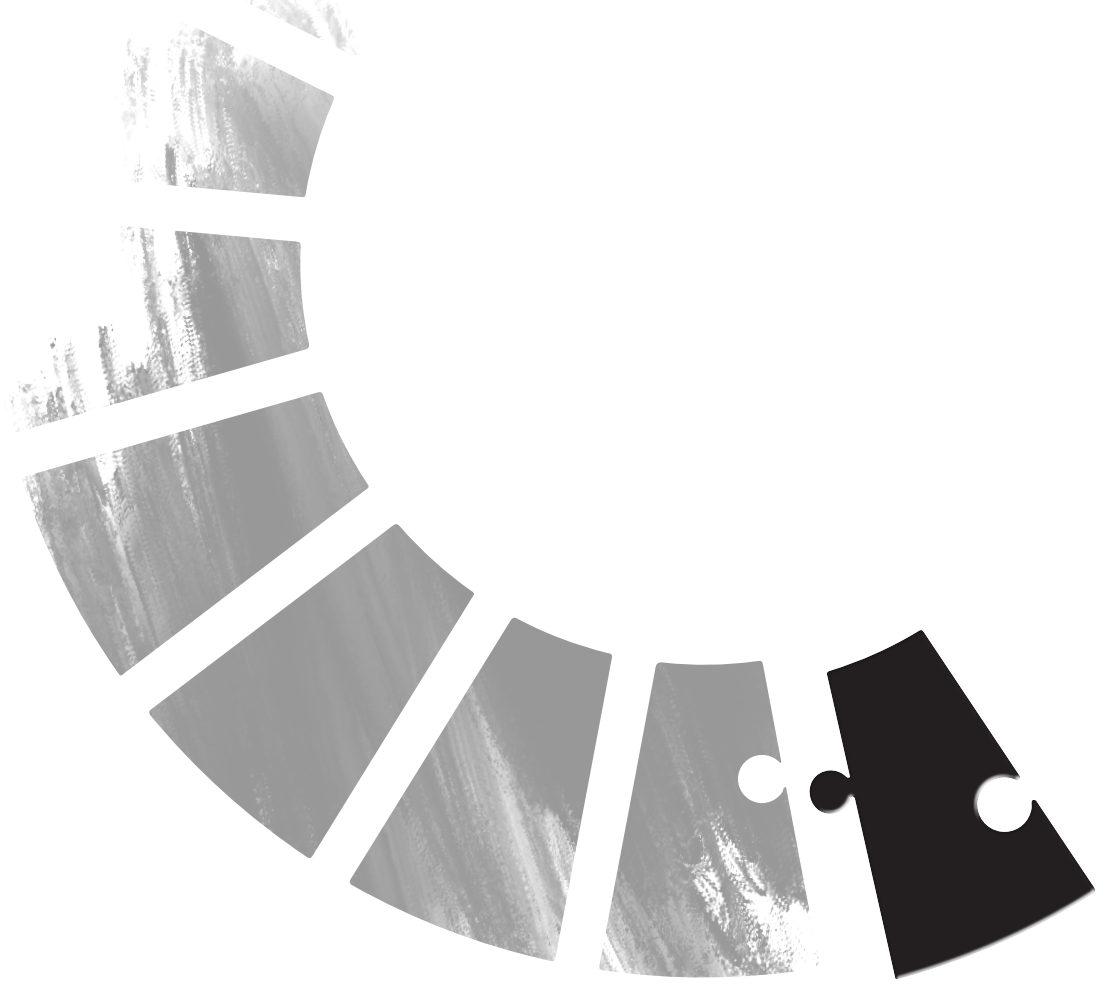




Making older persons visible
in the Sustainable
Development Goals'
monitoring framework
and indicators



**World Health
Organization**



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Preface

World Health Organization

People are living longer lives and, within any country, there is no typical older person. Yet many global and national databases, reports and monitoring efforts, do not include information on older persons, or only report a wide age range, such as 60 years and over.

I am delighted that this report underlines that all countries should ensure that nationally representative and disaggregated data on older persons are available and analysed within the 2030 Agenda for Sustainable Development. This is vital as we need data and information on all people, across the life course, to inform policy-making and action.

This report, in my view, has several unique features.

First, it reflects the first major collaboration of the Titchfield City Group on Ageing and Age-disaggregated Data, and its Conceptual and Analytical Framework Working Group, co-led by the Ghana Statistical Service and World Health Organization (WHO).

Second, the report makes older persons visible within an initial set of Sustainable Development Goal (SDG) indicators drawn from the 17 goals. Analyses based on such data should inform whole-of-government policies and whole-of-society responses, including developing and monitoring multisector and sector-specific programmes and interventions, relating to health, labour, education including lifelong learning, housing, social welfare and transportation, among others.

Finally, it documents the challenges and opportunities identified by national statistical offices (NSOs) in the coordination and collection of a wide range of data on older persons. The learnings from across NSOs apply equally to the monitoring of other commitments and policy platforms focusing on older persons, by United Nations (UN) and WHO Member States, including the UN Decade of Healthy Ageing 2021–2030. The insights on ways to overcome challenges could also be relevant to other age groups and life stages.

Making older persons visible in the Sustainable Development Goals' monitoring framework and indicators provides a needed perspective on how monitoring data on older persons is currently taking place, both the gaps and the good practices established, and allows for the sharing of approaches and learnings within different contexts and NSOs.



Anshu Banerjee
Director, Department of Maternal, Newborn, Child and Adolescent Health and Ageing
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With the world's global economy experiencing an unprecedented ageing population, it has become imperative for international leaders to programme and prioritize tailored interventions for older persons. The SDGs call for either direct targeting or disaggregating of indicators by older populations in six (1, 2, 3, 5, 8, 11) of the 17 goals showcases the global commitment. At the midpoint of the SDGs, the call for tracking these targets and indicators is now, hence the timely relevance of this report.

Making older persons visible in the Sustainable Development Goals' monitoring framework and indicators provides a clear pathway for initiating, stimulating and sustaining discourses on the inclusiveness of older people to ensure improvement in their general well-being. Through a systematic examination of population census datasets relating to the health of older persons, this report makes a clarion call, which emphasizes the necessity of incorporating the well-being of older individuals in the implementation of national and global policy interventions.

At the core of this report lies an ambitious vision to provide a robust conceptual and analytical framework for monitoring the lives of older persons. It finds synergy with the UN Decade of Healthy Ageing 2021–2030, highlighting that healthy ageing is a priority that extends to all. Notably, it underscores the strength of collaboration and joint endeavours. The collaboration between WHO, other UN agencies and NSOs including the Ghana Statistical Service and the United Kingdom Office for National Statistics, which has yielded this report, has been unique in several respects leading to capacity building, knowledge sharing and benchmarking of experiences.

As we engage with the insightful content of this report, we are not merely examining a document; we are embracing a vision of a more inclusive and age-friendly world, which underscores our collective commitment to the principle of “leaving no one behind”.

Premised on analytical insights into datasets accessed from 20 NSOs, this report synergizes various experiences to draw guidelines and recommendations for comprehensive inclusiveness of older persons. This report is expected to galvanize interest and action in achieving the SDGs related to older persons through the dissemination of accelerated interventions.



Samuel Kobina Annim
Government Statistician
Ghana Statistical Service

United Kingdom Office for National Statistics

Globally, there is a demographic shift towards an ageing population. Standardization in data collection and analysis of ageing throughout the life course would better inform policy and decision-making to address the challenges and opportunities raised by ageing populations.

This report is a culmination of research, analysis and recommendations based on valuable international cooperation and examines the learnings of NSOs in relation to the visibility of older populations when reporting on SDG indicators, and is intended for those who collect, collate and report information on older persons and advocate for them to have better lives.

The Titchfield City Group on Ageing and Age-disaggregated Data continues to contribute to establishing international standards and methods for the compilation of statistics and data on the major dimensions of ageing and age-disaggregated data throughout the life course; and to collaborate with UN bodies and other organizations concerned with aspects of ageing and age-related statistics. It is our hope that this report serves as a foundation for informed decision-making and inspires continued international collaboration to shine a light on the dynamics of ageing and the inclusivity of this population in all data.



Rich Pereira

Chair, Titchfield City Group on Ageing and Age-disaggregated Data
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The steering group for the technical design and review included members of the Titchfield City Group on Age and Age-disaggregated Data and representatives or observers from: AARP, Gray Panthers, HelpAge International, United Nations Department of Economic and Social Affairs, United Nations Development Programme, United Nations Population Fund, United Kingdom Office for National Statistics and WHO.

Initial findings and discussion on the progress of this report were presented at the Titchfield City Group on Ageing and Age-disaggregated Data annual technical meetings: 2018 (Chichester, United Kingdom of Great Britain and Northern Ireland); 2019 (Daejeon, Republic of Korea); 2021 (virtual); and 2023 (Geneva, Switzerland). Updates were also discussed at the annual meetings of the WHO International Consortium on Metrics and Evidence for Healthy Ageing in 2019, 2020 and 2022; the WHO Life Course Network (connecting optimal development and healthy ageing) in 2023 and the 7th Global Symposium on Ageing co-organized by United Nations Population Fund (UNFPA) and Statistics Korea in 2023.

The core report writing team consisted of Vanessa De Rubeis, Ana Posarac, Ritu Sadana (all from the Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO) and Jeremiah Sixtus Dery (Ghana Statistical Service); with contributions from Julia Ferre (UN Department of Economic and Social Affairs); Kerry Gadsdon (United Kingdom Office for National Statistics); Eduard Jongstra (United Nations Population Fund); Hsin-yi Lee (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO) who also provided project management; Alex Mihnovits (HelpAge International) and Rich Pereira (United Kingdom Office for National Statistics). Chirawan Matuam (National Statistics Office of Thailand) contributed to the template to develop NSO case studies. Sarah Crofts and Angele Story (both from United Kingdom Office for National Statistics) contributed to the conceptual and analytical framework for the report.

The report benefits from the insightful comments and support received from peer reviewers including: Amal Abou Rafeh (UN Department of Economic and Social Affairs); Anshu Banerjee (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO); Jane Barratt (International Federation on Ageing); Matteo Cesari (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO); Theresa Diaz (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO); André Geraldo de Moraes Simões (Brazilian Institute of Geography and Statistics); Diana Hiscock (HelpAge International); Rahul Malhotra (Duke-NUS Medical School, Singapore); Yuka Sumi (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO); Jotheeswaran Amuthavalli Thiyagarajan (Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO); Aidan Timlin (HelpAge International) and Camilla Williamson (HelpAge International).

The report also benefits from nationally representative information on different SDG indicators to illustrate the ways in which data and information are collected and reported on, to include older adults and improve the lives of older people, led by NSOs in 20 countries. National case study teams included: Armenia, Australia, Brazil, Bulgaria, Colombia, Georgia, Germany, Ghana, Hungary, Italy, Lithuania, Malawi, Mauritius, Nigeria, Poland, Republic of Korea, Serbia, Türkiye, Uganda and the United Kingdom.

WHO acknowledges financial support from Velux Stiftung, Zurich, including support to conduct research and advance metrics and evidence on healthy ageing including across all stages of the life course.

Data from case studies in this report were provided from NSOs directly, and therefore this publication presents country statistics which do not necessarily represent the official WHO statistics.

None of the experts involved in the development of this report declared any conflict of interest.

Abbreviations

CTGAP	Cape Town Global Action Plan for Sustainable Development
DANE	National Administrative Department of Statistics (Colombia)
EU	European Union
NGO	nongovernmental organization
IAEG-SDGs	Inter-Agency and Expert Group on Sustainable Development Goal Indicators
ICD-10	International Classification of Diseases Revision 10
ICT	information and communication technology
NSO	national statistical office
PSS	Personal Safety Survey (Australian Bureau of Statistics)
SAGE-MIS	Social Assistance Grants for Empowerment management information system (Uganda)
SCG	Senior Citizens' Grant (Uganda)
SDG	Sustainable Development Goal
TURKSTAT	Türkiye Statistical Institute
UN	United Nations
WHO	World Health Organization



Executive summary

In order to reach older people – an important, heterogeneous and growing population – and to create visibility in global and national policy and accountability mechanisms, a closer examination is needed of the kinds of data collection mechanisms and methods, and types of data collected to measure each SDG indicator relevant for older persons.

In 2015, the world reaffirmed its commitment to sustainable development by endorsing the 2030 Agenda for Sustainable Development and its 17 SDGs (2030 Agenda). Indicators for monitoring the 2030 Agenda should be disaggregated by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics and enable analyses supporting the reduction of inequalities. In order to reach older people – an important, heterogeneous and growing population – and to create visibility in global and national policy and accountability mechanisms, a closer examination is needed of the kinds of data collection mechanisms and methods, and types of data collected to measure each SDG indicator relevant for older persons, including existing levels of disaggregation, analysis and dissemination.

Chapters 1 to 4 of this report review and identify the priority population-based SDG indicators for older people for disaggregation and analysis. They also outline the conceptual and analytical framework underpinning the selection of 46 SDG indicators relevant for monitoring the well-being of older people. Endorsed by all UN Member States, the mandates and principles of the current UN Decade of Healthy Ageing 2021–2030 (the Decade) and the UN Madrid International Plan of Action on Ageing (2002) that has completed its fourth reporting cycle, along with the 2030 Agenda, conceptually guide this report.

Created under the auspices of the UN Statistical Commission in 2017, the Titchfield City Group on Ageing and Age-disaggregated Data addresses issues of conceptualization, methodology and instruments in the domains of ageing-related statistics and age-disaggregated data focusing on older persons and has several thematic working groups. The Conceptual and Analytical Working Group is co-led by WHO and the Ghana Statistical Service. This report reflects the group's work and provides concrete examples

Challenges identified by NSOs included inaccessible databases or surveys, limited funding and cooperation, decreased response rates, difficulties in collected data due to the sensitive nature and lack of agreed upon or accepted standards, and extended periods between data collection.

of indicators and learnings from 20 NSOs on SDG indicators relevant for older people that are already being collected.

In most countries, NSOs are responsible for reporting on the monitoring of SDG indicators. Those participating within the Titchfield City Group were asked to select one of the 46 indicators, and to provide information on the data source for the indicator, information management, use of collected data, challenges and next steps. Regarding their achievements, broadly, NSOs were most proud of the easy access and public availability of data, the utilization of pre-existing data sources and the availability of nationally representative data sources. Challenges identified by NSOs included inaccessible databases or surveys, limited funding and cooperation, decreased response rates, problems with collected data due to the sensitive nature and lack of agreed upon or accepted standards, and extended periods between data collection. From a collective discussion with NSOs at the 2023 technical meeting of the Titchfield City Group, ways forward to better provide disaggregated information on older persons include: improving information collected on older persons through nationally representative data through oversampling of older persons in national studies; increasing data linkage across different studies and sectors to improve the coordination of the collation, analysis and reporting of data on older persons; and improved communication and dissemination of results by better engagement of stakeholders.

Collecting data on SDG indicators is imperative in the monitoring of the well-being of people and our planet. The disaggregation of population-based SDG indicators, specifically by age, can help to better monitor the well-being, including health, of older persons. The shared experiences from NSOs provided in Chapter 5 of this report document that disaggregation of data is possible, and that this information is useful to indicate the diverse experiences of older persons. For example, NSOs have been able to present data disaggregation by 5-year age groups and data from age 60 and onwards for many of the selected SDG indicators. This experience can promote further inclusion of older persons and disaggregated data from now through to 2030. The intent of this report is to encourage

Collecting data on SDG indicators is imperative in the monitoring of the well-being of people and our planet.

those who collect, collate and report information on older persons to work together, along with those responsible for policy, programmes and those who advocate for accountability, including older persons themselves, to achieve better lives for older persons.

Highlighting challenges associated with the collection and disaggregation of data will improve data quality and monitoring for older persons. **Lessons learned can improve data collected for all people at different stages of the life course and among different subgroups who are exposed to vulnerable conditions and processes, and highlight the strengths and resilience of people at different ages.**

Key messages:

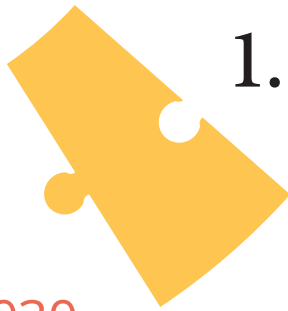
- By 2030, one in six people around the world will be older persons. To understand this heterogeneous group, data collection mechanisms and methods should be explored, including age-disaggregation.
- The 2030 Agenda includes 17 Sustainable Development Goals endorsed by UN Member States. Among the 234 indicators, 46 were identified to be population-based, can monitor the needs and rights of older persons, are relevant to national priorities and make older persons visible.
- Globally, across 215 national statistical offices, 20 provided insights on data disaggregation for 20 indicators, documenting that including nationally representative data on older persons is possible and should be expanded.
- Learnings can be used to enhance collaboration and increase disaggregated data on older persons across statistical offices and in other national, regional and global efforts, including with non-state actors.

1.

What is driving our thinking?

Commitments to
sustainable
development and
older persons





1.1 Introduction

By 2030,
one in six people
around the
world will be
older persons.

In 2015, the world reaffirmed its commitment to sustainable development by endorsing the UN 2030 Agenda for Sustainable Development and its 17 SDGs. Through the 2030 Agenda, the UN's 193 Member States pledged to ensure sustained and inclusive economic growth, social inclusion and environmental protection in partnership and peace (1). The 2030 Agenda is an ambitious plan of action for countries, the UN system and all other actors that aims to eliminate extreme poverty, reduce inequality and protect the planet. It also calls for a pledge to leave no one behind, to see goals and targets met for all nations and peoples for all segments of society, and to reach those who are the furthest behind first. The 2030 Agenda calls for action that will ensure everyone's needs are met, especially those of populations who experience vulnerable conditions, in prosperity, safety and security.

In committing to the 2030 Agenda, Member States recognized that translating commitments into effective action requires a precise understanding of target populations and progress made in addressing their particular priorities. To properly measure this, statistics need to be presented for different population groups, including older persons and geographical areas. Within this report, older persons are adults aged 60 years and over (see **BOX 1**). By 2030, one in six people around the world will be older persons. The UN projects that the number of older persons will increase from 771 million in 2022, to 994 million by 2030 and over 1.6 billion in 2050 (2).

The global indicator framework for the SDGs includes an overarching principle of data disaggregation: **“Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics (1).”**

BOX 1

Defining older age, models and issues regarding disaggregation

There is no agreed definition at the global level. Different perspectives can be considered when thinking about ageing and describing when a person reaches “older age” including:

Age-based definitions – chronological age

- Fixed threshold (WHO – 60 and over (3), UN – 65 and over (4)) – for statistical and reporting purposes.
 - Normative age-based threshold – this could link “older age” in a particular country or region to a threshold such as: life expectancy; median life expectancy at birth; or remaining life expectancy, for example 15 years, proposed as prospective age (5).
 - Normative benefit-based threshold – this could link “older age” in a particular country, sector or gender, to when a person has access to pension benefits. This threshold may be determined by other factors, including whether a country has universal or contributory pensions systems, different ages for men and women and disability status, among other factors.
 - Differences around the world indicate that benefit-based thresholds are often influenced by age-based thresholds (i.e. in low-income countries retirement ages are at lower age, e.g. 55 years, reflecting a lower life expectancy; in many countries, pension schemes are increasing the age of eligibility, reflecting increasing life expectancies). However, longitudinal data from 12 countries indicate that reaching “full pension age” did not signify a one-time labour market exit as many older people work part-time, partially retire or constantly move in and out of the labour market (6).
- This dynamic situation means that analysing trajectories is more meaningful than taking a single age to express older age. For global policy and comparative studies, age categories, however, facilitate comparisons.

Multidimensional views of ageing

- Examining “older age” as a social construct shaped by an individual’s self-perception of how “old” one feels, and a social and systemic classification of an individual or a group as “being old”.
- These can vary by place and gender, among other socioeconomic and demographic determinants, including ageism (stereotypes, prejudice and discrimination).

Strengths and deficits – capacities and abilities

- Consideration of the level of people’s capacities, such as physical, cognitive, psychological, sensory and markers of vitality, documented within the baseline report for the UN Decade of Healthy Ageing (3).
- This is a continuum rather than a threshold, and dynamic, recognizing that a person’s capacities may improve, and even when declines take place the extent to which a person’s environment is supportive at any level of capacity can enable a person to do what they value.



Therefore, in order to reach older people – an important, heterogeneous and growing population – and to create visibility in global and national policy and accountability mechanisms, **a closer examination is needed of collation mechanisms and types of data collected to measure each SDG indicator relevant for older persons**, including existing levels of disaggregation, analysis and dissemination.

This report reviews global policy commitments and identifies priority population-based indicators for older people that should be nationally representative and disaggregated by at least 5-year age groups and analysed for differences by age and sex, among other socioeconomic and demographic characteristics such as place of residence. The report considers the key priorities and strategies of global commitments, to inform the selection of SDG indicators relevant for monitoring the well-being of older people, including the UN Madrid International Plan of Action on Ageing (2002), recently completing its fourth reporting cycle, and the UN Decade of Healthy Ageing 2021–2030 (the Decade) that was initiated with a baseline assessment (2020) and recently completed its first progress report (2023). This report provides concrete examples of priority SDG indicators and learnings on how to include nationally representative data on older adults, from 20 NSOs, reflecting data on older people that are already being collected.

1.2 What we are building on

Three important global policy efforts underpin this work, which all UN Member States have endorsed: the 2030 Agenda; the Madrid International Plan of Action on Ageing; and the UN Decade of Healthy Ageing 2021–2030.



To ensure that the objectives of the 2030 Agenda are realized, the concept of sustainable development has been enriched with the addition of two key components: partnership and peace.

2030 Agenda for Sustainable Development

Building on the Millennium Development Goals (7), the 2030 Agenda centres around five critical values: people, prosperity, planet, partnership and peace (also known as the 5Ps). These are traditionally viewed through the lens of three core elements of sustainable development: **social inclusion, economic growth and environmental protection**. However, to ensure that the objectives of the 2030 Agenda are realized, the concept of sustainable development has been enriched with the addition of two key components: partnership and peace. The five dimensions inform development policy decisions across all countries, irrespective of their average income level. Additionally, policy-makers need to ensure that any intervention is developed, owned and carried forward with the relevant partnerships and leverages the appropriate means of implementation.

The 2030 Agenda also outlines 17 SDGs and their associated targets, along with means of implementation, and follow-up and review processes. Together, the 2030 Agenda and the SDGs represent a comprehensive and people-centred set of universal and transformative goals and targets for nations and people (1). The monitoring framework is global, with all countries expected to report on national data for indicators that have standardized methods, including tier 1 and 2 indicators accounting for 148 indicators – around 63% of all SDG indicators.

The Plan recognized that everyone, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older people and in building a future of security, opportunity and dignity for people of all ages.

Madrid International Plan of Action on Ageing

The Second World Assembly on Ageing in Madrid adopted the Madrid International Plan of Action on Ageing (the Plan) in 2002 (8). It used Millennium Development Goals as a base with respect to the promotion of international and national environments that should foster a society for all ages. It contained a bold new agenda focused on three pillars: **older persons and development; advancing health and well-being into old age; and ensuring the existence of enabling and supportive environments.** The Plan recognized that everyone, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older people and in building a future of security, opportunity and dignity for people of all ages. With 239 recommendations related to 35 objectives covering 18 issues consolidated under the priority areas above, the Plan remains a crucial comprehensive framework for the development of policies and programmes concerning population ageing and older people, with monitoring decentralized at the regional level.

As the focal point on ageing in the UN system, the primary action of the UN Department of Economic and Social Affairs Programme on Ageing is to facilitate and promote the Madrid International Plan of Action on Ageing, including designing guidelines for policy development and implementation; advocating means to mainstream ageing issues into development agendas; engaging in dialogue with civil society and the private sector; and information exchange. The Plan contains the provision that a systematic review of its implementation by Member States is essential for improving the quality of life of older persons and that the UN Commission for Social Development is responsible for the follow-up and appraisal of that implementation. Since 2002, there have been four revisions of the Plan, which have shown that implementation is uneven across its three priority areas as well as across countries (9). This is thought to be due the lack of a comprehensive global approach to monitoring, a monitoring toolkit and age-disaggregated data.

UN Decade of Healthy Ageing 2021–2030

Considering the 2030 Agenda, the Madrid International Plan of Action on Ageing, as well as WHO's Global Strategy and Action Plan on Ageing and Health (adopted in 2016) (10), the Decade provides the basis for comprehensive, multisectoral and inclusive action for healthy ageing, fostering longer and healthier lives, focusing on the second half of life, and leaving no one behind. The Decade defines healthy ageing as **“the process of developing and maintaining the functional ability that enables well-being in older age”**. Functional ability combines the intrinsic capacity of the individual

BOX 2

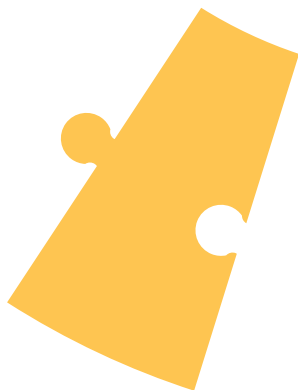
UN Decade of Healthy Ageing 2021–2030 four areas for action

- **Change how we think, feel and act towards age and ageing.**
- **Ensure that communities foster the abilities of older people.**
- **Deliver person-centred integrated care and primary health services responsive to older people.**
- **Provide access to long-term care for older people who need it.**

The actions will be enabled by:

- Listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers, young people and communities.
- Nurturing leadership and building capacity to take appropriate action integrated across sectors.
- Connecting various stakeholders around the world to share and learn from the experience of others.
- Strengthening data, research and innovation to accelerate implementation.

Healthy ageing is relevant to everyone, not only to those who are disease free – a process that should enable older people to be and do what they value.



(all the physical and mental capacities that a person can draw on), the environment a person lives in (including the home, community and broader society, and all the factors within them), and how people interact with their environment to meet their basic needs, continue to grow and learn, build and maintain relationships, and contribute to society. This recognizes that healthy ageing is relevant to everyone, not only to those who are disease free, and that it is a process that should enable older people to be and do what they value.

The Decade addresses four areas for action in order to optimize healthy ageing by fostering functional ability, with four enablers at multiple levels and sectors. These actions and enablers also address ways to optimize and maintain intrinsic capacity, and ensure enabling environments for older persons (see **BOX 2**).

Strong collaboration for transformative change requires strengthening data, particularly data at the national level that are disaggregated and disseminated for use by a wide range of stakeholders. The coordinating agency for the Decade is WHO, which prepared the baseline report (3) and further clarified the concepts and definitions of healthy ageing in order to improve measurement and comparability in different countries and over time. The first progress report was released in 2023 in collaboration with other UN agencies (11).

National statistical offices – collating, analysing and disseminating national data on SDG indicators

To align with the implementation of the 2030 Agenda and respond effectively to the pledge to leave no one behind, there is a need for timely and reliable data across all ages. Given the current demographic trends on population ageing, there is an increased and urgent need for improved data and information systems that are nationally representative and specifically disaggregated by age through to the oldest age groups, to ensure inclusive and valid monitoring.

