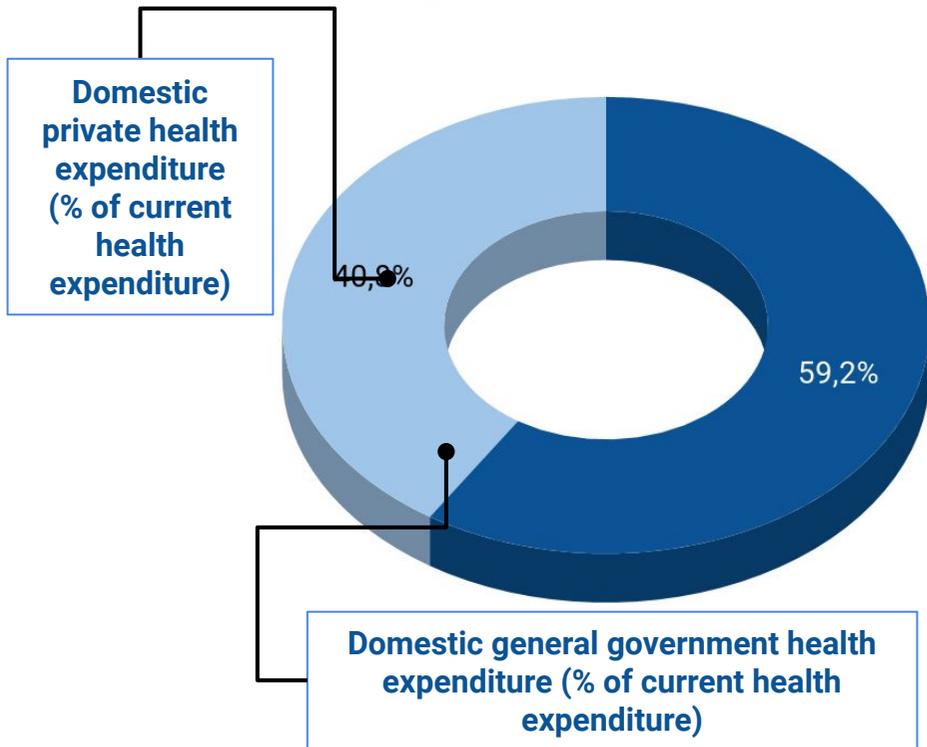
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73 years |
| | HALE/Life Expectancy Difference 2016 | 9.7 |
| Economy | GDP per Capita, Current Prices (2016) | 27.61 thousand (\$) |
| | Annual GDP Growth (2016) | 2.9 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.04 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.34 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 37 |
| | Population over 65, 2016 | 13.4 % |
| | Number of WHO Age Friendly Cities and Communities | 11 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10.2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1667 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 30.3 % of adults |

Longevity-Related Indices

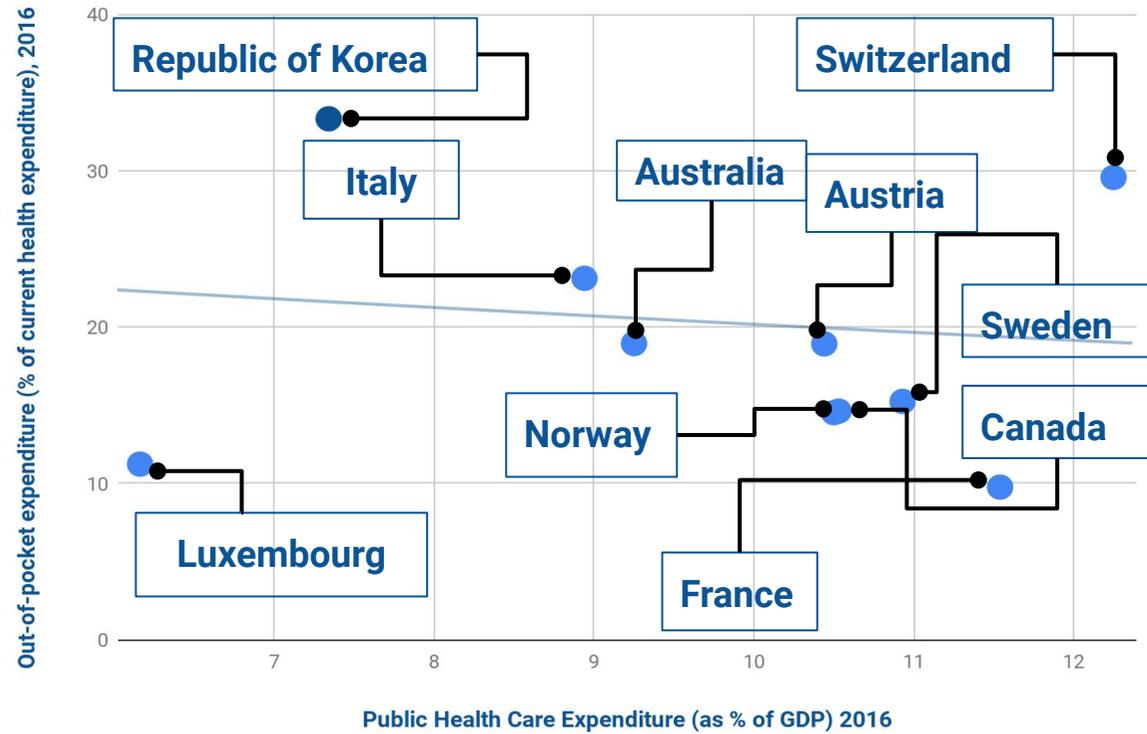


- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.9**
- E-Government Development Index 2016: **0.89**
- Corruption Perceptions Index 2016: **53**
- Global Gender Gap Index 2016: **0.65**
- Democracy Index 2016: **7.92**

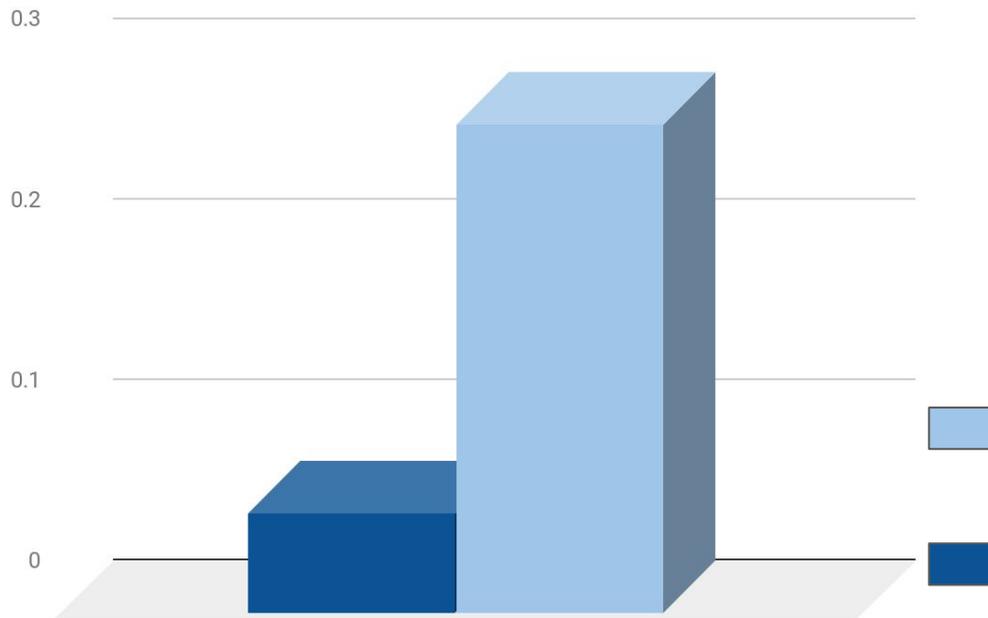
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



The government should address the following challenges to improve public health and increase average life expectancy: reduce inequality in health coverage outcomes, improve primary health care and coordination between hospitals and long-term care facilities, meet the needs of the aged population.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



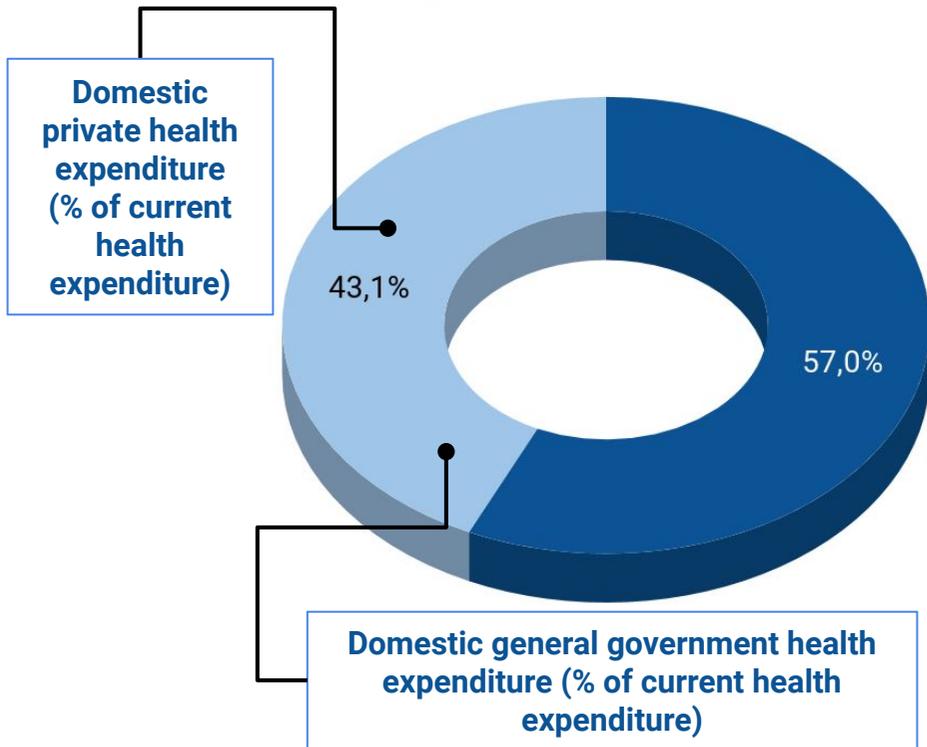
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 63.5 years |
| | HALE/Life Expectancy Difference 2016 | 8.15 |
| Economy | GDP per Capita, Current Prices (2016) | 8.75 thousand (\$) |
| | Annual GDP Growth (2016) | 0.3 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.47 thousand (\$) |
| | Public Health Care Expenditure 2016 | 5.27 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 45 |
| | Population over 65, 2016 | 13.8 % |
| | Number of WHO Age Friendly Cities and Communities | 8 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.7 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2295 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 57.1 % of adults |

Longevity-Related Indices

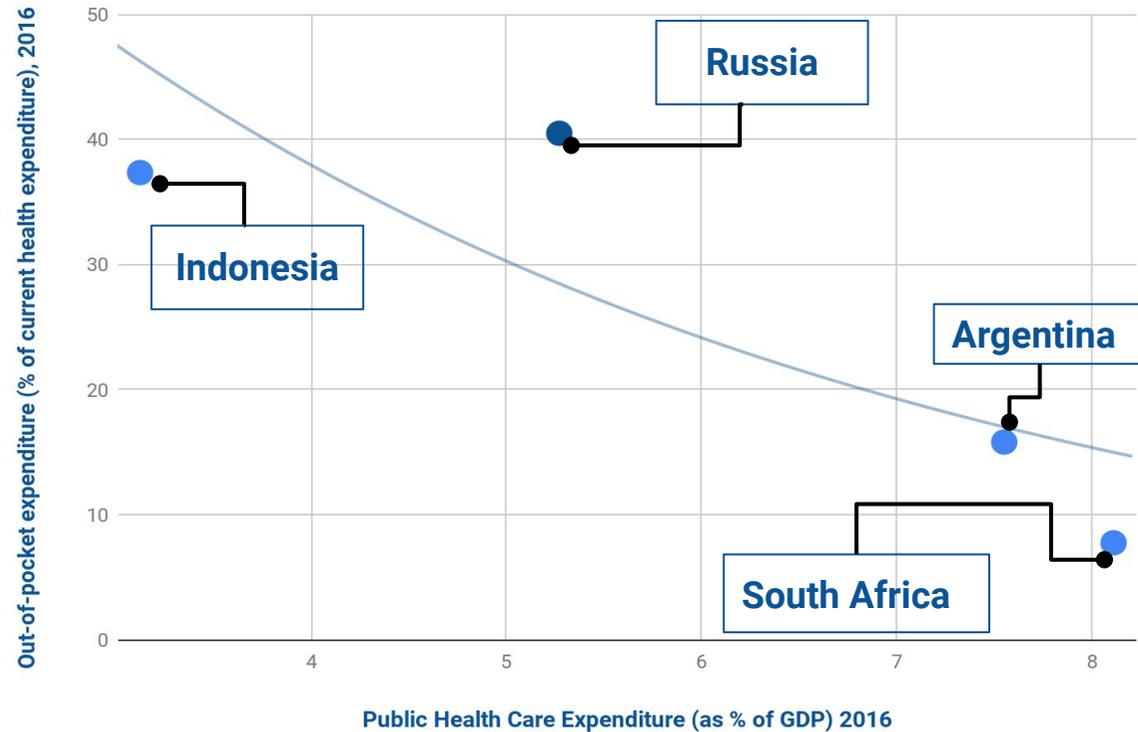


- The Healthcare Access and Quality Index -2016: **75**
- Human Development Index 2016: **0.82**
- E-Government Development Index 2016: **0.72**
- Corruption Perceptions Index 2016: **29**
- Global Gender Gap Index 2016: **0.69**
- Democracy Index 2016: **3.24**

