

Covid-19 and shorter healthy lives

Key Takeaways

- Covid-19 caused both life expectancy and healthy life expectancy (HALE) to fall sharply worldwide, which fell almost to levels last seen in 2011.
- Although the world began to recover after the pandemic, global life expectancy and HALE in 2023 remained slightly below their pre-Covid-19 levels, with the pace of recovery differing across countries.
- Higher-income countries were not necessarily less affected. The Americas saw life expectancy and HALE decline by around three years between 2019 and 2021, while several lower-income countries recovered faster than expected.
- The goal of health systems is not only to help people live longer, but also to increase the number of years people can live in good health while building health systems that are better able to cope with future crises.

Covid-19 is no longer a global health emergency, but its impact lingers on

The world has passed the most severe phase of the Covid-19 crisis, but, while infection numbers have fallen, the effects left behind by the pandemic have not disappeared.

The World Health Organization's World Health Statistics 2026 shows that Covid-19 not only caused a large number of deaths, but also erased almost a decade of progress in global longevity and health within just two years.

Most people are familiar with life expectancy, which tells us how many years a person can expect to live on average. But the WHO also places importance on another indicator, healthy life expectancy, or HALE, which takes into account the years people live with disease, disability or other health limitations.

Put simply, life expectancy tells us, "how long we can expect to live," while HALE helps answer "how long we can expect to live in good health."

This distinction matters because living longer does not necessarily mean that every additional year will be spent in good health.

Covid-19 erased almost a decade of progress in just two years

Before Covid-19, global population health had been improving steadily, supported by advances in medicine, vaccination, maternal and child healthcare, and better control of both communicable and non-communicable diseases.

Between 2000 and 2019, global life expectancy increased from around 67 years to 73 years, while HALE rose from around 58 years to 63 years.

The pandemic rapidly reversed that trend.

By 2021, life expectancy had fallen to around 71 years and HALE to around 61 years. In other words, progress that had taken the world almost a decade to build was erased within just two years, bringing both indicators back close to levels last seen in 2011.

The world is recovering, but is not yet back to where it was

After the most severe period of the pandemic had passed, conditions began to improve.

Between 2021 and 2023, both life expectancy and HALE increased across every region. By 2023, Africa had already recovered beyond its pre-COVID-19 levels, while many low-income and lower-middle-income countries had also returned to their previous trends. However, the global average lagged behind.

Global life expectancy and HALE remained slightly below their 2019 levels, by less than half a year. Female life expectancy had returned to its pre-pandemic level, while male life expectancy had not yet fully recovered. HALE for both women and men also remained below pre-Covid-19 levels.

A difference of only a few months may not sound significant when viewed at the individual level. But when it affects billions of people around the world, it represents an enormous number of “healthy years” lost.

Richer countries were not necessarily less affected

Another interesting feature of the pandemic is that its impact did not correspond directly with countries’ income levels.

The Americas were the most severely affected region, with life expectancy and HALE declining by around three years between 2019 and 2021, compared with declines of around one to two years in other regions.

When countries are grouped by income: middle- and high-income countries lost almost two years of life expectancy and HALE, while low-income countries recorded declines of around one year.

By 2023, many low-income countries had returned to levels above those seen in 2019. In contrast, upper-middle-income and high-income countries had not yet fully recovered, particularly in terms of HALE, which in Europe and the Americas remained almost one year below pre-Covid-19 levels.

This shows that the ability to cope with a pandemic does not depend on national wealth alone.

It is also shaped by population structure, the proportion of elderly people, the burden of chronic diseases, and the ability of health systems to handle large numbers of patients while keeping essential health services operating during a crisis.

Covid-19 is not the only crisis the world faces

The post-Covid-19 world has become even more complicated because many countries are not only dealing with health problems. They are also facing natural disasters, conflicts and wars, population displacement, and health systems operating with limited resources.

When several crises occur at the same time, the impact goes beyond one event. Other services can also be disrupted, from vaccination and maternal and child healthcare to chronic-disease treatment and access to medicines.

The lesson from Covid-19 is therefore not only about preparing for the next pandemic.

It is also about building health systems that can continue functioning when several crises occur at the same time, because damage to population health can come both from the crisis itself and from health services being disrupted during that crisis.

Healthy life matters as much as a longer life

For decades, rising life expectancy around the world has been regarded as one of the major achievements of public health.

But the number of years people live may not tell the whole story.

If people live longer but spend many of those additional years with chronic diseases, disabilities or limitations in daily life, the improvement in quality of life may be smaller than the increase suggested by life expectancy alone.

As many countries move towards aging societies, the challenge for health systems is therefore not only how to delay death, but also how to delay the onset of chronic disease and dependency.

Ultimately, progress in health may no longer be measured only by how many more “years we can add to life,” but also by how much “healthy life we can add to those years.”

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