Created under the auspices of the UN Statistical Commission in 2017, the Titchfield City Group on Ageing and Age-disaggregated Data addresses issues of conceptualization, methodology and instruments in the domains of ageing-related statistics and age-disaggregated data focusing on older persons and has several thematic working groups. The main objective of the Titchfield City Group is to contribute to and build upon international standards and methods for the compilation of ageing-related statistics and age-disaggregated data. This is achieved by reviewing and extending existing advances and by enlisting expertise from various countries as well as the international, academic and non-profit sectors concerned with ageing-related statistics and age-disaggregated data.

The main objective of the Titchfield City Group is to contribute to and build upon international standards and methods for the compilation of ageing-related statistics and age-disaggregated data.

The Titchfield City Group is made up of interested NSOs with a steering group comprising lead NSOs, sponsoring UN agencies and observers, including civil society. Through increased data and knowledge of ageing-related data and statistics, the Titchfield City Group will contribute to the following outcomes between 2018 and 2025:

- Improved and harmonized statistical measurement and dissemination of information on the life course, enabling evidence-based policy-making in relation to ageing.
- Improved awareness among policy-makers and development practitioners of the importance of the ageing agenda, and the pledge in the 2030 Agenda to leave no one behind and to reach the furthest behind first.
- Improved availability of tools and guidelines to increase capacity and facilitate understanding and action on ageing issues.



To complete this work, a coordinated effort is needed from the 215 NSOs across the globe, and the international community.

To complete this work, a coordinated effort is needed from the 215 NSOs across the globe, and the international community to develop and share the tools required to support the collection, analysis and reporting of data disaggregated by age, allowing for the study of older persons. The United Kingdom Office for National Statistics has developed communication strategies and resource mobilization for NSOs. This is of importance as each NSO is responsible for the conceptualization, measurement methodology, disaggregation of data; analysis, including compiling and synthesizing age-related data; and dissemination, nationally.

1.3 Conceptual framework – to make older people visible



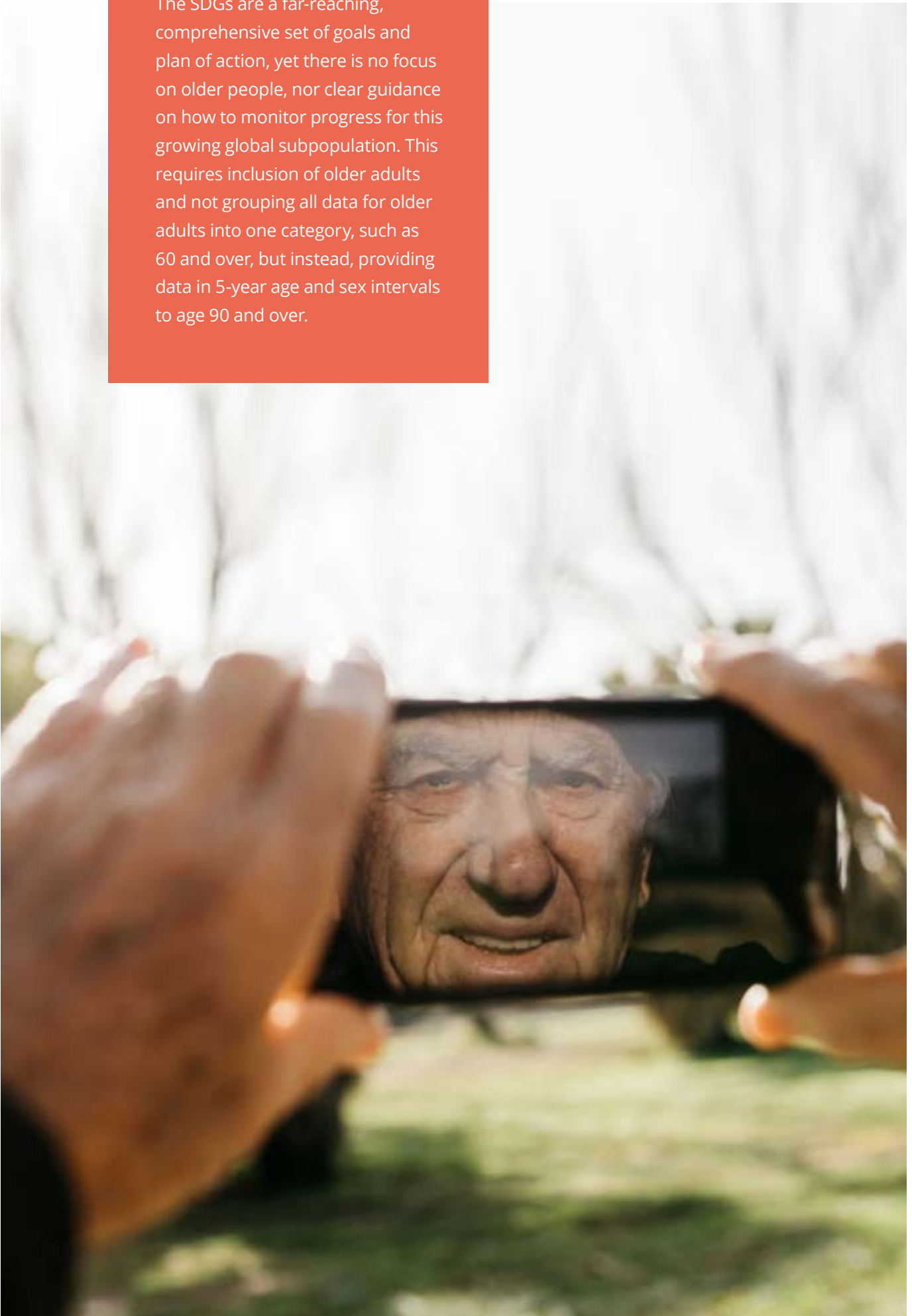
The SDGs are a far reaching, comprehensive set of goals and plan of action, yet there is no focus on older people, nor clear guidance on how to monitor progress for this growing global subpopulation.

The SDGs are a far reaching, comprehensive set of goals and plan of action, yet there is no focus on older people, nor clear guidance on how to monitor progress for this growing global subpopulation. The Madrid International Plan of Action on Ageing and the Decade, however, are global policy frameworks that focus on older persons and their well-being; the strategies endorsed can therefore be applied to facilitating the inclusion of older people within the 2030 Agenda. This includes reporting on progress inclusive of older persons, which demands disaggregation by age across older ages for all population-based indicators (12). This requires inclusion of older adults and not grouping all data for older adults into one category, such as 60 and over, but instead, providing data in 5-year age and sex intervals to age 90 and over (13).

The Madrid International Plan of Action on Ageing uses a multi-sectoral approach that includes older persons in development processes and aims to advance health and well-being and enable supportive environments, similar to the Decade. The Decade stresses optimizing older people's functional ability enabling them to be and do what they value, and a world in which all people can live long and healthy lives.

Together, these concepts, goals and plans of action underline overlapping priorities and provide a broad, conceptual basis for this report. Although the 2030 Agenda does not focus on older persons, the 17 SDGs and related targets have profound implications for accelerating actions that can support older persons. This is expressed not only in the goal of good health and well-being, but also in other goals (and their associated indicators), such as no poverty (households with access to basic services), zero hunger (reduction in moderate or severe food insecurity) and decent work and economic growth (adults with a bank account), to list just a few.

The SDGs are a far-reaching, comprehensive set of goals and plan of action, yet there is no focus on older people, nor clear guidance on how to monitor progress for this growing global subpopulation. This requires inclusion of older adults and not grouping all data for older adults into one category, such as 60 and over, but instead, providing data in 5-year age and sex intervals to age 90 and over.



“ Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.”

On one hand, these endorsed strategies should support improvements to the lives and opportunities of older persons now; and on the other, actions should improve the lives and opportunities of people at each life stage, to develop optimally and reach their potential, as well as accumulate benefits supporting each subsequent life stage, including older age.

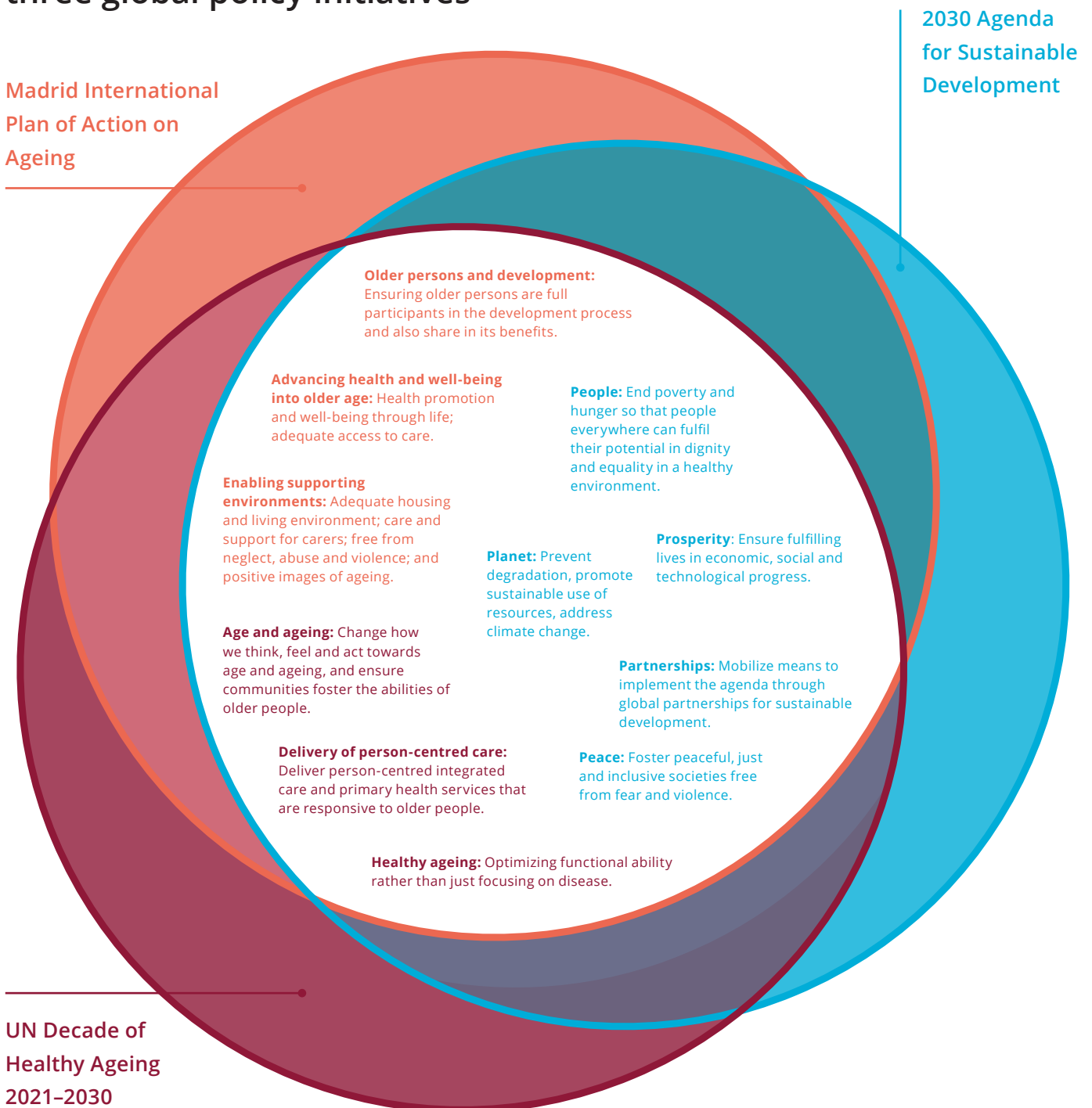
These overlapping priorities also align with the Universal Declaration of Human Rights. Its preamble and all 30 articles that apply to all people, including older adults, envision a world that ensures human rights are enjoyed by all. Article 1 of the Declaration states, “All human beings are born free and equal in dignity and rights” and Article 28 states, “Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized” (14).

Many of the high-level strategies and concepts of the Madrid International Plan of Action on Ageing, the Decade and the 2030 Agenda can be linked to aspects of the Declaration of Human Rights. Article 25/1 states, **“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.**

The aims of the Titchfield City Group, including UN partner agencies (UN Department of Economic and Social Affairs, UN Population Fund, UN Habitat, UN Development Programme, UN Women) and the network of more than 50 participating NSOs, are, therefore, to support the implementation of these global strategies, and to ensure that NSOs have the ability, including concepts, analytics and tools, to monitor the well-being of older adults (**FIG. 1**).

FIG. 1

Overlapping high-level goals and priorities of the three global policy initiatives





In 2020, that at least 14% of older people around the world – 142 million people aged 60 years and over globally – are not able to meet some of their basic needs.

Implications of the goals and rights and the monitoring of progress

In order to provide a baseline for the Decade, WHO carried out an extensive collation and analysis of comparable nationally representative studies on older persons and estimated, in 2020, that at least 14% of older people around the world – 142 million people aged 60 years and over globally – are not able to meet some of their basic needs (3). This could also be interpreted as the proportion of older people who do not have a standard of living adequate for their own health and well-being.

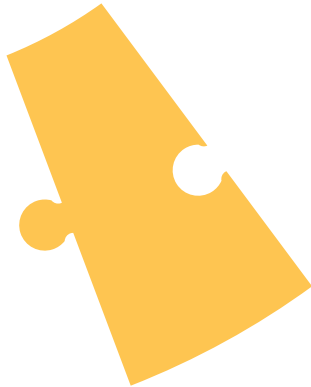
Note: this global estimate is an extrapolation from comparable nationally representative data, including 57 000 men and 70 000 women. However, these surveys and studies were primarily from 37 high- and middle-income countries, not low-income countries, and thereby most likely an underestimate of the worldwide percentage of older people who are unable to meet some of their basic needs. This analysis further noted that gender- and socioeconomic-based inequalities contribute to differences within and across countries.

The Decade addresses four areas for action in order to optimize healthy ageing by fostering functional ability, with four enablers at multiple levels and sectors.

This analysis also documented limited data on older persons. In fact, **only 25% of countries had nationally comparable data and this finding underlines the urgency to have accurate, nationally representative data on older persons in every country.**

Data from surveys and studies should also enable levels of disaggregation by age, sex and other important characteristics, in order to provide relevant and actionable information for policies, programme development and implementation, and ongoing monitoring. Other barriers may include:

- limited or underused evidence on what can be done in practice that considers the whole person, not only a single characteristic, such as poverty level or disease status;
- limited existing programmes to evaluate (as older people are often excluded);
- limited mechanisms to enable dialogue and knowledge translation that respond to the priorities of policy-makers and other stakeholders, including older persons themselves; and
- limited mechanisms to ensure that ambitious priorities endorsed in global strategies and action plans will be pursued and maintained in a particular community, country or at global level.



A purposeful and systematic approach to addressing the needs of older persons is essential to support priorities and motivate action.

Moving from concepts to action: theory of change

Action is needed to accelerate implementation of these agreed on global policy commitments that are inclusive of older adults. The 2030 Agenda recognizes that intense collaboration and action is required through to 2030 not only to achieve initial goals, but also to recover from setbacks related to the COVID-19 pandemic. Both the Madrid International Plan of Action on Ageing and the Decade aim to see meaningful and measurable improvements in the lives of older people, their families and their communities, with the Decade aligned to the timing of the 2030 Agenda.

Partnerships are needed with older people and civil society, decision-makers in governments, and across multiple sectors in the design and implementation of community programmes. Many sectors such as finance, education, health, long-term care, social protection, labour, housing, transport, environment and information and communication need to be involved to improve the health and well-being of older adults. Further, the 2030 Agenda recognizes several drivers for change and transformation (15) to overcome barriers and promote collaboration (see **BOX 3**).

A purposeful and systematic approach to addressing the needs of older persons is essential to support priorities and motivate action (3). This approach must:

- meet the needs and expectations of older people and their families as well as policy-makers;
- provide evidence that is directly applicable to older people;
- design programmes that develop and maintain the capacity of older people with involvement in their communities; build system capacity and motivation with ambition, focus, clarity and urgency; and
- emphasize the rights of older persons, using a rights-based approach.

BOX 3

The 2030 Agenda drivers of change

These include governance, economic and financial policies; science and technology; and individual and collective action:

Governance includes the prioritization of coherent policies aimed at achieving the SDGs, to overcome sectoral siloes. Innovation and experimentation is required by governments, with transparent, accessible and inclusive institutions to ensure goals are met.

Economy and finance: economic policies and financial flows include fiscal, monetary and trade policy, and financial flows from various sources including public and private sources both within and across national borders. These are imperative when understanding how the SDGs can be met, as investments and policies could drive change. For instance, an increase in national public spending can be important but may not be sufficient to fund the SDGs.

Science and technology: both science and technology play an important role in the 2030 Agenda. Science provides the data to make evidence-informed decisions surrounding the SDGs, whereby innovative technology can be imperative in achieving objectives.

Individual and collective action: when people are engaged, especially those who may fall within a vulnerable group, it is the most effective tool to create change, contributing to the SDGs. Enabling people to contribute to change, both individually and collectively, to expand available resources is key.

Accelerating the scale up of effective programmes with an impact on health and well-being that reaches all older people requires:

- meaningful engagement and empowerment of older people;
- continuous monitoring and evaluation of process and impact on lives; and
- routine sharing of evaluated experiences and learning across communities and countries.

Partnerships are needed with older people and civil society, decision-makers in governments, and across multiple sectors in the design and implementation of community programmes. Many sectors such as finance, education, health, long-term care, social protection, labour, housing, transport, environment and information and communication need to be involved to improve the health and well-being of older adults.



The ability to disaggregate data by age and sex, and other key characteristics, is fundamental for monitoring and evaluation and realizing the pledge to leave no one behind.

A six-step pathway brings these enablers together to accelerate the use of evidence to inform activities, at the required scale and speed, to improve the lives of older persons (3). This can also be used to identify how NSOs can contribute data and information to inform and monitor goals and strategies inclusive of older persons (see **BOX 4**). The intent is to overcome barriers in the production of data and translation of research and knowledge into action, and accelerate uptake and impact while reducing inequities, within a specific context.

BOX 4

A theory of change: how can NSOs contribute?

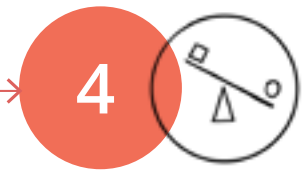
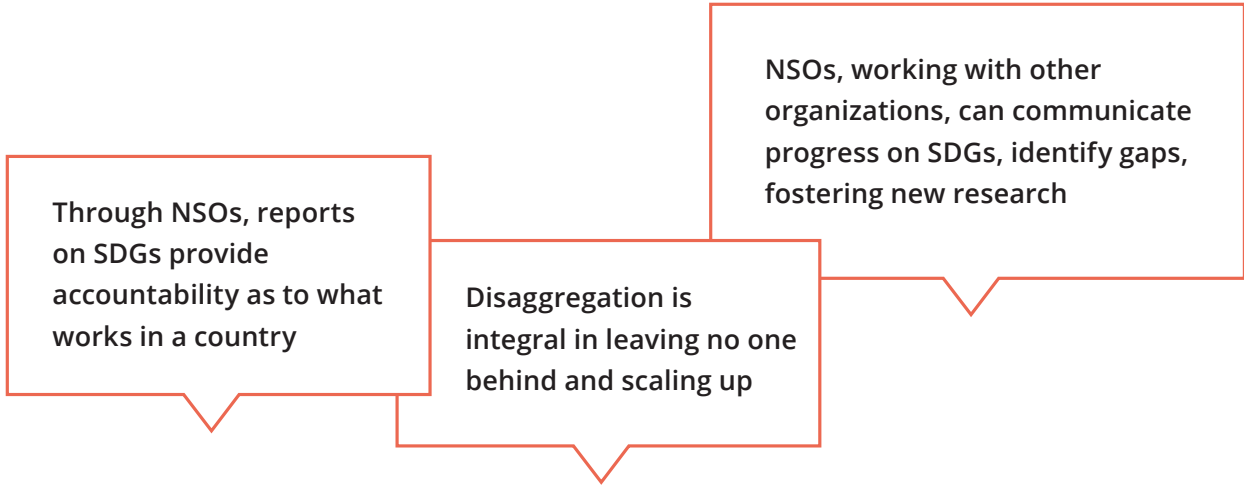
The pathway to optimize health and well-being of older persons identifies six steps (clarify, identify, design and assess, evaluate, reach, and accelerate impact) for stakeholders to work together (3). NSOs are responsible for the collection, analysis and dissemination of data and can contribute to each step (**FIG. 2**) with information that can be used by policy-makers to make informed decisions and identify potential gaps.

Moreover, the monitoring of SDGs by NSOs also contributes to accountability in each country, including the identification of barriers and needs, and whether progress is being made on endorsed targets. The ability to disaggregate data by age and sex, and other key characteristics, is fundamental for monitoring and evaluation and realizing the pledge to leave no one behind.

FIG. 2

Pathway to optimize health and well-being of older persons – using data and information to address inequalities and accelerate actions





EVALUATE

Evaluate what actually works and what doesn't in practice in each setting

Do no harm and do not increase inequality

How can it be done?

- Can it be done?
- Who is engaged?
- Who provides it?
- How is it delivered?
- What is unique to this setting?
- Which needs, rights and/or values are addressed?
- How to address barriers and bottlenecks



REACH

Address scalability, leaving no one behind

- Scale up vertically
- Scale up horizontally
- Leave no one behind
- Ensure efficacy and sustainability
- Monitor effectiveness & impact



ACCELERATE IMPACT

Maintain and increase effectiveness and efficiency

- Communicate the impact
- Engage more stakeholders
- Mobilize new resources
- Promote technology transfer
- Foster research and innovation cycle
- Build a culture for impact

Source: Decade of healthy ageing: baseline report. Geneva: World Health Organization; 2020.

1.4 Analytical framework



The first step, or challenge, in developing an analytical framework was establishing agreement on a unified list of SDG indicators relevant for older people.

Given the importance of the SDG indicators in monitoring global development, the Conceptual and Analytical Working Group, in consultation with the broader membership of the Titchfield City Group agreed, as part of its work, an important first step is increasing the visibility of older persons in the reporting of these indicators. This reflects the overlapping priorities of global policy frameworks addressing older persons, the endorsement of the 2030 Agenda by all UN Member States including to monitor the same indicators across all countries using standardized methods addressing the 17 goals, and that the 2030 Agenda should also guide actions by non-state actors. Moreover, **NSOs have a crucial role in monitoring these indicators.**

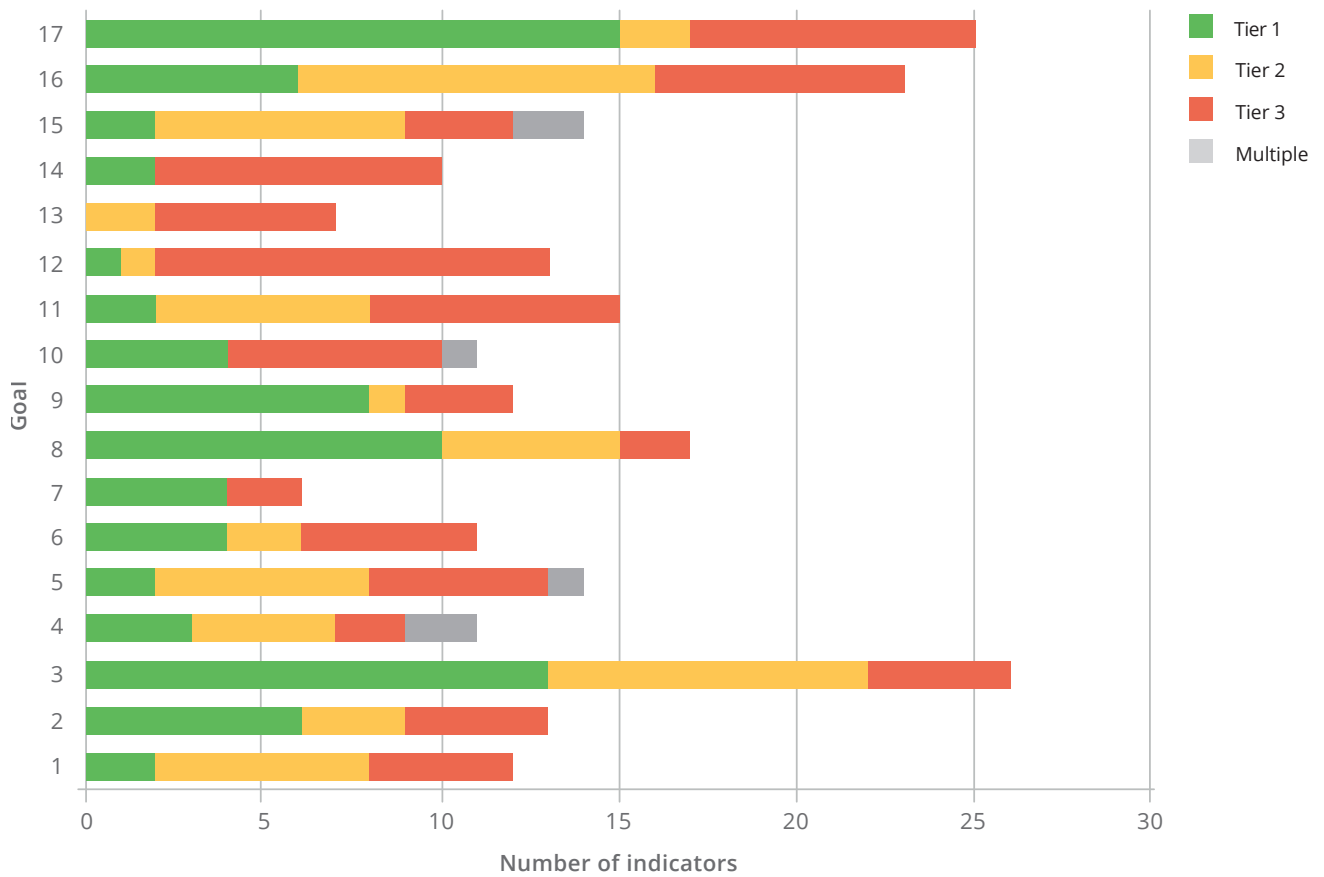
In order to develop an approach to guide this work and inform an initial analytical framework, a structure was needed to help identify what should be focused on to make older persons visible. The approach taken was to divide this task into clear, manageable segments, reflecting consensus across the Titchfield City Group, and then integrate findings to support learning across NSOs and catalyse increased inclusion of data on older persons within the monitoring of SDG indicators.

The first step, or challenge, in developing an analytical framework was establishing agreement on a unified list of SDG indicators relevant for older people. All 234 SDG indicators were considered, with a focus on tiers 1 and 2. The indicators are classified into tiers based on level of methodological development and availability of data at the global level (see **FIG. 3**) (16).