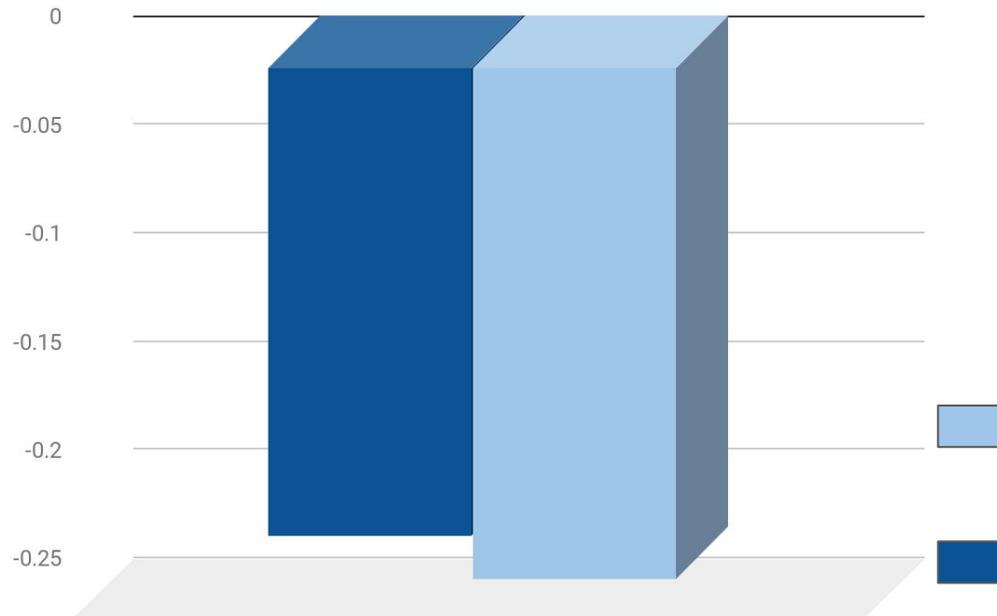
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Low Gap



Effectiveness ratios



The general health of the Russian population has declined significantly since the collapse of the Soviet Union, as a result of several social, economic, and lifestyle changes. One of the problems that should be dealt with is poor quality of healthcare delivery. There is outdated and often non-functioning equipment, a lack of medicines and hospital beds, and a shortage of medical specialists.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

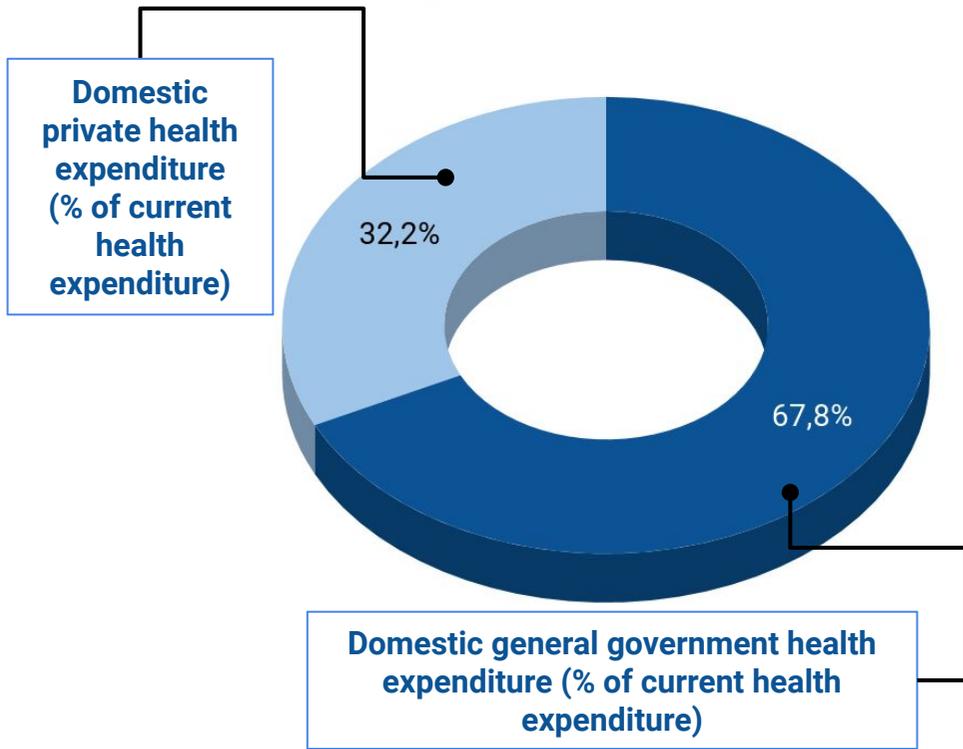
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 65.7 years |
| | HALE/Life Expectancy Difference 2016 | 8.86 |
| Economy | GDP per Capita, Current Prices (2016) | 19.88 thousand (\$) |
| | Annual GDP Growth (2016) | 1.7 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.15 thousand (\$) |
| | Public Health Care Expenditure 2016 | 5.74 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 40 |
| | Population over 65, 2016 | 3.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 0.2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1341 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 69.7 % of adults |

Longevity-Related Indices

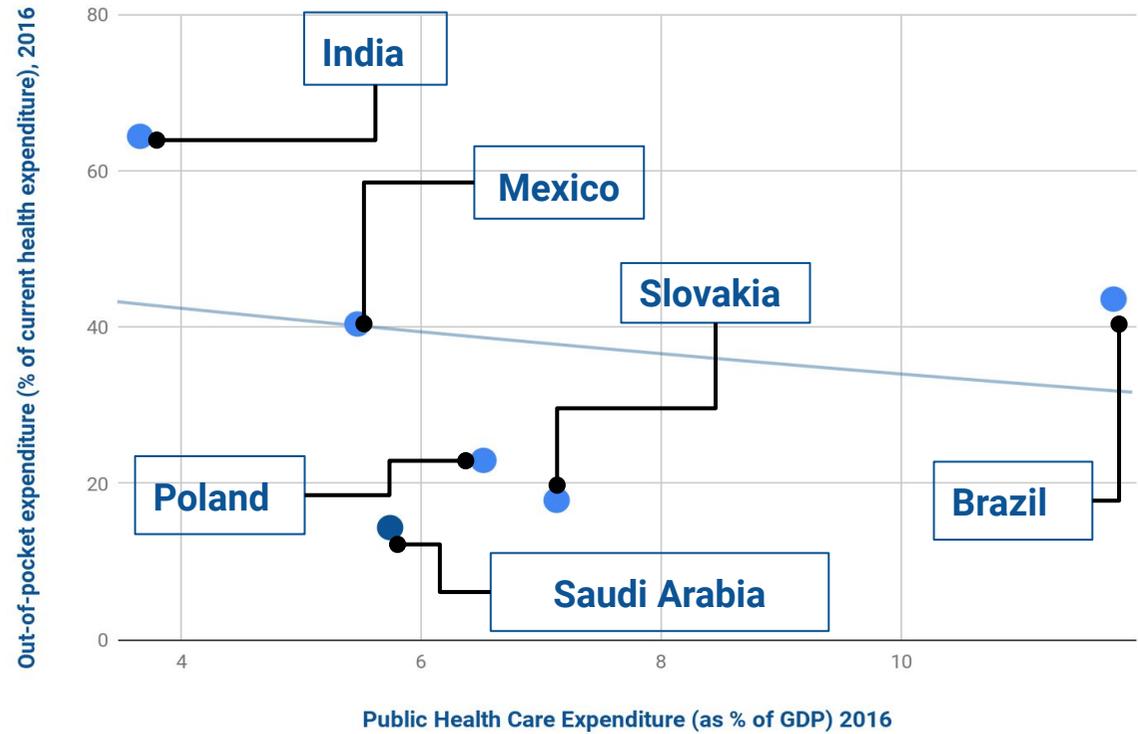


- The Healthcare Access and Quality Index -2016: **77**
- Human Development Index 2016: **0.85**
- E-Government Development Index 2016: **0.68**
- Corruption Perceptions Index 2016: **46**
- Global Gender Gap Index 2016: **0.58**
- Democracy Index 2016: **1.93**

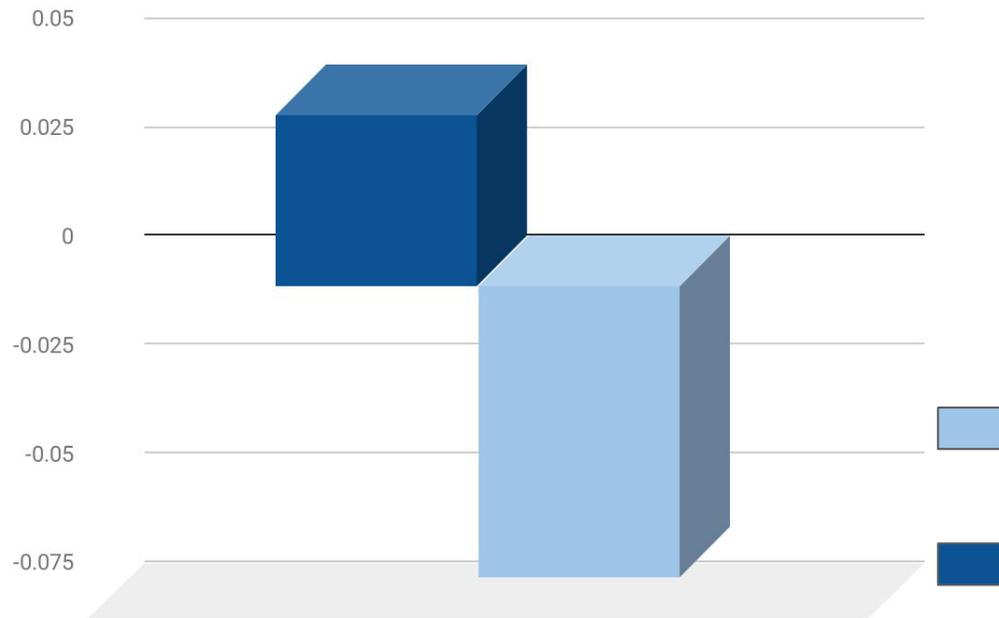
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The country need to reduce disparities in health and health care systems between poorer and richer families and underfunded health care systems that in many cases are inefficiently run and underregulated.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

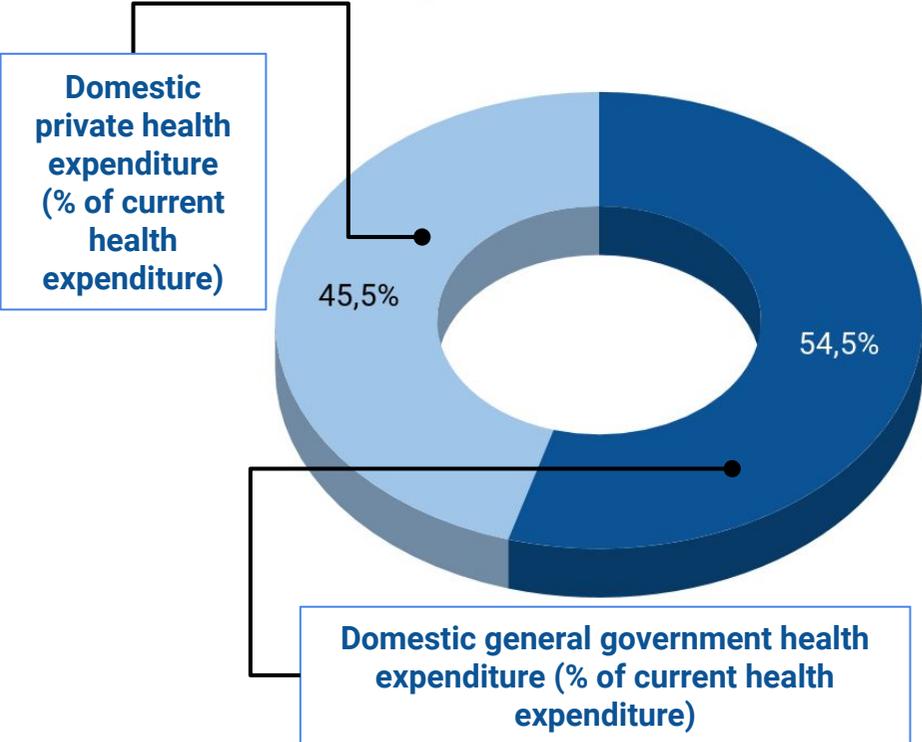
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 76.2 years |
| | HALE/Life Expectancy Difference 2016 | 6.7 |
| Economy | GDP per Capita, Current Prices (2016) | 56.72 thousand (\$) |
| | Annual GDP Growth (2016) | 3 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.46 thousand (\$) |
| | Public Health Care Expenditure 2016 | 4.47 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 38 |
| | Population over 65, 2016 | 12.3 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 851 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 31.8 % of adults |

Longevity-Related Indices

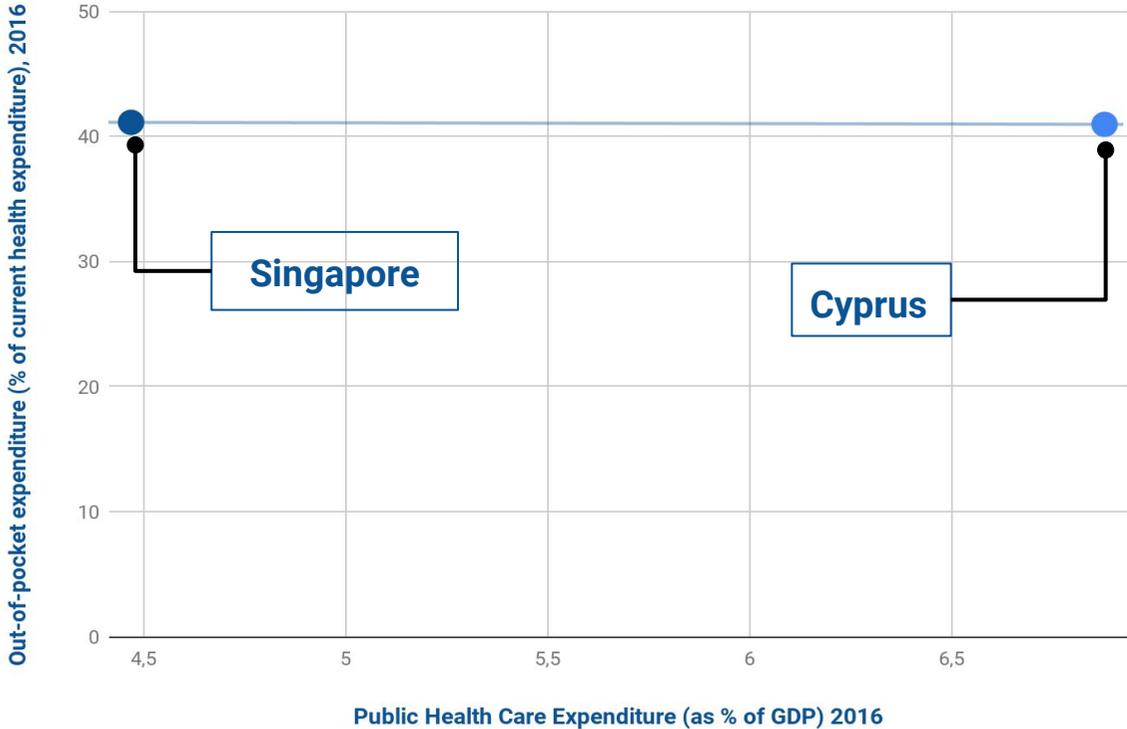


- The Healthcare Access and Quality Index -2016: **91**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.88**
- Corruption Perceptions Index 2016: **84**
- Global Gender Gap Index 2016: **0.71**
- Democracy Index 2016: **6.38**

