European Health and Life Expectancy Information System

Milan, 2015 17th October
Introduction to EHLEIS (1)

- Monitoring life in good health
  - Trends over time
  - Gaps between member states
- Identifying key determinants
  - Scientific analyses
Introduction to EHLEIS (3)

- A permanent dialogue with
  - DG Santé
  - Eurostat
  - All member states
- Especially through the annual country reports
Monitoring 3 health expectancies

- Life expectancy in good perceived health
  
  How is your health in general? Is it... Very good + Good

- Life expectancy without chronic disease
  
  Do you have any chronic illness or condition? No

- Life expectancy without activity limitation
  
  For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Not limited at all
Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for EU27, in 2011, by gender (Health data from SILC)

Life Expectancy at age 65 and expected years
- Without activity limitation
- With moderate activity limitation
- With severe activity limitation

Life Expectancy at age 65 and expected years
- Without chronic morbidity
- With chronic morbidity

Life Expectancy at age 65 and expected years
- In very good or good perceived health
- In fair perceived health
- In bad or very bad perceived health

This project is funded by the Health Programme of the European Union
HEALTH EXPECTANCY IN ITALY

What is health expectancy?

Health expectancies were first developed to address whether or not longer life is being accompanied by an increase in the time lived in good health (the compression of morbidity scenario) or in bad health (expansion of morbidity). So health expectancies divide life expectancy into life spent in different states of health, from good to bad health. In this way they add a dimension of quality to the quantity of life lived.

How is the effect of longer life measured?

The general model of health transitions (WHO, 1984) shows the differences between life spent in different states: total survival, disability-free survival and survival without disabling chronic disease. This leads naturally to life expectancy (the area under the 'mortality' curve), disability-free life expectancy (the area under the 'disability' curve) and life expectancy without chronic disease (the area under the 'morbidity' curve).


There are in fact as many health expectancies as concepts of health. The commonest health expectancies are those based on:

- self-perceived health
- activities of daily living
- chronic morbidity.

How do we compare health expectancies?

Health expectancies are independent of the size of populations and of their age structure and so they allow direct comparison of different population sub-groups: e.g. sexes, socio-professional categories, as well as countries within Europe.


What is in this report?

This report is produced by the European Health Expectancy Monitoring Unit (EHEMU) as part of a country series. In each report we present:

- a description of the main purpose of health expectancies
- the trend in health expectancies for all EU MS showing the country of interest, based on data from the ECHP between 1995 and 2003
- health expectancies based on different dimensions of health for the country of interest, based on data from the Eurobarometer (Issue 0) and SILC (Issue 1 onwards)
- trends in health expectancies over time for the EU, based on the ECHP

References


Life expectancy (LE) and Disability-Free Life Expectancy (DFLE) at birth by gender, Italy compared to other EU countries (Source: European Community Household Panel, 1995-2003)

Key points:
- For women, LE at birth increased by 1.8 years between 1995 and 2003, with even greater increases in DFLE (4.4 years) and a decrease in years with disability (2.6 years - from 11.3 years to 8.7 years), suggesting a substantial compression of morbidity.
- For men, LE at birth increased by 2.4 years between 1995 and 2003 with again even greater increases in DFLE (4.2 years) and a decrease in years with disability (1.8 years - from 8.2 years to 6.4 years), suggesting, as for women, a compression of morbidity.
- Although the gains in LE at birth were only slightly higher than the average across all European Member States, the increases in DFLE at birth were substantially greater than the European average. For both women and men, LE and DFLE at birth are amongst the highest in Europe.

Life and healthy life expectancy at age 65 using different definitions of health based on perceived health, chronic diseases and disability: Italy (Source: Eurobarometer, 2002)

Key points:
- In 2002, LE at age 65 in Italy was 20.6 years for women and 16.6 years for men.
- Based on the Eurobarometer 58, at age 65, women spent 3.5 years in good health, 13.1 years in fair health and 4.0 years in bad health (see above for definition of good health).
- Men of the same age spent 3.7 years in good health compared to 10.1 and 2.8 years in fair or bad health respectively.
- Although the total years lived by men were less than those for women, the years spent in good health according to the generic indicator, were greater for men than women.
- Compared to men, women spent a larger proportion of their life in ill health and these years of ill health were more likely to be years with severe health problems.