Tier 1 (in green with 84 indicators) includes indicators that are conceptually clear, have an internationally established methodology and standards available, and data that are regularly produced by countries for at least 50% of countries and for the population in every region where the indicator is relevant.

FIG. 3

Total number of indicators available by SDG indicator by tier



Source: IAEG-SDGs. Tier classification for global SDG indicators, 2024.

Tier 2 (in yellow with 64 indicators) includes indicators that are conceptually clear, have an internationally established methodology and standards available, but data are not regularly produced by countries.

Tier 3 (in red with 86 indicators) includes indicators with no internationally established methodology or standards that are available, but methodology/standards are being (or will be) developed or tested. Some indicators have multiple tiers if different components of the indicator are classified into different tiers (in grey, 6 indicators).

The second step, or challenge in working towards an analytical framework was to show how these data can inform analysis.

From the 234 SDG indicators, the first step identified those that are population-based (see Annex for the 100 population-based indicators). A second step identified priority indicators for older persons either in tiers 1 or 2, in line with endorsed global strategies focused on older persons. **FIG. 4** notes 38 population-based indicators mapped to older people, in relation to the Madrid International Plan of Action on Ageing, provided by the UN Population Fund; 28 indicators related to the Decade identified by WHO and HelpAge International; and 36 policy areas identified by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) (17) tasked to develop and implement the global indicator framework for the goals and targets of the 2030 Agenda and carry out refinements.

Given overlaps, this netted a total of 51 indicators relevant to older people. A fourth step narrowed these to 46 population-based indicators based on national priorities presented by NSOs during the Titchfield City Group annual technical meeting in 2019. **TABLE 1** notes the 46 priority SDG indicators for older persons and whether these are tier 1 or 2 in relation to methods and data produced across countries.

The second step, or challenge in working towards an analytical framework was to show how these data can inform analysis.

Given that limited data on older persons are being collected, NSOs were invited to provide a case on one indicator (from **TABLE 1**), illustrating how they are collecting and reporting data in this area, what the challenges are in doing this, and how the results are being disseminated.

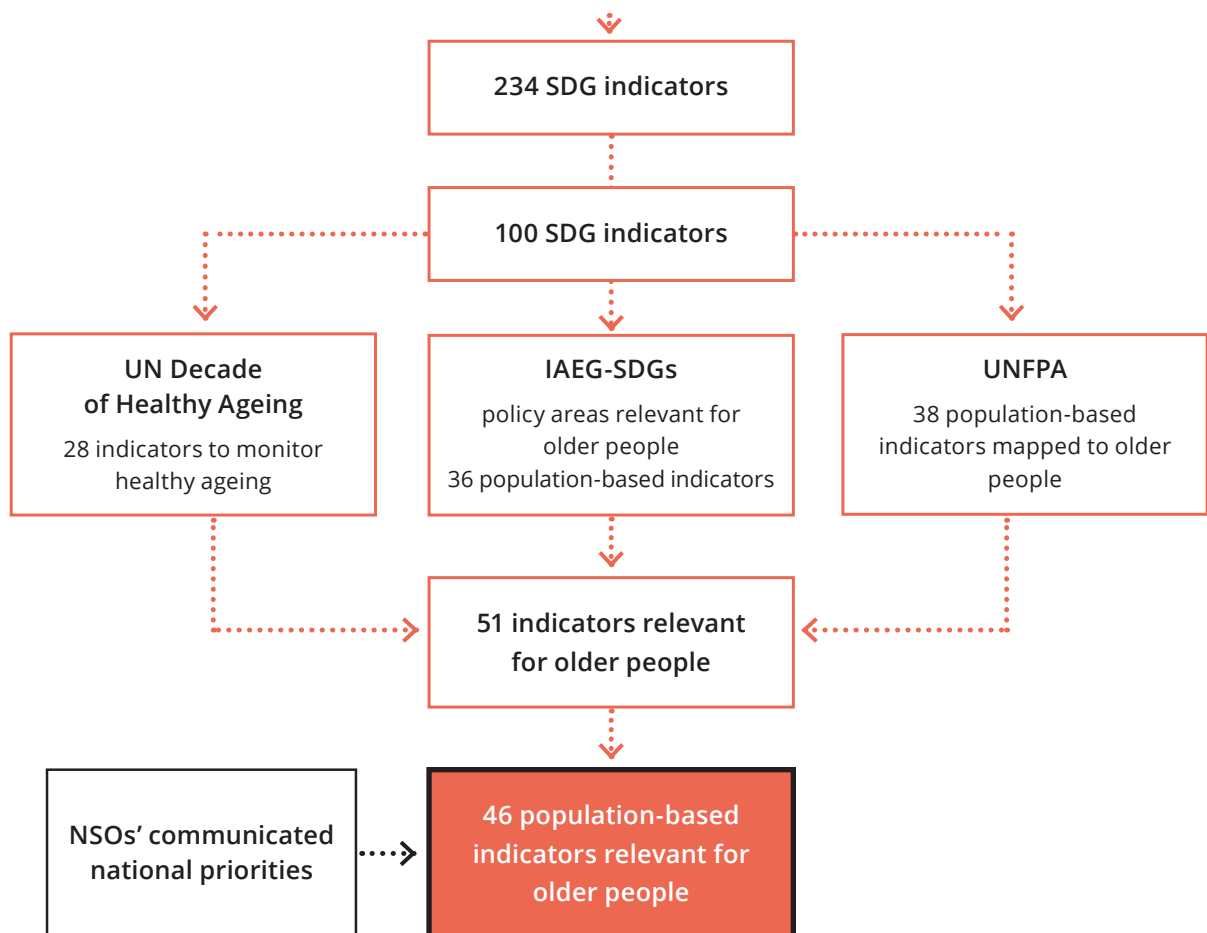
In order to present challenges and opportunities across the widest number of priority indicators, for the purpose of this report, NSOs participating in developing the analytical framework and members of the Titchfield City Group were asked to select only one priority SDG indicator, based on priorities expressed, per country.

A third step, beyond the scope of this report, is to compile data on all 46 priority SDG indicators, inclusive of older adults, disaggregated by age and sex, and to provide an approach to present these data together.

Chapter 5 provides details on 20 different SDG indicators, each indicator provided by an NSO in one of the 20 countries. An initial stock take indicated that most SDG indicators were either not including data on older persons or were not being disaggregated by age. That being noted, these 20 NSOs and potentially other NSOs, whether engaged or not with the Titchfield City Group, may be collecting data on older adults on these and other SDG indicators; however, this was not captured in this report and therefore, the level of disaggregation is unknown.

FIG. 4

Process to identify priority SDG indicators for older persons



Source: IAEG-SDGs. Tier classification for global SDG indicators, 2024.

Notes: IAEG-SDGs: Inter-Agency and Expert Group on Sustainable Development Goal Indicators; UNFPA: United Nations Population Fund.

TABLE 1**46 priority SDG indicators to make older adults visible**

SDG indicators		Tier
Goal 1	End poverty in all its forms everywhere	
1.1.1	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	1
1.2.1	Proportion of population living below the national poverty line, by sex and age	1
1.2.2	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	2
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	1
1.4.1	Proportion of population living in households with access to basic services	1
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	2
1.5.1	Number of deaths, missing persons and persons affected by disaster per 100 000 people	1
Goal 2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	
2.1.1	Prevalence of undernourishment	1
2.1.2	Prevalence of moderate or severe food insecurity in the population, also distinguishing older people	1
Goal 3	Ensure healthy lives and promote well-being for all at all ages	
3.3.1	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	1
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, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)	1
3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	2
3.c.1	Health worker density and distribution	1
3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	1
3.4.2	Suicide mortality rate	1
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	1
Goal 4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
4.3.1	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	2
4.4.1	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	2
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	1/2
4.6.1	Percentage 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	2
Goal 5	Achieve gender equality and empower all women and girls	
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	2
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	1

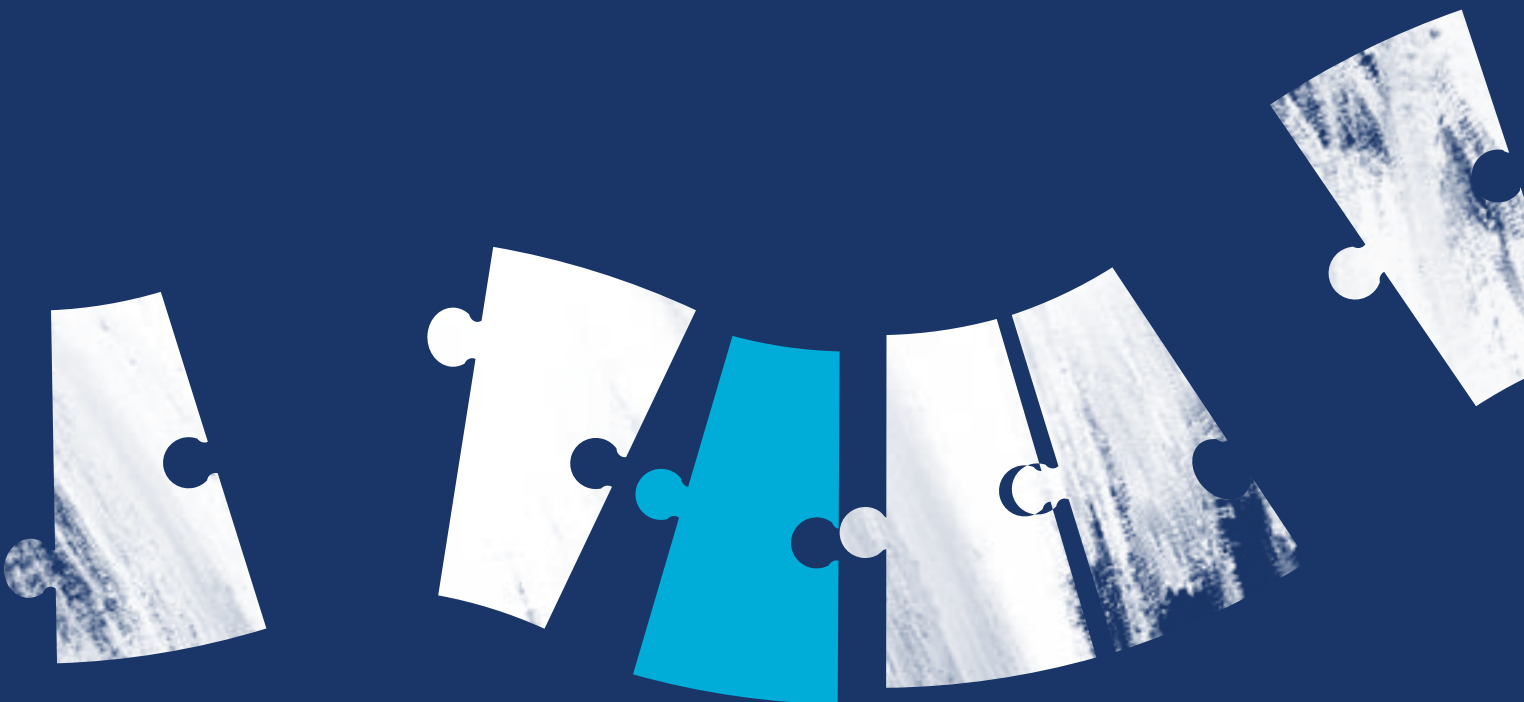
SDG indicators		Tier
5.2.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	2
5.4.1	Proportion of time spent on unpaid domestic and care work, by sex, age and location	2
5.b.1	Proportion of individuals who own a mobile telephone, by sex	2
Goal 8	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
8.3.1	Proportion of informal employment in non agriculture employment, by sex	2
8.5.1	Average hourly earnings of female and male employees, by occupation, age and persons with disabilities	2
8.5.2	Unemployment rate, by sex, age and persons with disabilities	1
8.10.2	Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider	1
Goal 10	Reduce inequality within and among countries	
10.2.1	Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	1
10.3.1	Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	2
Goal 11	Make cities and human settlements inclusive, safe, resilient and sustainable	
11.1.1	Proportion of urban population living in slums, informal settlements or inadequate housing	1
11.2.1	Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities	1
11.5.1	Number of deaths, missing persons and persons affected by disaster per 100 000 people	1
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	2
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	2
Goal 16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.1.1	Number of victims of intentional homicide per 100 000 population, by sex and age	1
16.1.2	Conflict-related deaths per 100 000 population, by sex, age and cause	2
16.1.3	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	2
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	2
16.1.4	Proportion of population that feel safe walking alone around the area they live	2
16.6.2	Proportion of the population satisfied with their last experience of public services	2
16.7.2	Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	2
16.b.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	2
Goal 17	Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
17.8.1	Proportion of individuals using the Internet	1

Note: NSOs provided examples of SDG indicators shown in bold.

2.

What are we aiming to do?

Strengthen the capacity of national statistical offices to improve data reported on older persons



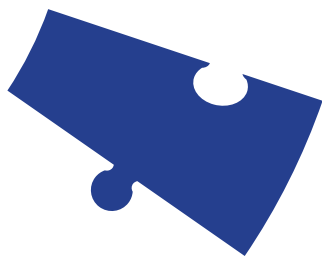
2.1 Address demand for better data

To meet the needs of older persons, older persons themselves, civil society groups who represent them and health professionals and care providers are advocating that information is needed to clarify the specific needs and expectations of different subpopulations of older persons, to respond to gaps identified, and to develop global, national or local policies. This demand requires **accessible, timely and reliable disaggregated data, including data disaggregated by age, to include all people in order to monitor SDG progress and accountability**, in line with the pledge to leave no one behind (18).

Overall, gaps exist in monitoring SDG indicators inclusive of older persons at national and global levels. Yet when these data are available, they can provide important insights.

Overall, gaps exist in monitoring SDG indicators inclusive of older persons at national and global levels (19). Yet when these data are available, they can provide important insights. For example, estimates of universal coverage service delivery (SDG indicator 3.8.1) and financial protection (3.8.2) must include people across all ages (20). When disaggregated by household structure and age, data on 3.8.2 show that households with older people are at greater risk of catastrophic health spending (when out-of-pocket payments are greater than or equal to 40% of a household's income after basic needs have been met) compared with households without older persons (21). For countries where specialized studies have been conducted, this result is found across regions and countries: data from 133 countries show that the poorest households with older, dependent adults have the highest financial burden in accessing health services (22).

Data on indicator 3.8.2 focus on people who have spent money to seek care and therefore exclude those who forgo seeking care when having to pay out of pocket. Catastrophic expenditures can force older people to reduce other basic expenditure such as for food or shelter, and future expenditure on health services.



When age and sex disaggregated data exist, they can provide a nuanced understanding of the experiences of older persons and inform the development of policies to improve their lives.

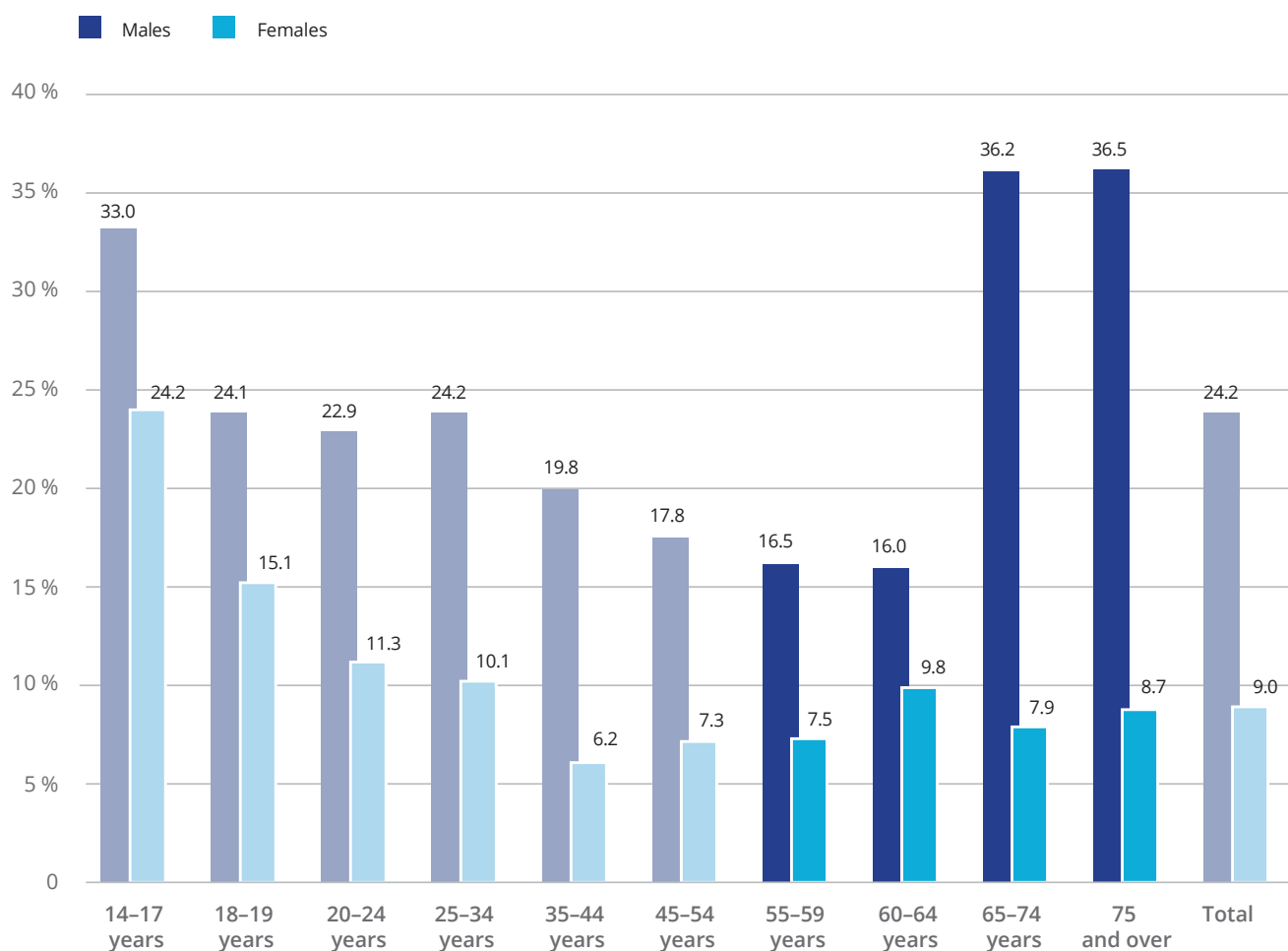
Sometimes data on older persons are included, but not disaggregated by age and sex, or other important characteristics. This prevents describing the context of older persons, the needs of different subpopulations, monitoring change, or providing inputs to interventions that should be targeted to or inclusive of older persons. Yet again, when age and sex disaggregated data exist, they can provide a nuanced understanding of the experiences of older persons and inform the development of policies to improve their lives. For example, data on SDG indicator 3.5.2, reported by Italy's NSO (National Institute of Statistics) indicate about 16.7% of the population aged 15 years and older exhibit risky behaviours related to alcohol consumption (23).

FIG. 5 shows age groups from 14–17 up to 75 and over, by sex. Overall, a higher proportion of males (24.2%) exhibit risky alcohol consumption compared with females (9.0%). When disaggregated further by age group it is evident all older persons do not exhibit the same consumption patterns. For instance, among people aged 60–64 years, 16.0% of males and 9.8% of females present risky alcohol consumption, which increases for males to 36.2% and 36.5% among people aged 65–74 and 75+, respectively, but decreases for females aged 65–74 years to 7.9% and to 8.7% for those 75 and over.

To enhance data availability globally on older persons, each country, in particular its NSO, requires the capacity to monitor the context of older persons. This includes ensuring collation of existing data from multiple sources, and the relevance, availability and quality of data to be sufficient and appropriate. Identifying gaps in data, specifically for SDG indicators that are disaggregated by age, can highlight to what extent older persons are visible and whether greater efforts are needed to collate and analyse such data.

FIG. 5

**Standardized rate of risky alcohol consumption
by sex and age group, %, 2017, Italy (SDG indicator 3.5.2)**



Source: Italian National Institute of Statistics; 2019 (https://www.istat.it/it/files/2019/08/SDGs-2019_inglese.pdf).

2.2 Disaggregate data by 5-year age and sex groups

Given that there is no typical older person, it is important to disaggregate data by both age and sex across all ages. This report focuses on age disaggregation; however, **differences among older men and women should be documented, then investigated to determine why variations exist and what can be done to improve the context of older people at every age** (see [BOX 5](#)).

BOX 5

Breaking through the 60+ lumping of data on older persons: assessment of disaggregation of SDG indicators on older people using household surveys

Disaggregation of SDG indicator data on older persons is not always available by sex, age groups, disability and location, using household survey data given there are small sample sizes, key data about older women and men may be missing from surveys, and existing gender and rural-urban inequalities within this group may lead to insufficient numbers within survey samples. NSOs and other organizations should examine how national household surveys can better include older persons and other

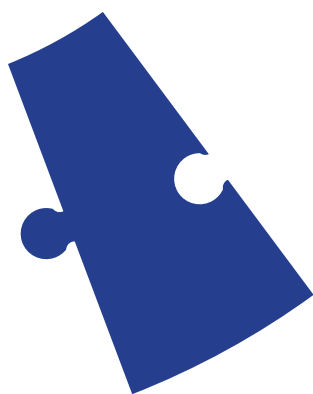
marginalized groups. This may include various approaches to minimize missing data, and analytical and cost-benefit assessments of different approaches to improve or increase coverage of older people. This should generate evidence on the potential and limitations of new and existing methods, such as small area estimation, to produce more accurate estimates and a more granular understanding of inequalities across older populations.

Five-year age groups (60–64, 65–69, 70–74, 75–79, 80–84, 85–89, 90–99, 100 and over) allow monitoring and identification of differences (13).

A key finding in this report, based on the contributions of 20 NSOs motivated to provide disaggregated data of relevance to national priorities, shows that of the 20 indicators included, only five are disaggregated by 5-year age intervals; a further 13 indicators include older adults with some age group disaggregation, but not by 5-year intervals; for one indicator disaggregation was not possible; and for another indicator, although a high priority for the country, data on older adults were not yet available.



2.3 Increase strategic investments and learning across countries



A significant barrier to the collection, access and use of data is availability of funding and capacity.

A significant barrier to the collection, access and use of data is availability of funding and capacity. A 2021 survey found that transformative changes proposed in the Cape Town Global Action Plan for Sustainable Development Data (CTGAP) have not yet been implemented, especially in low- and middle-income countries. **Two-thirds of NSOs in International Development Association countries experienced a moderate or severe delay in budget disbursement, forcing many to rely on aid from external sources.** These funding shortages are expected to continue, particularly in business, agricultural, population and housing censuses (18).

However, CTGAP identified several strategic areas for action to ensure quality and timely data which enable governments, international organizations, civil society, private sector and the general public to make informed decisions (see **FIG. 6**). These include coordination and strategic leadership on data for sustainable development; innovation and modernization of national statistical systems; strengthening of basic statistical activities and programmes; dissemination and use of sustainable development data; multistakeholder partnerships for sustainable development data; and mobilizing resources and coordinating efforts for statistical capacity building.

This report reflects working with NSOs across the globe, and highlights SDG indicators for older persons as an important contribution to facilitating and enhancing learning on ways to obtain data, disaggregate and report – as documented in the next section.

FIG. 6

Strategic areas of the Cape Town Global Action Plan for Sustainable Development Data



Source: World Bank; 2022 (<https://www.worldbank.org/en/research/brief/survey-on-the-implementation-of-the-cape-town-global-action-plan-for-sustainable-development-data>).



3.

Key findings and learning

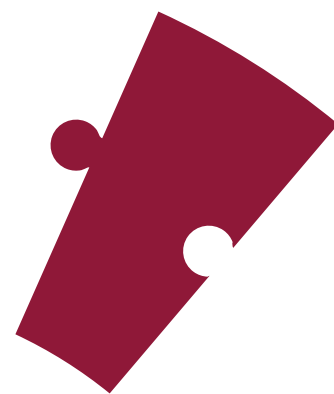
from 20 national
statistical office
cases reporting
on different
SDG indicators

Individual NSOs each reported on a different population-based SDG indicator from the list of 46 priority indicators to make older adults visible. In total, 20 SDG indicators are showcased. Each NSO selected a single indicator based on national priorities. The cases from the 20 countries illustrate that data are being collated, analysed and disseminated on older adults (see Chapter 5).

Each case provides a discussion from the NSO's perspective on six aspects:

- data sources (existing data sources, how the data are collected or sources, data disaggregation);
- information management;
- use of data collected;
- achievements NSOs' are most proud of;
- challenges; and
- areas for further work.

An overview of the key findings follows.



3.1 Data sources



NSOs collect data on the selected SDG indicators from a variety of sources including national surveys and health or administrative records. In some cases, data may be collected as part of a larger data collection effort. For example, Serbia's NSO collects data annually on deaths, including deaths by suicide (SDG indicator 3.4.2). Often these surveys or data collection efforts are organized by ministries or NSOs. Examples of surveys include the Australian Bureau of Statistics Personal Safety Survey (PSS), which was administered in 2005, 2012 and 2016 to people 18 years and older in all states and territories across Australia; a time use, population-based survey repeated approximately every 20 years in Hungary; and the Economically Active Population Survey, which collects nationally representative data monthly in the Republic of Korea. In Georgia, the NSO reported on SDG indicator 16.1.1 (number of victims of intentional suicide), where data on deaths are received from the Ministry of Health, with deaths classified using ICD-10 (International Classification of Diseases Revision 10) codes.

3.2 Information management

Data collected are often managed by the ministry or NSO that administered the survey. For example, in Colombia, the National Administrative Department of Statistics (DANE) collects, manages and analyses data through surveys which are then made available on its website, which can be accessed by nongovernmental organizations (NGOs), government entities, academia and civil society organizations.

Across the 20 NSOs various ministries were involved in collecting and managing data including:

- Ministry of Education and Science in Bulgaria
- Ministry of Family, Labour and Social Services in Türkiye
- Ministry of Gender, Labour and Social Development in Uganda
- Ministry of Health in Poland and Georgia
- Ministry of Labour and Social Affairs in Armenia
- Ministry of Labour and Social Politics in Bulgaria
- Ministry of Social Security and Labour in Lithuania.

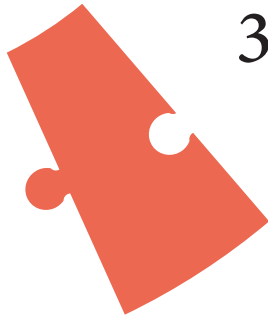
3.3 Use of data collected

Data on SDG indicators are used in several different ways. Some data are publicly available, meaning data can be easily accessed and used. For example, in Italy, data on the proportion of individuals using the Internet (SDG indicator 17.8.1) collected through the Multipurpose Survey on Households (Aspects of Daily Life) are publicly available on Italy's National Institute of Statistics' website. In Ghana, data on SDG indicator 16.7.2 are used to improve good governance at national, regional and district level, which translates into improved services for citizens. **Data may also be used to inform political decisions, providing evidence for policy decisions.** For example, in Serbia, suicide statistics have been used within the 2007 Mental Health Development Strategy, which was adopted by the Government of Serbia. Finally, data may also be used in research projects, for example, the Australian Bureau of Statistics PSS is used to examine abuse of older persons and identify gaps in knowledge.

