

Adding years to life and life to years

At least six years of higher-quality life for everyone is within reach.

by Erica Coe, Martin Dewhurst, Lars Hartenstein, Anna Hextall, and Tom Latkovic



Despite dramatic advancements in prolonging and improving life over the past century (with average life expectancy climbing from 54 years in 1960 to 73 years at latest estimates)—ranging from reduced infant mortality rates to the unprecedented speed and scale of COVID-19-vaccine development—consider that the share of lives spent in poor health has not substantially diminished over time. On average, people spend about 50 percent of their lives in less-than-good health and 12 percent in poor health, a ratio that has not substantially changed in the past 50 years (Exhibit 1).¹

Now is the time to set a new, more ambitious, more relevant goal for human health—a goal that galvanizes across continents, sectors, and communities to support everyone on the planet in adding years to their lives and life to their years. It’s a goal meant to create more time with loved ones, set sights on more accomplishments, and create more time free from cognitive or physical impairment.

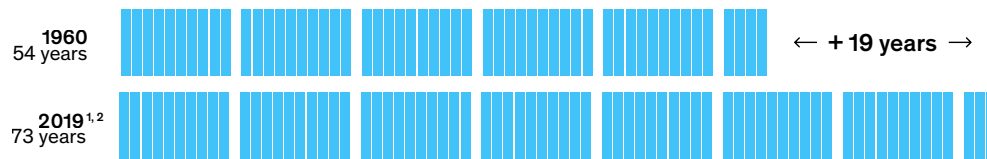
As a starting point for discussion, the McKinsey Health Institute (MHI) believes that over the next decade humanity could add as many as **45 billion extra years of higher-quality life—roughly six**

Exhibit 1

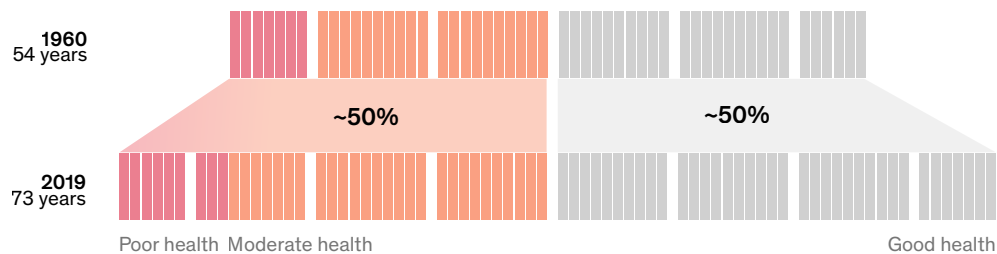
Globally, lives have gotten longer but not healthier.

The past 60 years have seen massive improvements in global life expectancy...

Average global life expectancy and healthy years



...but the proportion of life spent in poor or moderate health has not changed.



¹Assumptions-based extrapolation of proportion of good/ok health from 2019 data.

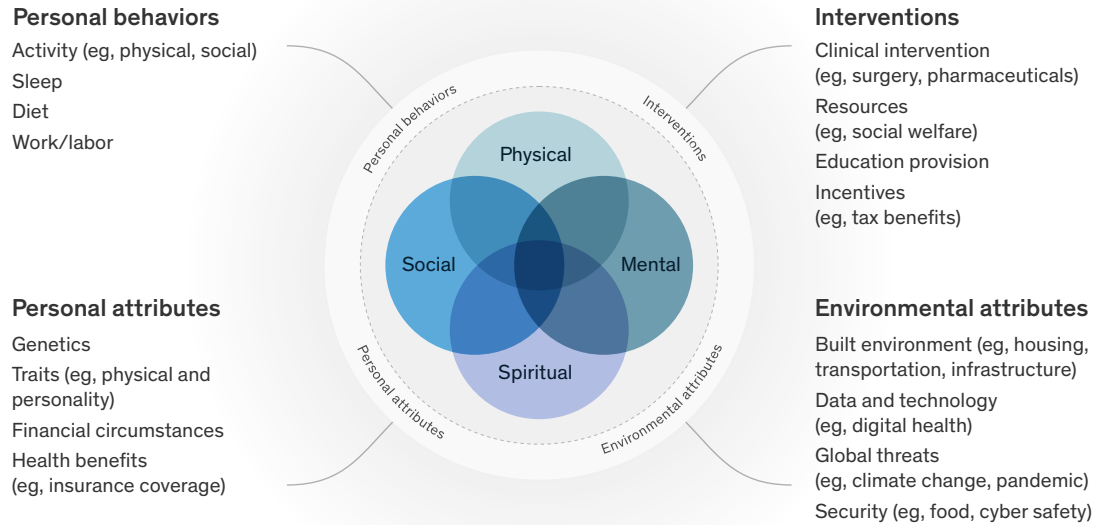
²Assumptions-based extrapolation of proportions across geographies.