These results should be interpreted cautiously given the small sample size (in Italy 118 women and 94 men aged 65+ years) and the lack of the institutional population. However they serve as an example of future yearly calculations of the "Years of Healthy Life" and other health expectancy indicators which will be possible once the SILC-survey data become routinely available.

Published results and other reports of health expectancies for Italy

Life expectancy (LE) and Healthy Life Years (HLY) at age 65 for Austria and the European Union (EU15 and EU25) based on ECHP (1995-2001) and SILC (2005-2007)

Key points:

- Austrian life expectancy (LE) at age 65 has increased by 1.9 years for women and 2.4 years for men over the 1997-2007 period: it was in the EU15 average in 2001 but by 2007 was higher than the EU25 average.
- Over the 1995-2001 period, health expectancy based on activity limitation (HLY) at age 65 from the ECHP data steadily increased. Therefore the proportion of HLY (years without self-reported limitations due to a health condition or disability) within the total expected years, increased for both sexes, being close to 57% for women and 59% for men by 2001. Between 1995 and 2001 HLY in Austria was above the average for the EU15.
- The new HLY series, initiated in 2005 with the SILC data, shows values for Austria being in 2007 1.0 and 1.3 years below the EU15 average for women and men respectively. In 2007 women and men at age 65 can expect to spend 37% and 41% of their life without self-reported long-term activity limitations respectively. Compared to earlier trends, the SILC question may result in people reporting limitations of different severity. Between 2005 and 2007 HLY increased in Austria.

Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Austria (Health data from SILC 2007)

Key points:

- In 2007, LE at age 65 in Austria was 21.0 years for women and 17.6 years for men.
- Based on the SILC 2007, at age 65, women spent 7.7 years (37% of their remaining life) without activity limitation (corresponding to Healthy Life Years (HLY)), 6.9 years (32%) with moderate activity limitation and 6.4 years (31%) with severe activity limitation.
- Men of the same age spent 7.0 years (41% of remaining life) without activity limitation compared to 6.3 years (36%) with moderate activity limitation and 4.0 years (23%) with severe activity limitation.
- Although the total years lived by men were less than those for women, the numbers of years lived in very good or good perceived health and the years lived without activity limitation were almost similar. However, the numbers of years lived without chronic morbidity were greater for women than men.
- Compared to men, women spent a larger proportion of their life in all health states and these years of life were more likely to be years with severe health problems.

Published results and other reports of health expectancies for Austria


Key points:

Danish life expectancy (LE) at age 65 has increased by 1.4 years for women and 1.8 years for men over the period 2000-2010: LE for both sexes between 1995 and 2001 was below the EU15 average. In 2010 LE for both sex was below the EU25 (21.3 years for women and 17.8 years for men).

Over the 1995-2001 period, health expectancy based on activity limitation (HLY) at age 65 from the ECHP di remained almost stable. The proportion of HLY (or years without self-reported limitations due to health condition or disability), within the total expected years, increased for both sexes, being close to 56% for women and 51% for men in 2001. Between 1995 and 2001 HLY in Denmark was close to the EU15 average.

Because the wording of the GALI question in the Danish survey was changed in 2008 to better reflect the standard, HLY estimates for Denmark are shown only from 2008. The Danish values were much higher than 1 EU25 average in 2010 (9.0 for women and 8.7 for men), 3.8 and 3.1 years higher for women and men respectively. Therefore, Danish women and men at age 65 can expect to spend 65% and 69%, respectively, their remaining life without self-reported long-term activity limitations. Moreover HLY increased more between 2009 and 2010 in Denmark.

In 2010, LE at age 65 in Denmark was 19.7 years for women and 17.0 years for men.