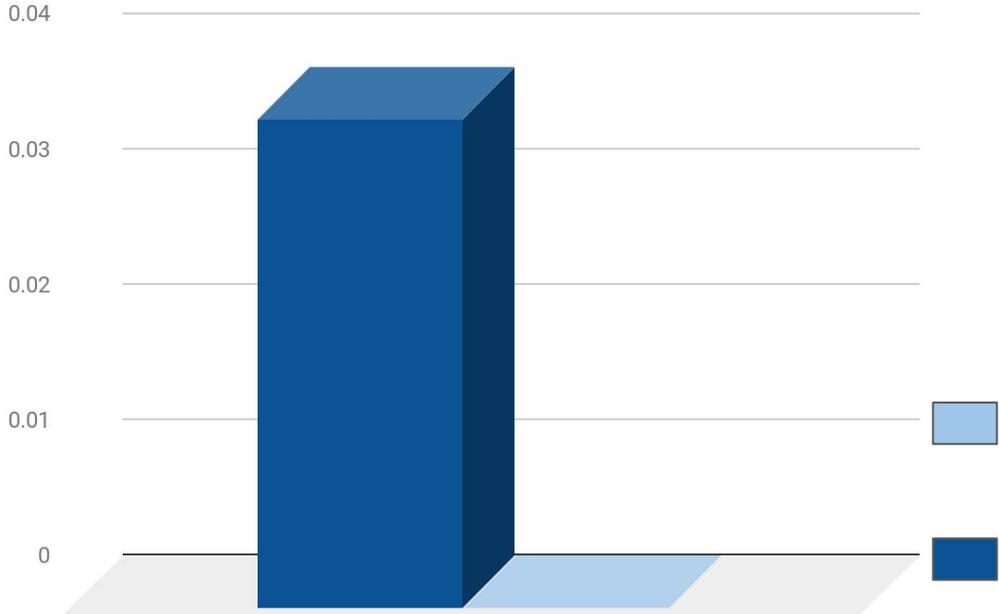
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Low Gap



Effectiveness ratios



Chronic disease care is a critical part of a people's health. The patient should be persuaded about exercise, diet and lifestyle change: all important for chronic disease control. Caregivers and patients should be empowered through education, information and communication. Further implementation of eHealth initiatives will lead to the reduction of number of patient visits to hospitals for routine checks, will free up healthcare resources, enabling healthcare staff to better manage their time and focus on priorities.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



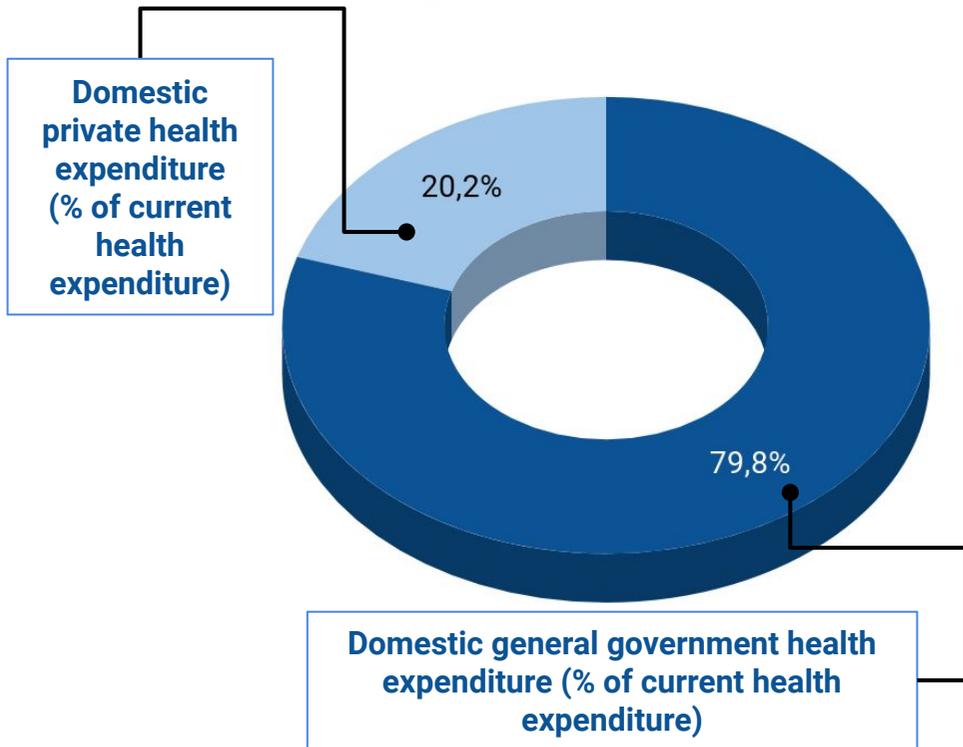
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.3 years |
| | HALE/Life Expectancy Difference 2016 | 9.1 |
| Economy | GDP per Capita, Current Prices (2016) | 16.54 thousand (\$) |
| | Annual GDP Growth (2016) | 3.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.18 thousand (\$) |
| | Public Health Care Expenditure 2016 | 7.13 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 43 |
| | Population over 65, 2016 | 14.5 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1500 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 56.2 % of adults |

Longevity-Related Indices

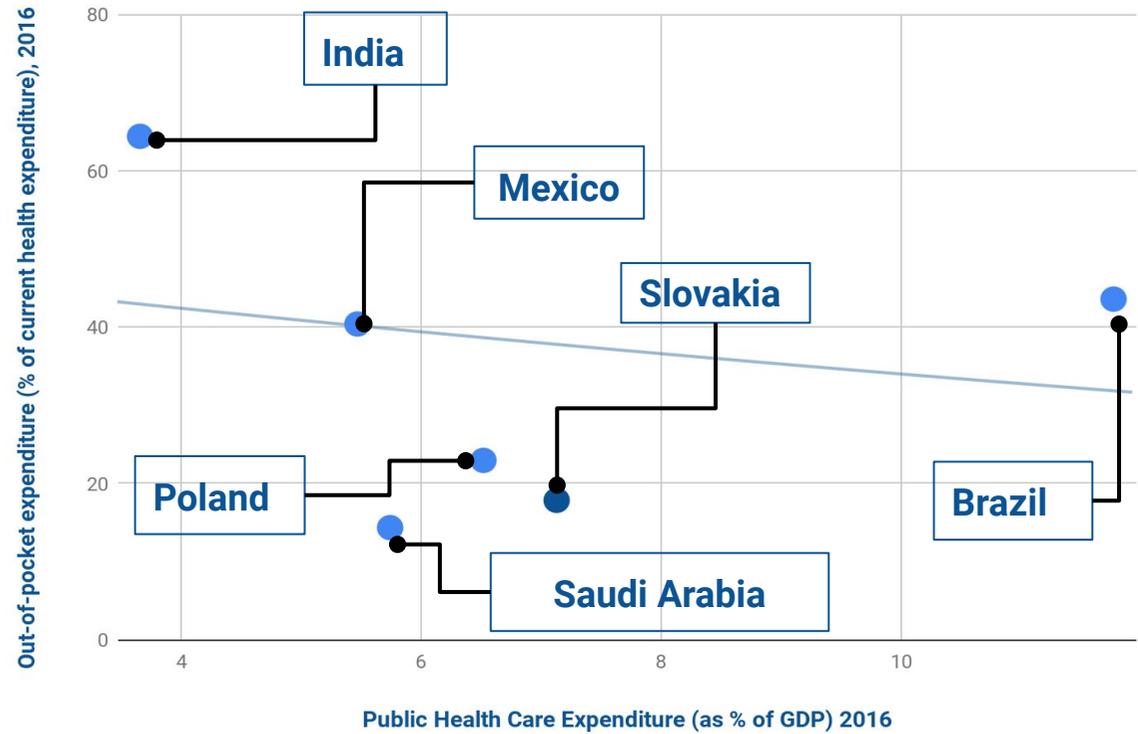


- The Healthcare Access and Quality Index -2016: **83**
- Human Development Index 2016: **0.85**
- E-Government Development Index 2016: **0.59**
- Corruption Perceptions Index 2016: **51**
- Global Gender Gap Index 2016: **0.68**
- Democracy Index 2016: **7.29**

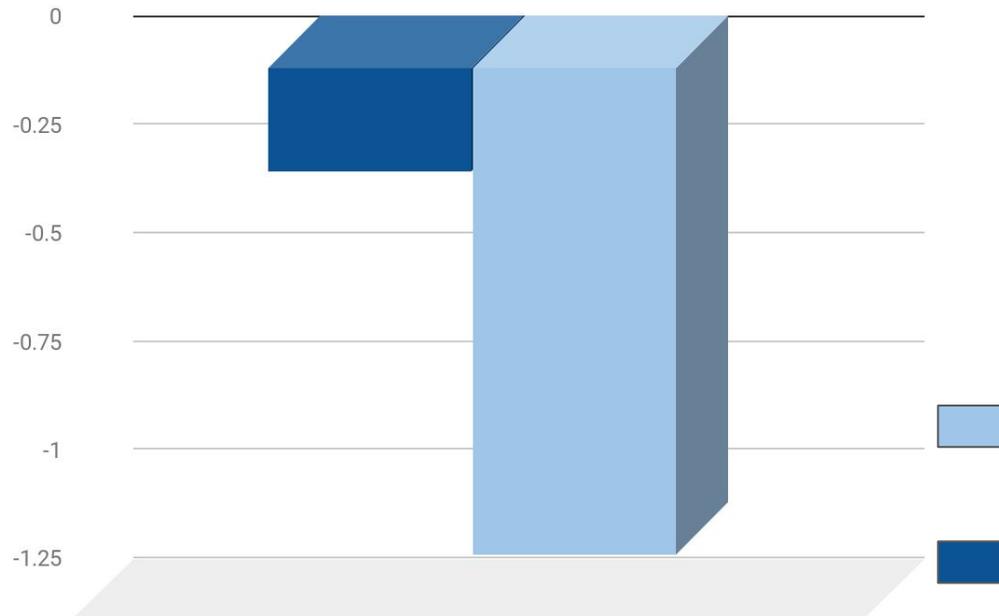
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Medium Gap



Effectiveness ratios



The most pressing issues to be addressed are enhancing the efficiency and quality of primary care, modernising hospital infrastructure and management, promoting better care access for the poor population and improving lifestyles through well-designed public health and disease-prevention policies.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

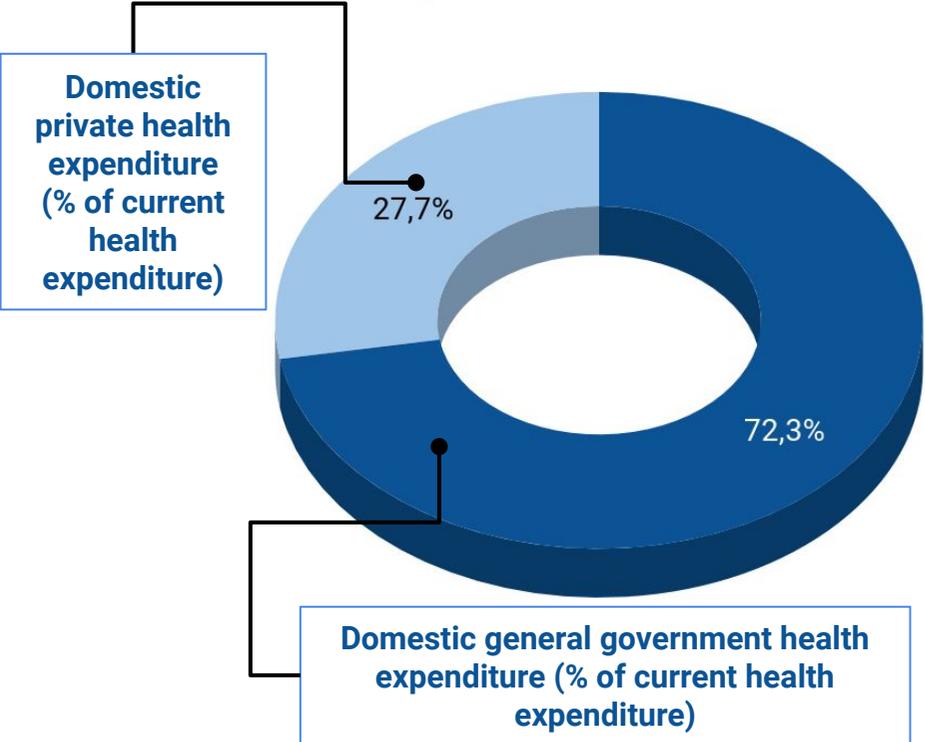
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 70.5 years |
| | HALE/Life Expectancy Difference 2016 | 10.4 |
| Economy | GDP per Capita, Current Prices (2016) | 21.62 thousand (\$) |
| | Annual GDP Growth (2016) | 3.1 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.83 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.47 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 50 |
| | Population over 65, 2016 | 18.5 % |
| | Number of WHO Age Friendly Cities and Communities | 10 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 12.6 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 2236 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 28.4 % of adults |