3.4 Achievements

- Availability of nationally represented data sources allowing for monitoring and disaggregation by age, sex and other subgroups (e.g. Germany).
- Utilizing pre-existing data sources to monitor health and well-being of older persons (e.g. Georgia).
- Easy access and public availability of data – NSO reported statistical information is publicly available on the official statistics portal, with new users notified when information is sent (e.g. Lithuania).
- Coordination across data sources allows for disaggregation by various vulnerable subgroups (e.g. Brazil and Ghana).
- Broad use of data (e.g. Hungary) as survey data on SDG indicators can be used in a variety of fields such as in shaping policies aimed at different focus areas, providing information on cultural and leisure time activities, and assisting the development of statistical work.





3.5 Challenges

Limited collection of new or quality data

- Lack of funding to support data collection initiatives (e.g. Ghana and Nigeria).
- Surveys focus specifically on providing nationally representative data for SDG indicators inclusive of older adults are not frequently administered, or data publication is delayed (e.g. Uganda).
- Decrease in response rates in administered surveys and small sample sizes limit the ability to disaggregate data (e.g. Australia, Brazil, Bulgaria, Hungary, Lithuania, Mauritius, United Kingdom).
- Difficulties in collecting data due to their sensitive nature (e.g. Germany and Türkiye).
- Extended periods between data collection, or no further data collection planned (e.g. Bulgaria and Ghana).

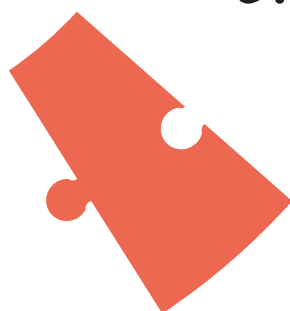
Limited access to data

- Databases or surveys are not easily accessible (e.g. Uganda).

Limited cooperation

- Lack of cooperation and synergy across agencies or organizations (e.g. Nigeria).
- Age limits imposed on certain surveys that are donor-sponsored – limited flexibility for modification such as the Demographic and Health Surveys and Multiple Indicator Cluster Surveys.
- Lack of agreed upon or accepted standards for indicators (e.g. Australia).

3.6 Areas for further work



In Gambia, a strategy has been developed to build relationships and involve stakeholders from different levels to improve statistics.

Noting these experiences across 20 countries and 20 priority SDG indicators for older persons, representatives from NSOs discussed learning insights and agreed on the following areas for further collaboration. NSOs also discussed specific lessons learned from the COVID-19 pandemic (see **BOX 6**).

- **Use existing data better:** Data linkage and collaboration across pre-existing data sources. For example, in Ghana, administrative data are being improved through data linkage from various ministries, departments and agencies. The NSO is leveraging data from the National Identification Authority to create population registers. This integration of data from sources such as the population census, national ID, birth and death registry, education and health data holds significant promise for obtaining age- and sex-disaggregated data on all ages, including older persons.
- **Increase representativeness of data collected on older persons:** Oversampling of older persons to overcome challenges with limited sample sizes that prevent disaggregation across multiple characteristics. Small area estimation is a methodology that can be used to estimate characteristics of smaller groups.
- **Improve communication and incentives to improve response rates:** During the COVID-19 pandemic, the United Kingdom developed a new survey on surveillance of COVID-19. There was much interest in the survey which had high response rates as there were incentives for participation.
- **Improve coordination across national agencies:** In Nigeria, there are few statisticians in ministries. The NSO provided staff to assist with coordination and are working with ministry staff through meetings and training to improve data collection. In Gambia, a strategy has been developed to build relationships and involve stakeholders from different levels to improve statistics.

BOX 6

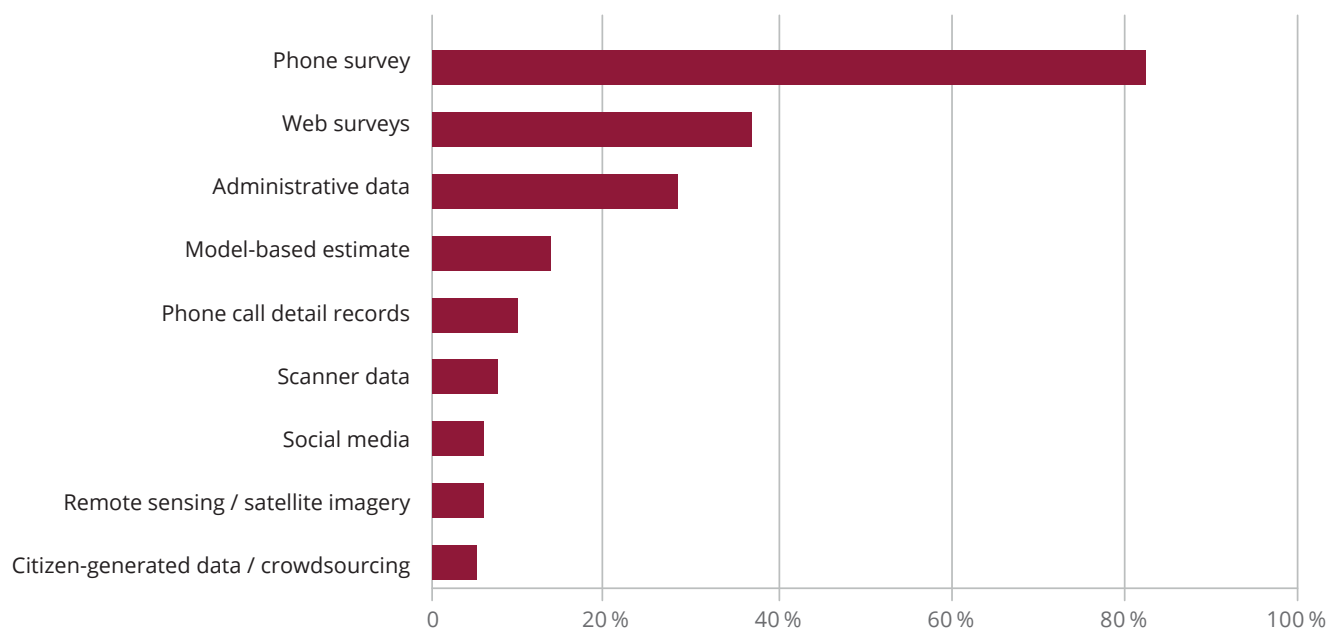
NSOs: experience and learning from the COVID-19 pandemic

Throughout the COVID-19 pandemic, innovative methods were created and implemented to collect data and modernize ICT. Analysis based on four rounds of global surveys monitoring the effects of the pandemic on national statistical operations between 2020 and May 2021 (carried out jointly by the UN Statistics Division and the World Bank) found that 80% of countries indicated they would utilize phone surveys and 37% would use web surveys. This is a significant increase

from pre-pandemic numbers where in-person data collection was mostly relied upon (**FIG. 7**). However, it is important to consider the potential implications of remote data collection on the ability of older persons to engage, especially when greater reliance is needed on the Internet and phone, which may pose great challenges for people in remote or rural communities.

FIG. 7

Proportion of countries reporting innovative approaches (%) to measure the impact of the COVID-19 pandemic, May 2020



Source: UN Statistics Division; 2023 (<https://unstats.un.org/sdgs/report/2022/thinking-beyond-crisis>).



NSOs' priorities shifted to respond to the COVID-19 pandemic. New surveys were developed to collect pandemic-related data, and reporting periods were adjusted to allow for better monitoring. For example, the United Kingdom Office for National Statistics created a survey to monitor COVID-19 infection. There was significant interest in this survey, with high response rates, and weekly reporting of data. This has subsequently shifted to a seasonal surveillance survey. In Hungary, additional questions related to the pandemic were integrated into the pre-existing labour force survey, with a reduced publication time. There was also a joint effort between the NSO and universities. In Germany, a new data processing approach was introduced, which drastically shortened publication of data to a weekly interval, which aimed to link data, e.g. employment data with health data. In Lithuania, there was a change in understanding on how administrative data can be used. Prior to the COVID-19 pandemic, data were not collected daily and not published on a public dashboard.

Although coordination within national data systems increased during the COVID-19 pandemic, opportunities, gaps and challenges remain. These include:

- Demand for data on older adults by policy-makers increased.
- In-person data collection was slowed or stopped in most countries during the pandemic, and in many cases data were collected through virtual methods, which may have made it difficult to engage older persons who are less likely to participate in online data collection.
- Lack of infrastructure for remote work.
- Despite the acknowledged importance of data, some countries decreased funding for statistical activities.

NSOs' priorities shifted to respond to the COVID-19 pandemic. New surveys were developed to collect pandemic-related data, and reporting periods were adjusted to allow for better monitoring.





4.

Next steps

Having adequate data on older people will inform new initiatives, evidence-informed decisions aimed at improving the lives of older people, and monitoring impact in countries.

Agenda 2030 is critical to the well-being of people and our planet.

Nationally representative and comprehensive data should cover all stages of the life course and enable sufficient age and sex disaggregation, including across older ages. More specifically, having adequate data on older people will inform new initiatives, evidence-informed decisions aimed at improving the lives of older people, and monitoring impact in countries.

Stakeholders from different sectors and all levels are called on to play different roles in contributing to Agenda 2030, inclusive of all people at all ages. The mechanisms put in place to support SDG 16 can be used to hold stakeholders accountable to create change and ensure that diverse perspectives and voices are considered, including older persons themselves, family members, caregivers and other community members.

Each of the 20 NSOs provided details on one SDG indicator, and clearly document that including nationally representative data on older persons is possible (see **Chapter 5, TABLE 2**). As a next step, it will be important to expand this effort, beyond this initial set of 20 NSOs, to include all 46 priority SDG indicators, and share learning. This will require generating interest in a wider set of NSOs and document to what extent they collect, collate, analyse and disaggregate data on all 46 priority SDG indicators for older persons. This will increase our understanding of data on the health and well-being of older persons, and highlight their diverse needs, strengths and experiences.

The findings of this report, including learning across NSOs, can be used to inform the next steps towards the mandate of the Titchfield City Group, the next Madrid International Plan of Action on Ageing reporting period (expected in 2025), and the next Decade reporting period in 2026.

To do this, technical dialogues across UN agencies and their technical advisory groups should also engage and inform NSOs. For example, WHO and UN partners have set up a technical advisory group to support measurement, monitoring and evaluation of the Decade, including the development of tools to support national monitoring (24). NSOs should be made aware of these tools, engage where feasible and participate in their testing.



5.

Detailed cases

on specific
SDG indicators from
20 national statistical
offices



TABLE 2.**Priority SDG indicators to make older adults visible, as selected by country NSOs**

SDG indicators		National statistical office
Goal 1	End poverty in all its forms everywhere	
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	Uganda
1.4.1	Proportion of population living in households with access to basic services	Nigeria
Goal 3	Ensure healthy lives and promote well-being for all at all ages	
3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Poland
3.4.2	Suicide mortality rate	Serbia
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	Mauritius
Goal 4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
4.3.1	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	Bulgaria
4.4.1	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	Colombia
Goal 5	Achieve gender equality and empower all women and girls	
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	Australia
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	Türkiye
5.4.1	Proportion of time spent on unpaid domestic and care work, by sex, age and location	Hungary
5.b.1	Proportion of individuals who own a mobile telephone, by sex	Malawi

SDG indicators	National statistical office
Goal 8 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
8.5.2 Unemployment rate, by sex, age and persons with disabilities	Republic of Korea
8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider	United Kingdom
Goal 10 Reduce inequality within and among countries	
10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	Lithuania
Goal 11 Make cities and human settlements inclusive, safe, resilient and sustainable	
11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing	Brazil
Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.1.1 Number of victims of intentional homicide per 100 000 population, by sex and age	Georgia
16.1.4 Proportion of population that feel safe walking alone around the area they live	Germany
16.6.2 Proportion of the population satisfied with their last experience of public services	Armenia
16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	Ghana
Goal 17 Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
17.8.1 Proportion of individuals using the Internet	Italy

SDG 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

It is critical to have enactment of laws relating to care and support for older adults while safeguarding them from neglect and abuse. In Uganda, there is guidance to close the social security gap and achieve social protection through the establishment of social security systems. There is also the promotion of income provision within the available resources to ensure a dignified life for older persons.

Data on SDG indicator 1.3.1 are collected from the Ministry of Gender, Labour and Social Development information management system, the National Identification and Regulatory Authority database, and the Uganda Bureau of Statistics' Uganda National Household Survey and National Service Delivery Survey.

Data are collected by targeting Senior Citizens' Grant (SCG) beneficiaries above the age of 80 across the country and, in some areas, above the age of 60 years. The process of identifying SCG beneficiaries is automated on the National Identification and Regulatory Authority database using the Social Assistance Grants for Empowerment management information system (SAGE-MIS). The Uganda Bureau of Statistics conducts the Uganda National Household and National Service Delivery surveys every 3 and 5 years, respectively, to ascertain the proportion of beneficiaries of the various social protection systems (**FIG. 8, TABLE 3**).

Data are not specifically collected for indicator 1.3.1, rather within a larger collection of data, meaning the data can be disaggregated by age, sex, district, city, region, residential status and ethnicity.

Information for the SAGE-IMIS is managed by the Ministry of Gender, Labour and Social Development Planning Unit; the National Identification and Regulatory Authority updates its database through registration of all Ugandan residents; and Uganda Bureau of Statistics data are published in reports and uploaded to the website.

Data for this indicator are widely used in the country by civil society, and nongovernmental and government organizations with programmes focusing on older persons. The data are used for evidence-based policy formulation, decision-making, monitoring and impact evaluation, and programme implementation. Impact evaluation has focused on the core impact areas of reduced material deprivation, increased economic security, reduced social exclusion, increased access to services, consumption expenditure and nutritional status of children under 5 years.

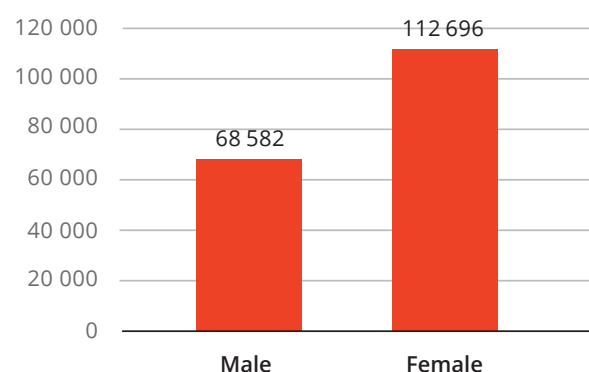
Challenges faced include:

- Delays in updating the National Identification and Regulatory Authority dataset (hardware and software challenges), hence potential beneficiaries miss out.
- Some older persons were not registered by the National Identification and Regulatory Authority because they could not access the registration services.
- The National Identification and Regulatory Authority database is not easily accessible.
- Surveys that focus mainly on this indicator are carried out infrequently.

Next steps include:

- Enabling universal and equal access to data by responsible organizations, and regularly updating (i.e. monthly) the National Identification and Regulatory Authority and Ministry of Gender, Labour and Social Development management information system database.
- SAGE benefits have helped reduce material deprivation, increase economic security, improve access to services and reduce social exclusion. More frequent administration of surveys to assess the impact of SAGE and other social protection systems for older persons.
- Conducting regional review meetings to identify anomalies and regular cleaning of data at district levels.
- Building human capital and mentorship programmes and support in districts with training and equipment, such as computers, which can help improve data management processes.
- Finally, integration of all data systems into one management system will be important to avoid the duplication of data.

FIG. 8. Number of older persons who received SAGE benefits by sex, 2019/20, Uganda



Source: SAGE-MIS reports 2019/20.

TABLE 3. Number of older people covered by social protection systems, by sex and nature of vulnerability, 2019/20, Uganda

Category	Social protection system	Male	Female	Total
Older persons	SAGE	68 582	112 696	181 278
People with disabilities	National Special Grant for people with disabilities	3414	3380	6794
Work-injury victims		25	2	27
Other vulnerable persons	Women Entrepreneurship Programme		8340	8340

Source: National Special Grant, Department of Elderly and Disability, Uganda Women Entrepreneurship Programme 2020/21, SAGE-MIS reports 2019/20.

SDG INDICATOR

1.4.1



Proportion of population living in households with access to basic services

The National Bureau of Statistics of Nigeria administers surveys which collect data on this indicator and is responsible for data collection, processing, analysis, reporting, frequency of reporting, information updates and publication of data. Surveys are administered annually and biannually, and are nationally representative of Nigeria. All data are widely accessible through www.nigerianstat.gov.ng. The data collected are used for planning, policy decisions, programmes, interventions, monitoring and development, and can be accessed directly by older persons (**TABLE 4**).

Challenges faced include:

- Slow pace of statistical development in some government ministries, departments and agencies; poor statistical culture and low statistical capacity in some organizations.
- Lack of cooperation and synergy among agencies.
- Poor funding of statistical activities.

To address these challenges there is a need for capacity building, increase in funding and increased synergy. Plans to improve data access will in turn impact and improve the lives of older people.

TABLE 4. Proportion of population living in households with access to basic services, 2007–2021, Nigeria

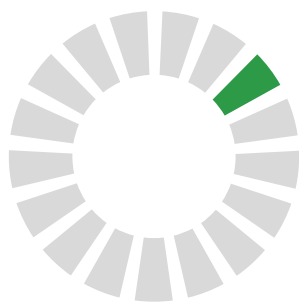
SDG indicators	Year			
	2007	2011	2016	2021
Goal 1. End poverty in all its forms everywhere				
1.4.1 Proportion of population living in households with access to basic services	43%	46.1%	52%	57.5%

Source: www.nigerianstat.gov.ng



SDG INDICATOR

3.4.1



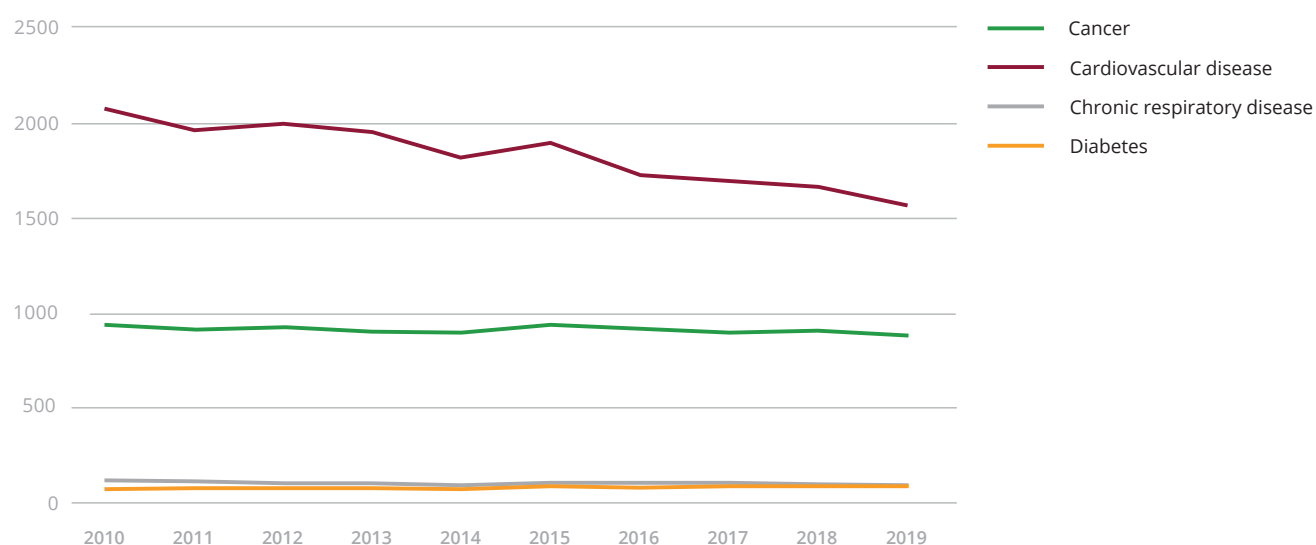
Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

In Poland, deaths of older persons make up of the largest proportion of deaths. In 2020, 86% of deaths were among those aged 60 years and older (25). Data on this indicator are collected from death certificates by the Ministry of Health, according to the annual statistical survey programme of Statistics Poland. Death certificates are used for national statistics. Cause of death is classified in accordance with ICD-10. Cause of death is determined by the initial cause of death, at the beginning of the morbidity process. Data on cause of death are available annually (with a year's delay) by voivodeships (province) and

by age group. For older persons, the following age disaggregation groups are available: 60–64, 65–69, 70–74, 75–79, 80–84, 85 years and older.

Statistics Poland carries out work related to statistics on cause of death and receives data on deceased persons directly from registry offices electronically and in paper form (photocopy) with a written description of the cause of death drawn up by a doctor. Data sent by the civil status offices electronically are verified and processed, and paper documents are scanned. Images of the certificates are combined with data submitted electronically.

FIG. 9. Deaths by cardiovascular disease, cancer, diabetes or chronic respiratory disease per 100 000 persons aged 60 or older, 2010–2019, Poland



Source: Statistics Poland, 2010–2019.

The initial cause of death is coded by what are termed “physician coders”. The coding is based on the original death certificate entries made by the doctor declaring the death. The codes for cause of death indicated by the medical coders are checked. Aggregated data are verified by scientific medical institutes. The results of the compiled data on deaths according to the coded causes are available at the end of the following year at the earliest.

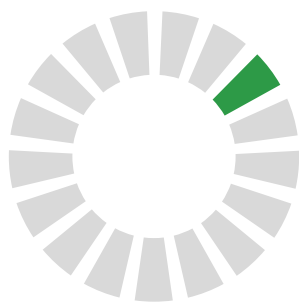
Data on deaths are publicly available on the Statistics Poland website and in numerous publications (**FIG. 9**). These data are used to implement strategies and programmes, such as:

- Information on the situation of older people by the Ministry of Family, Labour and Social Policy.
- Sustainable development strategy of the European Union.
- Long-term national development strategy.
- Human capital development strategy.
- Development strategies of individual *voivodeships*.



SDG INDICATOR

3.4.2



Suicide mortality rate

Data for the Republic of Serbia show that suicide occurs among older people and especially among the male population. According to 2019 data, in Serbia, men committed suicide at a rate three times higher than women (**FIG.10**) (26). The data source is the annual survey on deaths. The annual survey on deaths collects data on demographic and socioeconomic features of the deceased person, data on origin and cause of death.

There is a standardized process for data collection, processing and disaggregation. Data on the cause of death are based on the concept of the underlying cause of death. The underlying cause of death is defined as:

- a) the disease or injury which initiated the train of morbid events leading directly to death; or
- b) the circumstances of the accident or violence which produced the fatal injury. Death by violence is the result of accidents (all types of motor vehicles collision, falls, drowning, accidents caused by smoke, fire and flame, firearms, etc.), suicides, homicides and other (violent death of undetermined intent, legal interventions and operations of war, complications of medical and surgical care).

The following data are collected for every deceased person: sex, date of death, national affiliation, place of usual residence, educational attainment, economic activity, occupation, marital status, day of the event, month of the event, external cause of death. Data are collected continuously and published annually. The reference period for births and deaths is the calendar year. The first reference year for deaths caused by suicide and suicide mortality rate is 1950.

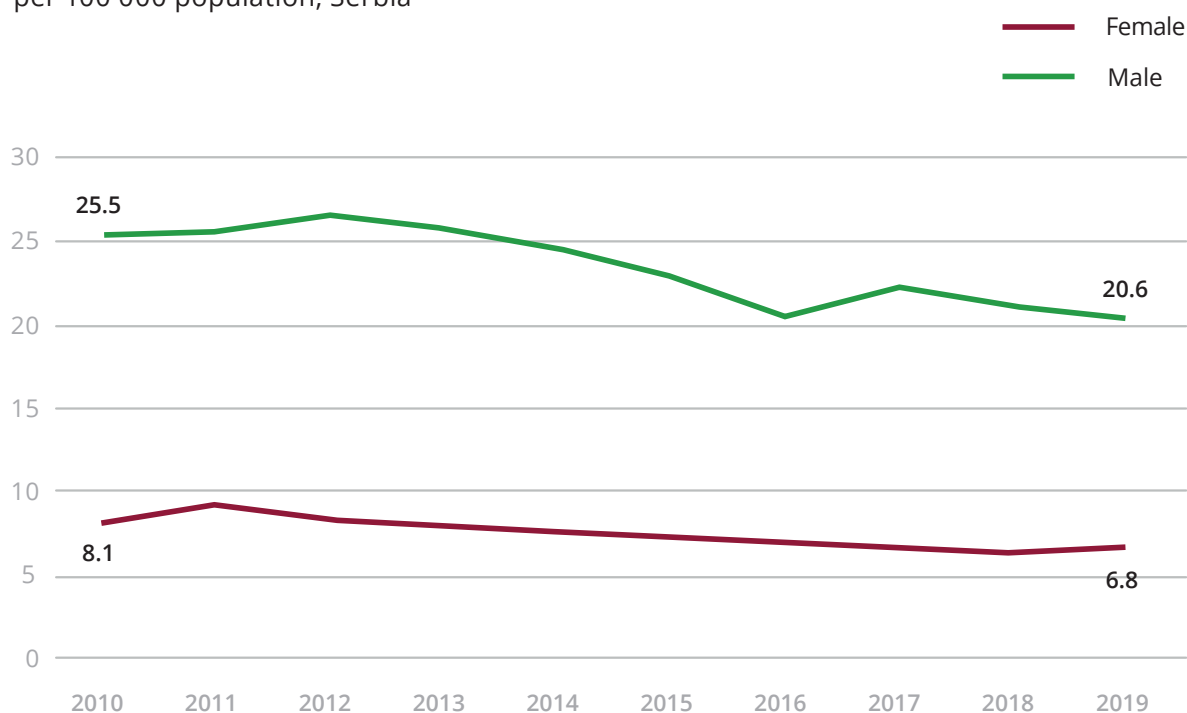
Data on this indicator are collected as part of a larger data collection effort, and data can be disaggregated by age (0–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, 65–69, 70–74, 75–79, 80+, unknown age). Data are nationally representative for the total population of the Republic of Serbia. Data are comparable from 1961 with a break in the data series from 1998.

The responsible institutions are the Statistical Office of the Republic of Serbia and the Institute of Public Health of Serbia (Dr Milan Jovanović Batut). Data published by the Statistical Office of the Republic of Serbia are available online, as well in the following database (<https://data.stat.gov.rs/Home/Result/18030304?languageCode=sr-Cyrl>). The data are available on request under the conditions of full protection of the rights of data providers.

