Policy Paper
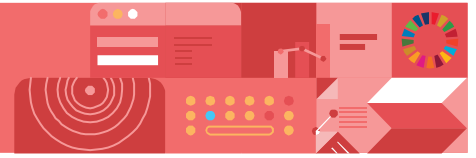
Statistical indicators relevant to population ageing and age-disaggregated data in Asia and the Pacific*

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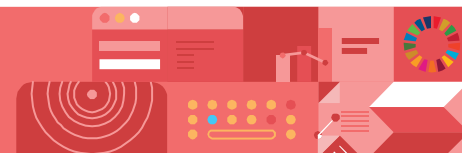* This paper has been issued without formal editing.

Acknowledgements

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Abstract

The Madrid International Plan of Action on Ageing (MIPAA) [1] is the global framework for policy action on ageing. Adopted in 2002, it provides a "bold new agenda" focused on the priorities of (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring the existence of enabling and supportive environment. MIPAA is reviewed at the national, regional and global levels every five years. MIPAA does not recommend any indictors that can be used to monitor its implementation. However, there are a number of refences to data and statistics in MIPAA that can be aligned with indicators of other global guiding documents, such as the 2030 Agenda for Sustainable Development, the Decade of Healthy Ageing, and the Asian and Pacific Ministerial Declaration on Population and Development. This paper discusses the suitability of indicators that can be used to assess MIPAA implementation. It also lists related sources of data and data availability. In concludes with a suggested set of indicators for the regular and structured assessment of MIPAA in Asia and the Pacific, mostly based on SDG indicators and supplemented by other indicators. Data availability and the possibility to collect these data are key considerations in suggesting a set of MIPAA indicators. The synergies between the proposed MIPAA indicators and the SDGs and related indicators will reduce the reporting burden on countries when assessing MIPAA implementation. The indicator framework will support countries in future evidence-based policy formulation and the mainstreaming of ageing into policy frameworks. As stated in MIPAA, "…systematic review of implementation of the International Plan of Action on Ageing, 2002, by Member States is essential for its success in improving the quality of life of older persons" and "research, including age- and gender-sensitive data collection and analysis, provides essential evidence for effective policies."[1]

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[1] Political Declaration and Madrid International Plan of Action on Ageing 2002.
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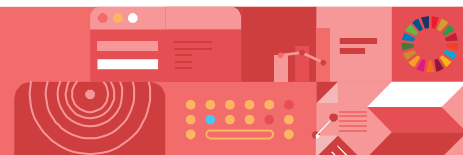
1. Introduction

The Asia-Pacific region is ageing rapidly. The percentage of persons aged 60 years or over will increase from 13.6 per cent in 2020 to 24.9 per cent in 2050. There are challenges and opportunities related to these demographic shifts that require forward looking policies to ensure healthy and inclusive ageing. Policies must also address gender considerations and respond to the diversity within ageing populations, such as by focusing on different age groups, disability status and location, and to the needs as expressed by older persons themselves.

Good policies are informed by evidence. Official statistics play a crucial role in evidence-based policymaking. To be relevant to the region, national statistical systems must be positioned to respond to priority issues related to ageing populations.

Statistics on ageing and older persons have not been given sufficient priority in the past. As a result, data are not systematically produced, analysed, and disseminated by national governments. Earlier this year, in launching the Decade of Healthy Ageing 2020-2030, WHO observed that "three quarters of the world's countries have limited or no data on healthy ageing or on older age groups." The lack of data and analysis contributes to the invisibility and exclusion of older persons. [2]

Work is underway to support countries to fill these information gaps but there is much progress still to be made. The production and use of relevant data need to be integrated in national processes. Statistical indicators provide a good starting point for enabling this. They clarify the policy priorities for ageing populations and provide a focus for data to be produced, published, and used in policy and decision-making.   This paper provides regional guidance on a suggested set of statistical indicators to measure and analyze population ageing and assess the situation of older persons in Asia and the Pacific. The paper is closely related to another paper on key elements of ageing policies. Taken together, these papers will provide the basis for supporting governments in the region to develop and strengthen existing ageing policies, monitor them on a regular basis and mainstream ageing considerations, in the context of the 2030 Agenda and the Madrid International Plan of Action on Ageing. The information presented in this paper draws on the 2019 Asia-Pacific Workshop on Developing Tools to Measure Inclusive and Active Population Ageing as well as expert groups in this space (e.g. Titchfield City Group, WHO, HelpAge).