Longevity-Related Indices

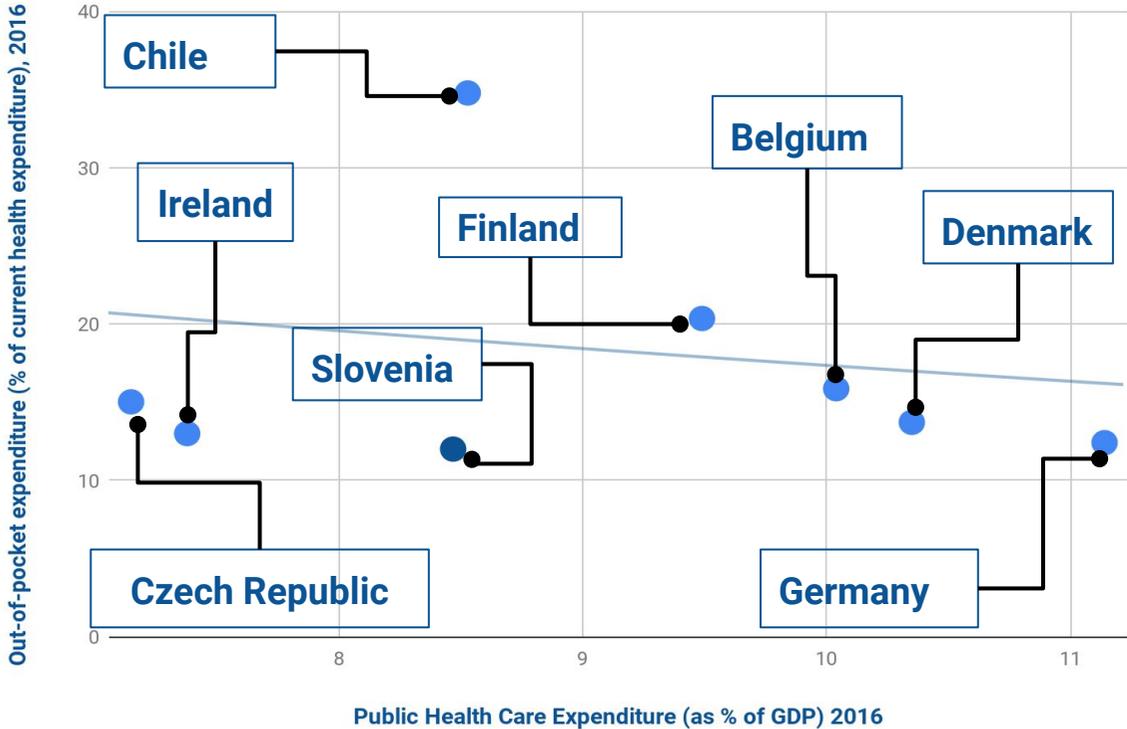


- The Healthcare Access and Quality Index -2016: **91**
- Human Development Index 2016: **0.89**
- E-Government Development Index 2016: **0.78**
- Corruption Perceptions Index 2016: **61**
- Global Gender Gap Index 2016: **0.79**
- Democracy Index 2016: **7.51**

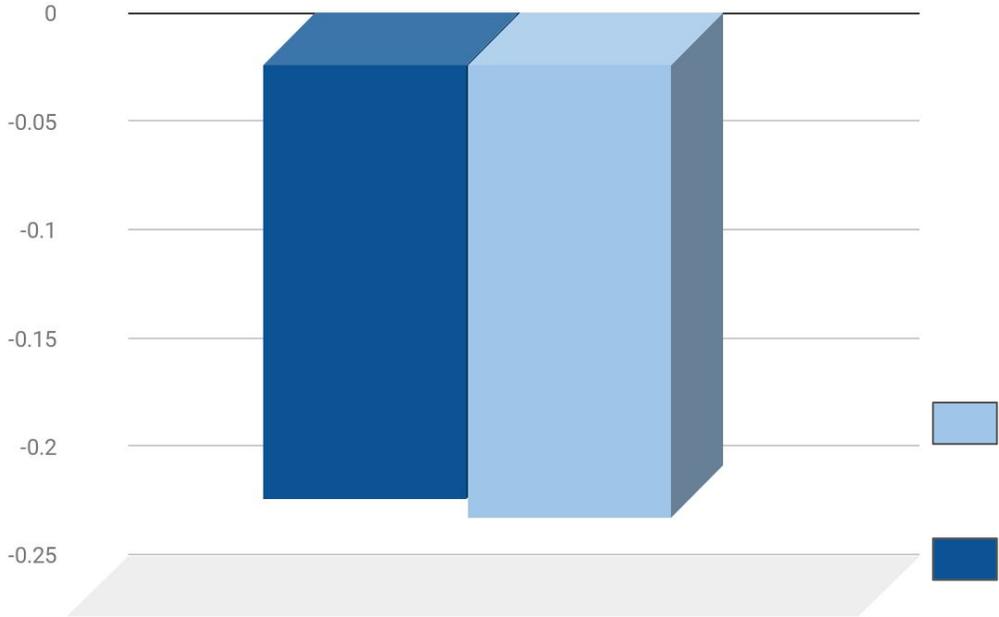
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and High Gap



Effectiveness ratios



Medical workers must continue to be supported in delivering the best evidence-informed high-quality care through firm commitments to training, professional development and access to resources.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

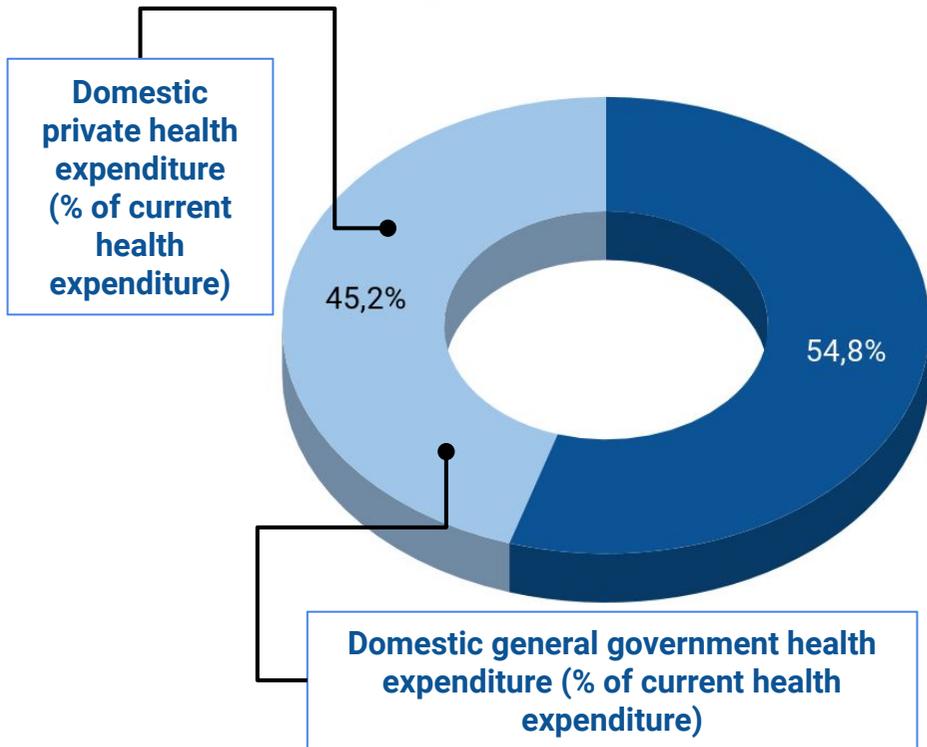
| | | |
|-----------------------|--|--------------------|
| HALE | Both Sexes HALE (2016) | 55.7 years |
| | HALE/Life Expectancy Difference 2016 | 7.07 |
| Economy | GDP per Capita, Current Prices (2016) | 5.26 thousand (\$) |
| | Annual GDP Growth (2016) | 0.6 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.43 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.11 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 5.2 % |
| | Number of WHO Age Friendly Cities and Communities | 0 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.3 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 510 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 53.8 % of adults |

Longevity-Related Indices

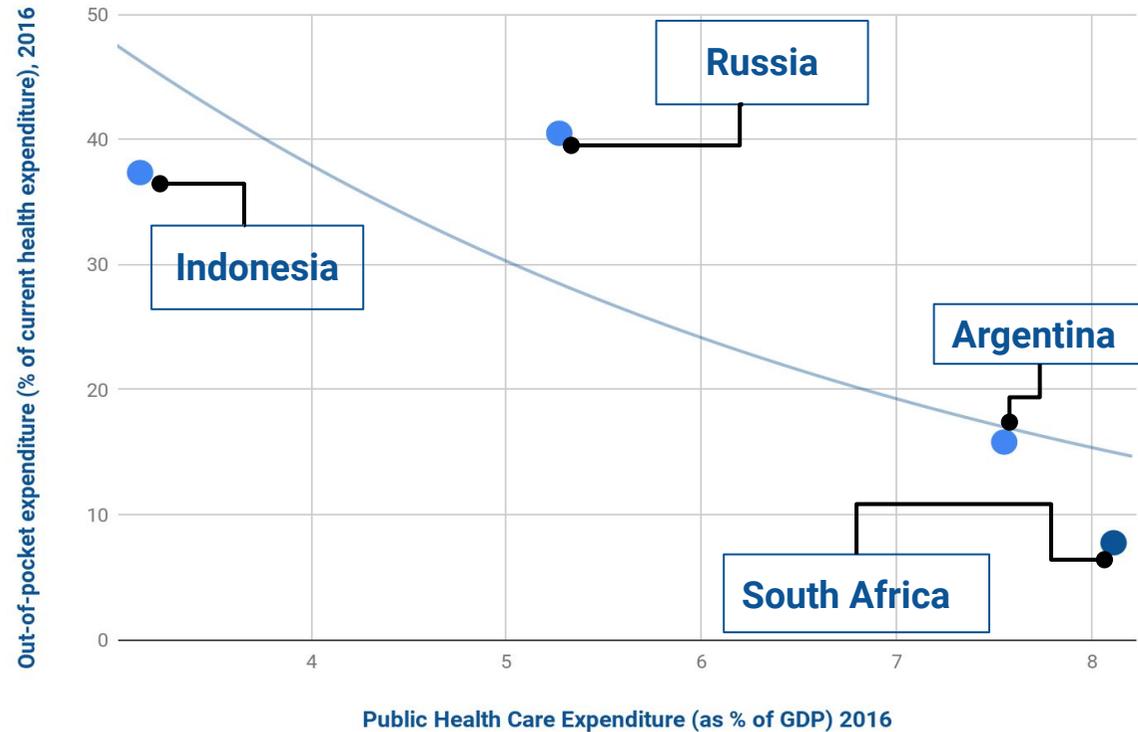


- The Healthcare Access and Quality Index -2016: **50**
- Human Development Index 2016: **0.7**
- E-Government Development Index 2016: **0.55**
- Corruption Perceptions Index 2016: **45**
- Global Gender Gap Index 2016: **0.76**
- Democracy Index 2016: **7.41**

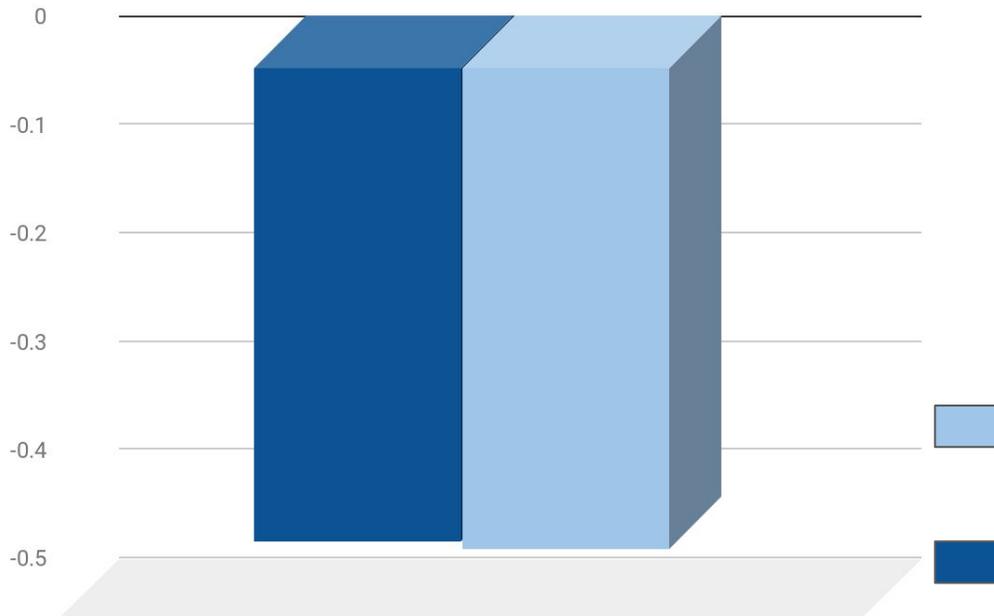
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and Low Gap



Effectiveness ratios



South Africa must focus on making sure all healthcare workers have the right knowledge, skills and resources, for example by training the next generation of scientific leaders. It is needed to focus on the management of institutions and care delivery which is at the districts, hospital and clinic level. Government should address inequality, provide better sanitation facilities, develop agenda to improve public health and decrease burden of chronic diseases.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