Source: WHO and World Bank health and life expectancy data; country-level health system and survey data, McKinsey Global Institute Prioritizing Health report; McKinsey Health Institute analysis

¹ An individual in “good health” is defined as a person without a relevant chronic medical condition that impacts quality or duration of life, but who may have very well-managed chronic conditions or acute injury with high potential for swift and complete recovery. In “moderate health” defines a person suffering from one or a combination of several acute or chronic conditions that are impacting quality and/or duration of life, but without relevant impairment of activities of daily living. An individual in “poor health” is defined as suffering from one or more acute or chronic conditions requiring constant or frequent attention by carers and/or impacting activities of daily living significantly and/or reducing quality of life or shortening life expectancy significantly; *Global Burden of Disease Study 2019*, Institute for Health Metrics and Evaluation, accessed December 13, 2021; Life Expectancy at Birth, Total (Years) Database, World Bank Data, accessed December 13, 2021; based on McKinsey analysis in the context of this article.

Exhibit 2

A modern understanding of health comprises four dimensions of health and a comprehensive set of influencing factors.



years per person on average, and substantially more in some countries and populations.² This is ambitious, but we know from our previous research³ that 45 percent of the global disease burden could be addressed by applying already proven interventions. Given inequities within and across countries, the potential for some populations can be significantly larger than the global average. There is a 45-year gap between the lowest and highest life expectancy based on a McKinsey analysis of 50,000 regions. Globally, women’s mental and emotional health is at its lowest in 15 years and significantly below the overall population average.⁴ These shifts are highly interdependent and mutually reinforcing, and adopting them would require mobilization across public, private, and social sectors.

A new vision requires embracing a modernized understanding of health, including physical, mental, social, and spiritual health,⁵ and the full richness of factors that influence those elements of holistic health. MHI proposes embracing this broader definition of health in a way that is holistic, positively framed, anchored in function, affected by a multitude of influences, and objective (Exhibit 2). The definition of these dimensions has been validated through a survey conducted by the McKinsey Health Institute in 20 countries. A more complete understanding of human health also includes acknowledging the extensive set of factors that affect it. *Influencing factors* fall into four groups: personal attributes, personal behaviors, environmental attributes, and interventions.

²Calculated in a scenario-based simulation sizing three effects: increase of life expectancy (“extending”), decrease of lifetime spent in poor health, and decrease of lifetime in moderate rather than good health (“lifting” and “squaring the curve”). Data sources comprise WHO HALE data, health system data, life-expectancy data for more than 20,000 administrative regions globally, and the McKinsey Global Institute’s Prioritizing Health report. The MHI aspiration to add 6 years of higher quality life on average is going significantly beyond delaying the average onset of disease from, eg, 55 to 65 years mentioned in the latter report.

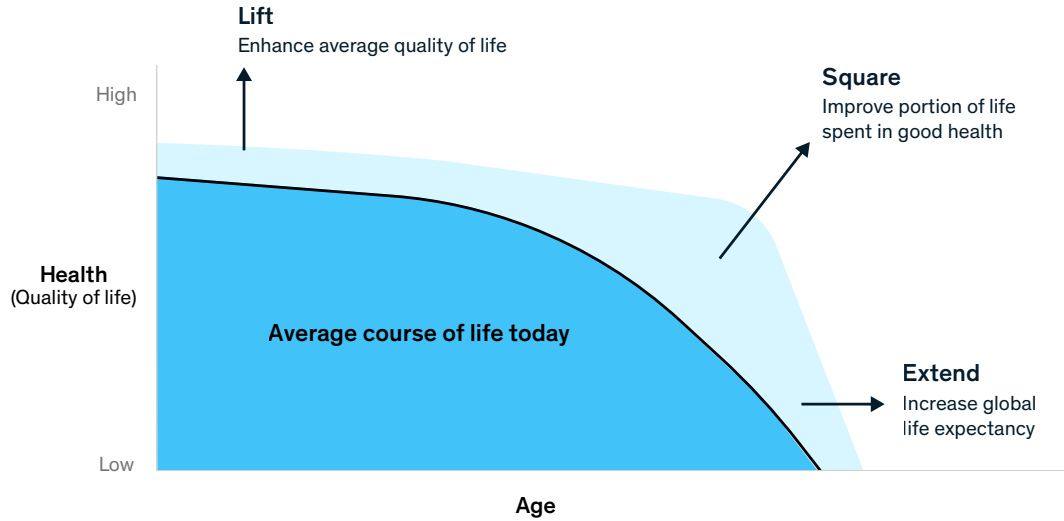
³For more information, see *Prioritizing health: A prescription for prosperity*, McKinsey Global Institute, July 8, 2020.