2. Identifying demand for indicators: international and regional commitments to improve data on population ageing and older persons

National statistical systems face increasing demands to respond to needs for data on all sectors and issues pertinent to sustainable development. Data and statistics are crucial to identifying gaps and concerns, developing policy responses and to evaluating their implementation and tracking progress

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[2] WHO 2020. Decade of Healthy Ageing 2020-2030. https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5.

towards key goals. They play a role at every stage of the policy cycle, from advocacy to setting targets to designing responses and monitoring their impact.

A range of data and statistical indicators on issues related to ageing and older persons are being produced by countries. Yet, there is no standardised set of indicators or guidance at the global level nor in countries in Asia and the Pacific as to what could be produced and used. Where data are collected, they are often not accessible, analysed or published, at least not in a form that supports their use by policy and decision-makers. While some data and indicators are already available through official databases, other important indicators must be identified and derived from existing surveys or administrative data. A barrier is that key data collections often have an age cap that limits the utility of data for analysing the situation of older persons. In countries that have not conducted dedicated age-related surveys to bridge data gaps, there is a paucity of age-disaggregated and age-related data.

2.1 Global frameworks for ageing

2.1.1 Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing (MIPAA) [3] is the global framework for policy action on ageing. Adopted in 2002, it provides a "bold new agenda" focused on the priorities of (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring the existence of enabling and supportive environment. MIPAA is reviewed at the national, regional and global levels every five years and in early 2020, the United Nations Economic and Social Council released a report on modalities leading up to the fourth review and appraisal at the global level in 2023. Noting that lack of data has been an ongoing issue in past reviews, it calls for the United Nations system to "support national efforts to improve the availability of the necessary data, disaggregated by relevant factors, and the indicators required for the review and appraisal exercise by providing, upon request, technical assistance for national capacity-building."[4]

MIPAA does not recommend indicators per se, but it mentions data, statistics and indicators that should be used to guide work on selecting indicators and developing capacity for ageing and age-disaggregated data (table 1):

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[3] Political Declaration and Madrid International Plan of Action on Ageing. 2002.
https://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf
[4] United Nations. 2020. Modalities for the fourth review and appraisal of the implementation of the Madrid International Plan of Action for Ageing, 2002 (E/CN.5/2020/4). https://undocs.org/E/CN.5/2020/4.

Table 1: References to data and indicators, Madrid International Plan of Action on Ageing

Number	Article or paragraph
Article 11	We emphasize the importance of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing, based on reliable and harmonized indicators developed by, inter alia, national and international statistical organizations.
48. (e)	Develop, as appropriate and at all appropriate levels, age and gender-relevant poverty indicators as an essential means to identify the needs of poor older women and encourage the use of existing indicators of poverty so that the review is carried out according to age group and gender;
67. (i)	Develop statistical indicators at all levels on common diseases in older persons to guide policies aimed at preventing further illness in this age group;
79. (a)	Ensure and expand the compilation of HIV/AIDS data to allow for the assessment of the extent of HIV/AIDS infection in older persons.
119.	Other crucial elements of implementation include: effective organizations of older persons; educational, training and research activities on ageing; and national data collection and analysis, such as the compilation of gender and age specific information for policy planning, monitoring and evaluation.
125.	Other priorities for international cooperation on ageing should include exchange of experiences and best practices, researchers and research findings and data collection to support policy and programme development as appropriate; establishment of income-generating projects; and information dissemination
129.	Research, including age- and gender-sensitive data collection and analysis, provides essential evidence for effective policies. … The availability of reliable information is indispensable in identifying emerging issues and adopting recommendations. …Elaborating and using, as appropriate, comprehensive and practical tools for evaluation, such as key indicators, is also necessary to facilitate a timely policy response.