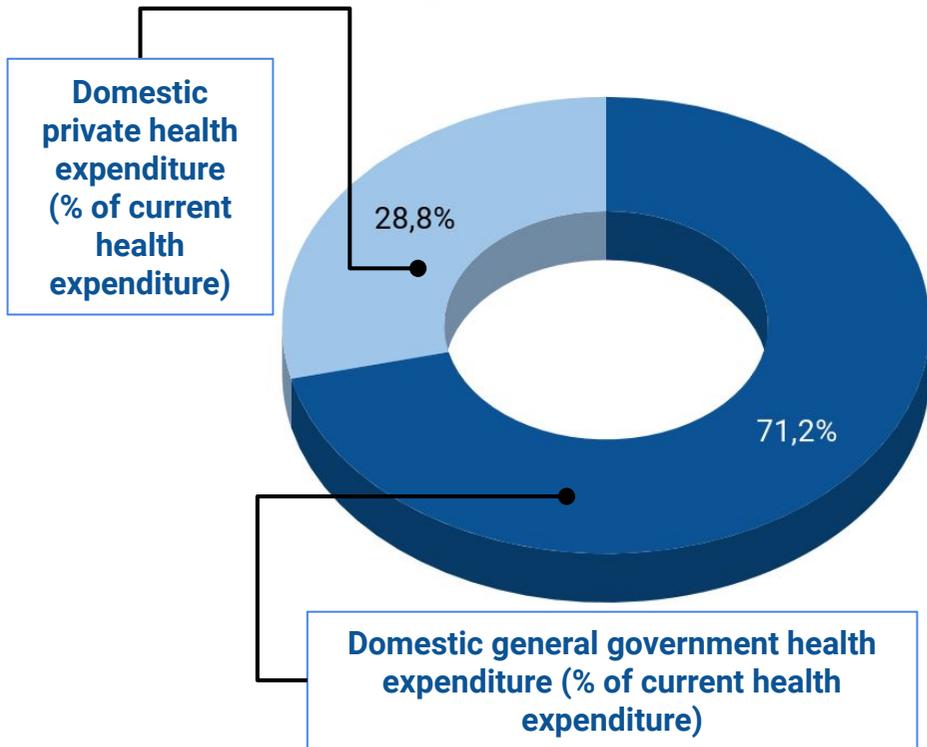


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.8 years |
| | HALE/Life Expectancy Difference 2016 | 9.3 |
| Economy | GDP per Capita, Current Prices (2016) | 26.62 thousand (\$) |
| | Annual GDP Growth (2016) | 3.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 2.39 thousand (\$) |
| | Public Health Care Expenditure 2016 | 8.97 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 51 |
| | Population over 65, 2016 | 19.2 % |
| | Number of WHO Age Friendly Cities and Communities | 164 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 10 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1498 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 61.6 % of adults |

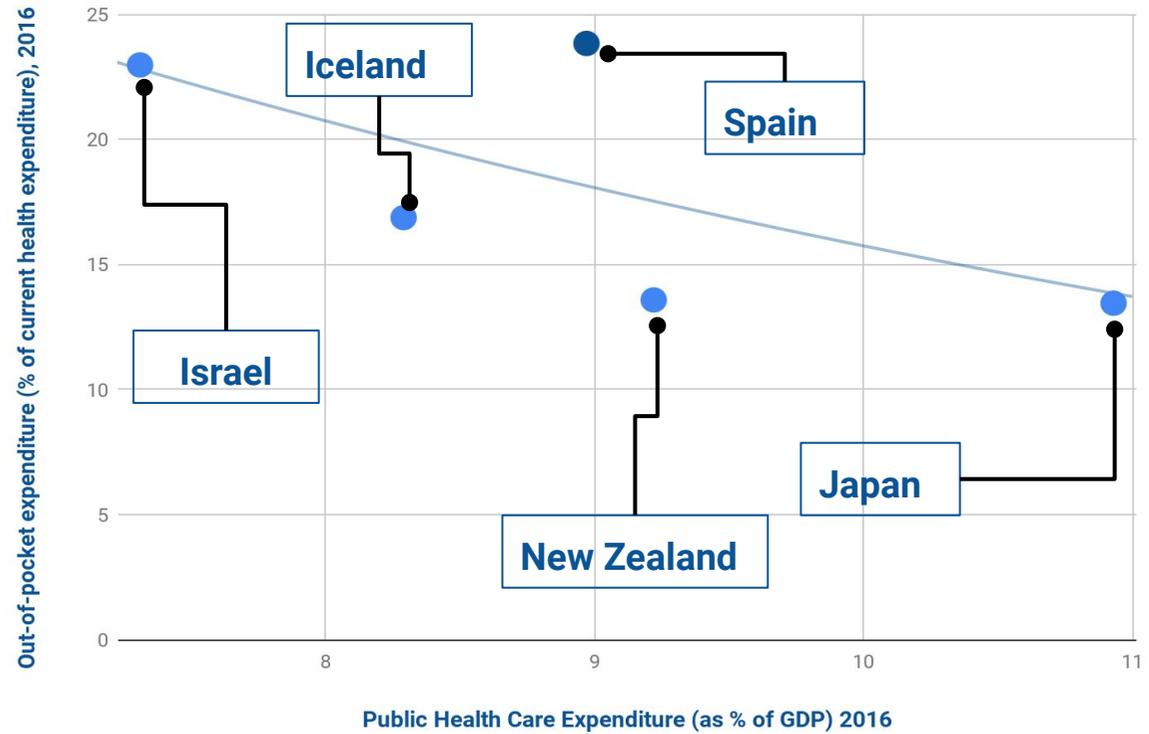
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **92**
- Human Development Index 2016: **0.89**
- E-Government Development Index 2016: **0.81**
- Corruption Perceptions Index 2016: **58**
- Global Gender Gap Index 2016: **0.74**
- Democracy Index 2016: **8.3**

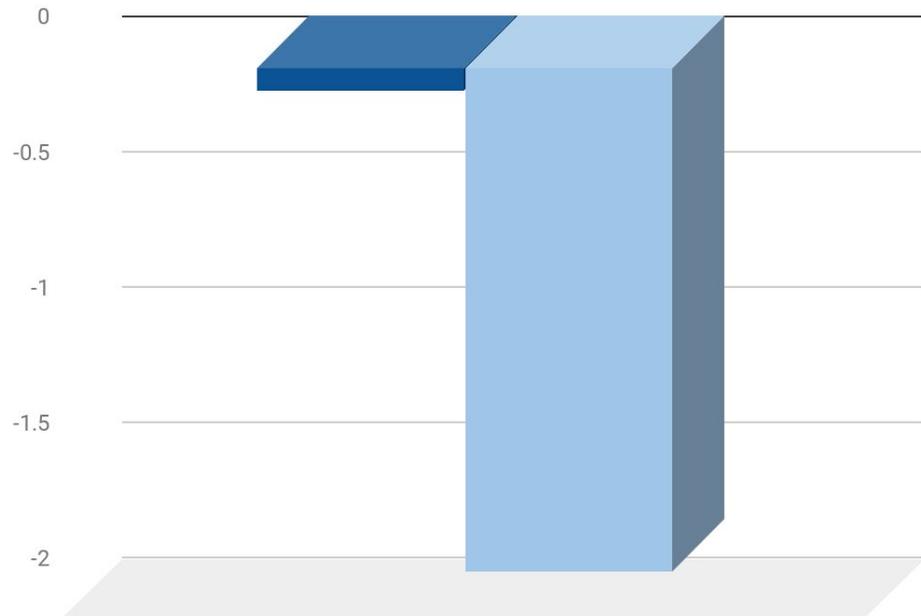
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and Medium Gap



Effectiveness ratios



There are several ways to improve public health and decrease gap between life expectancy and HALE at birth: increase the efficiency and effectiveness of the health provision system, support and encourage healthy eating and physical activity, address aging, customize healthcare services to meet needs of aged population.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

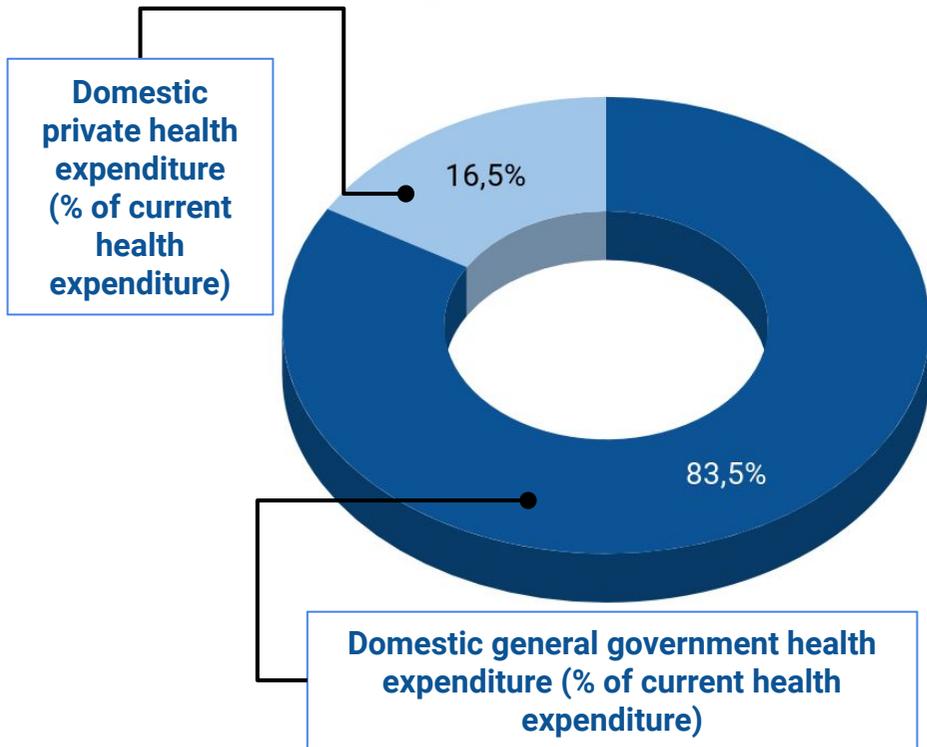
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 72.4 years |
| | HALE/Life Expectancy Difference 2016 | 10 |
| Economy | GDP per Capita, Current Prices (2016) | 51.62 thousand (\$) |
| | Annual GDP Growth (2016) | 2.7 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 5.71 thousand (\$) |
| | Public Health Care Expenditure 2016 | 10.93 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 59 |
| | Population over 65, 2016 | 19.8 % |
| | Number of WHO Age Friendly Cities and Communities | 5 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 716 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 56.4 % of adults |

Longevity-Related Indices

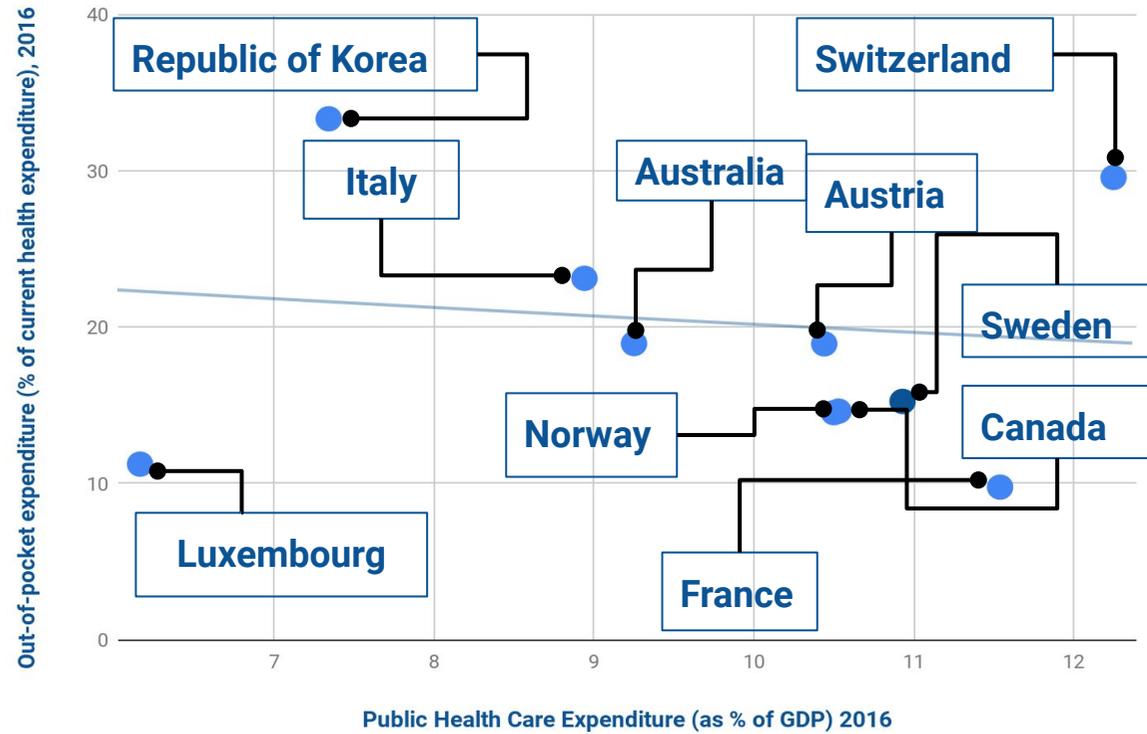


- The Healthcare Access and Quality Index -2016: **95**
- Human Development Index 2016: **0.93**
- E-Government Development Index 2016: **0.87**
- Corruption Perceptions Index 2016: **88**
- Global Gender Gap Index 2016: **0.82**
- Democracy Index 2016: **9.39**

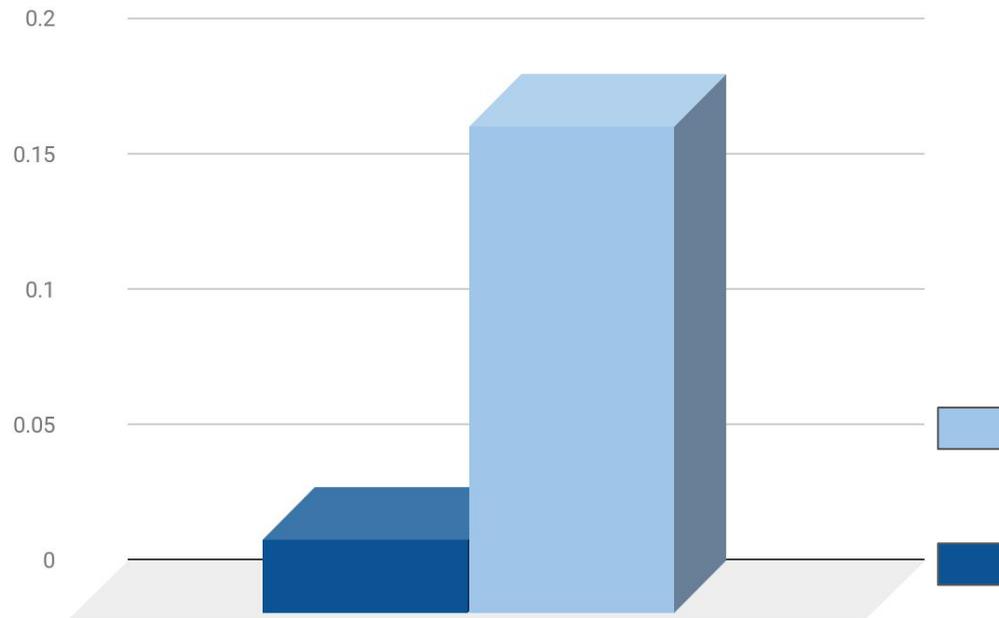
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