⁴“Women’s emotional health is at its worst in 15 years,” Hologic, September 21, 2021.

⁵Spiritual health includes meaning, belonging, purpose, and identity. It does not necessarily require or include religious belief.

Exhibit 3

We have the opportunity to lift, square, and extend the curve mapping the average course of life over the next decade.



Physical health is the extent to which an individual can competently perform physical tasks and activities without substantial discomfort. *Mental health* is an individual's cognitive, behavioral, and emotional state of being. *Social health* represents an individual's ability to build healthy, nurturing, genuine, and supportive relationships. *Spiritual health* refers to a sense of purpose, belonging, or identity and enables people to integrate meaning in their lives.

Our estimate includes *lifting* average quality of life, *squaring* or increasing the portion of life we spend in good health, and *extending* life expectancy over the baseline trend (Exhibit 3).

Our research suggests that adding up to 45 billion years of higher-quality life would require at least six material shifts in societal mindsets and actions. We identify these six shifts as the following:

1. **Invest more, disproportionately on prevention and promoting optimal health.** Health spending is an investment, not a cost. Governments and private institutions should invest more in

areas like education, nutrition, basic research, consumer products, financial services, and technology. Currently, OECD countries spend just 2.8 percent of their health budget on prevention. Leaders in all countries should consider disproportionately investing in prevention and in promoting optimal health.

2. **Improve measurement of a modernized understanding of health with better data.** Effective resource allocation requires accurate measurement, but today there are huge gaps in comparative data. New global standards and systems are needed to measure health, collect significantly more data across all dimensions, and dramatically increase transparency.
3. **Scale what works.** There is great potential in applying proven strategies and interventions consistently and equitably across countries, systems, and populations. By scaling known interventions, we could reduce the global disease burden by about 40 percent. For example, 86 percent of the disease burden

for diarrhea and intestinal infections could be reduced by 2040. This means overcoming assumptions and biases and establishing aligned strategies, policies, and incentives.

4. ***Innovate more, and more quickly.*** The world needs more innovation in all forms: business models, government policies, pharmaceuticals, clinical standards, mobile apps, medical products, process improvements, and novel technology applications. All stakeholders can be more rigorous in leveraging technology, data, and analytics to advance health. This level of innovation will require investment, novel regulatory mechanisms, increased collaboration, enhanced mechanisms to overcome market failures, and more effective nurturing and rapid scaling of promising concepts.
5. ***Unleash the full potential of all industries.*** Health is a relevant topic for all employers—not least given their environmental, social, and governance (ESG) aspirations and their responsibilities to employees. Healthcare companies represent 10 to 15 percent of the S&P 500 companies, and we believe a further 40 to 45 percent represent companies that offer products or services directly related to health. These institutions could benefit from pursuing health-related opportunities in traditional and emerging domains. Employers across all sectors can empower employees to improve their health and honor health-related ESG commitments.
6. ***Empower individuals to steward their own health.*** Individuals should be empowered to

act as the primary stewards of their own health. Individual behaviors are the biggest drivers of health in many countries, and consumers expect more agency. We already see an explosion of digital health solutions; for example, approximately 200 million Chinese consumers have used Ping An's Good Doctor mobile platform to receive consultation, referrals, and appointments.⁶ Governments, providers, and innovators have an opportunity to embrace data and technology to help people take better control of their health.

McKinsey Health Institute is an enduring, nonprofit global entity within McKinsey that strives to catalyze actions across continents, sectors, and communities to extend and improve lives. MHI is fostering a strong network of organizations committed to this aspiration through a range of collaboration types—convening and enabling leaders, advancing research, creating and promoting open-access data assets, and stimulating innovation. By sharing resources, innovations, data, and findings in the public domain, MHI hopes others can replicate what proves effective and looks to its ecosystem partners to commit to the same.

MHI welcomes connection with committed organizations interested in building out this ecosystem together. It is actively seeking opportunities to collaborate across its identified six shifts as well as seven initial key focus areas: brain health, healthy living, infectious diseases, equity and health, sustainability and health, aging, and healthcare-worker capacity.

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⁶"Technology empowers Ping An's health care amid coronavirus," Ping An Group, August 13, 2020.