Data disaggregation policy priority consultation response: priorities for older persons

Outlined below are the policy priorities within the SDGs that must be measured and reported for older persons, as requested by UN Statistics Division on behalf of the IAEG-SDGs. It should be noted that policy areas and corresponding indicators are intended as a constructive contribution in terms of priority but that there are many other areas where further efforts must be made to improve age disaggregation so that progress can be measured across the life course. These are the result of consultation with civil society organisations and members of the Titchfield City Group on Ageing[1].

Older people are not a homogenous group and disaggregation by relevant factors including sex, disability and location are critical. The intersection of gender and age discrimination is particularly important in older age with older women facing specific issues across all of the policy areas outlined.

Cohorts for age disaggregation should be consistent throughout adulthood and five-year age brackets are recommended as a minimum. The priorities highlighted below are equally important in emergencies and age disaggregation should be a priority in data in humanitarian settings.

Priority policy areas

Health

Population ageing is transforming economies and societies across the world, placing new demands on health systems. Meanwhile, older people worldwide experience significant deficits in health and wellbeing and face a range of barriers accessing health services which must be addressed if Universal Health Coverage is to be achieved. Alongside population ageing, the global pattern of disease has been shifting over recent years away from communicable diseases towards non-communicable diseases (NCDs) which have a disproportionate impact on people in older age. In addition to cardiovascular disease, diabetes, cancers, chronic respiratory disease and musculoskeletal disease, neurological conditions and mental health disorders have a major impact on older people with depression and suicide areas of concern. Vision and hearing problems are common concerns in older age despite the existence of straightforward and cost-effective options for management. HIV continues to be a prominent health issue into older age and an estimated 100 000 people in low- and middle-income countries aged 50 years or over acquire HIV every year. Of these, 74% live in sub-Saharan Africa. Older people's nutritional status is also relevant to their health and wellbeing. While this has been recognised in the SDG target (2.2), the indicators for this target are limited to children under 5 years of age; therefore, not fit for purpose. Humanitarian situations present additional risks to older people's health and access to health services. As well as increased risk from communicable diseases and poor management of chronic conditions, social isolation, displacement, family separation and loss can all contribute to worsening mental health among older people.

Income security

Older age is often a precarious time in terms of income security and social pensions provide an important source of regular income for older people. It is overly simplistic to characterise later life as a time of economic inactivity and many older people continue to work, often in the informal sector. In lower and middle income countries, agriculture continues to be the most important source of livelihood for the vast majority of economically active older people, particularly older women. Older people are more likely than other age groups to be working in agriculture than in other sectors.[2] These more vulnerable forms of work are often linked to relatively low earnings and it is unclear whether older people continue to work out of choice or necessity as pension benefit levels are often inadequate. Understanding old age poverty, alongside employment and access to social protection is therefore critical. There is also an important link to health, as health issues can drive declining levels of work among older age groups. Meanwhile, older people are at risk of falling into poverty due to out of pocket healthcare expenditure. Ageism in employment also persists and

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[1] The 'Titchfield City Group on Ageing and Age-disaggregated Data,' endorsed at the United Nations Statistical Commission in 2018, is a global initiative aimed at improving data that provide an in-depth understanding of the situation of older persons and inform decision-making processes.

[2] How rural and farm populations are ageing, HelpAge International, 2014

different forms of age discrimination contribute to lower levels of employment and extremely low transition rates from unemployment to employment among older persons. Meanwhile, many older persons are denied access to credit by financial service providers.

There is a strong gender dimension to income security in older age; reduced access to paid work, lower wages and over-representation in the informal sector means that women have less opportunity to save or contribute to pension schemes. Meanwhile, older women can be particularly vulnerable to losing their livelihoods due to their lower status, lack of knowledge of their rights, and local laws that prevent them from inheriting property.

Older people's income security is a particular issue in humanitarian situations. Where pensions existed pre-crisis they are often interrupted, and access barriers increase. Older people are often not included in cash transfer or income generation activities leaving them financially at risk.

Violence, abuse and safety

In consultations with older people, high levels of violence and abuse are frequently reported by both men and women, often committed with impunity and little access to redress. A 2017 study[3] across diverse regions estimated that 15.7% of people aged 60 years and older were subjected to some form of abuse in the past year. According to the WHO, this is likely to be an underestimation, as only 1 in 24 cases of elder abuse is reported. Such abuse occurs in different settings and is perpetrated by a variety of individuals including family members, partners, as well as health and care providers. In addition to physical, sexual, psychological abuse and neglect, older people can be subject to financial abuse.

While in some contexts, levels of reported abuse are similar between older men and women, in others the intersection between age and gender-based discrimination can mean older women are particularly at risk of experiencing violence, being abandoned and having their property seized. Violence against women must be addressed throughout life, and there should be a greater focus on the violence to which older women are subjected in the private and the public sphere, at home and in community or care settings, as well as structural violence, and on harmful practices such as those related to witchcraft accusations.

A further threat to older people's safety and security is the disproportionate impact of disasters and emergencies on their lives, especially for those left behind in conflict situations. Within these contexts, older people face an increased risk of violence and additional risks in terms of their health, income security and their autonomy and ability to participate.