There is no national strategy for suicide prevention, but suicide statistics were considered in the 2007 Mental Health Development Strategy (adopted by the Government of the Republic of Serbia). Data on suicide among older adults is used by various programmes related to the mental health of older people, especially civil sector organizations and NGOs whose activities are focused on older people. When publishing official data on suicide, data can be disaggregated

by sex, age, type of settlement (urban/rural) and some other available characteristics. In order to improve the quality of data on suicide, the proposed plan is to reduce the share of data on violent deaths of undefined intent. To improve the quality of data on suicide, coding cause of death should be as precise as possible – this should be addressed by those who determine the cause of death, including the police.

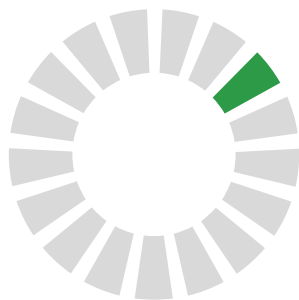
FIG. 10. Suicide mortality rate by male and female, 2010–2019
per 100 000 population, Serbia



Source: Statistical Office of the Republic of Serbia, 2019.

SDG INDICATOR

3.8.2



Proportion of population with large household expenditures on health as a share of total household expenditure or income

Health is an important factor for individuals, irrespective of age, to ensure a better quality of life throughout the whole life course. Older adults are more likely to report poorer health status and devote a higher share of their budget to medical services. In Mauritius, the share of household consumption on health over household disposable income for households with older people for the last three Household Budget Surveys are as follows: 5.2% in 2006/07, 7.3% in 2012 and 7.2% in 2017.

The Household Budget Survey is conducted every 5 years by Statistics Mauritius, which is responsible for questionnaire design, data collection, data processing, validation and dissemination. The survey is based on a representative sample of 7000 households across the country. It constitutes the most reliable data source for household income and expenditure data. The survey also collects socioeconomic information on individuals allowing in-depth analysis on income distribution and consumption patterns by population group

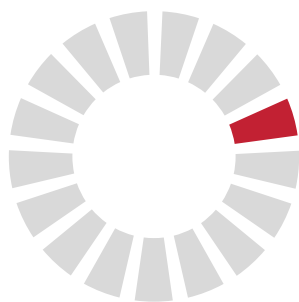
(e.g. age, sex). However, caution is required when producing statistics at a disaggregated level due to few observations in sample data. All documents such as methodological reports, analytical reports and historical data series for past surveys are available on the Statistics Mauritius website (<https://statsmauritius.govmu.org/Pages/Censuses%20and%20Surveys/Surveys/HBS.aspx>).

Household Budget Survey data are mainly used by policy-makers, among others, for budget preparation as they include detailed information on income (e.g. income from paid and self-employment, government transfers and consumption expenditure). There are no major challenges in collecting data on household expenditure. However, given that the indicator is produced based on survey data, it is restricted to a certain level of data disaggregation due to few observations in sample data. Data on household income and expenditure are accessible to all stakeholders on the Statistics Mauritius website.



Source: Government commitments towards the protection of the elderly, Welfare and Elderly Persons' Protection Unit, Ministry of Social Integration, Social Security and National Solidarity.



SDG 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

Upgrading skills and competencies is a necessary condition for healthy ageing not only for the economy in the short term, but also for sustainable development in the long run, increasing productivity, competitiveness and employment the country and within the European Union (EU), ensuring equal opportunities, as well as social convergence. Adequate and timely measures for lifelong learning and the inclusion of the older people is extremely

important. Bulgaria gathers its information on the participation rate in formal and non-formal education from the nationally representative Adult Education Survey, an all-EU Member States survey, with a common methodology and a harmonized questionnaire. Four editions of the survey have been conducted (2007, 2011, 2016 and 2022); in the future it will be conducted every 6 years.



In Bulgaria the Bulgarian National Statistical Institute is responsible for data collection, processing, analysis and dissemination. All phases of the survey (sampling, data collection, data processing, weighting, etc.) are in accordance with Eurostat requirements and recommendations, and data are disaggregated by sex, age (18–24, 25–34, 35–54, 55–64), by educational attainment (basic education or below, upper secondary education, tertiary education), labour status and residence (urban, rural). Additional disaggregation for older people by those categories could be performed, including additional age group disaggregation, but is currently not published. However, as this is an all-EU survey with a common methodology, the information is only collected for the limited age groupings, and information on people above 65 years of age is not currently collected.

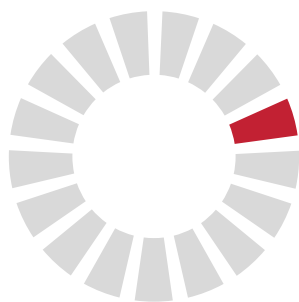
Aggregated data from the survey have been provided to various national stakeholders – policy-makers, NGOs, employers and trade unions, researchers, as well as disseminated by Eurostat internationally. The survey data are used by the Ministry of Education and Science for monitoring and evaluation of the National Strategy for Lifelong Learning and by the Ministry of Labour and Social Politics for the National Strategy for Active Life of the Elderly in Bulgaria.

Challenges faced include:

- It is a sample survey and results are burdened with stochastic errors; thus, it is not possible to disaggregate data at a granular level.
- The new 6-year periodicity complicates timely policy-making decisions.
- There is a proxy indicator in the labour force survey for the participation rate of adults in formal and non-formal education and training in the previous 4 weeks, but it could not be used as a real measure of the indicator.

Due to the extended period between surveys, and lack of data on people above age 65, there are plans to explore the use of the suggested proxy from the labour force survey, as it collects data on the whole population aged 15 and above. However, additional analysis on applicability and accuracy is needed.

SDG INDICATOR 4.4.1



Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill

The use of computers, the Internet and social networks improves the quality of life of older adults in Colombia by providing a platform for recreation and entertainment, acquisition of new skills and occupational activities, communication, improved physical health through access to information on food and exercise, online purchases, administrative management, and medical appointments, to list a few, which help to overcome access barriers. Information on this indicator highlights the needs and interests of older people as well as inequalities in comparison with other populations. This contributes to reduce stereotypes and prejudices around older people, and removes attitudinal and accessibility barriers to full development of their autonomy and effective inclusion in society as active and productive subjects, particularly in the access and use of ICT.

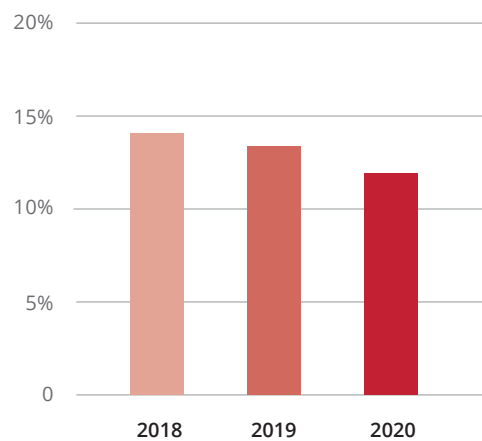
Indicator data are collected annually (since 2010) by the National Administrative Department of Statistics (DANE), through the Quality of Life National Survey, which aims to obtain information to analyse and make comparisons of the socioeconomic conditions of Colombian households. The information is nationally, regionally and municipally representative, with detailed information available at each level,

and can be disaggregated by sex, geographic region, and a variety of age groups depending on the benchmarks used and/or the needs of users. The indicator is generally published with four age groups: 5–14, 15–24, 25–74 and 75+; however, further disaggregation is possible, and can be found on the National Data Archive and DANE's website. The information is accessed by NGOs, government entities, academia, civil society organizations, among others, working with older people. For example, the National Association of Entrepreneurs of Colombia and Global Apprenticeship Network Colombia, used the Quality of Life National Survey as a reference in their study *Digital skills in Colombia: does the digital future belong to everyone?*, which considered inequalities and challenges in access and use of ICT.

Indicator data are also used by the Colombian Policy on Human Aging and Old Age 2015–2024, which establishes that the Ministry of Information and Communication Technologies must promote and facilitate digital literacy for older people, as well as effective access to ICT for people aged 60 years and older (FIG. 11, 12). Despite this commitment, the ministry's sector statistics page does not report indicators by age breakdown. However, through its Digital Literacy for Older People programme, it seeks to strengthen the digital skills of this population and close digital gaps.

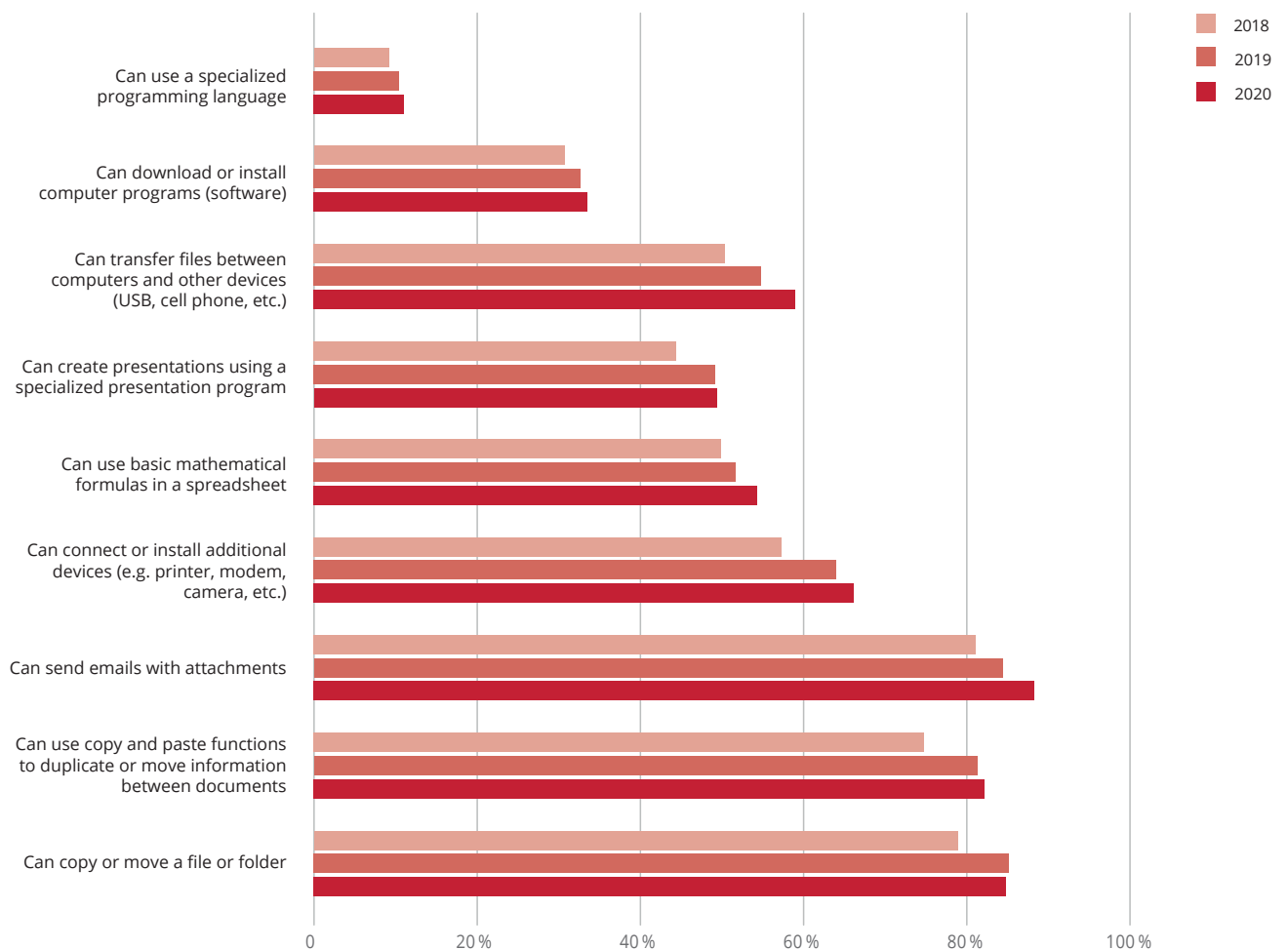
No specific challenges were identified. However, considering, the most recent version of the International Telecommunication Union Manual was published at the end of 2020, it is necessary to think about the future implementation of the latest recommendations and consider the inclusion of other ICT skills. The manual now states that the question should be asked to all people (not only to those who use a computer as was the case previously), but this may also generate inconsistency in the survey, because there may be people who do not use a computer or smartphone and answer affirmatively to some skill.

FIG. 11. People aged 60 and over who reported using a computer, 2018–2020, Colombia



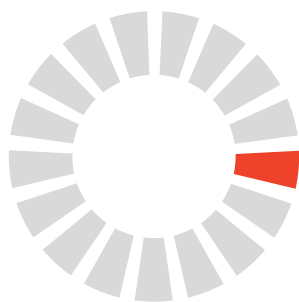
Source: DANE Quality of Life National Survey; 2022.

FIG. 12. People aged 60 and over who use a computer by type of skill, 2018–2020, Colombia



Source: DANE Quality of Life National Survey; 2022.

SDG 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

Gender inequality has been recognized as a root cause of violence against women by the UN Committee on the Elimination of all forms of Discrimination against Women in its 19th General Recommendation. With most countries experiencing an ageing population it is likely that the incidence and prevalence of intimate partner violence experienced by older women will increase. Data from Australian Bureau of Statistics shows that women aged 15 years and older are more likely to experience physical, sexual or psychological violence by a current or former intimate partner than men. While disadvantages stemming from gender inequality can affect all women, older women may face different barriers to accessing support services due to ill health or disability, and financial dependency.

In Australia, SDG indicator 5.2.1 is collected by the Australian Bureau of Statistics Personal Safety Survey (PSS), which collects information from men and women aged 18 years and over about the nature and extent of violence experienced

since the age of 15 (**FIG. 13**). It also collects detailed information on the following:

- current and previous partner violence and emotional abuse since the age of 15;
- experiences of stalking since the age of 15;
- physical and sexual abuse before the age of 15;
- witnessing violence between a parent and partner before the age of 15;
- lifetime experience of sexual harassment; and
- general feelings of safety.

This survey was conducted in 2016 (<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0.55.003main+features12016>) and previously run in 2012 and 2005. The scope of the 2016 PSS was persons aged 18 years and over in private dwellings across Australia (excluding very remote areas) in all states and territories. Interviews were conducted with one randomly selected person aged 18 years or over who was a usual resident of the selected household.

Data collected for this indicator is based on “Ever-partnered women aged 18 years and over who experienced violence or emotional abuse by a partner they lived with”. Data disaggregation includes:

- age (age is collected in single years, so groupings are open);
- disability or long-term health conditions;
- household weekly income.

Other demographic variables are also available. The Australian Bureau of Statistics is responsible for the entire process of data management for the survey producing this indicator including data collection, processing, analysis, reporting and publication.

Data collected in the PSS are available in the form of:

- an electronic publication available free of charge on the bureau’s website;
- access to microdata through a detailed microdata product (via DataLab and TableBuilder) on the bureau’s website; and
- special data services on request to meet specific information requirements.

The publication, *Personal safety, Australia, 2016* (cat. no. 4906.0) was released in November 2017. It provides a summary of the main findings from topics collected in the 2016 PSS survey, including women’s experiences of emotional abuse or violence by a partner since the age of 15. Additionally, data tables are available to download, which include more detailed information on this topic at national and state level, where available.

Data from the PSS have been used to inform a range of government reporting and to provide evidence for policy decisions in response to the prevalence of domestic, family and sexual violence. This includes developing prevention strategies and initiatives to improve services and support for those experiencing violence. For example, data from the PSS have been used to inform updates to the National Plan to Reduce Violence against Women and their Children 2010–2022, which was supported by a series of 3-year action plans. These plans used data from available PSS years to monitor the progress of initiatives in priority areas and inform decisions around future actions required.

Additionally, data from the PSS have been used for various research projects, such as “Insights into abuse of older people” – an analysis of Australian Bureau of Statistics datasets by the Social Policy Research Centre at the University of New South Wales, Sydney, investigating what is known about abuse of older people, integrating findings from analysis and identifying data gaps. It also examined the potential for a national study on the extent of abuse of older people in Australia and raised questions for further research, including considerations for future PSS.

A key challenge in data collection for the PSS is the impact of survey procedures on response rates. Special procedures are applied to reflect the sensitive nature and content of the survey designed to help ensure the safety of respondents and interviewers and help ensure data integrity. These include making the sensitive component of the survey voluntary and a rule that no proxy interviews are allowed for this component. These procedures mean that the survey design must cater for lower response rates, which increases the complexity and cost of running the survey. More information on the survey development can be found at: 4906.0.55.003 – *Personal Safety Survey, Australia: User Guide, 2016* (<https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/personal-safety-survey-user-guide/latest-release>).

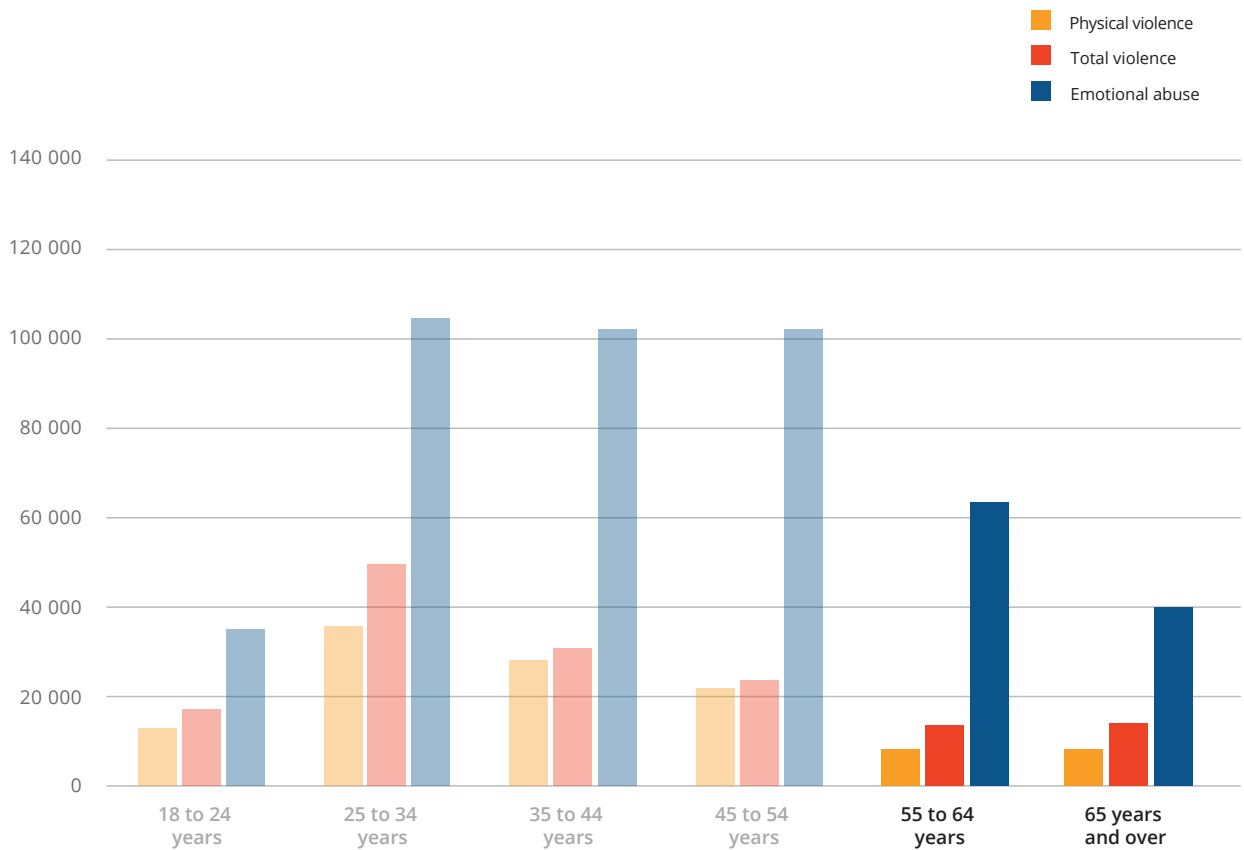
A second key challenge for data collection is the lack of generally agreed or accepted standards for defining what constitutes violence. The Australian Bureau of Statistics developed the concepts and definitions used in the survey with the assistance of a survey advisory group, which included members with legal and crime research backgrounds. Where appropriate, the definitions used were based on actions which would be considered as offences under state and territory criminal law.

Furthermore, in Australia, a proxy is used for this indicator due in part to the complexity of the indicator (Women aged 18 years and over who experienced violence [includes physical and sexual violence] and emotional abuse by a partner they lived with in the last 12 months).

The challenge of low response rates is addressed in the sample design which anticipates a lower response rate than other Australian Bureau of Statistics surveys. Other challenges including the sensitivity of the survey content are taken into consideration during survey development. Special procedures developed to address this issue include sensitivity and awareness training for interviewers, strict field procedures that maintain the confidentiality of the data collected and the primary use of female interviewers. Each cycle of the PSS takes potential improvements into consideration and implements changes where feasible. For example, the 2016 PSS introduced the use of computer-assisted self interview as an alternative for those who felt uncomfortable reporting their experiences to a female interviewer. This was implemented as a method to improve response rates and to reduce respondent and interviewer burden while also protecting the respondent's privacy in circumstances where they did not feel comfortable discussing the topics.

The graph shows how the indicator can be disaggregated by age to ensure people in older age groups are visible. Estimates of the type of violence or abuse experienced by these older women can be clearly seen in addition to the total estimate for ever-partnered older women.

FIG. 13. Women aged 18 years and over who experienced violence and emotional abuse by a partner they lived with in the last 12 months by age group, 2016, Australia

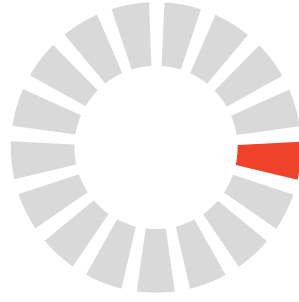


Source: Australian Bureau of Statistics; 2018 (<https://www.sdgdata.gov.au/goals/gender-equality/5.2.1>).

Notes: Physical violence includes physical assault and/or physical threat; total violence includes physical violence and/or sexual violence; total ever-partnered women includes all women who have or had a partner since the age of 15.

SDG 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

This indicator is not only relevant for older people, but also for women. Older people are a sensitive and fragile groups. Violence affects older people's participation in social life and society and is a major problem for them. Violence against women is a social problem that threatens women's lives and impedes their involvement in social life. This indicator measures the proportion of women aged 15–59 years subjected to sexual violence after the age of 15 by persons other than their husband or intimate partner.

In Türkiye, data on indicator 5.2.2 are collected through the Ministry of Family, Labour and Social Services. The sample design for the research employed a weighted, stratified and multistaged cluster sample approach. In urban areas the cluster size is 32 households and in rural areas it is 24 households. 518 clusters (330 urban and 188 rural) were planned to be visited in order to reach the target number of 15 072 households. After the sample size was determined, blocks were formed and selected by TURKSTAT. At the first stage of sample selection, settlements in the



strata were listed according to their geographic proximity and were separated into blocks of approximately 100 addresses. In rural clusters, block sizes were differentiated according to the nature of the selected villages. Block sizes that were close to 100, block sizes requiring more than one village and block sizes that were more than 100 were observed. After this stage, blocks were selected systematically. With the systematic selection process, settlements were sampled proportionally to their size, i.e. more clusters were selected from larger settlements and consequently more households were visited in these areas. In the second stage of the sampling, 32 households for urban clusters and 24 households for rural clusters were selected systematically from the address block.

Research on domestic violence against women is not conducted regularly, and data collection of this indicator is part of a larger data collection effort. The main aim of sample design was to estimate indicators related to violence against women at the national level, as well as for 12 regions and urban/rural strata with acceptable precision (within the 95% confidence interval). It also aimed to estimate this indicator at the national level for main variables such as, age group, education and wealth level.

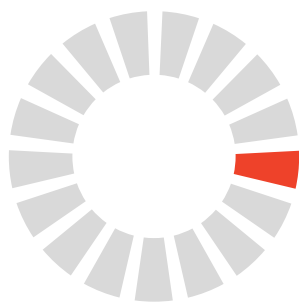
Research on domestic violence against women in Türkiye was conducted by Hacettepe University Institute of Population Studies and the General Directorate on the Status of Women in 2013–2014 in order to combat violence against women and contribute to the empowerment of stakeholders who work to counter violence against women. The data from this survey are available from the TURKSTAT.

The quantitative research was conducted through face-to-face interviews with women aged 15–59 in 15 072 sample households across Türkiye, representing 12 statistical regions and urban and rural settlements. The qualitative research component, on the other hand, focused more on the institutional application process used by women to combat violence and the opinions and suggestions regarding Law No. 6284 on the Protection of the Family and Prevention of Domestic Violence against Women.

A major challenge with collecting data on this indicator is that research on domestic violence against women in Türkiye involves sensitive data and interviewers face difficulties in collecting data in the field.

SDG INDICATOR

5.4.1



Proportion of time spent on unpaid domestic and care work, by sex, age and location

Measuring how much time older persons spend on unpaid domestic work (e.g. chores) and on care obligations (e.g. taking grandchildren to lessons, helping their kids or even helping their even older parents), helps us to identify inequalities older persons face (e.g. by sex, type of settlement, age group) regarding their use of time.

In Hungary, to measure this indicator a time use survey, which is a population-based survey, is used. Data are disaggregated by gender, age group, labour market status and educational attainment.

This survey started in the early 1960s, and is repeated approximately every 10 years. The objective of measuring time use is to give a description of time use, living conditions and lifestyle of as much of the population as possible (FIG. 14). The methodology of data collection has changed over the decades. For example, the age limit of the sample has been constantly widened (examined population of each Hungarian time use survey: non-students 18–60 in 1963; total population 15–69 in 1976/77; 15–79 in 1986/87; 15–84 in 1999/2000; and 10–84 in 2009/2010). The surveys are representative for the given population and the whole annual period, also of seasons, months and days of the week. The data can be disaggregated by age, the main age categories are: 15–19, 20–29, 30–39, 40–49, 50–59, 60–74 years.

The Quality of Life Statistics Department is responsible for data collection, processing, analysis, reporting, information updates and publication. Several printed comprehensive thematic analyses (publications, periodicals) and separate methodological documentations are prepared for each time use survey conducted by the Hungarian Central Statistical Office (some accessible on the organization's website). Academics and researchers can access the database of the 2009/2010 time use survey in the Research Room of the Hungarian Central Statistical Office.