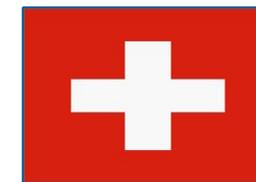
Effectiveness ratios



The government should further develop following initiatives: improve health and medical care that more actively promotes good health, promote good eating habits and safe food to decrease obesity and overweight, reduced use of tobacco and alcohol.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



General metrics

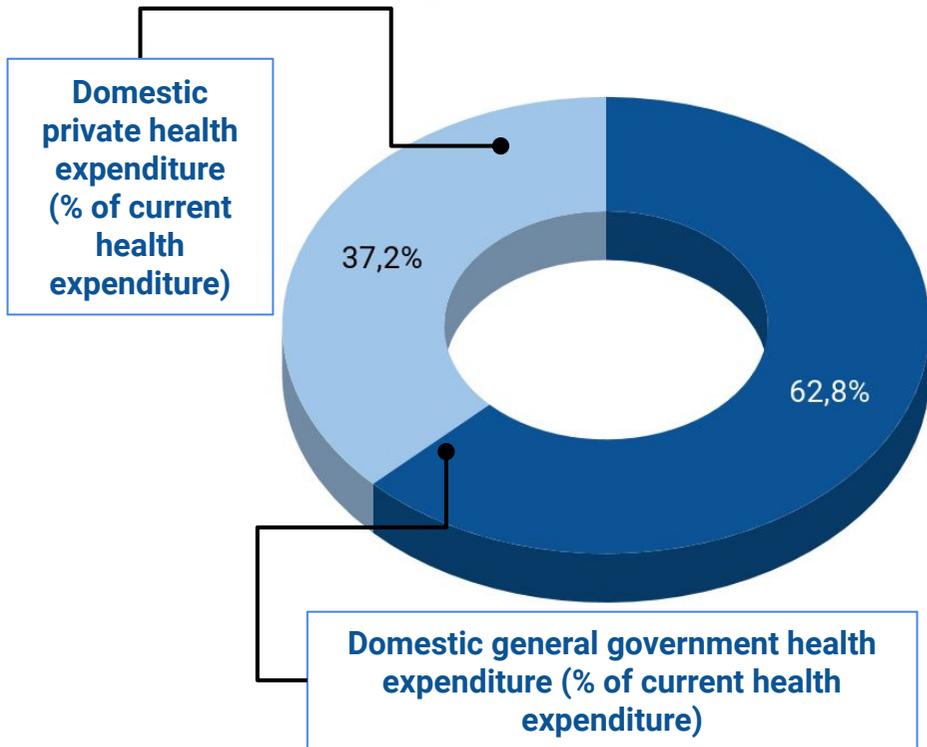
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 73.5 years |
| | HALE/Life Expectancy Difference 2016 | 9.8 |
| Economy | GDP per Capita, Current Prices (2016) | 80.04 thousand (\$) |
| | Annual GDP Growth (2016) | 1.6 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 9.84 thousand (\$) |
| | Public Health Care Expenditure 2016 | 12.25 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 49 |
| | Population over 65, 2016 | 18.2 % |
| | Number of WHO Age Friendly Cities and Communities | 3 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1489 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 54.3 % of adults |

Longevity-Related Indices

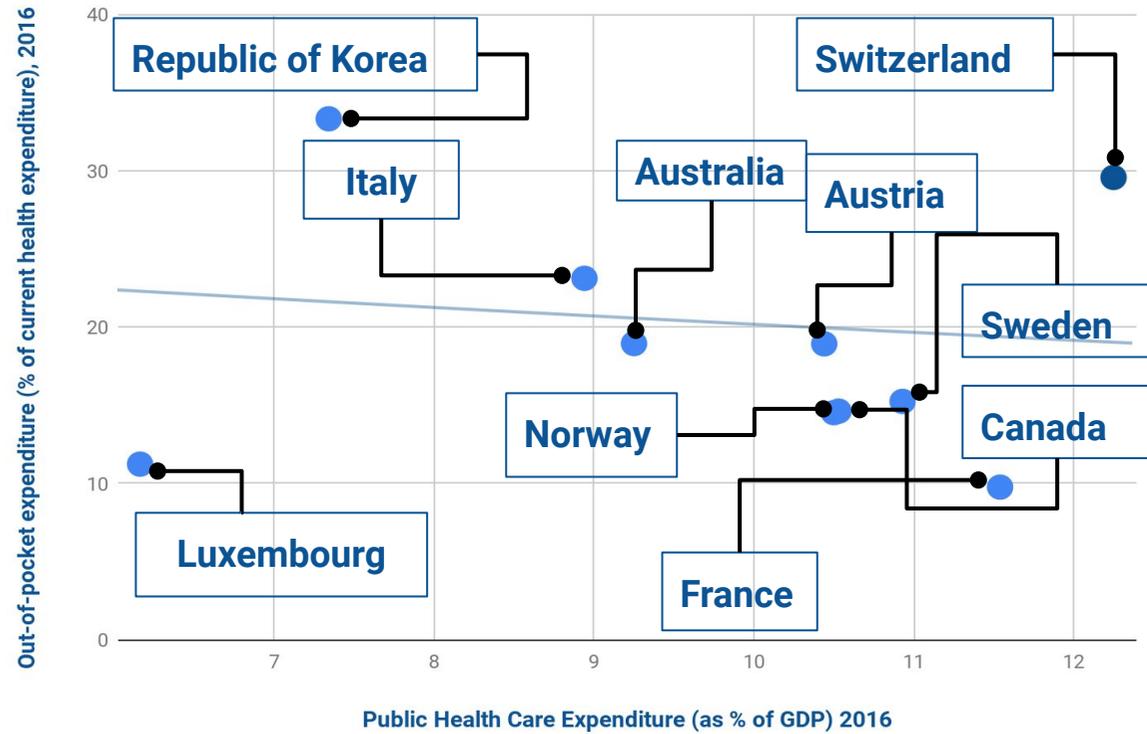


- The Healthcare Access and Quality Index -2016: **96**
- Human Development Index 2016: **0.94**
- E-Government Development Index 2016: **0.75**
- Corruption Perceptions Index 2016: **86**
- Global Gender Gap Index 2016: **0.78**
- Democracy Index 2016: **9.09**

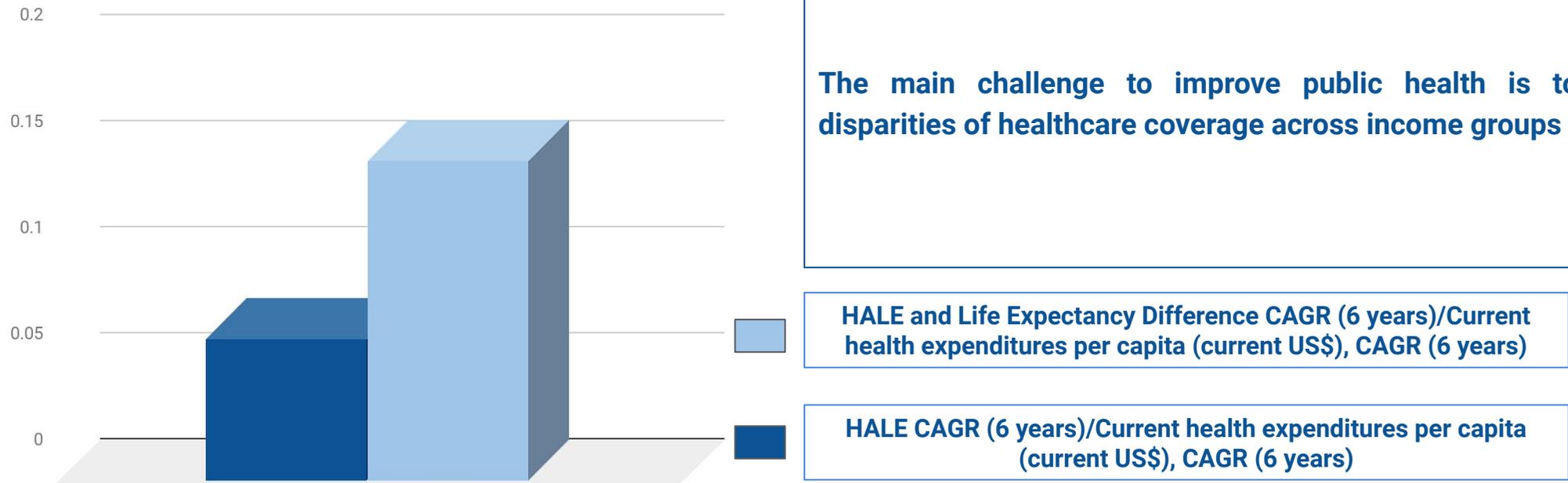
Current Healthcare Expenditure



Countries with High HALE and Life Expectancy and High Gap



Effectiveness ratios



The main challenge to improve public health is to reduce disparities of healthcare coverage across income groups groups.



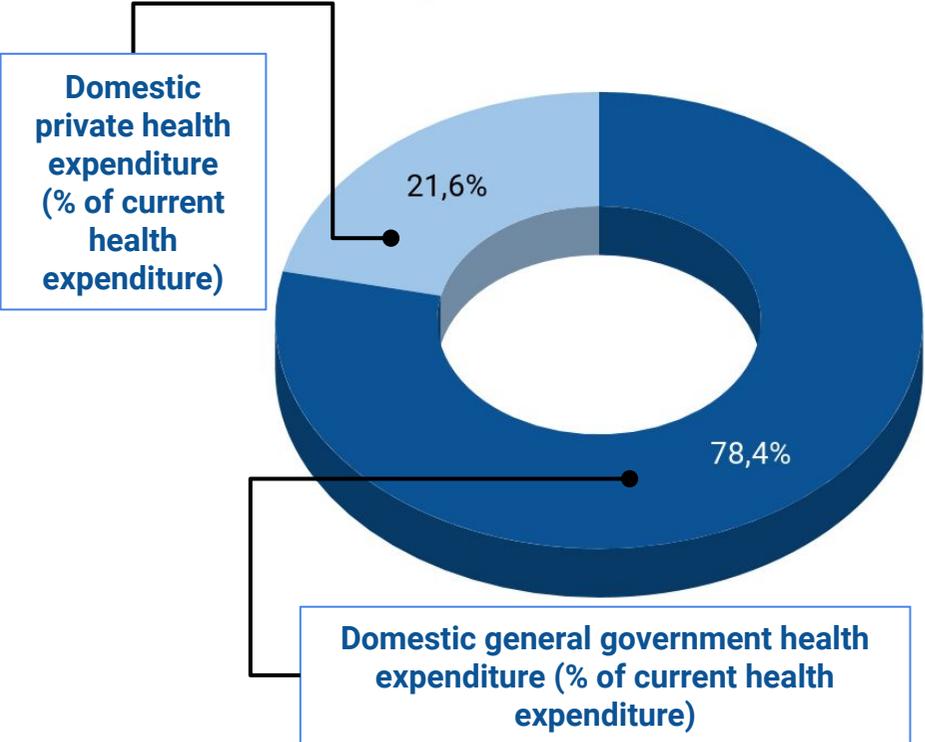
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 66 years |
| | HALE/Life Expectancy Difference 2016 | 9.75 |
| Economy | GDP per Capita, Current Prices (2016) | 10.82 thousand (\$) |
| | Annual GDP Growth (2016) | 3.2 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 0.47 thousand (\$) |
| | Public Health Care Expenditure 2016 | 4.41 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 50 |
| | Population over 65, 2016 | 8 % |
| | Number of WHO Age Friendly Cities and Communities | 4 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 2 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1771 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 66.8 % of adults |

Longevity-Related Indices

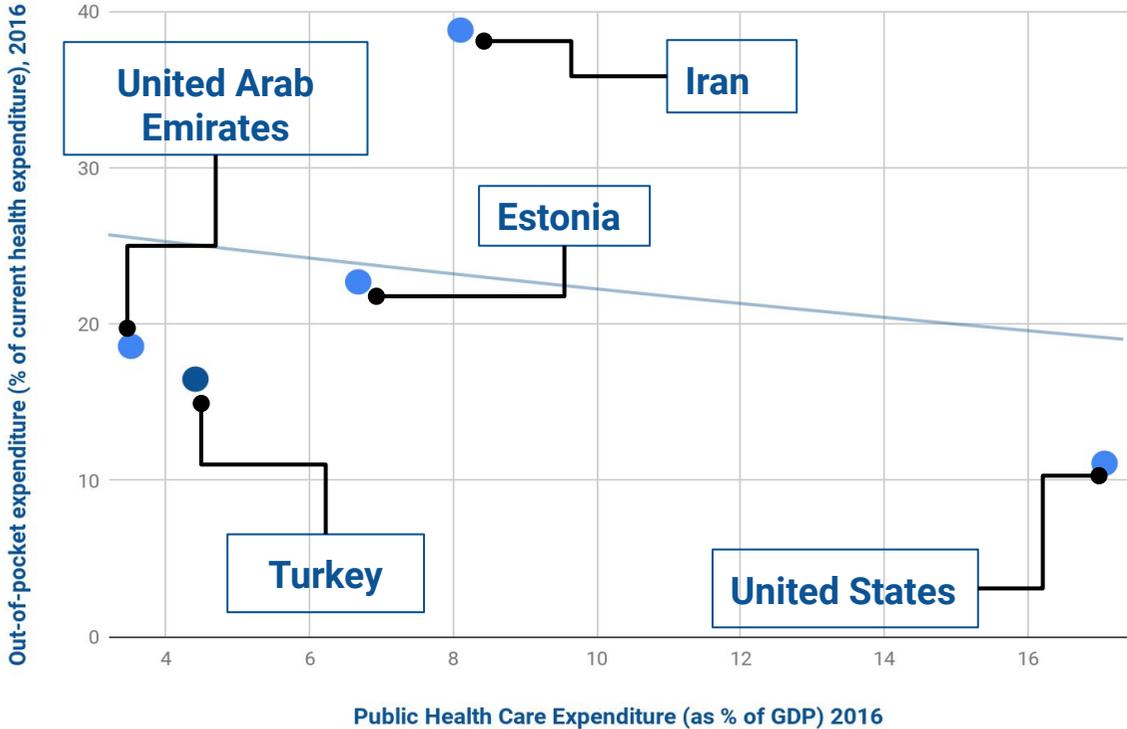


- The Healthcare Access and Quality Index -2016: **74**
- Human Development Index 2016: **0.79**
- E-Government Development Index 2016: **0.59**
- Corruption Perceptions Index 2016: **41**
- Global Gender Gap Index 2016: **0.62**
- Democracy Index 2016: **5.04**

