

Increasing health expectancies in China

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The gradual increase in life expectancy and the accelerating pace of population aging pose significant challenges to economies, health systems, and healthcare infrastructure all over the world and, as Yu Guo, Li Mei and Quanbao Jiang discuss here, also in China.

China has made notable progress in public health over recent decades, marked by a significant rise in healthy life expectancy, which, in the last 30 years, has risen by nearly 8 years, reaching 68.4 years in 2019 (Wang et al., 2020). However, these gains are tempered by the ongoing challenges posed by an aging population, now exceeding 264 million individuals aged 60 and over. Among them, more than 40 million older adults face difficulties with self-care, and the number of years spent living with illness or disability continues to rise as life expectancy extends. This, understandably, is a cause of great concern in China.

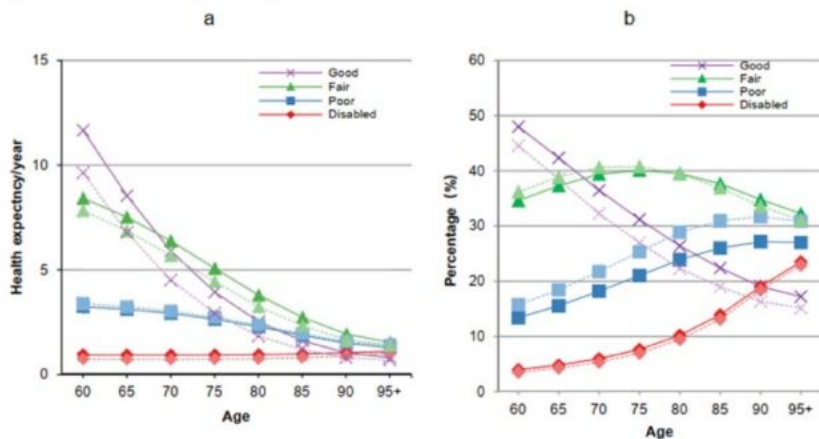
China's patriarchal culture and dual urban-rural structure have long limited access to medical and healthcare resources for females and rural residents. Consequently, they tend to spend more years in poor health compared to their male and urban counterparts (Luo et al., 2016). With the overall health of the population improving in recent years, how have sex and urban-rural disparities in healthy life expectancy changed?

Health expectancy in China from 2010 to 2020

To address these concerns, in a recent study (Guo, Mei and Jiang, 2025) we examined life expectancy in four health states—good, fair, poor, and disabled—using data from the Chinese Population Census. Figure 1 illustrates the change in life expectancy across health states in China. The results show an increase in life expectancy in both good and fair health: at the age of 60, they increased from 9.63 and 7.82 years in 2010 to 11.66 and 8.41 years in 2020, respectively. Additionally, the proportion of life spent in good health rose across all age groups. By 2020, 60-year-old individuals could expect to spend nearly 48% of their remaining life in good health. However, there are concerns about disabled life expectancy, which has also increased, both in years (from 0.76 to 0.97 years for a 60-year-old over the same period),

and as a proportion of remaining life.

Figure 1. Health expectancy in 2010 and 2020

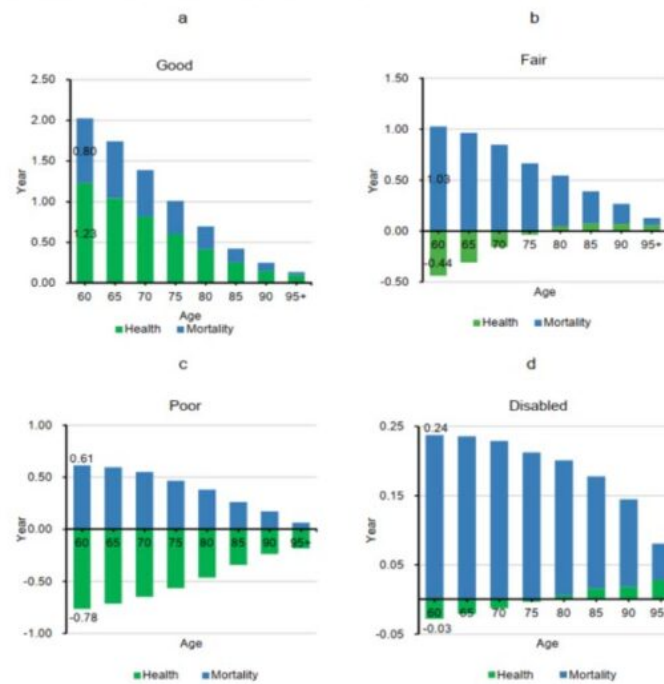


Note: Panel a shows the years of each health expectancy, and Panel b shows the proportion of each health expectancy in the total life expectancy. The solid line denotes 2020, and the dotted line denotes 2010.

Source: Guo, Mei and Jiang (2025)

Healthy life expectancy depends on two key factors: mortality rates and good health prevalence. Our analysis shows that the increase in healthy life expectancy is largely driven by improvements in health (Figure 2). For instance, healthy life expectancy at age 60 rose by 2.03 years between 2010 and 2020. Of this, good health prevalence improvements contributed 1.23 years, while reduced mortality accounted for 0.80 years. Meanwhile, the rise in disabled life expectancy is primarily due to reduced mortality rates. Disabled life expectancy increased by 0.21 years, broken down as +0.24 years driven by a reduction in mortality, offset by -0.03 years due to a slight drop in disability rates.