Time use data are used in the following ways:

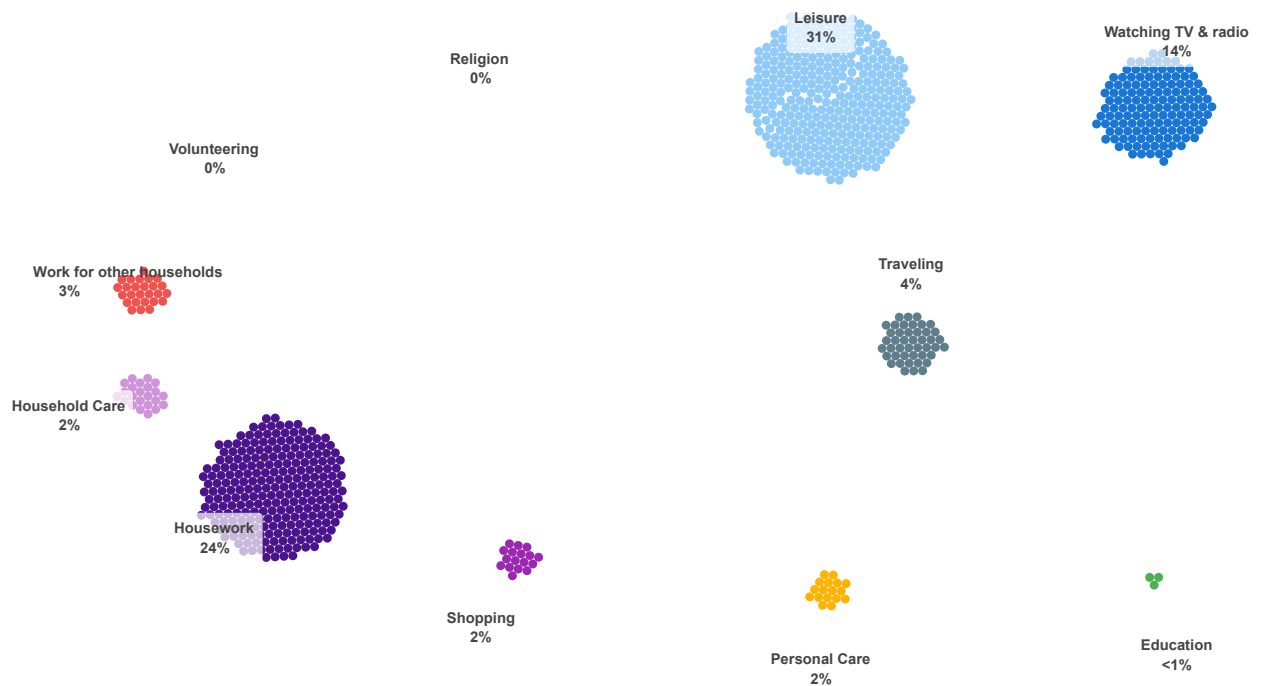
- Assisting in the shaping of family policies by providing an overview of the participation of women in domestic and care work (e.g. when raising children or caring for chronically ill family members) as well as in the labour market.
- Assisting in the shaping of policies aimed at regulating working time, and to provide an insight into the working hours of those working in atypical employment forms.
- Providing information on cultural and leisure time activities.
- Assisting the development of statistical work related to national accounts, including information necessary for the comparison of satellite accounts describing mainly household production.

A major challenge faced is the decrease in response rate over the course of data collection; however, incentives are used to increase and improve the response rate.

“The time use survey serves among others to examine the different time use of the various social and demographic groups. Between

1 October 2009 and 30 September 2010, the Hungarian Central Statistical Office conducted a time use survey among the population aged 10–84 living in private households. The graphic prepared on the basis of the data of the 2009/2010 time use survey shows an average day of a population sample of 1000 people by activities.”

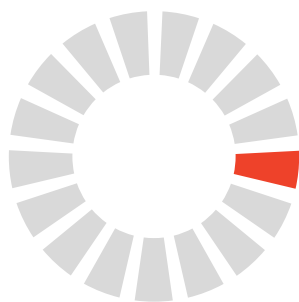
FIG. 14. Hungarian time use survey, 2009/2010 data



Source: Hungarian Central Statistical Office; 2023 (<https://www.ksh.hu/time-use>).

SDG INDICATOR

5.b.1



Proportion of individuals who own a mobile telephone, by sex

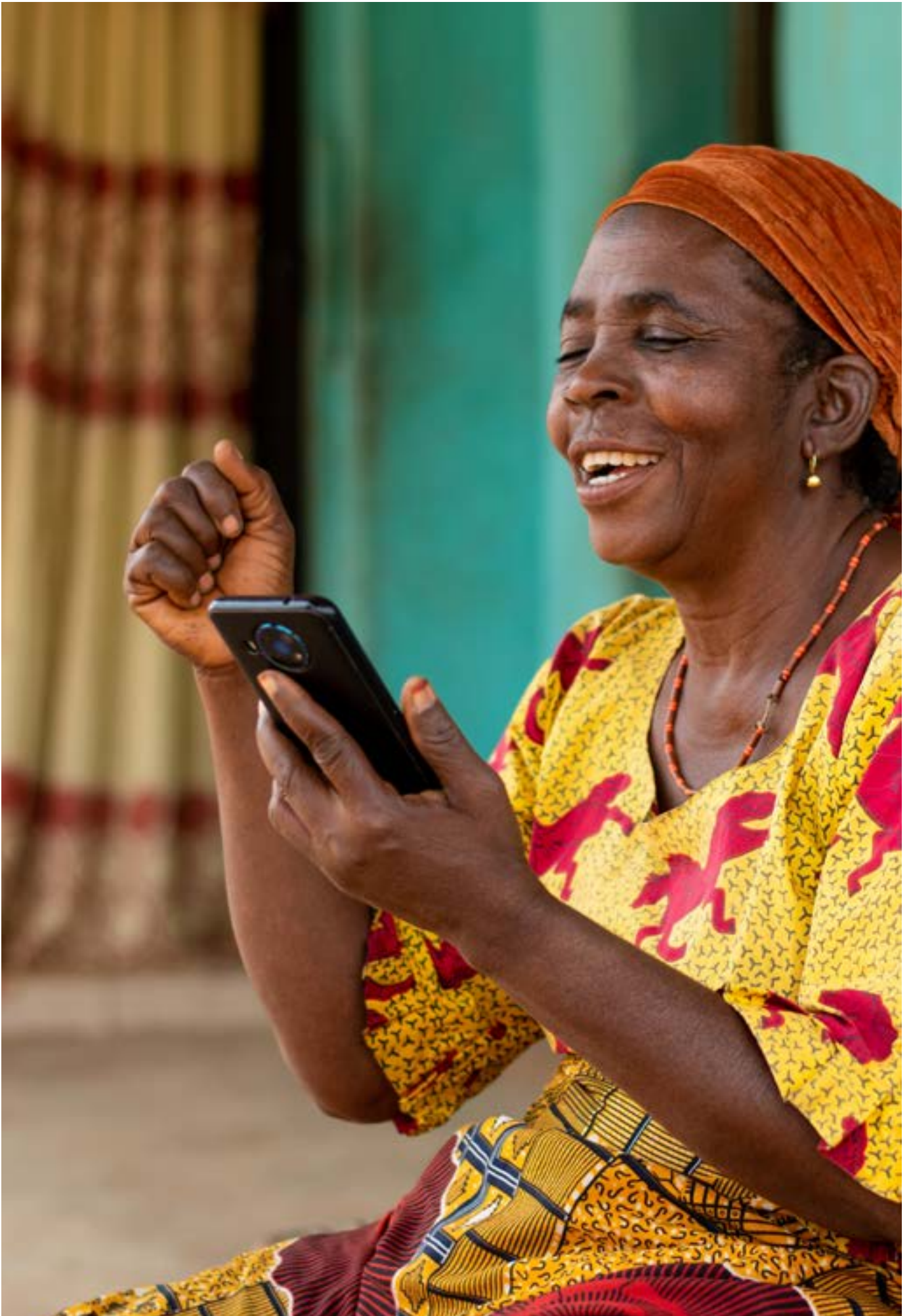
The proportion of individuals who own a mobile telephone comes from the 2019 ICT survey in Malawi (TABLE 5). This survey collects data through oral interviews using tablets. To recruit participants a two-stage stratified sampling strategy was utilized, with a sample size of 12 000 households. The survey is designed to be

conducted every 5 years, collecting data on access and use of ICT services at both the household and individual level. The data are nationally representative and can be disaggregated by age (actual age, from which age groups of interest can be derived).

TABLE 5. Proportion of individuals who own a mobile telephone by age and sex, 2019, Malawi

Age group	Male	Female	Both sexes
15-24			35.6 %
25-34			46.1 %
35-44			48.2 %
45-54			47.8 %
55-64			39.6 %
65-74			32.3 %
75 and over			24.3 %
Total	37.7 %	44.9 %	43.2 %

Source: Malawi National Statistical Office; 2019 (<http://www.nsomalawi.mw/index.php>)



SDG INDICATOR 8.5.2



Unemployment rate, by sex, age and persons with disabilities

This indicator aims to provide details about older persons' participation in the labour market and willingness to work. In the Republic of Korea, the data source for this indicator is the Economically Active Population Survey. Data from this survey are collected each month, to provide nationally representative data to estimate the employment rate, unemployment rate and economically inactive population. The unemployment rate is announced with 5-year age gaps to ensure accuracy (TABLE 6, 7). The microdata are provided with disaggregated age groups to allow researchers to analyse by any age group.

The Employment Statistics Division of Statistics Korea is responsible for managing the data, which are generally published on a Wednesday, around the 15th of the month following the reference month. The data are immediately available to anyone interested in online. The press release schedule for each year can be found on the Statistics Korea website (<http://kostat.go.kr>).

This survey provides basic information about labour trends in the Republic of Korea, for both short- and long-term labour policy-making, analysis and research of the labour market.

Challenges faced exist surrounding privacy protection and obtaining information on respondents' disabilities, making it difficult to understand differences by disability status. However, the Survey on the Economic Activities of Disabled Persons, which focuses on employment and unemployment of persons with disabilities, is expected to provide data to fill this gap.

TABLE 6. Unemployment rate (%) among people with disabilities by age, 2013–2021, Republic of Korea

Age group	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	5.9	6.6	7.9	6.5	5.7	6.6	6.3	5.9	7.1
15–29	13.5	10.6	17.5	16.8	9.8	12.3	15.1	14.7	8.6
30–39	5.9	9.2	11.2	8.2	6.5	8.2	8.9	5.4	10.1
40–49	6.4	6.2	6.7	5.2	4.7	6.4	4.8	5.7	7.1
50–59	5.5	4.3	8.0	4.0	4.6	5.7	6.5	6.6	5.9
60 and over	4.8	7.6	6.0	7.4	6.5	6.5	5.2	4.7	7.1

Source: Korea Employment Agency for Persons with Disabilities, Survey on the Economic Activities of Disabled Persons.

TABLE 7. Unemployment rate (%) by sex and age, 2010–2022, Republic of Korea

By gender	Age group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	Total	3.7	3.4	3.2	3.1	3.5	3.6	3.7	3.7	3.8	3.8	4.0	3.7	2.9
	15–19	11.9	10.8	8.9	10.3	9.3	10.6	10.0	8.7	9.3	8.6	8.7	8.7	6.5
	20–29	7.7	7.4	7.4	7.8	9.0	9.0	9.8	9.9	9.5	8.9	9.0	7.7	6.4
	30–39	3.5	3.4	3.0	3.0	3.1	3.1	3.1	3.3	3.4	3.3	3.5	3.3	2.7
	40–49	2.5	2.1	2.0	2.0	2.2	2.3	2.1	2.1	2.5	2.3	2.5	2.4	2.0
	50–59	2.5	2.1	2.1	1.9	2.2	2.4	2.3	2.2	2.5	2.5	2.9	2.6	1.7
	60 and over	2.8	2.6	2.4	1.8	2.3	2.5	2.7	2.9	3.1	3.4	3.6	3.8	2.8
	60–64	3.4	3.0	2.8	2.3	2.6	2.8	3.1	2.9	3.3	3.7	3.5	3.7	2.6
	65 and over	2.4	2.2	2.1	1.5	2.1	2.4	2.3	2.8	2.9	3.2	3.6	3.8	3.0
Male	Total	4.0	3.6	3.4	3.3	3.5	3.6	3.8	3.8	3.9	3.9	3.9	3.6	2.7
	15–19	15.1	12.1	9.5	11.3	10.2	10.4	10.9	9.8	10.4	10.9	10.8	9.7	6.6
	20–29	9.0	8.8	8.5	9.0	10.5	10.5	10.9	11.5	10.4	9.7	9.9	8.7	6.8
	30–39	3.9	3.4	3.2	3.2	2.9	3.1	3.3	3.3	3.4	3.3	3.2	3.0	2.5
	40–49	2.5	2.2	2.1	2.0	2.1	2.0	1.9	2.0	2.4	2.4	2.5	2.2	1.7
	50–59	2.9	2.4	2.4	2.2	2.3	2.5	2.5	2.3	2.7	2.8	2.9	2.5	1.8
	60 and over	3.2	3.0	2.9	2.3	2.8	3.1	3.2	3.4	3.6	3.8	3.7	3.7	2.8
	60–64	3.8	3.7	3.5	3.1	3.4	3.6	3.9	3.7	4.1	4.7	4.1	4.0	3.0
	65 and over	2.6	2.4	2.3	1.6	2.3	2.6	2.5	3.1	3.1	3.0	3.4	3.5	2.6
Female	Total	3.3	3.1	3.0	2.8	3.5	3.5	3.6	3.5	3.7	3.6	4.0	3.8	3.1
	15–19	9.6	9.8	8.4	9.5	8.4	10.7	9.2	7.7	8.4	6.6	7.1	8.0	6.4
	20–29	6.5	6.1	6.5	6.8	7.6	7.6	8.8	8.4	8.6	8.2	8.1	6.7	6.0
	30–39	3.0	3.3	2.7	2.5	3.5	3.1	3.0	3.3	3.3	3.3	3.9	3.7	3.1
	40–49	2.4	2.0	2.0	2.0	2.4	2.7	2.4	2.3	2.5	2.2	2.6	2.5	2.5
	50–59	1.8	1.7	1.7	1.4	2.2	2.1	2.0	2.0	2.3	2.2	3.0	2.6	1.5
	60 and over	2.3	2.0	1.8	1.2	1.6	1.8	1.9	2.2	2.5	2.9	3.4	3.8	2.8
	60–64	2.6	2.0	1.7	0.9	1.3	1.5	1.8	1.8	2.2	2.2	2.7	3.2	2.1
	65 and over	2.1	1.9	1.8	1.3	1.8	2.1	2.0	2.4	2.7	3.5	3.9	4.3	3.4

Source: Statistics Korea, Economically Active Population Survey.

SDG INDICATOR 8.10.2



Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider

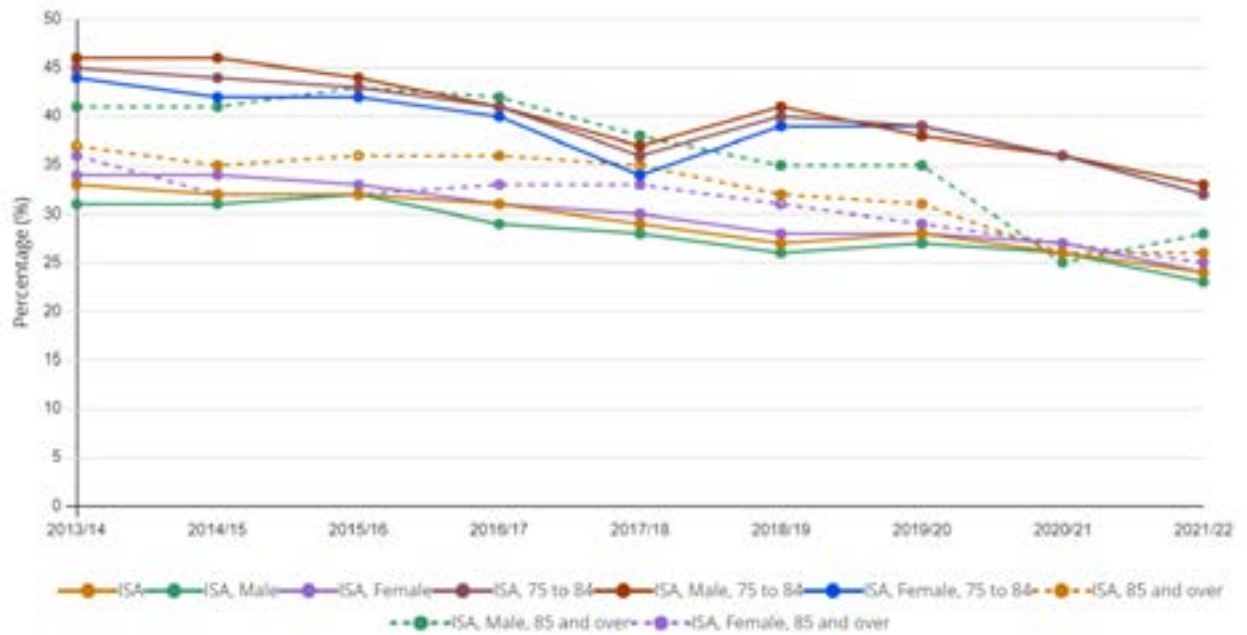
The goal of the UN is to strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all. In the United Kingdom, data on indicator 8.10.2 are taken from the Family Resources Survey (<https://www.gov.uk/government/collections/family-resources-survey--2>), a continuous household survey which collects information on a representative sample of private households. This is a national statistic produced by the Department for Work and Pensions through a questionnaire with in-person interviews and computer-assisted telephone interviewing. Disaggregation is by age groups of 10-year intervals (16–24, 25–34, 35–44, 45–54, 55–64, 65–74, 75–84 and 85 and over) and sex (male, female) is an additional disaggregation of bank account category (**FIG. 15, 16**).

The survey has a dedicated background information and methodology article (<https://www.gov.uk/government/statistics/family-resources-survey>). The specific data for the 8.10.2 indicator are taken from the “savings and investments” data tables – one of the many outputs available on the statistical release page (<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2021-to-2022/family-resources-survey-background-information-and-methodology>).

This is a national statistic, meaning that it fully complies with the code of practice for official statistics in the United Kingdom. The survey data are not specifically collected for the SDG indicator, but are used by different government departments and the research community. They also feed into indicator 2.1.2 on prevalence of moderate or severe food insecurity in the population. More details can be found in the Family Resources Survey users section of the website (<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2021-to-2022/family-resources-survey-background-information-and-methodology#uses-of-frs-data>).

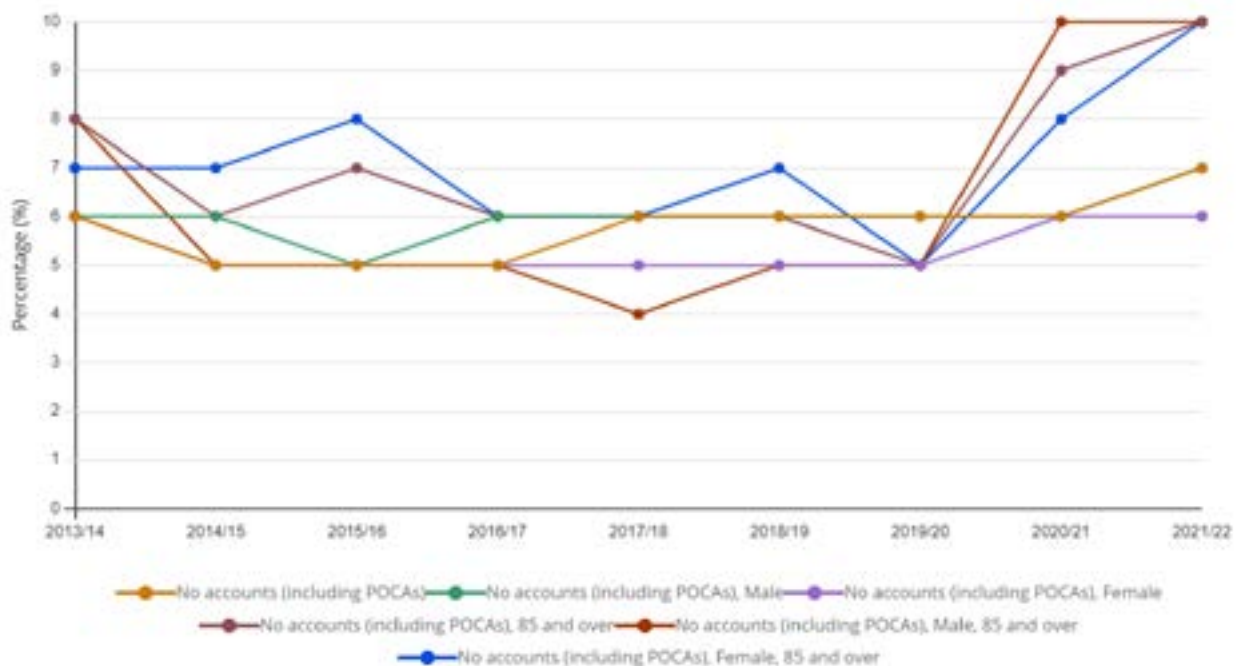
Obtaining more detailed cross-disaggregation that aligns with the leave no one behind agenda, such as disaggregation by ethnicity, age and sex is difficult. To overcome this challenge, there are plans to liaise with the Family Resources Survey team within the Department for Work and Pensions to see if further disaggregation of this dataset is possible.

FIG. 15. Proportion of adults (16 years and older) with an individual savings account at a financial institution or mobile-money-service provider, by age and sex, 2013–2022, United Kingdom



Source: United Kingdom Department for Work and Pensions, 2022.

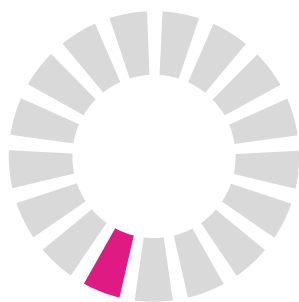
FIG. 16. Proportion of adults (16 years and older) with an account at a financial institution or mobile-money-service provider, by sex, 2013–2022, United Kingdom



Source: United Kingdom Department for Work and Pensions, 2022.

SDG INDICATOR

10.2.1



Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

Rates of poverty are higher among older people compared with other age groups. The Survey on Income and Living Conditions collects data on various indicators of poverty in Lithuania. In addition to the survey, the following administrative data sources collect this information: the State Social Insurance Fund Board, the State Tax Inspectorate and the Ministry of Social Security and Labour. Data are collected annually. All private households in Lithuania are included in the study sample. Data can be disaggregated by age groups, but the sample size may be insufficient to prepare reliable indicators for small age groups (FIG. 17). Statistics Lithuania is responsible for producing poverty indicators.

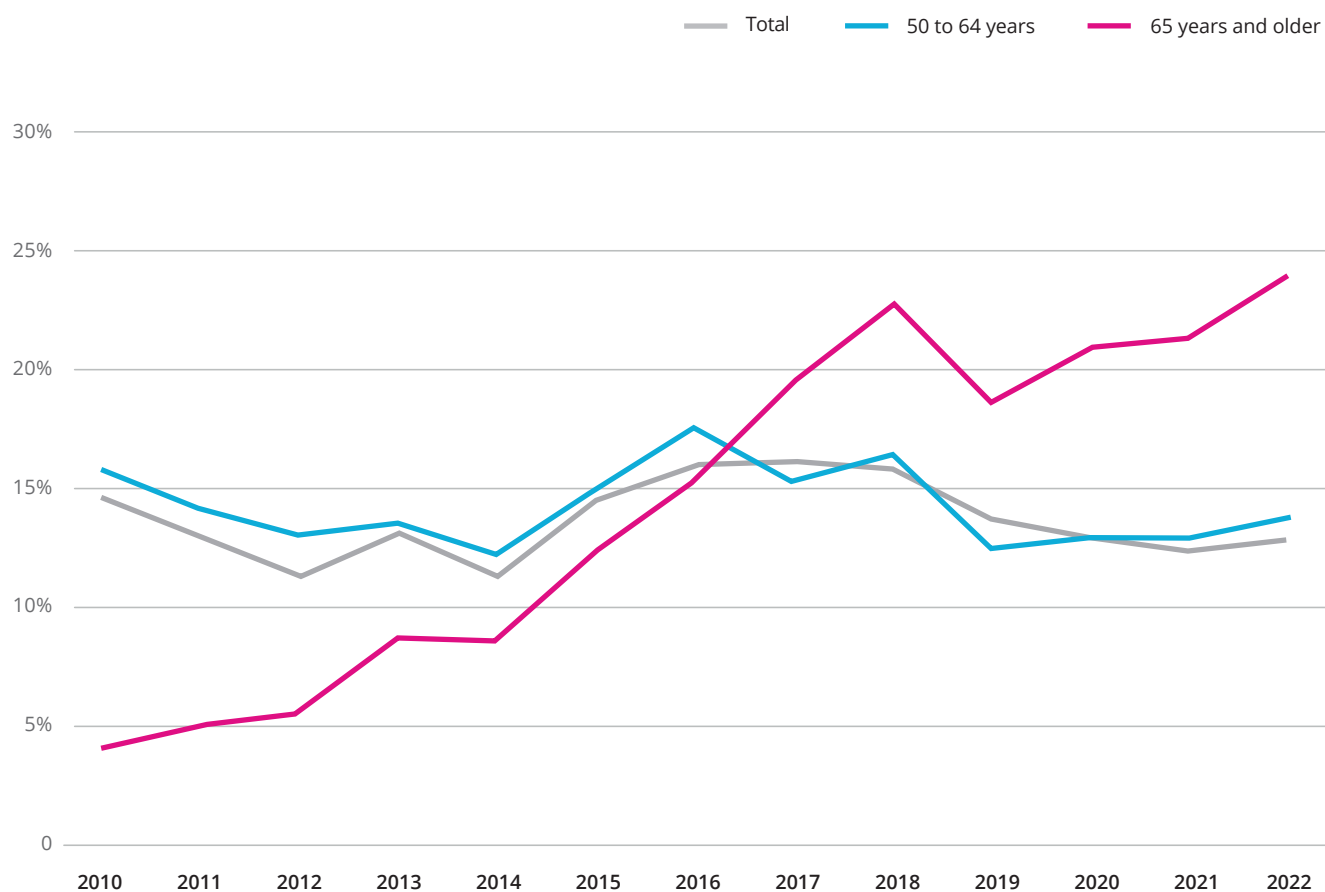
Statistical information is published on the Statistics Lithuania official statistics portal. Statistical information is prepared and disseminated under the principle of impartiality and objectivity, i.e. in a systematic, reliable and unbiased manner, following professional and ethical standards (the European Statistics Code of Practice), and the policies and practices followed are transparent to users and survey respondents. All users have equal access to statistical information. All statistical information is published according to the calendar on the official statistics portal at 09:00 on the day of publication. Relevant statistical information is sent automatically to news subscribers.

10.2.1 is used as a supplementary indicator when analysing income poverty and inequality and published only in the Sustainable Development Indicators tables. Additional indicators used in social policy for planning and monitoring are:

- the at-risk-of-poverty rate, e.g. proportion of people living below 60% of median equivalized disposable income; and
- absolute poverty rate, e.g. proportion of persons with equivalized disposable income below the absolute poverty threshold (the amount of minimum consumption needs).

A challenge faced concerns inadequate sample sizes to disaggregate indicator information for small territorial units or small age groups.