Empowerment and participation as full members of society

Older women and men reported that discrimination on the basis of their age was a regular and common experience in their lives. However, the complex nature of discrimination in older age is neither sufficiently acknowledged nor taken seriously. A common narrative that presents older people as a burden overlooks their numerous contributions to society, including the unpaid care they provide within families and communities. These negative perceptions can have an impact on older people's experience of public services and the responsiveness of decision making to older people's rights and age limits, mean older people are frequently denied access to social benefits and support. Meanwhile, many older people report that the autonomy and independence they enjoyed earlier in their lives is denied in older age - often because others think they can no longer make their own decisions or disregard them when they do. Ageism is common in humanitarian settings where older people are regularly excluded or discounted in response planning and implementation.

Lifelong learning opportunities are critical for enabling older people's participation both in the labour force and in society more broadly. Developing new skills and understanding new technologies can also play a role at home and allow older people to remain independent as they age. However, evidence suggests that limited investment in such programmes results in increasing inequalities and barriers to participation. While basic

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[3] Elder abuse prevalence in community settings: a systematic review and meta-analysis. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Lancet Glob Health. 2017 Feb;5(2):e147-e156. https://www.ncbi.nlm.nih.gov/pubmed/28104184

literacy provides an important foundation for learning and decision-making, over 140 million older persons aged 65 years and older were illiterate in 2016[4]. literacy levels are lower among older men and women, than other sections of the population

Access to reliable, safe, physically accessible and affordable public transport can also support older people's right to participate, while safe and accessible -green and public spaces can further enhance social inclusion. Legal identity is also critical to enable older people to access social benefits which allow them to participate fully in society.

Mapping to SDG indicators

Relevant SDG indicators have been mapped to each policy area in annex 1.

Reference documents:

Expert Group Meeting on Global ageing and the data revolution hosted by the UN programme on Ageing, July 2015 : https://www.un.org/development/desa/ageing/meetings-and-workshops-2/expert-group-meeting-on-global-ageing-and-the-data-revolution.html

Global AgeWatch Insights: The Right to Health for Older People, the Right to be Counted, December 2018 (HelpAge International and AARP) http://www.globalagewatch.org/

Global Strategy and Action Plan on Ageing and Health, WHO 2017, document WHA69/2016/REC/1
https://www.who.int/ageing/WHO-GSAP-2017.pdf?ua=1

Madrid International Plan of Action on Ageing 2002
http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf

Expert group in relation to ageing statistics:

Members of the recently established Titchfield City Group on Ageing and Age-disaggregated Data can provide technical input in relation to the measurement of policy areas outlined here.

More information on the group can be found here: https://gss.civilservice.gov.uk/events/first-official-meeting-of-the-titchfield-city-group-on-ageing-and-age-disaggregated-data/ (website to be established)

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[4] UNESCO 2019 Survey on Literacy and Educational Attainment

Annex 1: Priority SDG indicators for older persons by

The below table provides priority indicators from the SDG global indicator framework against the policy areas identified.

Policy area	Priority indicators
Health	**Indicator 2.1.1:** Prevalence of undernourishment **Indicator 3.3.1** Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations **Indicator 3.4.1:** Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease **Indicator 3.4.2:** Suicide mortality rate **Indicator 3.8.1:** Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) **Indicator 3.8.2:** Proportion of population with large household expenditures on health as a share of total household expenditure or income **Indicator 3.b.3:** Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis Note that age disaggregation for 2.1.1 is critical in light of absence of an indicator to measure target 2.2 to eliminate malnutrition among older adults. Indicator 3.b.3 is included as disaggregation by essential medicines will provide useful information on health system readiness to respond to NCDs.
Income security	**Indicator 1.1.1:** Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) **Indicator 1.2.1:** Proportion of population living below the national poverty line, by sex and age **Indicator 1.2.2:** Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions **Indicator 1.3.1:** Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable **Indicator 2.3.2:** Average income of small-scale food producers, by sex and indigenous status **Indicator 1.4.1:** Proportion of population living in households with access to basic services **Indicator 5.a.1:** (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure **Indicator 8.3.1:** Proportion of informal employment in non-agriculture employment, by sex **Indicator 8.5.1:** Average hourly earnings of female and male employees, by occupation, age and persons with disabilities **Indicator 8.5.2:** Unemployment rate, by sex, age and persons with disabilities **Indicator 10.2.1:** Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities

Violence, abuse and safety	**Indicator 1.4.2:** Proportion of total adult population with secure tenure rights to land, with legally recognized documentation and who perceive their rights to land as secure, by sex and by type of tenure **Indicator 1.5.1:** Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population **Indicator 5.2.1:** Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age **Indicator 5.2.2:** Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence **Indicator 11.7.2:** Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months **Indicator 16.1.3:** Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months **Indicator 16.1.4:** Proportion of population that feel safe walking alone around the area they live **Indicator 16.3.1:** Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms
Empowerment and participation as full members of society	**Indicator 4.3.1:** Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex **Indicator 4.4.1:** Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill **Indicator 4.5.1:** Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated **Indicator 4.6.1:** Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex **Indicator 5.4.1:** Proportion of time spent on unpaid domestic and care work, by sex, age and location **Indicator 10.3.1:** Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law **Indicator 11.2.1:** Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities **Indicator 11.7.1:** Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities **Indicator 16.6.2:** Proportion of population satisfied with their last experience of public services **Indicator 16.7.2:** Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group Note lack of an indicator for 16.9 measuring legal identity for adults. This is an unacceptable gap.