Figure 2. Decomposition of period differences (2020–2010) in health expectancy into mortality and health effects by age



Source: Guo, Mei and Jiang (2025)

Sex and residence disparities

Sex and urban-rural disparities are two dimensions of China's health divide. From 2010 to 2020, the gender gap in healthy life expectancy narrowed (Table 1). In 2010, males outlived females in good health, with healthy life expectancies of 8.71 years for males and 8.06 years for females. By 2020, however, females saw a substantial improvement, surpassing males to reach a healthy life expectancy of 11.71 years at age 60, compared with 11.61 years for males. Yet, despite this, the proportion of life spent in good health is smaller for females than for males. In 2020, 60-year-old females could expect to live 44.96% of their remaining years in good health, compared with 51.42% for males. Besides, females consistently have a longer disabled life expectancy than males. At age 60, females are expected to live 1.18 years of life in a disabled state, compared to 0.76 years for males.

Table 1. Multistate health expectancies by age, sex and residence in 2010 and 2020

Categories	Age group	2010				2020			
		Good	Fair	Poor	Disabled	Good	Fair	Poor	Disabled
Male	60-64	8.71	7.69	2.99	0.72	11.61	7.43	2.79	0.76
	65-69	5.95	6.71	2.91	0.73	8.53	6.68	2.68	0.75
	70-74	3.83	5.54	2.75	0.73	5.93	5.75	2.52	0.75
	75-79	2.48	4.29	2.45	0.74	3.99	4.65	2.29	0.74
	80-84	1.54	3.14	2.11	0.76	2.58	3.56	2.01	0.76
	85-89	1.04	2.28	1.73	0.79	1.69	2.65	1.7	0.79
	90-94	0.76	1.69	1.4	0.86	1.13	1.98	1.44	0.85
	95+	0.83	1.62	1.3	0.96	0.92	1.65	1.33	0.93
Female	60-64	8.06	9.71	4.24	1.2	11.71	9.42	3.73	1.18
	65-69	5.47	8.26	4.07	1.2	8.52	8.33	3.58	1.17
	70-74	3.57	6.59	3.75	1.2	5.88	6.99	3.36	1.17
	75-79	2.34	4.93	3.27	1.2	3.91	5.47	3	1.16
	80-84	1.47	3.46	2.71	1.22	2.51	4.01	2.55	1.16
	85-89	0.98	2.41	2.1	1.24	1.6	2.82	2.04	1.17
	90-94	0.67	1.66	1.57	1.27	1.03	1.94	1.57	1.19
	95+	0.58	1.37	1.31	1.29	0.79	1.52	1.3	1.23
Urban areas	60-64	9.85	9.6	2.98	1.01	13.19	8.42	2.69	1.05
	65-69	6.97	8.4	2.88	1.02	9.85	7.57	2.58	1.05
	70-74	4.7	6.99	2.72	1.03	6.97	6.53	2.45	1.05
	75-79	3.12	5.45	2.46	1.05	4.74	5.31	2.24	1.06
	80-84	1.99	4.01	2.15	1.08	3.07	4.06	1.98	1.08
	85-89	1.33	2.9	1.77	1.12	1.96	2.97	1.66	1.11
	90-94	0.95	2.1	1.44	1.2	1.27	2.13	1.37	1.16
	95+	0.9	1.86	1.29	1.28	0.99	1.72	1.2	1.24
Rural areas	60-64	7.41	8.11	3.98	0.92	10.07	8.44	3.81	0.9
	65-69	4.88	6.9	3.86	0.93	7.19	7.46	3.66	0.89
	70-74	3.04	5.49	3.59	0.94	4.85	6.23	3.42	0.89
	75-79	1.95	4.11	3.15	0.95	3.17	4.85	3.07	0.88
	80-84	1.19	2.89	2.62	0.99	2	3.55	2.63	0.89
	85-89	0.8	2.04	2.06	1.03	1.3	2.53	2.13	0.92
	90-94	0.55	1.4	1.55	1.09	0.86	1.77	1.67	0.98
	95+	0.5	1.18	1.29	1.13	0.68	1.4	1.39	1.03

Source: Guo, Mei and Jiang (2025)

Between 2010 and 2020, trends in health expectancy diverged between urban and rural areas. Urban residents saw improvements at both ends of the health spectrum, with increases in life expectancy driven entirely by gains in good health and disabled life expectancy. Meanwhile, life expectancy in intermediate health states (fair and poor) declined. In 2020, at the age of 60, urban residents could expect to live 13.19 years in good health and 1.05 years in a disabled state. In rural areas, gains in total life expectancy were largely driven by increases in good and fair health, while disabled life expectancy fell. In 2020, at age 60, rural residents could expect to live 10.07 years in good health and 0.90 years in a disabled state.

Urban-rural disparities in both good health and disabled life expectancy, have persisted and even widened over the past decade. In 2010, urban residents spent 2.44 more years in good health and 0.09 more years in a disabled state compared to their rural counterparts. By 2020, these gaps had expanded to 3.12 years and 0.15 years, respectively. Urban residents benefit from better access to healthcare, which contributes to superior health conditions and lower mortality rates. Approximately 80% of the gap in good health life expectancy (2.45 years) is attributable to health effects. Meanwhile, the higher disabled life expectancy among urban residents is largely a result of their lower mortality rates.

Policy implications

Over the past decade, China has seen a notable increase in healthy life expectancy, accompanied by a modest rise in disabled life expectancy. Gender disparities in health expectancy have narrowed, driven especially by a significant rise in healthy life expectancy among women. While urban-rural gaps in overall life expectancy have decreased, the divide in healthy life expectancy and disabled life expectancy between the two groups has expanded. These shifts highlight the urgent need for the Chinese government to implement policies that not only capitalize on the gains in health expectancy but also address the growing demand for long-term care, especially for females and older adults in rural areas.

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