FIG. 17. Proportion of the population living below 50 per cent of the median income, by age, 2010–2022, Lithuania



Source: Statistics Lithuania (https://lithuaniasdg-ls-osp-sdg.hub.arcgis.com/datasets/28c3a9947a354761968ddad7f90c2879_0/explore?showTable=true).

SDG INDICATOR

11.1.1



Proportion of urban population living in slums, informal settlements or inadequate housing

Expanding slums and precarious informal settlements may signify an increase in poverty, pollution, health and environmental risks. People living in informal settlements or slums, do not meet one or more of the five following housing conditions: access to improved water; access to improved sanitation facilities; sufficient living area (not overcrowded); durable housing; and security of tenure. Therefore it is essential to collect data on the proportion of the population living in slums, informal settlements or those living in inadequate housing so that appropriate policies for addressing housing issues can be developed ensuring no one is left behind.

In Brazil, data collected for the indicator reveal levels of housing vulnerability for all ages, including older people. Captured within the Brazilian Census of Population and Housing, the information is gathered by the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística) every 10 years following procedures and methods adopted for the processing, analysis and disaggregation of census data. Current information on the indicator refers to data collected in 2010.

Indicator 11.1.1 data and metadata are available on the official Brazilian SDG goals website (<https://odsbrasil.gov.br/>) and through the Brazilian Institute of Geography and Statistics. While disaggregation is possible by age, it is currently not done. Information is presented through percentages by region (FIG. 18).

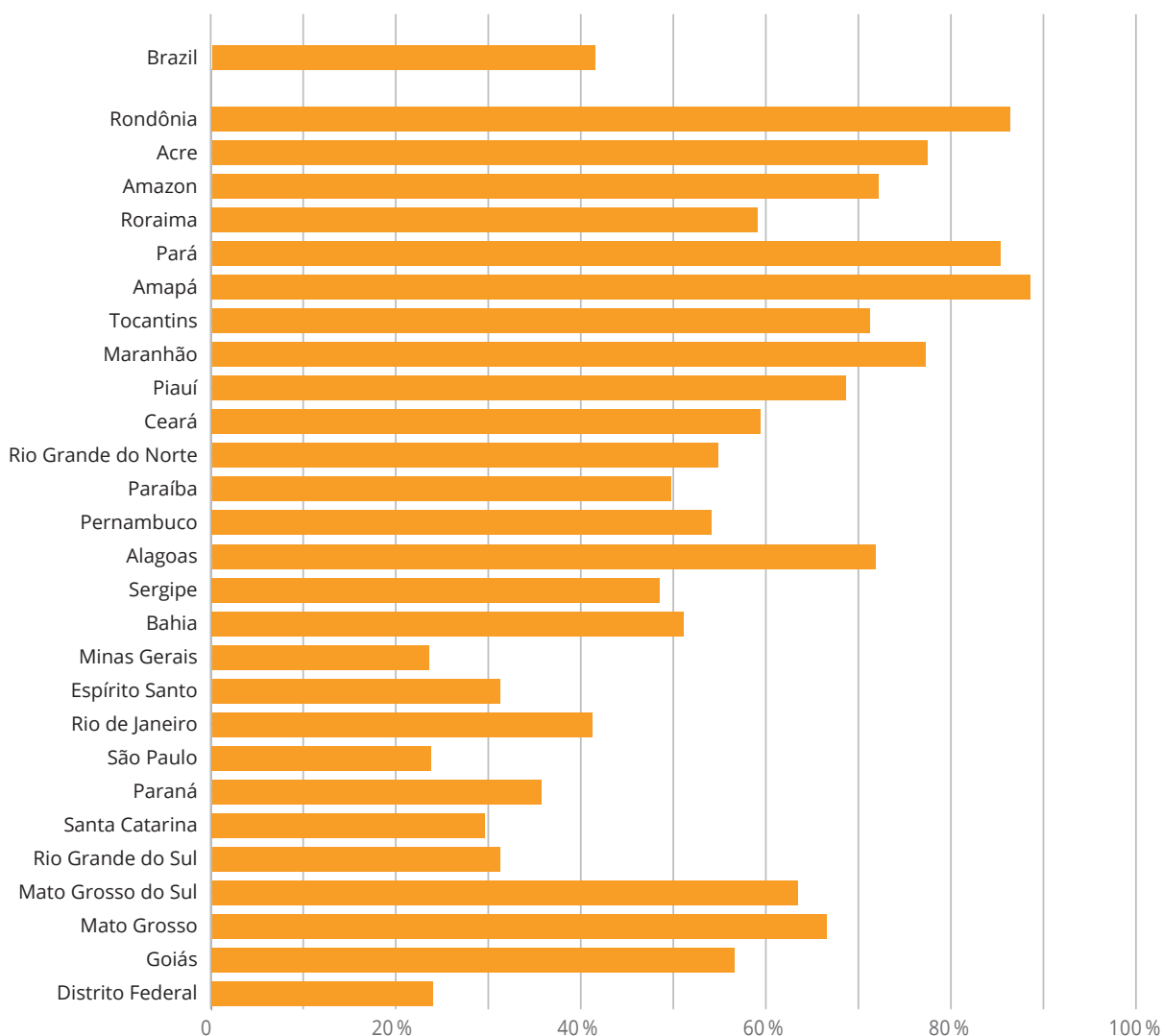
Challenges are faced in data collection and processing, i.e. mapping urban areas with populations living in slums, informal settlements or inadequate housing, which requires registration information (land status) at city halls (Brazilian local governments) and the population count itself. As these are densely occupied areas, identification and separation of households is often difficult; roads are often irregular mixing of public and private areas; and security concerns often require specific operational planning.

However, there are strategies to address these challenges. Area registration was done in partnership with the municipalities through the Brazilian Institute of Geography and Statistics' network of agencies and state units. Two forms were used to support the classification of these areas: the territorial information sheet for capturing information on urban pattern and the presence of essential public services; and the city hall information sheet with information on land ownership status of the areas and legal status.

To avoid underenumeration, supervision procedures for geographic/territorial coverage are being adopted in the next census and specific actions for slums are being planned, such as inclusion of enumerators and supervisors who live in these territories, use of training materials with a focus on how to collect data in these areas and additional supervision.

Currently, however, there is no plan to make the existing data available to older people or relevant stakeholders, which could make an impact on the lives of older people. However, as the information exists, the potential is there.

FIG. 18. Proportion of urban population living in precarious settlements, informal settlements or inadequate housing, 2010, Brazil



Source: 2010 Demographic Census, Sample Data.

SDG INDICATOR

16.1.1

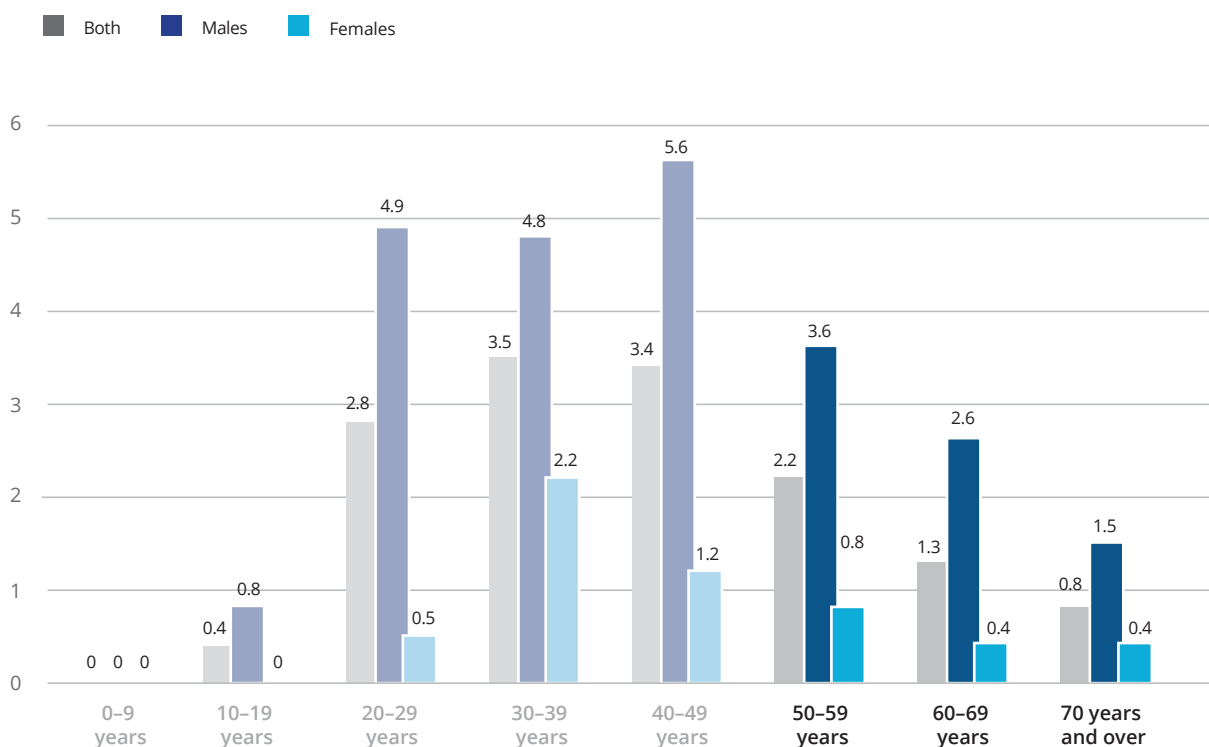


Number of victims of intentional homicide per 100 000 population, by sex and age

Older persons may be more vulnerable, putting them at a greater risk. In Georgia, data on deaths including homicides are received from the Ministry of Health. Cause of death is coded according to the ICD-10 classification. Data are processed annually through the statistical work programme, and data on homicides are collected as part of a larger collection of data. Data can be disaggregated by age and sex (FIG. 19).

The Ministry of Health collects the data on deaths via medical certificates, which contain information on cause of death and other information recorded by medical staff. Geostat receives the data quartiles, and processes and publishes official statistics once a year.

FIG. 19. Homicide^a rate (per 100 000 population) by sex and age groups, 2022, Georgia



Note: ^aX85-Y09, Y87.1 codes based on ICD-10.
 Source: <https://www.geostat.ge/en>



SDG INDICATOR

16.1.4



Proportion of population that feel safe walking alone around the area they live

This indicator is important for all people, but especially for vulnerable population groups, such as older persons as feelings of insecurity and fear increase with age. Older adults who do not feel safe in their environment may not feel comfortable walking around their neighbourhood, which is problematic as they may already be socially isolated, increasing the risk of poor health outcomes.

In Germany, indicator 16.1.4 is collected from the German Victimization Survey 2012, 2017 and 2020, and the Safety and Crime in Germany 2020 study. An additional proxy measure for this indicator is available via the national German SDG online platform, as the population not living in an area with crime, violence or vandalism, which is collected from the German EU Statistics on Income and Living Conditions Survey (annually since 2005).

The German Victimization Survey time series is compliant with the global metadata (comparison in July 2016). The German Victimization Survey is telephone based, with 35 503 observations for 2012 and 31 192 observations for 2017. The 2017 survey was administered similarly to 2012 in order to identify changes between the two surveys. In the survey, individuals reported how safe they felt walking alone in their neighbourhood at night.

German Victimization Survey details:

- Unit of measurement: %.
- Calculation method: feeling of (in)security of the population in their neighbourhood (at night) = (Response [number] / Total survey respondents [number]) 100 [%].
- Treatment of missing values: not included in the calculation.
- Disaggregation: feelings of insecurity: very safe, safe, unsafe, very unsafe.
- Data collection frequency: irregular (2012, 2017). Timeliness 2017: t + 23 months.

The survey data are based on a nationwide, representative random sample of the German population aged 16 and over living in private households, available via telephone. Since people with a relatively high education levels are over-represented in the sample and young adults (age 18–34) are under-represented compared with the general population, the answers were weighted to account for the unequal probability of taking part in the survey for these subgroups.

The survey was commissioned by the German Federal Criminal Police Office. Between 10 July 2017 and 5 January 2018, a total of 31 192 respondents participated in a computer-assisted telephone interview survey titled “Living situation and safety in Germany”. The interviews were carried out by the Institute for Applied Social Sciences, an independent social research institute. The survey languages were German, Turkish and Russian. The base sample was

a dual-frame design: 75% landline sample and 25% mobile phone sample (gross sample). An additional onomastic sample was drawn from lists using onomastic procedures to reach persons of Turkish origin via landline and mobile phone. The response rate of the base sample (2017) was 14%, and 11% for the additional onomastic sample. Survey design weights were used to take into account the differing selection probabilities of landline, mobile phone and additional onomastic samples in the statistical analysis. To ensure comparability, large sections of the 2017 questionnaire were adopted from the previous 2012 survey. The questionnaire was divided into a core module and additional modules exploring various topics. While all respondents completed the core module, additional questions (for instance, concerning trust in the police or respondents' feelings of safety) were administered only to some participants. The additional modules were assigned randomly. Pre-tests were used to assess both the quality of individual questions (cognitive interview) and the full questionnaire. Unspecified, crime-related feelings of insecurity in the neighbourhood were recorded by measuring responses to the following question: "How safe do you – or would you – feel walking alone in your neighbourhood after dark?" Answer options: "Very safe", "safe", "unsafe", "very unsafe". In some instances, some of the respondents did not provide a valid response, or gave "Don't know" responses. The respective results do not include these responses.

The Safety and Crime in Germany 2020 study is based on a mixed-mode design (paper-pencil/online) with 45 351 observations for 2020. The data are based on a nationwide, representative random sample of the German population aged 16 and over living in private households. Since people with relatively high education levels are over-represented in the sample and young adults (age 16–44) are

under-represented compared with the general population, the answers were weighted to account for the unequal probability of taking part in the survey for these subgroups. The data are therefore nationally representative. In the survey, individuals report how safe they feel when walking alone in the neighbourhood at day and at night.

Safety and Crime in Germany 2020 study details:

- Unit of measurement: %.
- Calculation method: Feeling of (in)security of the population in their neighbourhood (at night) = (Response [number] / Total survey respondents [number]) 100 [%].
- Treatment of missing values: not included in the calculation.
- Disaggregation: feelings of insecurity: very safe; rather safe; rather unsafe; very unsafe.
- Frequency: periodically – first measurement in 2020, next measurement is planned for 2024. Timeliness 2020: t + 22 months.

The survey was commissioned by the Germany Federal Criminal Police Office and the Police Offices of Germany's federal states. Between 19 October 2020 and 29 January 2021, a total of 45 351 respondents participated in a paper-assisted personal interview and computer-assisted web interview survey titled "Safety and Crime in Germany". The survey was carried out by the Institute for Applied Social Sciences, an independent social research institute. The survey languages were German, Turkish, Russian and Arabic. In 14 of the 16 federal states, the sample was drawn in a two-stage clustered design, where in the first stage 347 municipalities were drawn randomly, and in the second stage persons were selected randomly from the population register

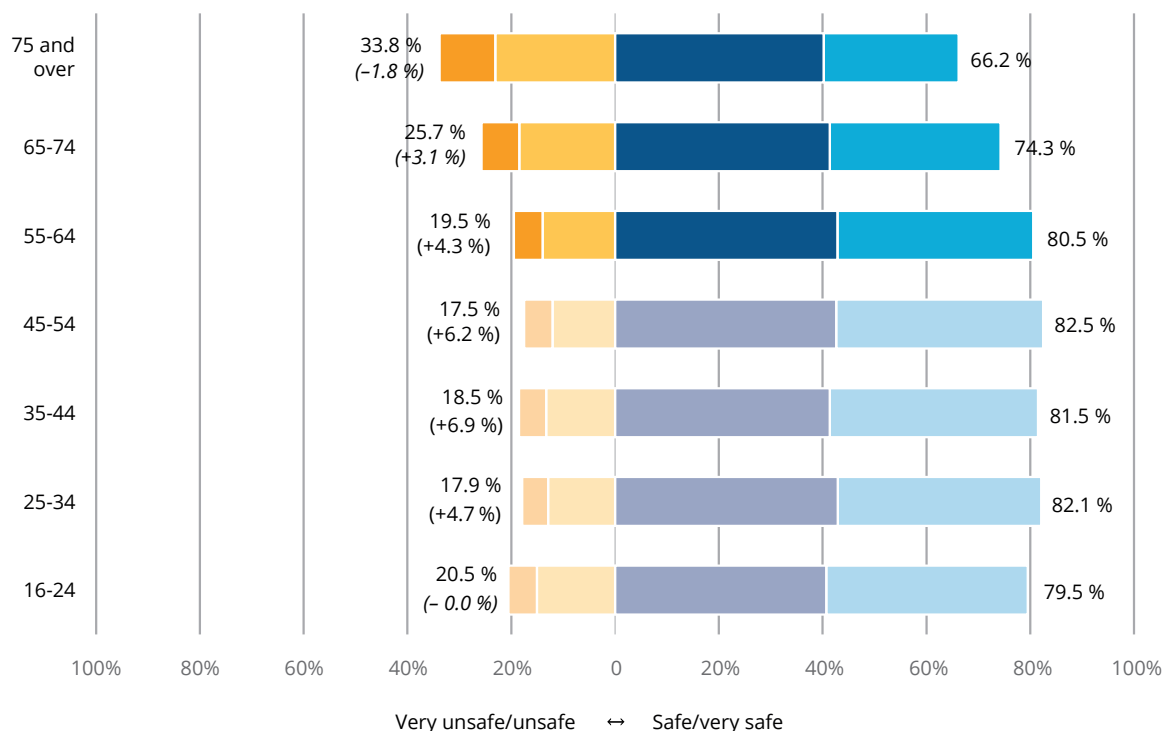
of each municipality selected in the first stage. In two federal states respondents were selected randomly from a central population register. The total sample consisted of a nationwide base sample and additional samples in four federal states by which the total number of interviews in these states was increased in order to allow analyses at the state level. The general response rate was 38.2 %; taking into account people who could not participate due to neutral reasons (died, moved away), the adjusted response rate was 40.7 %. Survey design weights were used to take into account the differing selection probabilities resulting from the additional samples mentioned above. The questionnaire consisted of a nationwide core questionnaire, which was supplemented with modules with up to 10 questions

specific to the respective state in the subsamples of two federal states.

The publication of the 2017 German Victimization Survey and nationwide Safety and Crime in Germany 2020 study findings are issued by the Federal Criminal Police Office as part of its public relations work. The reports are provided free online on the German Federal Criminal Police Office:

- German Federal Criminal Police Office, Birkel C, Church D, Hummelsheim-Doss D, Leitgöb-Guzy N, Oberwittler D. The 2017 German Victimization Survey: victimization, crime-related attitudes and perceptions of insecurity and crime in Germany. Wiesbaden; 2019 (<https://www.bka.de/SharedDocs/Downloads/DE/Publikationen/Publikationsreihen/>)

FIG. 20. Feelings of insecurity in the neighbourhood, by age, 2017, Germany



Source: 2017 German Victimization Survey. German Federal Criminal Police Office et al., 2019.

2012: n = 35 405; 2017: n = 31 086

Note: Figures in brackets show change from 2012 results.

Based on the Chi-Square test, differences to 2012 figures are statistically significant at a probability of error below 5%, except for values in italics.

FIG. 20 shows that both older and younger persons feel more unsafe in their neighbourhood than middle-aged residents. In the youngest age group (16–24 years), around one in five (21%) feel quite or very unsafe; among those over 75, this figure is one in three (34%). Those who feel most safe are respondents aged between 25 and 54. The figure shows the correlation between age and fear of crime, whereby those who are middle-aged feel safer than those who are either younger or older. From the age of 65, feelings of insecurity increase significantly. Interestingly however, compared with 2012, the 2017 results show the 75 and older group was the only cohort to have decreased their feelings of insecurity (-1.8%).

The group differences between the age categories are significant both during the day and at night (**FIG. 21, 22**). However, since the overall feelings of insecurity during the day are at a very low level, no clear trends can be observed. The lowest values are reported by the 35–44 and 65–74 age groups (1.7%); the highest feelings of insecurity are reported by the 75–84 age group (4%). Clearer differences can be found with regard to feelings of insecurity at night. While there is an overall higher level of feelings of insecurity, it is also notable that the younger and older age groups are particularly affected by fear of crime. Once again, people aged 75–84 are most likely to say they feel rather/very unsafe (40.7%). 35–44-year olds show the lowest values at night (23.2%), similar to the daytime. Overall, the population’s feelings of insecurity decrease up to this age range (35–44 years), then increase to the highest point at 75–84 years. In comparison with the 75–84 age group, those over 84 report a slight decrease in feelings of insecurity (37.2%).

FIG. 21. Feelings of safety in the neighbourhood during the day, by age, 2017, Germany

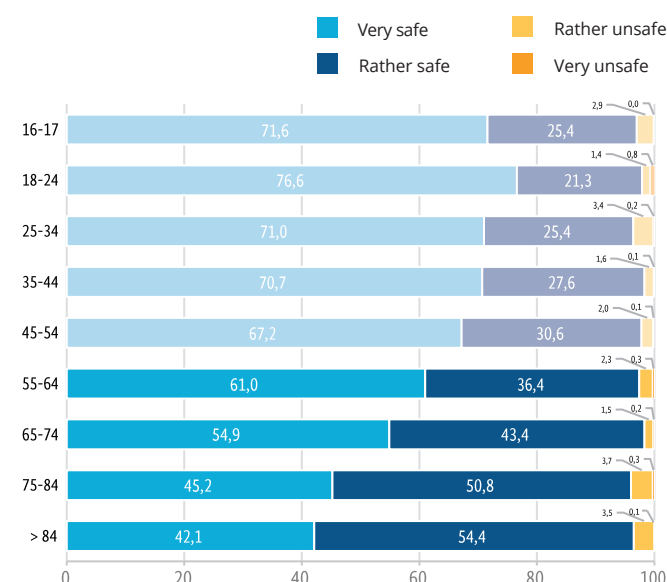
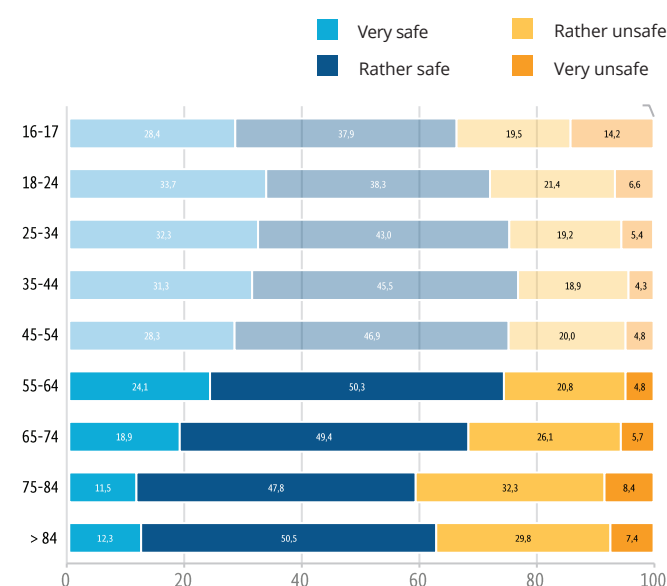


FIG. 22. Feelings of safety in the neighbourhood at night, by age, 2017, Germany



SDG INDICATOR 16.6.2



Proportion of the population satisfied with their last experience of public services

Contributing to target 16.6 (develop effective, accountable and transparent institutions at all levels) indicator 16.6.2 is particularly important to understand whether governments are delivering a wide range of public services that meet the expectations of their citizens. Its intent, as defined by the IAEG-SDGs, is to capture users' opinions on accessibility, affordability, quality of facilities, equal treatment for everyone, and courtesy and treatment/effective delivery/timeliness of three service areas: health care, education and government services. Therefore, age disaggregation is particularly important to highlight whether older people are able to receive quality services within their country.

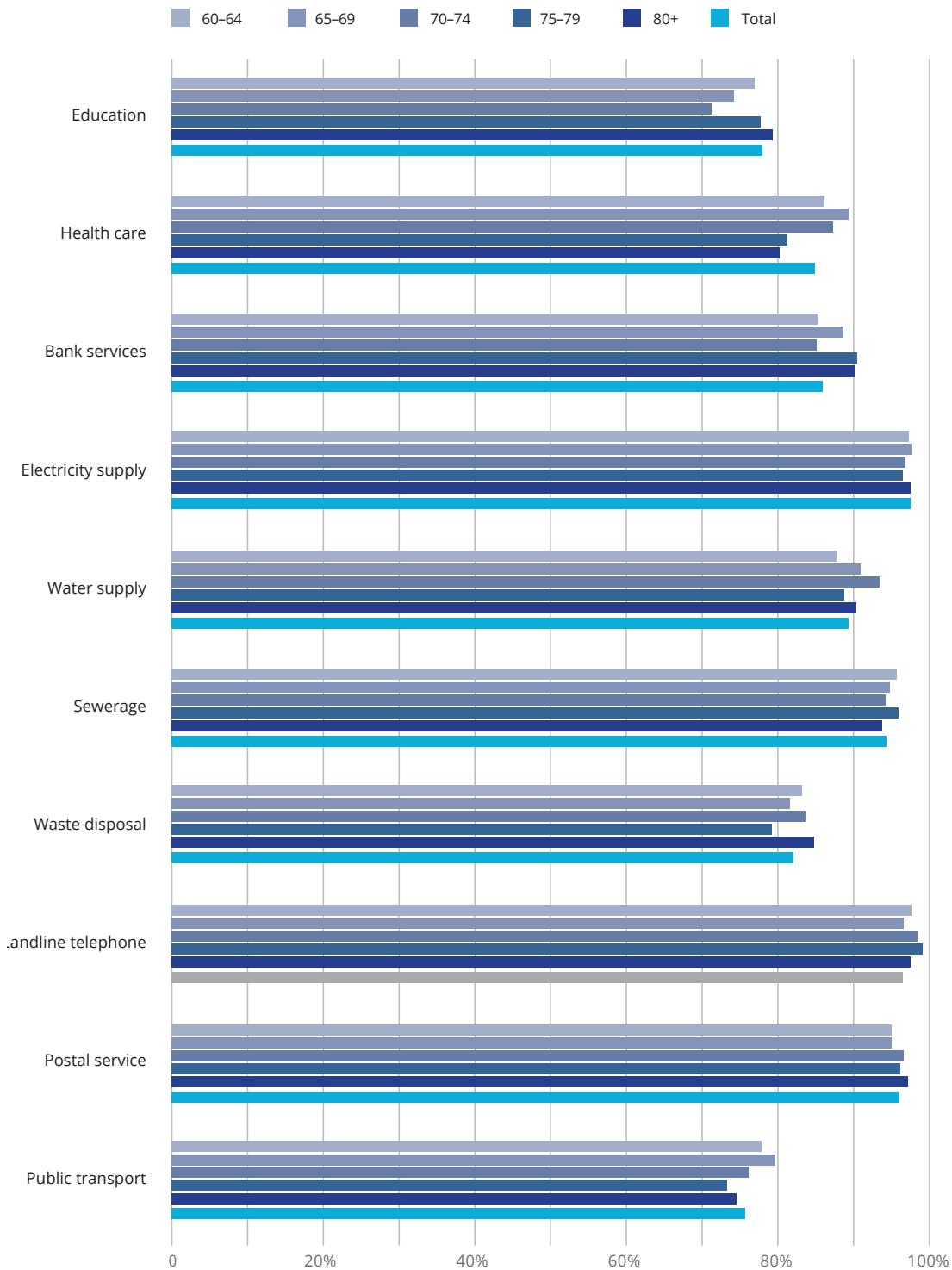
Collected within the nationally representative Integrated Living Conditions Survey in Armenia, information is collected on services such as health care, education, water supply, electricity supply, sewerage, public transportation, postal services, bank services, waste disposal and landline telephones. Data collection has been carried out by the Statistical Committee of the Republic of Armenia since 1996 (since 2001 with the assistance of the World Bank.) The survey is carried out throughout the year with a monthly rotation of households and communities. The database of households contains anonymized individual data, which are maintained and archived in accordance with appropriate procedures. The data can be disaggregated by categories of services and age groups: 60–64, 65–69, 70–74, 75–79, 80 (**FIG. 23**).