Based on the SILC 2010, at age 65, women spent 12.8 years (65% of their remaining life) without activity limitation (corresponding to Healthy Life Years (HLY)) 4.8 years (24%) with moderate activity limitation and 2.1 years (11%) with severe activity limitation.

Men of the same age spent 11.8 years (69% of their remaining life) without activity limitation, 3.6 years (21%) with moderate activity limitation and 1.6 years (11%) with severe activity limitation.

Although all the health expectancy the years of life spent in positive health were slightly greater for women than men, women spent a larger proportion of their life in ill health.

These results should be interpreted cautiously given the lack of the institutional population, such as people living in nursing homes, and the size of the samples varying from 1,300 in Denmark to 10,126 in Italy. The sample size for Denmark comprised 680 women and 620 men aged 65+ years in 2010.

* These may not sum to Life Expectancy due to rounding.

Publications and reports on health expectancies for Denmark

Life expectancy (LE) and Healthy Life Years (HYL) at age 65 for Belgium and the European Union (EU25) based on SILC (2004-2012)

Key points:
Belgian life expectancy (LE) at age 65 has increased by 1.1 years for women and 1.2 years for men over the period 2004-2012. By 2012 LE was below the EU25 average for women (21.4) and for men (18.0).

The new HLY series, initiated in 2004 with the SILC data, shows values for Belgium being in 2012 above the EU25 average (8.7 for women and 8.6 for men) by 2.4 year for women and 2.1 year above for men.

In 2012 women and men at age 65 can expect to spend 52% and 60% of their life without self-reported long-term activity limitations respectively. HLY increased significantly between 2011 and 2012.

Note that the wording of the GALI question was slightly changed in Belgium in 2003 to better reflect the EU standard.

Prevalence of activity limitation in Belgium and in the European Union (EU27) based on the GALI question, by sex and age group (SILC, Mean 2010-2012)

Reports of limitation in usual activities strongly increase with age in European Union and women systematically report slightly more activity limitation than men. Compared to the mean trajectory age, observed in the European Union in the years 2010-2012, Belgium tends to display same prevalence of activity limitation before the age 50 years for men and 45 years women and lower prevalence after this age for both sexes.

These results should be interpreted with caution as samples sizes in the SILC survey vary remarkably; for instance in 2012 they ranged from 5942 in Denmark to 40827 in Italy. In 2012, the sample size for Belgium comprised 5803 women and 5389 men aged 16 years and over.

Life and health expectancies at age 65 based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Belgium (Health data from SILC 2012)

Key points:
In 2012, LE at age 65 in Belgium was 21.3 years for women and 17.7 years for men.

Based on the SILC 2012, at age 65, women spent 11.1 years (52% of their remaining life) without activity limitation (corresponding to Healthy Life Years [HLY]), 6.3 years (31%) with moderate activity limitation and 3.7 years (17%) with severe activity limitation.

Men of the same age spent 10.7 years (60% of their remaining life) without activity limitation compared to 4.7 years (27%) with moderate activity limitation and 2.3 years (13%) with severe activity limitation.

The number of years lived in very good or good perceived health, the years lived without chronic morbidity and the HLY were greater for women than men. However, compared to men, women spent a larger proportion of their life ill health, and spent more years with severe health problems.

These results should be interpreted cautiously given the lack of the institutional population, such as people living in nursing homes.

Publications and reports on health expectancies for Belgium

- Cox B, Van Oyen H, Robine JB. Life expectancy and health expectancy for European countries. Eurostat, 55-60.
Trends in total life expectancy (LE) and life expectancy without activity limitation (HLY) at age 65 in the European Union (EU25) from 2005 to 2012

Key points:

Over the 7 years period, since EHLEIS monitors the number of Healthy Life Years (HLY) in the European Union (EU), the total life expectancy at age 65 (LE65) has increased by 1.34 years for men and by 1.18 years for women in the EU25, leading to a very small decrease in the gender gap (3.43 vs. 3.59 years). The change over time is quite similar for all Member States (MS) and the initial gap between the old EU15 and the new MS (EU10) hardly changed: 3.1 years in 2005 (17.1 vs. 14.0) and 3.2 years in 2012 (18.4 vs. 15.2) for men; 2.6 years in 2005 (20.6 vs. 18.0) and 2.4 years in 2012 (21.8 vs. 19.4) for women.

