

Fourth meeting of the IAEG-SDGs – November 2016

Ensuring the Sustainable Development Goal Indicators are age inclusive

The commitment to ‘leave no one behind’ in the Sustainable Development Goals (SDGs) is essential to ensuring the 2030 Agenda for Sustainable Development is truly inclusive and fit for purpose in a rapidly ageing world. We recall the commitment that ‘no goal or target be considered met unless met for all social and economic groups’.¹ The indicators used to monitor progress must reflect these commitments. This is why data must be collected, analysed and used for all people of all ages.

Fit for purpose data systems

Demand for data and statistics on older persons has been strengthened by the Sustainable Development Goal framework and the central commitment to leave no one behind. However, while the Sustainable Development goals and targets have given timely attention to the rights and needs of older persons, and age brackets have been removed from some key indicators, age brackets have been retained in some indicators, including indicators for target 5.6 on access to sexual and reproductive health and reproductive rights.

Attention must also be paid to ensure that the data systems which underpin the indicators collect, analyse and report data across the life course. Age exclusive surveys must be changed. For example, target 3.8 on universal health coverage has an indicator to measure coverage of tracer interventions including hypertension and diabetes which are key health concerns for older people. However, the current data source for these measures is population based surveys which have upper age limits.

Age brackets and upper age limits are incompatible with the promise that Member States have made to ‘leave no one behind’. Where they still exist within indicators, concrete commitments must be made to removing them.

- The IAEG-SDGs must remove age brackets from indicator 5.6.2 as part of the current refinement process. This issue generated widespread criticism in the recent consultation (see below) and must be addressed
- We urge members of the IAEG-SDGs to commit to 1) a formal dialogue with survey providers and funders, and 2) engagement in survey review processes under agenda item 13 “work plan and next steps” to ensure that demand for data across the life course can be satisfied.

Disaggregation

Disaggregation is more than just a technical discussion. It goes to the heart of the human rights approach to achieve universality and leave no one behind. The Stakeholder Group on Ageing strongly welcomed the establishment of a subgroup of the IAEG-SDGs on data disaggregation in Mexico which has since evolved into a workstream. It is disappointing that this important piece of work has not been undertaken in the same spirit of consultation and transparency that has characterised the process to date.

Consistent application of age disaggregation across the life course is critical for SDG indicators to ensure that no one is left behind. Age disaggregation should be in 5 year cohorts across the life course from age 19, and 2 year cohorts before 19. Catch-all cohorts of 60 or 65+ must be rejected. We are concerned to see catch all cohorts recommended in the metadata available for several indicators relevant to older people e.g. the

¹ Synthesis Report of the Secretary-General On the Post-2015 Agenda

metadata sheet² provided by UNAIDS for indicator 3.3.1 on new HIV infections recommends age disaggregation by age groups 0-14, 15-24, 15-49 and 50+ years.

You cannot disaggregate what does not exist. Urgent attention must be given to indicators which mention specific groups not captured in the agreed indicators. For example, target 2.2 refers to ending malnutrition in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons. However, both of the indicators agreed for this target refer only to children under 5.

- The IAEG-SDGs must include additional indicators for target 2.2 as a matter of urgency. Deferring this matter to the review process in 2020 is unacceptable and will undermine implementation of this target for all the groups mentioned
- Stakeholders have concrete and technical input to make to the discussion on disaggregation. We urge the IAEG-SDGs to make specific commitments to consultation and transparency in the data disaggregation work stream under agenda item 12 “Work plan on data disaggregation and discussion of strategies and best practices for increasing the levels of disaggregation for SDG indicators”
- In its work going forward, we urge the IAEG-SDGs to consider standards for age disaggregation as part of the disaggregation work stream and reject a blanket cohort of 60 or 65+ to measure outcomes for older persons. Age disaggregation for adults should, at a minimum, be in 5 year cohorts across the life course.

The below table outlines positions taken in the open consultation on possible refinements to indicators in September 2016

Target	Comment on refinement
<p>Current Indicator 3.8.2: "Number of people covered by health insurance or a public health system per 1,000 population"</p> <p>A Possible Refinement to Indicator 3.8.2: Proportion of the population with large household expenditures (e.g. greater than 25%) on health as a share of total household expenditure or income</p>	<p>We strongly support the proposed refinement as a replacement to, and not an addition to, the current indicator 3.8.2. The refined indicator is a meaningful measure of financial protection and allows for disaggregation, including by income and gender, as is required. Data for household expenditure on health can be collected for this indicator from existing nationally representative household surveys. The current indicator 3.8.2 ‘coverage by health insurance or a public health system’ should be removed as wholly unsuitable. It is methodologically unsound to equate financial protection to coverage by ‘health insurance’ or a ‘public health system’ if that health insurance or public health system is failing to prevent people falling into poverty because of health care costs. Further, the current indicator sends a dangerous message that all health insurance is to be welcomed. In reality many health insurance schemes, especially voluntary schemes, have directly exacerbated inequality and have left the most vulnerable unprotected.</p>
<p>Current Indicator 5.6.2: Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education</p> <p>Possible Refinement to Indicator 5.6.2: Number of countries with laws and regulations that guarantee women and men aged 15.49 access to sexual and reproductive health care, information and education</p>	<p>We reject the upper age limit included within this indicator.</p> <p>As this indicator relates to laws and regulations which are highly unlikely to carry upper age limits, and does not rely on survey data that is currently age limited, the purpose of this upper age limit is unclear.</p> <p>The target covers sexual as well as reproductive health care, information and education which makes it relevant to those over 49 as assumptions that older people are not sexually active are unfounded. There is a host of gynaecological health challenges e.g. cervical cancer, menopause, ageing with fistula or FGC/M, that are entirely ignored by a focus on women of childbearing age solely. Increased attention to post menopausal health is needed to respond to women’s ongoing gynaecological health needs in later life.</p>

² <http://unstats.un.org/sdgs/metadata/files/Metadata-03-03-01.pdf>

	<p>25³ Governments, statistical offices, UN agencies and civil society organisations raised concerns about the age restrictions in this indicator during the open consultation in September 2016. Concerns expressed comprise over one quarter of all comments received on this indicator. The issue cannot be ignored.</p>
<p>Current Indicator 8.b.1: Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP</p> <p>Possible Refinement to Indicator 8.b.1: Total government spending in social protection and employment programmes as a proportion of the national budgets</p>	<p>We recommend retaining the current indicator to include 'with GDP' as it will allow for comparisons between nations.</p>

³ Ministry for Foreign Affairs, Finland, Ghana Statistical Service, United States Office of the Chief Statistician, WHO, UN Women, UNFPA, Marie Stopes International, Ageing Nepal, National Foundation for India, Red Educacion Popular entre Mujeres, AL and Caribe REPEM LAC, ICASO, International Women's Health Coalition, Asian Pacific Resource and Research Centre for Women (ARROW), International Disability Alliance International Disability, Development Consortium, Women's Major Group, Plan International, Women for Women's Human Rights - New Ways, HelpAge International, Stakeholder Group on Ageing, ADD International, Centre for Community Economics and Development Consultants Society (CECOEDECON), Asia Pacific Regional CSO Engagement Mechanism, Education International