Indicator information is widely accessible through an annual report (*Social snapshot and poverty in Armenia*) as well as through the SDG national reporting platform. Microdata of household surveys, which include the indicator data, are provided to the Ministry of Labour and Social Affairs for the development of social allowances and targeted programmes and as an evidence base for social policy decisions. The data are also used by development partners (e.g. World Bank) and donors for social programmes and to monitor development of certain services. Finally, indicator information is widely used by different user groups, including civil society organizations focusing on older persons.

The Statistical Committee of the Republic of Armenia faced challenges in face-to-face data collection during the COVID-19 pandemic. However, the Integrated Living Conditions Survey management team ensured that indicator 16.6.2 was included to ensure collection.

There is a plan to continuously improve this information. Five-year and annual statistical programmes are planned to improve data availability, quality, coverage and timelines to facilitate policy-makers to positively impact the lives of older people.

FIG. 23. Proportion of the population satisfied with their last experience of public services, 2019, Armenia



Source: ARMSTAT (Statistical Committee Republic of Armenia); 2019

SDG INDICATOR 16.7.2



Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group

Older adults are mostly considered as a repository of wisdom and knowledge, mainly because of their lifelong work and experience. Indicator 16.7.2 refers to the concept of “political efficacy”, i.e. the ability to participate in society and have a say in shaping the policies of the country. These are essential freedoms people like to enjoy. This indicator is therefore an important measure to establish whether older adults feel a part of decision-making, particularly whether their experiences and knowledge can help shape decision-making in Ghana.

Data on this indicator are collected from a survey conducted by the National Communications Authority in collaboration with the Ghana Statistical Service on ICT access, usage, skills and the digital divide at the household level in Ghana. This survey collects data from a national sample, and can be disaggregated by region, rural/urban, sex, age, disability and education (**FIG. 24, 25**). Data on 16.7.2 have not yet been published by the Ghana Statistical Service but do exist at the institutional level.

High levels of political efficacy among citizens are regarded as desirable for democratic stability. Individuals who are confident about their ability to influence the actions of their government are more likely to support the

democratic system of government. Higher levels of system responsiveness are also expected to be associated with higher levels of political participation, including voting in elections. The data collected are used to build on good governance at the national, regional and district level, which translates into improved services for the citizenry. Currently, however, there is no evidence of the use of the data by older people or civil society focusing on older persons.

Challenges faced include:

- Data collection is done through a sample survey and due to cost, data collection for 16.7.2 was appended to the ICT survey. The cost of data collection has the potential to lead to data not being updated in future years.
- Low data availability for older adult and civil society organizations for usage.

To overcome these challenges, such as the cost of collecting data on SDG indicators, data collection can be included and incorporated into existing surveys. In addition, findings can be published and disseminated to create impact at the lower authority levels (i.e. district level).

FIG. 24. Proportion of population who believe decision-making is inclusive and responsive, by employment status, 2019, Ghana

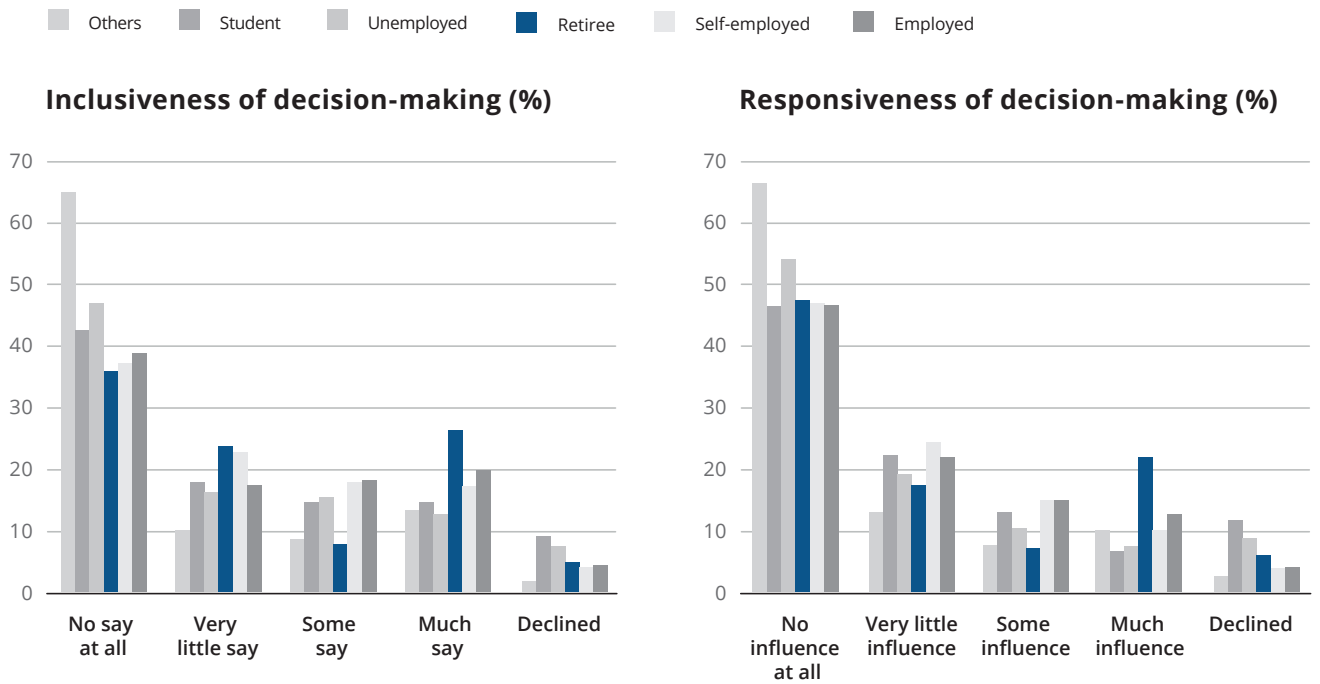
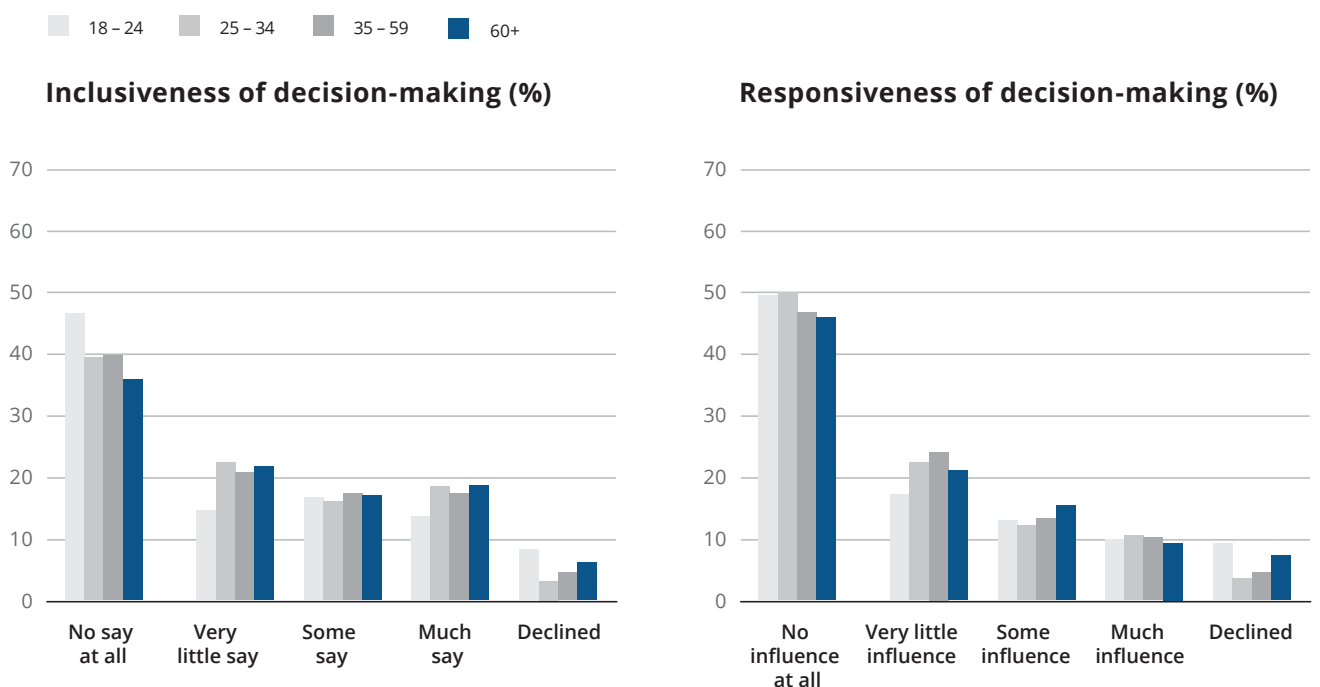


FIG. 25. Proportion of population who believe decision-making is inclusive and responsive, by age, 2019, Ghana



Source: Ghana Statistical Service, 2019..

SDG INDICATOR

17.8.1

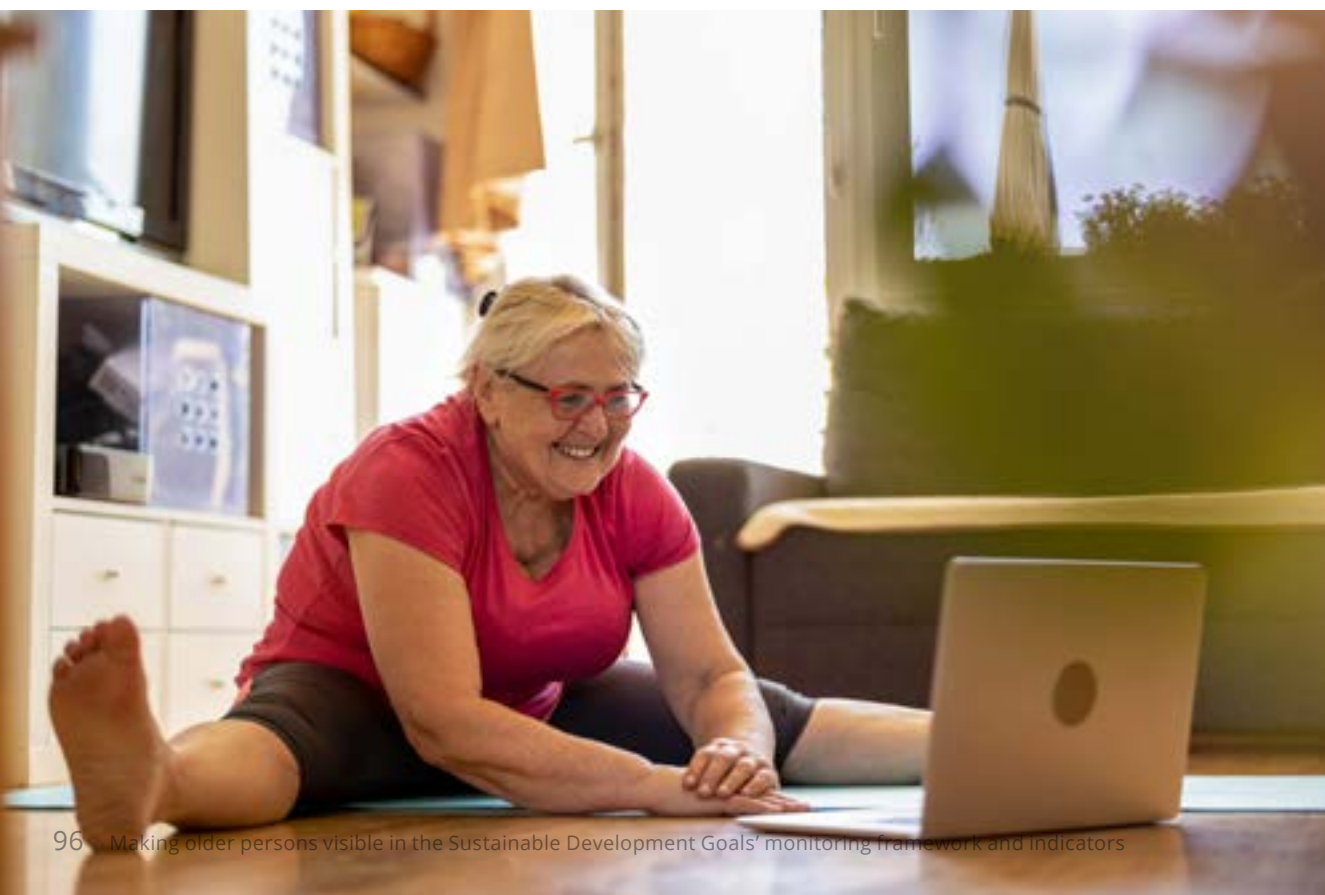


Proportion of individuals using the Internet

In Italy, data on indicator 17.8.1, the proportion of individuals using the Internet, is collected annually by the Italian National Institute of Statistics as part of the Multipurpose Survey on Households (Aspects of Daily Life). There is a standardized process of data collection, processing, analysis and disaggregation. Data can be disaggregated by sex, age and frequency of use. Age disaggregation is by the following groups: 6–10, 11–14, 15–17, 18–19, 20–24, 25–34, 35–44, 45–54, 55–59, 60–64, 65–74, 75+.

The sample survey Aspects of Daily Life collects fundamental information on individual and household daily life. Data are collected through

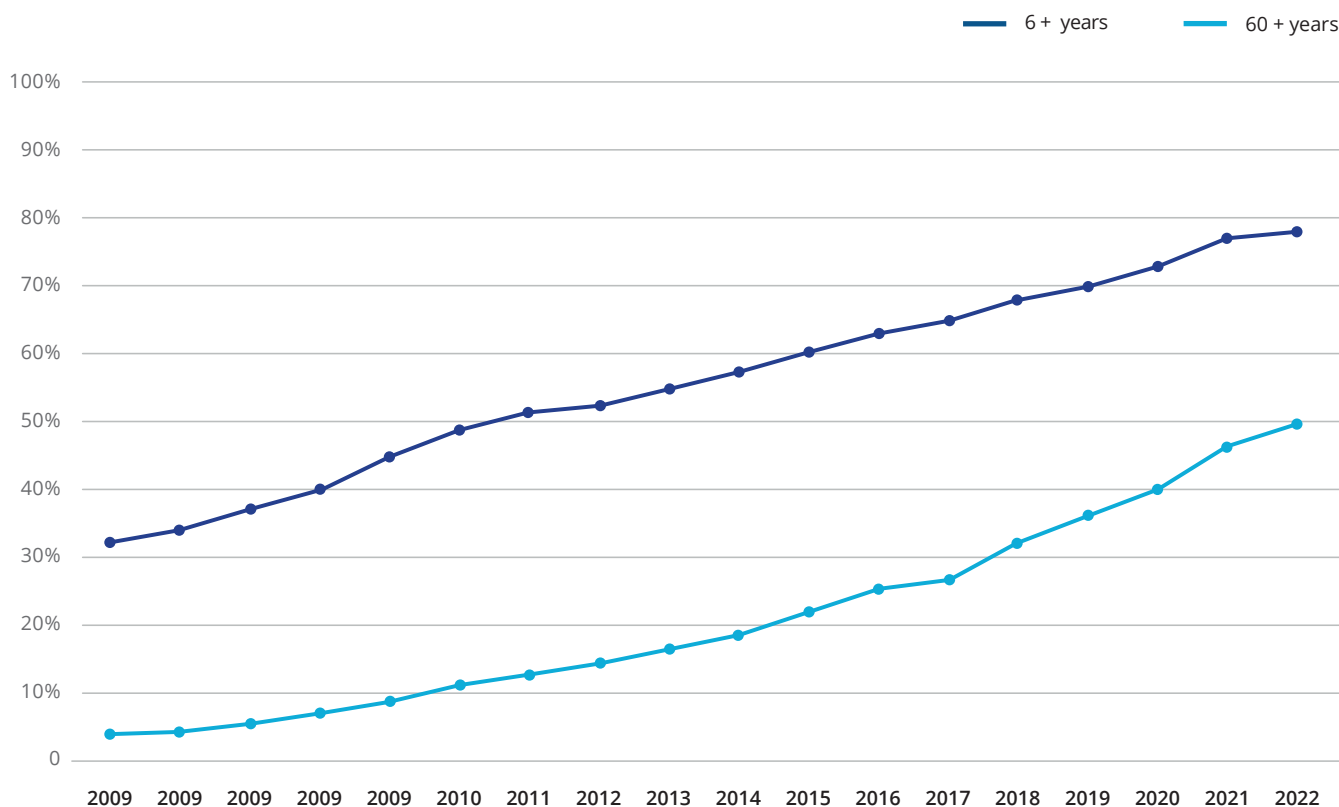
computer-assisted web interviewing and computer-assisted personal interviewing/pen-and-paper personal interviewing methodologies. Around 25 000 households are interviewed each year. Different social areas are covered in the questionnaires to establish individuals' quality of life, degree of satisfaction with their conditions, economic situation, the area in which they live, the functioning of public utility services – all topics useful in studying quality of life. School, work, family and social life, spare time, political and social participation, health, lifestyle, and access to services are all investigated (individual behaviour, objectivity, motivation and opinion need to be borne in mind when interpreting the data).



The survey is part of the National Statistics Programme. Data are updated annually on the National Institute of Statistics database (<http://dati.istat.it/?lang=en>). For metadata, see the following link (<https://siqua.istat.it/SIQual/visualizza.do?id=0058000>). The data are freely accessible to all. Data are used to understand the geographical distribution (north/south) of Internet usage and

the active participation of older people in its use. For example, data are used by civil society organizations focused on lifelong learning and quality life of older people and, in general, by the research community. **FIG. 26** shows that Internet use is increasing for both groups at the same speed.

FIG. 26. Percentage of 6+ and 60+ year olds using the Internet, 2005–2022, Italy



Source: Italian National Institute of Statistics; 2022.

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Annex: 100 population-based SDG indicators

Goal 1. End poverty in all its forms everywhere

- 1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
- 1.2.1 Proportion of population living below the national poverty line, by sex and age
- 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- 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
- 1.4.1 Proportion of population living in households with access to basic services
- 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
- 1.5.1 Number of deaths, missing persons and persons affected by disaster per 100 000 people

Goal 2. End hunger, achieve food security

- 2.1.1 Prevalence of undernourishment
- 2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
- 2.2.2 Prevalence of malnutrition (weight for height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)
- 2.3.1 Volume of production per labour unit by classes of farming/pastoral/forestry enterprise size
- 2.3.2 Average income of small-scale food producers, by sex and indigenous status

Goal 3. Ensure healthy lives and promote well-being for all at all ages

- 3.1.1 Maternal mortality ratio
- 3.1.2 Proportion of births attended by skilled health personnel
- 3.2.1 Under-five mortality rate
- 3.2.2 Neonatal mortality rate
- 3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations

- 3.3.2 Tuberculosis incidence per 1000 population
- 3.3.3 Malaria incidence per 1000 population
- 3.3.4 Hepatitis B incidence per 100 000 population
- 3.3.5 Number of people requiring interventions against neglected tropical diseases
- 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
- 3.4.2 Suicide mortality rate
- 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
- 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
- 3.6.1 Death rate due to road traffic injuries
- 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
- 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group
- 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)
- 3.8.2 Number of people covered by health insurance or a public health system per 1000 population
- 3.9.1 Mortality rate attributed to household and ambient air pollution
- 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
- 3.9.3 Mortality rate attributed to unintentional poisoning
- 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older
- 3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- 4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

- 4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
- 4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex
- 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
- 4.4.1 Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill
- 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
- 4.6.1 Percentage 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
- 4.c.1 Proportion of teachers in: (a) pre-primary; (b) primary; (c) lower secondary; and (d) upper secondary education who have received at least the minimum organized teacher training (e.g. pedagogical training) pre-service or in-service required for teaching at the relevant level in a given country

Goal 5. Achieve gender equality and empower all women and girls

- 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
- 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
- 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
- 5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
- 5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
- 5.5.2 Proportion of women in managerial positions
- 5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
- 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
- 5.b.1 Proportion of individuals who own a mobile telephone, by sex

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.1.1 Proportion of population using safely managed drinking water services

6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

7.1.1 Proportion of population with access to electricity

7.1.2 Proportion of population with primary reliance on clean fuels and technology

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.1.1 Annual growth rate of real GDP per capita

8.2.1 Annual growth rate of real GDP per employed person

8.3.1 Proportion of informal employment in non-agriculture employment, by sex

8.4.1 Material footprint, material footprint per capita, and material footprint per GDP

8.4.2 Domestic material consumption, domestic material consumption per capita, and domestic material consumption per GDP

8.5.2 Unemployment rate, by sex, age and persons with disabilities

8.6.1 Proportion of youth (aged 15–24 years) not in education, employment or training

8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age

8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status

8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

9.1.1 Proportion of the rural population who live within 2 km of an all-season road

9.2.1 Manufacturing value added as a proportion of GDP and per capita

9.2.2 Manufacturing employment as a proportion of total employment

9.5.2 Researchers (in full-time equivalent) per million inhabitants

9.c.1 Proportion of population covered by a mobile network, by technology

Goal 10. Reduce inequality within and among countries

- 10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population
- 10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities
- 10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

- 11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing
- 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
- 11.3.1 Ratio of land consumption rate to population growth rate
- 11.5.1 Number of deaths, missing persons and persons affected by disaster per 100 000 people
- 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
- 11.a.1 Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city

Goal 12. Ensure sustainable consumption and production patterns

- 12.2.1 Material footprint, material footprint per capita, and material footprint per GDP
- 12.2.2 Domestic material consumption, domestic material consumption per capita, and domestic material consumption per GDP
- 12.4.2 Hazardous waste generated per capita and proportion of hazardous waste treated, by type of treatment

Goal 13. Take urgent action to combat climate change and its impacts

- 13.1.2 Number of countries that adopt and implement national disaster risk reduction strategies

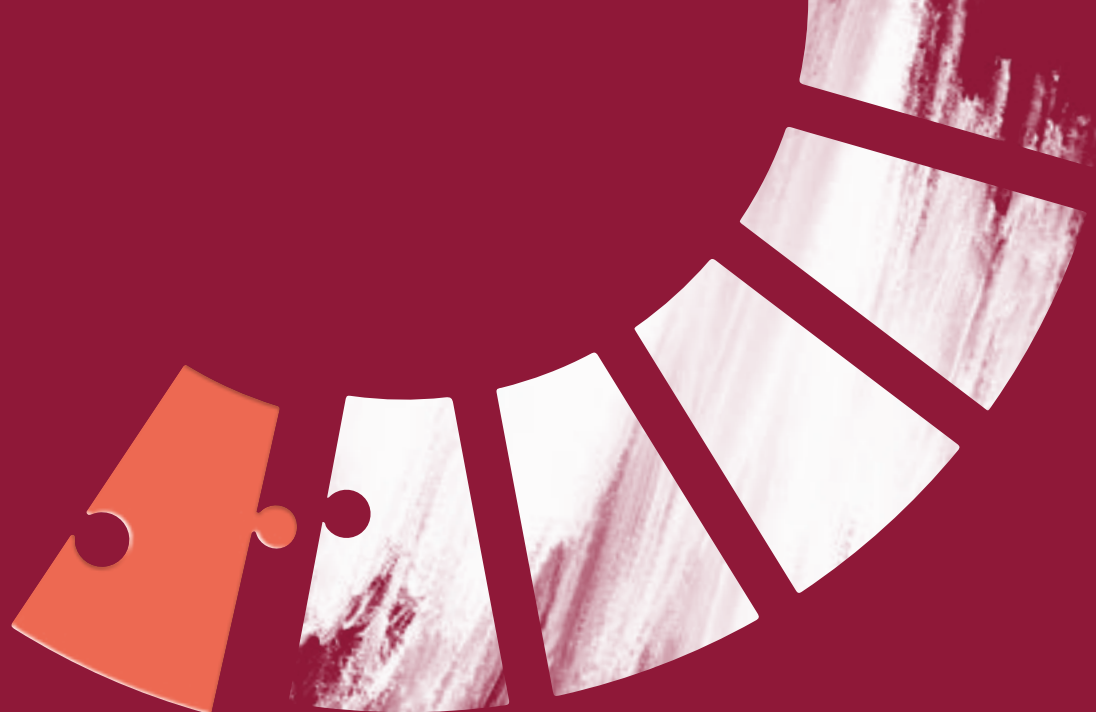
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

- 16.1.1 Number of victims of intentional homicide per 100 000 population, by sex and age
- 16.1.2 Conflict-related deaths per 100 000 population, by sex, age and cause

- 16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
- 16.1.4 Proportion of population that feel safe walking alone around the area they live
- 16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
- 16.2.2 Number of victims of human trafficking per 100 000 population, by sex, age and form of exploitation
- 16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
- 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
- 16.3.2 Unsentenced detainees as a proportion of overall prison population
- 16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months
- 16.6.2 Proportion of the population satisfied with their last experience of public services
- 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
- 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
- 16.b.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

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

- 17.6.2 Fixed Internet broadband subscriptions per 100 inhabitants, by speed
- 17.8.1 Proportion of individuals using the Internet



- By 2030, one in six people around the world will be older persons. To understand this heterogeneous group, data collection mechanisms and methods should be explored, including age-disaggregation.
- The 2030 Agenda includes 17 Sustainable Development Goals endorsed by UN Member States. Among the 234 indicators, 46 were identified to be population-based, can monitor the needs and rights of older persons, are relevant to national priorities and make older persons visible.
- Globally, across 215 national statistical offices, 20 provided insights on data disaggregation for 20 indicators, documenting that including nationally representative data on older persons is possible and should be expanded.
- Learnings can be used to enhance collaboration and increase disaggregated data on older persons across statistical offices and in other national, regional and global efforts, including with non-state actors.

For more information,
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