The evolution of the HLY is less favorable. The number of HLY did not change from 2005 to 2012. Actually the life expectancy without any reported activity limitation at age 65 (HLY65) for men, increased only by 0.06 years in the EU15 and decreased by 0.02 years in the EU10 and, for women, decreased by 0.06 years in the EU15 and by 0.69 years in the EU10. There have been little changes in the observed inequity between the EU15 and the new MS. These gaps fluctuated between 1.8 and 2.8 years for men and between 1.1 and 2.6 years for women without any clear trends. In 2012, the HLY reached 8.8 and 9.0 years for men and women in EU15 and 7.0 and 7.2 years for men and women in EU10.

As a consequence of these different trends, the proportion of years lived with activity limitation after the age of 65 years increased: from 48.6% to 52.0% for men and from 56.3% to 58.8% for women in the EU15; from 50.0% to 54.5% for men and from 56.1% to 62.7% for women in the EU10. Observed trends in HLY for both males and females challenge current EU objectives on active and healthy aging.

The European Health and Life Expectancy Information System (EHLEIS) is part of BRIDGE-Health (Bringing Information and Data Generation for Evidence-based Health Policy and Research) which aims to prepare the transition towards a sustainable and integrated EU health information system within the third EU Health Programme, 2014-2020 (www.bridge-health.eu). EHLEIS comes from the EU Health Monitoring Programme with the two EURO-REVES projects (1999-2002). It was designed within the European Health Expectancy Monitoring Unit Project (EHEMU, 2004-2007) under the first EU Health Programme and has been developed by the EHLEIS Project (2007-2010) under the second EU Health Programme and then expanded by the Joint-Action on the Healthy Life Years (2011-2014). Technically, EHLEIS is maintained by the French National Institute of Health and Medical Research (INSERM) in Montpellier. See www.eurohex.eu for more information. Since it inception, EHLEIS is working with a network of correspondents throughout the EU, especially for the production of the yearly country reports Health Expectancy in ...

Acknowledgements

Herman Van Oyen (Scientific Institute of Public Health) has contributed to this report and its translation.
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This project is funded by the Health Programme of the European Union
Activity report (2)

- Starting in...
  - 2006: discussing interpretation with national correspondents (26 MS)
  - 2010: translating in national languages (22 MS)
  - 2011: posting on national statistical and/or public health national websites (21 MS)
  - 2013: Adding national pages (19 MS)
Advanced research on European health expectancies

This project is funded by the Health Programme of the European Union
The next country reports will be released on October 20\textsuperscript{th}, 2015 in Brussels.
Key points:

Swedish life expectancy (LE) at age 65 has increased by 0.6 years for women and 1.3 years for men over the period 2004-2013. LE was similar to the EU28 average (21.3 for women and 17.9 for men) for women and was 0.9 year above for men in 2013.

The new HLY series, initiated in 2004 with the SILC data, shows values for Sweden in 2013 being above the EU28 average (18.6 for women and 14.5 for men) by 5.2 and 4.4 years for women and men respectively. In 2013 women and men at age 65 can expect to spend 65% and 69% of their life without self-reported long-term activity limitations respectively. The HLY trends should be interpreted with caution. Before 2006 (values not displayed) the wording of the GAIL question was not comparable with the later years. The new wording was again changed in 2008. Between 2008 and 2010 HLY strongly increased in Sweden for women and men but slightly decreased in 2011. In 2012 HLY slightly increased for both sexes and continue to increase in 2013.

