

REVES 18, annual meeting of the International Network on Health Expectancy and the Disability Process, Amsterdam, 29-31 May 2006

Opening speech

Ladies and gentlemen,

Welcome to the Vrije Universiteit, the 'free university'.

"To live longer and to live the extra years in better health."

To achieve this goal is the ideal of all public health efforts.

How far along are we in terms of this goal?

Let us look at the Netherlands.

In the first place, "to live longer".

Since the previous turn of the century, our life expectancy has shown an unprecedented increase. At first, this increase was due to declines in mortality of newly borns and infants.

Then, mortality also declines at young and middle adult ages.

Since the 1950's, gains in life expectancy were seen also at older ages.

For Dutch women, the gain in remaining life expectancy from age 65 was 4 years. In Dutch men, however, there was no gain until 1990.

Only in the 1990's, life expectancy from age 65 in men started to increase.

During this period, however, this same life expectancy in women remained the same. The altogether small increase in life expectancy in recent years has made that the Netherlands has lost its position among the longest lived countries of Europe. Our position is now in the middle of the EU-25.

Of course there was one notable exception: during a few years, the Dutch citizen Hendrikje van Andel-Schippers was the oldest woman in the world. She died August last year, at the age of 115.

Then: "to live the extra years in better health."

In our country, we have contradicting evidence in this respect.

Some data show an increase in at least mild disability, other data show a decrease. This is in contrast with, for example, the United States, where all data show a decrease.

However, our country is similar to the United States in that the prevalence of chronic conditions at older ages appear to increase – most notably for diabetes. When trying to understand the contrasting evidence within our country and across countries, it seems important to distinguish between subpopulations. As I noted earlier, life expectancy shows a different development for men and women. Such differences may also exist for other health measures, such as disability. Also, it has proven insightful to distinguish between low and high socio-economic status. The scarce evidence so far indicates a more unfavourable development for people with a low status.

Your Network, already for 17 years, addresses issues related to the development of life expectancy and disability. This year's theme, "Differential trends in health expectancy: implications for the future", is particularly well-chosen.

Life expectancy, and in particular healthy life expectancy, may develop along different trends in different developed and developing countries, but also in different groups within one country. It is important to examine where these differences come from.

In the programme for this conference, I have seen that there is ample attention for diabetes and for life style factors such as obesity. Unfortunately, the Netherlands is one of the countries that recently experience a steep increase in the prevalence of obesity. This development may have profound consequences for life expectancy and health expectancy.

The results of this conference may help give direction to health policy by providing a better understanding of what can and what cannot be reached.

I wish you an interesting and productive conference, and I hope you will have some opportunity to explore the beautiful city of Amsterdam.