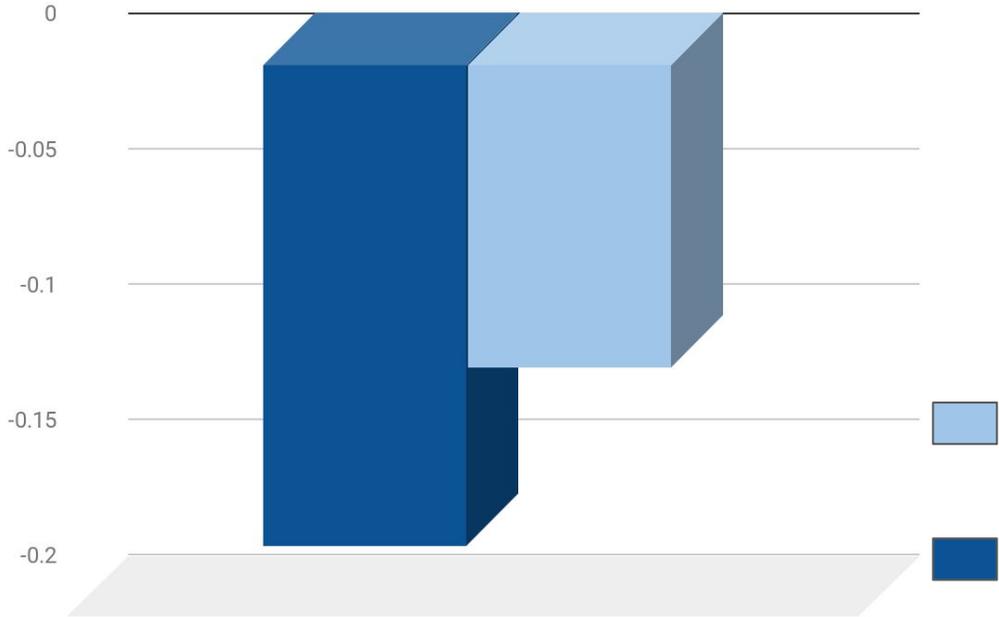
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and High Gap



Effectiveness ratios



Turkey faces a health care system inefficiencies. Infant mortality rate is relatively high and not all population had health insurance, resulting in unequal healthcare access among different population groups. It is need to improve access for high-quality healthcare services and target the main causes of death through government initiatives.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

United Arab Emirates



General metrics

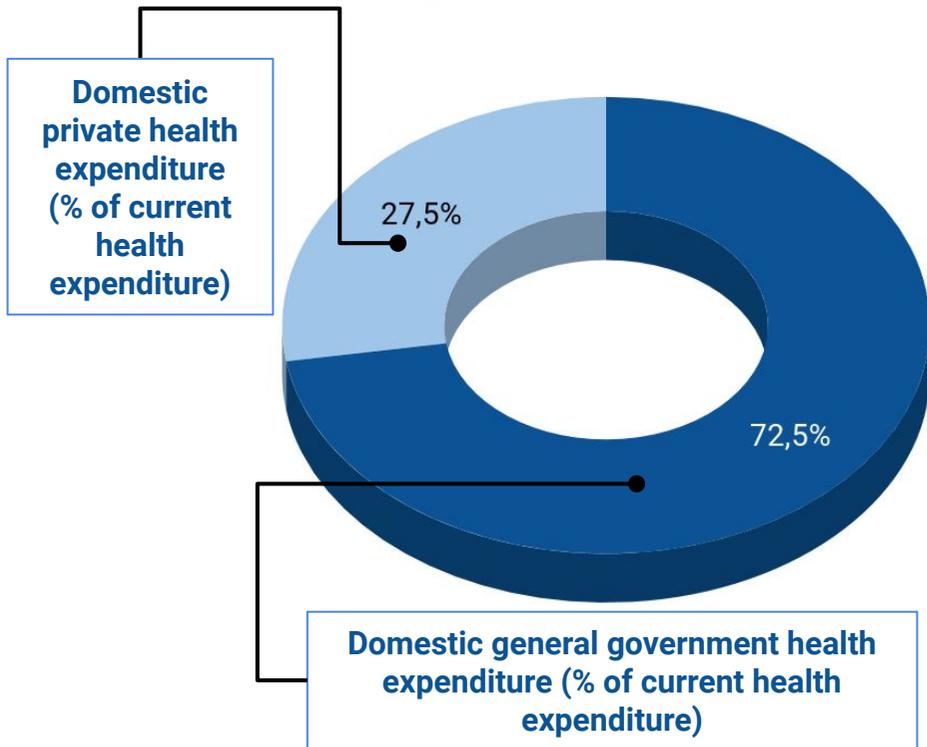
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 66,7 years |
| | HALE/Life Expectancy Difference 2016 | 10.55 |
| Economy | GDP per Capita, Current Prices (2016) | 38.14 thousand (\$) |
| | Annual GDP Growth (2016) | 3 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 1.32 thousand (\$) |
| | Public Health Care Expenditure 2016 | 3.52 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 18 |
| | Population over 65, 2016 | 1.1 % |
| | Number of WHO Age Friendly Cities and Communities | 1 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 3.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 748 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 67.8 % of adults |

Longevity-Related Indices

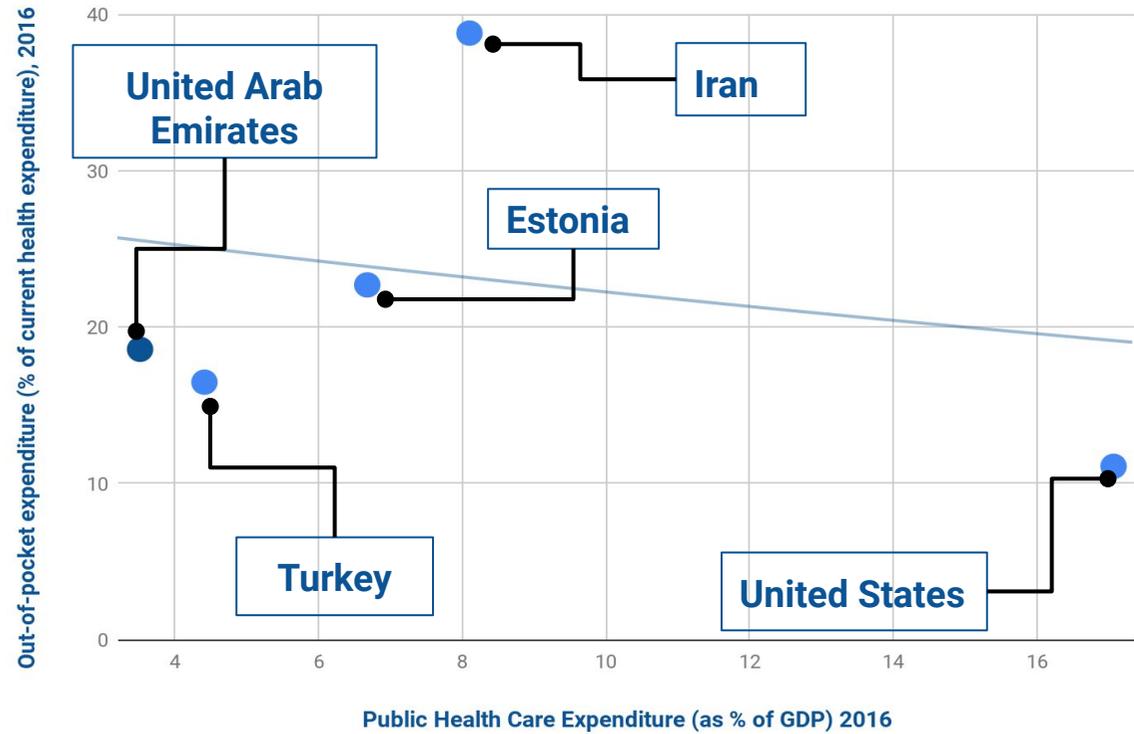


- The Healthcare Access and Quality Index -2016: **70**
- Human Development Index 2016: **0.86**
- E-Government Development Index 2016: **0.75**
- Corruption Perceptions Index 2016: **66**
- Global Gender Gap Index 2016: **0.64**
- Democracy Index 2016: **2.75**

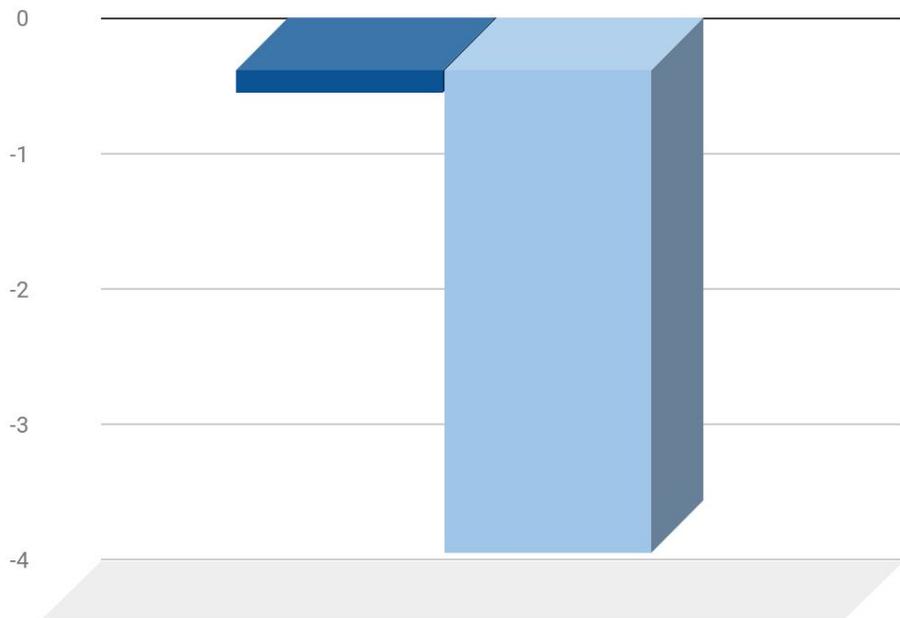
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and High Gap



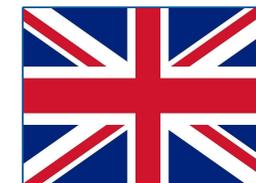
Effectiveness ratios



As residents have high HALE than non-residents in the country it is needed to enhance the health of individuals through the provision of comprehensive health services for both residents and non-residents in order to decrease gap between levels of HALE, through implementing policies, legislations, programs and effective partnerships.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

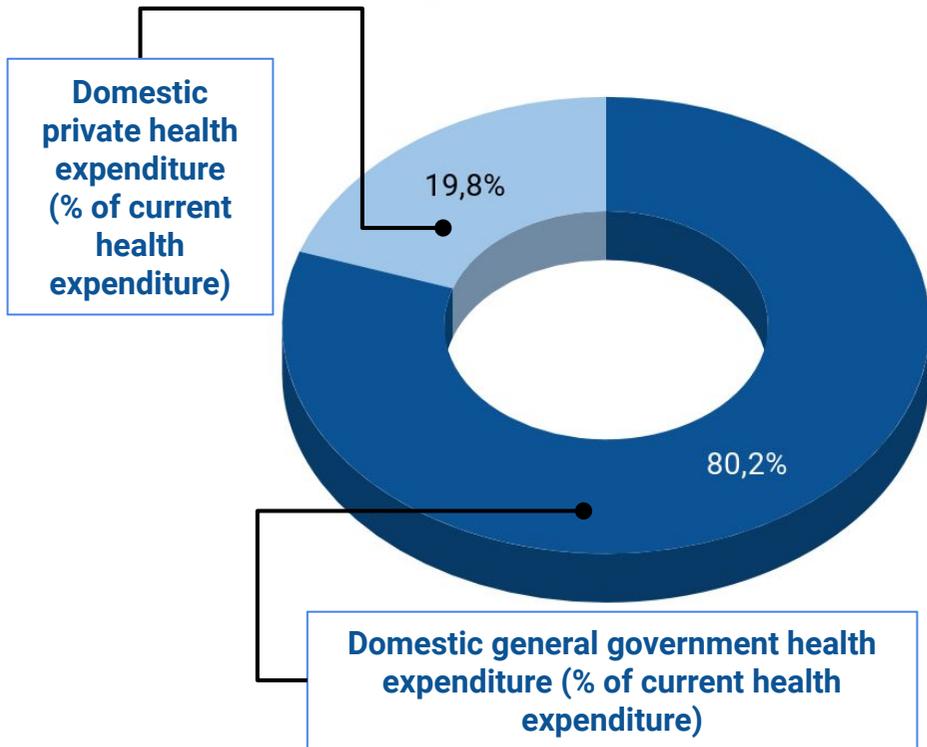


| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 71.9 years |
| | HALE/Life Expectancy Difference 2016 | 9.2 |
| Economy | GDP per Capita, Current Prices (2016) | 40.54 thousand (\$) |
| | Annual GDP Growth (2016) | 1.8 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 3.96 thousand (\$) |
| | Public Health Care Expenditure 2016 | 9.76 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 56 |
| | Population over 65, 2016 | 18.4 % |
| | Number of WHO Age Friendly Cities and Communities | 24 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 11.5 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 827 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 63.7 % of adults |