Prevalence of activity limitation in Sweden and in the European Union (EU27) based on the GAIL question, by sex and age group (SILC, Mean 2011-2013)

Reports of limitation in usual activities strongly increase with age in the European Union and women systematically report slightly more activity limitation than men. Compared to the mean trajectory by age observed in the European Union in the years 2011-2013, Sweden tends to display much lower prevalence rate of activity limitation after the age of 65 for both sexes. Indeed this prevalence reaches: only about 40% for men and women at age 85 and over versus 70% and 75% in the European Union respectively. These results should be interpreted with caution as sample sizes in the SILC survey vary remarkably; for instance in 2013 they ranged from 5429 in Denmark to 38039 in Italy. In 2013, the sample size for Sweden comprised 3171 women and 3030 men aged 16 years and over.

Life expectancy at age 65 and expected years

- Without activity limitation
- With moderate activity limitation
- With severe activity limitation

Life expectancy at age 65 and expected years

- Without chronic morbidity
- With chronic morbidity

Publications and reports on health expectancies for Sweden

- Lagergren macrocare and social Ministry.
This project is funded by the Health Programme of the European Union.

ORGANISERS

| BRIDGE Health |

Bridging Information and Data Generation for Evidence-based Health Policy and Research (BRIDGE Health) aims to prepare the transition towards a sustainable and integrated European health information system.

www.bridge-health.eu

| EHLEIS |

European Health & Life Expectancy Information System (EHLEIS) monitors and analyses health trends and gaps in Europe. EHLEIS promotes the use of the Structural indicator Healthy Life Years (HLY).

www.eurohex.eu

| WIV-ISP |

The Scientific Institute of Public Health (WIV-ISP) is the scientific reference in the field of public health. Through innovative research, analyses, monitoring activities and expert advice, it supports health policy and policymaking. That way it contributes to a healthy life for all.

www.wiv-ispe.be

| Brussels, October 30th 2015 |

The EU healthy and active ageing target: aiming for two additional healthy life years at birth by 2020.

At midpoint, where do we stand?
**PROGRAM**

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<th>MORNING</th>
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<td>10:00</td>
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<tr>
<td>Healthy ageing in Europe today</td>
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<td><em>Chair:</em> H Brønnum-Hansen (DK)</td>
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<td>o Welcome</td>
<td>H Van Oyen (BE) &amp; JM Robine (FR)</td>
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<td>o European Union 2020 strategy: the flagship initiative on active and healthy ageing: an overview</td>
<td>J Antunes (DG-Sante)</td>
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<td>o Old age is normal</td>
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<td>o Trends in Healthy Life Years in Europe and at global level</td>
<td>JM Robine (FR)</td>
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<td>o What factors divide EU countries on Healthy Life Years</td>
<td>C Jagger (UK)</td>
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<td>Lunch break</td>
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<tr>
<td>Round Table 1</td>
<td>14:00</td>
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<td><em>Keeping people healthy and active longer: What do we know and how can we move forward?</em></td>
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<td><em>Chair:</em> F Vandebroucke (BE)</td>
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<td>o Intro to round table</td>
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<td>o Gender gap in Healthy Life Years</td>
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| Round Table 2 | 15:20 |
| *Keeping people healthy and active longer: Policy views* |  |
| *Chair:* E Nolte (UK) |  |
| o Intro to round table | E Nolte (UK) |  |
| o Monitoring strategic health policies such as the active and healthy ageing 2020 policy in Europe. Strength and limitations of the Healthy Life Years indicator | P Wolff (Eurostat) |  |
| o Validity of the health measure of the Healthy Life Years | H Van Oyen (BE) |  |
| o Healthy Life Years and policy. Reflection of: |  |
| → DG-Sante | J Antunes (DG-Sante) |  |
| → MEP |  |
| → a Member State | J De Cock (BE) |  |
| Round up | J Peeters (BE) | 17:20 |
| Drink | 17:30 |
This project is funded by the Health Programme of the European Union

Thank you for your attention

www.eurohex.eu
European Health and Life Expectancy Information System

Milan, 2015 17th October