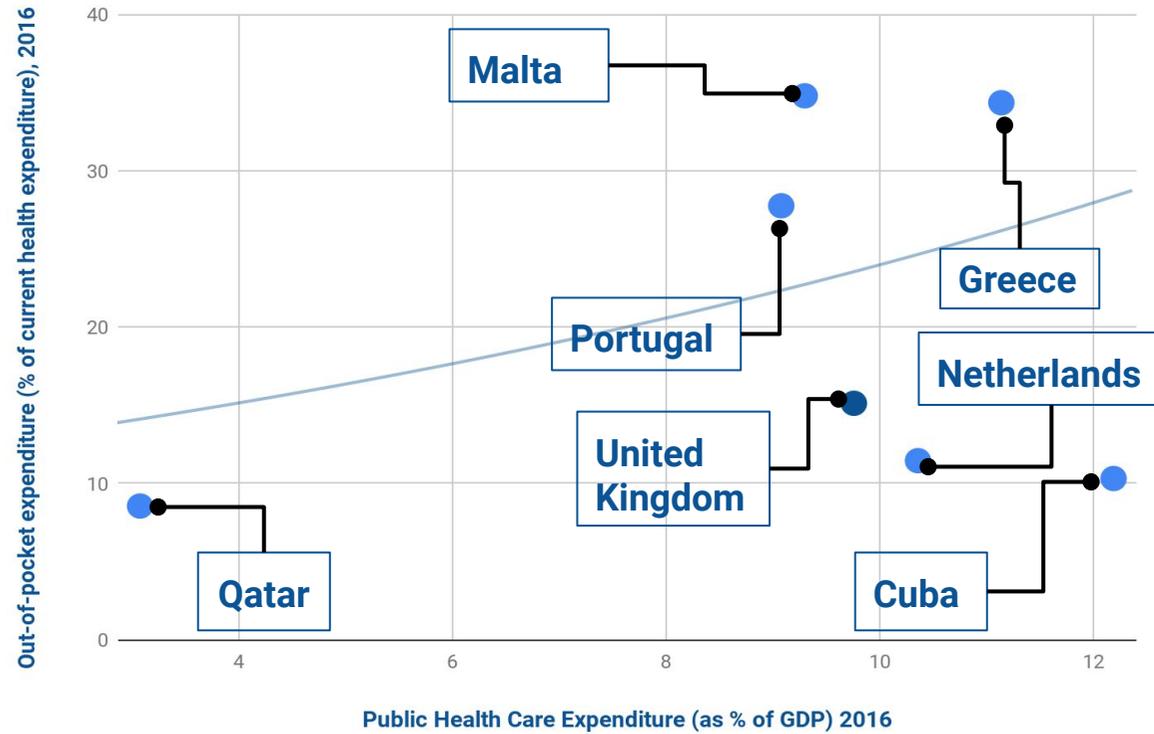
Longevity-Related Indices

- The Healthcare Access and Quality Index -2016: **90**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.92**
- Corruption Perceptions Index 2016: **81**
- Global Gender Gap Index 2016: **0.75**
- Democracy Index 2016: **8.36**

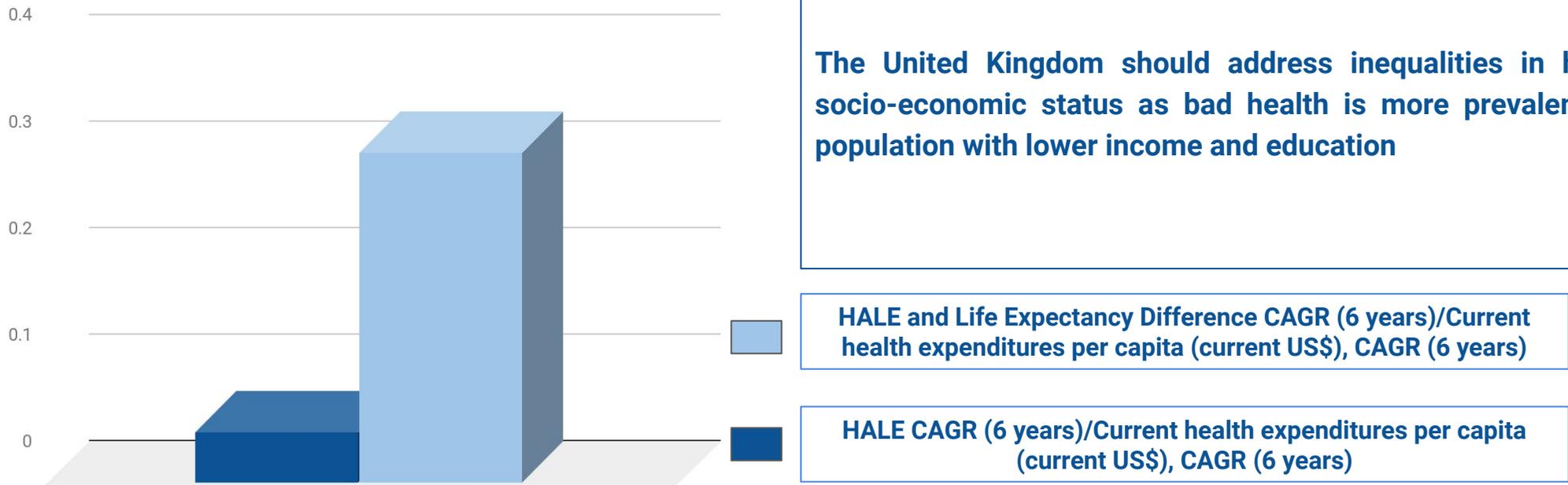
Current Healthcare Expenditure



Countries with Medium HALE and Life Expectancy and Medium Gap

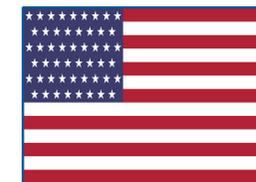


Effectiveness ratios



The United Kingdom should address inequalities in health by socio-economic status as bad health is more prevalent among population with lower income and education

United States of America



General metrics

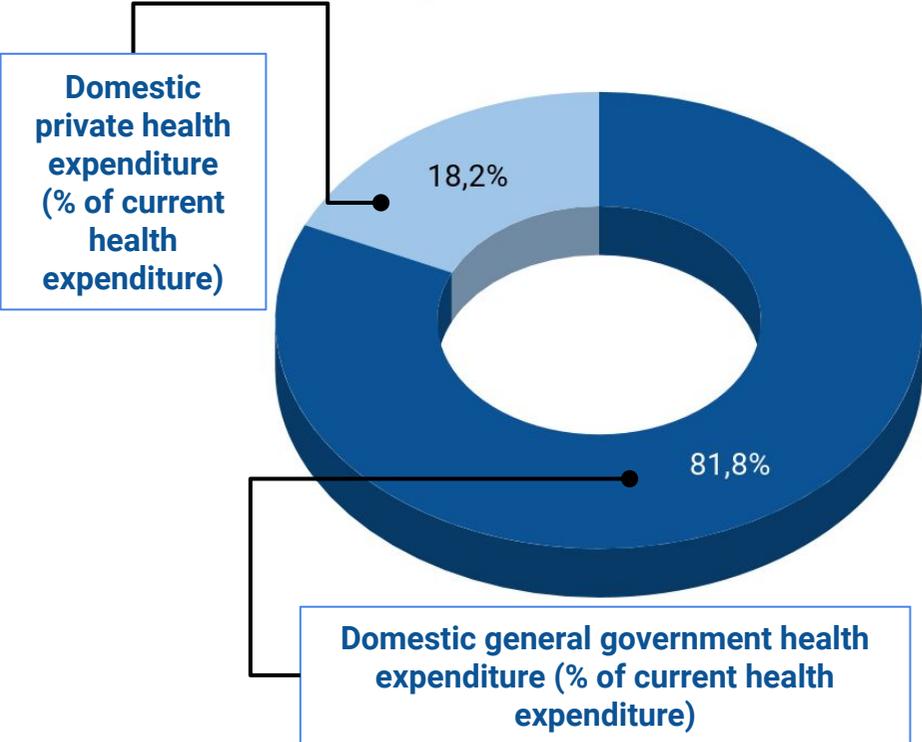
| | | |
|-----------------------|--|---------------------|
| HALE | Both Sexes HALE (2016) | 68.5 years |
| | HALE/Life Expectancy Difference 2016 | 10 |
| Economy | GDP per Capita, Current Prices (2016) | 57.90 thousand (\$) |
| | Annual GDP Growth (2016) | 1.6 % |
| Healthcare | Current Health Expenditure per Capita (2016) | 9.87 thousand (\$) |
| | Public Health Care Expenditure 2016 | 17.07 % of GDP |
| Retirement | Age Dependency Ratio 2016 | 52 |
| | Population over 65, 2016 | 15 % |
| | Number of WHO Age Friendly Cities and Communities | 357 |
| General Health Status | Alcohol Consumption per Capita (Litres of Pure Alcohol) 2016 | 9.8 |
| | Annual Cigarette Consumption (Units per Capita) 2016 | 1016 |
| | Prevalence of Overweight among Adults 2016 (Age-Standardized Estimate) | 67.9 % of adults |

Longevity-Related Indices

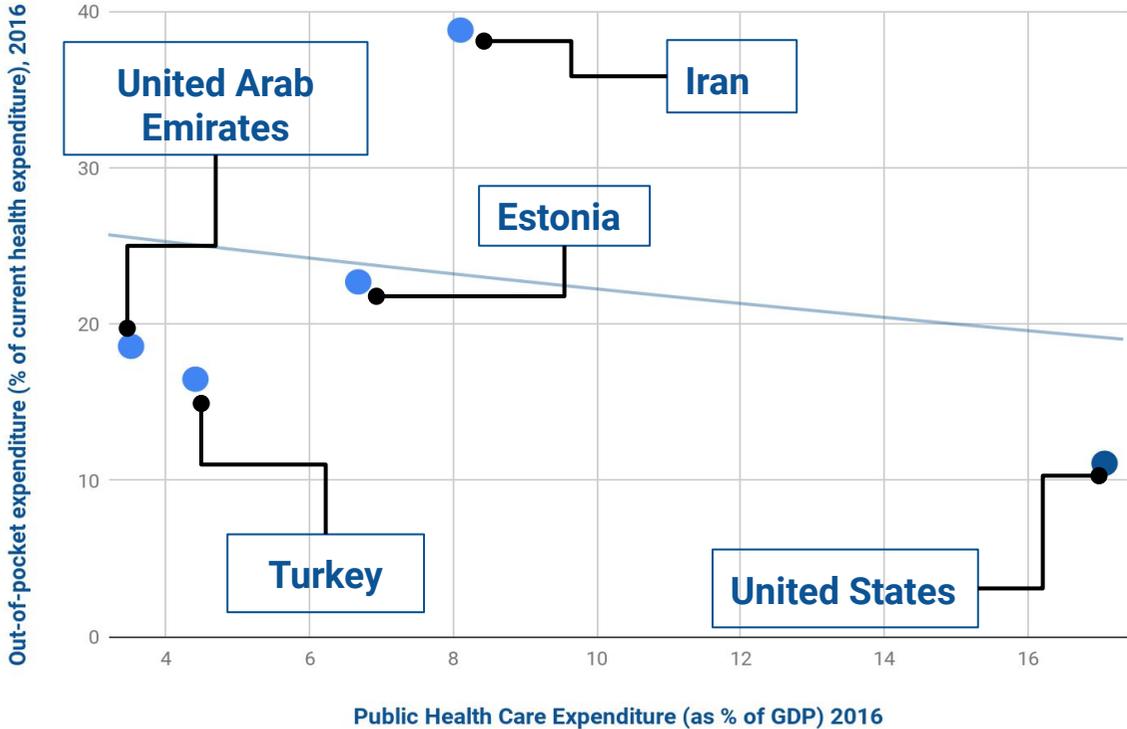


- The Healthcare Access and Quality Index -2016: **89**
- Human Development Index 2016: **0.92**
- E-Government Development Index 2016: **0.84**
- Corruption Perceptions Index 2016: **74**
- Global Gender Gap Index 2016: **0.72**
- Democracy Index 2016: **7.98**

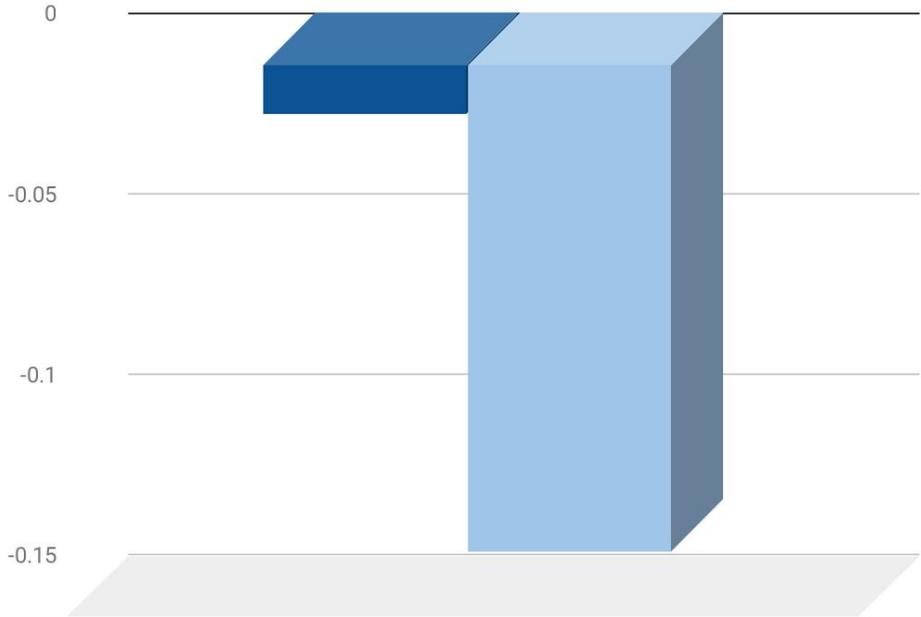
Current Healthcare Expenditure



Countries with Low HALE and Life Expectancy and High Gap



Effectiveness ratios



In order to improve HALE the government of United States should improve health insurance for poor population as there is big income inequality and reduce high administrative costs for cost efficiency. The government should focus on medical advances, some improvements in lifestyle, and screening and diagnosis.

HALE and Life Expectancy Difference CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)

HALE CAGR (6 years)/Current health expenditures per capita (current US\$), CAGR (6 years)



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