2.1.2 2030 Agenda for Sustainable Development

The 2030 Agenda is a comprehensive plan for people, planet and prosperity. It was adopted on 25 September 2015 and contains 17 Sustainable Development Goals with 169 associated targets which are integrated and indivisible.[6] The goals are anchored with statistical indicators that all countries, regardless of their level of development, should be monitoring. However, such global frameworks are encouraged to be localized and countries may identify other indicators that are of national importance for monitoring sustainable development. Beyond the targets and indicators, the inclusion of older persons is inherent in the universal character of the Agenda and its overarching aim to leave no one behind. Sustainable Development Goals and targets on eliminating extreme poverty, ending hunger, achieving universal health coverage and providing access to education, for example, must include older persons if the goals are to be achieved. The achievement of other goals also depends on the contributions of older persons. Thus, older persons are included both as beneficiaries of development
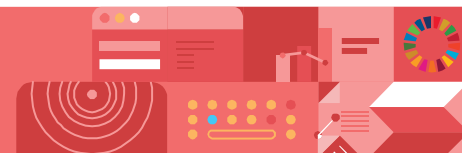
and as contributors to the achievement of development goals. As indicated in table 2, there are 18 SDG indicators that explicitly mention older persons and/or disaggregation by age.

Table 2. SDG indicators with references to age disaggregation, older persons or all age groups, including older persons, also with a view to the life-cycle approach to population ageing by goal and target

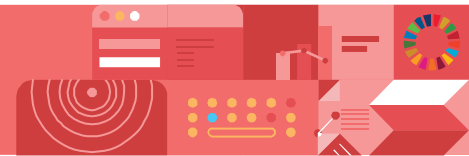| Goal	Target	Indicator
Goal 1. End poverty in all its forms everywhere	1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.1.1 Proportion of the population living below the international poverty line by sex, age, employment status and geographic 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 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	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
Goal 3. Ensure healthy lives and promote well-being for all at all ages	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
Goal 4. Ensure inclusive and equitable quality education and	4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and	4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex

Goal	Target	Indicator
promote lifelong learning opportunities for all	tertiary education, including university	
	4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	4.4. Proportion of youth and adults with information and communication technology (ICT) skills, by type of skill
Goal 5. Achieve gender equality and empower all women and girls	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	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 age and place of occurrence 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
	5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
	5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Action and the outcome documents of their review conferences	5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and	8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with	8.5.1 Average hourly earnings of employees, by sex, age, occupation and persons with disabilities
		8.5.2 Unemployment rate, by sex, age and persons with disabilities

Goal	Target	Indicator
productive employment and decent work for all	disabilities, and equal pay for work of equal value	
Goal 10. Reduce inequality within and among countries	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities
	11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	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
		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
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 Significantly reduce all forms of violence and related death rates everywhere	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
	16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation
	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels	16.7.1 Proportions of positions in national and local institutions, including (*a*) the legislatures; (*b*) the public service; and (*c*) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups

Goal	Target	Indicator
		16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology 17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.8.1 Proportion of individuals using the Internet 17.18.1 Statistical capacity indicator for Sustainable Development Goal monitoring

Source: United Nations, Department of Economic and Social Affairs, SDG Indicators database, available at https://unstats.un.org/sdgs/indicators/database/ ; and "Tier classification for global SDG indicators", available at https://unstats.un.org/sdgs/iaeg-sdgs/tier-classification /.Note: See General Assembly resolutions 70/1 and 71/313, including the annual refinements to be made to the global indicator framework, as contained in E/CN.3/2018/2, annex II, E/CN.3/2019/2, annex II and E/CN.3/2020/2, annex II. A Refinement of the indicator name approved by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators on 13 March and 2 April 2020. Final approval by the Statistical Commission at its fifty-second session, to be held in March 2021, is pending.

Although indicators explicitly mention disaggregation by age, data collection is often age capped (e.g. data not collected from people age 65 and above) and disaggregated data on older persons is not readily available.[5] The Titchfield City Group are driving work to better integrate age-disaggregation and ageing related data into the SDG framework.[6]

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[5] United Nations. 2018. Report of the United Kingdom of Great Britain and Northern Ireland on ageing-related statistics and age-disaggregated data (E/CN.3/2018/19).
[6] For more information on the group, see: https://unstats.un.org/unsd/methodology/citygroups/Titchfield.cshtml

2.1.3   The Decade of Healthy Ageing

WHO launched the Decade of Healthy Ageing in 2020, with the aim of bringing governments, civil society, international agencies, professionals, academia, the media, and the private sector together to take action to improve the lives of older persons.

In December 2020, by adopting General Assembly resolution 75/131, United Nation Member States decided to proclaim 2021–2030 the United Nations Decade of Healthy Ageing and invited Governments and other relevant stakeholders to actively support its implementation. WHO has been mandated to lead the implementation of the Decade, in collaboration with the Department of Economic and Social Affairs of the United Nations Secretariat, the regional commissions, UNFPA, OHCHR, UNDP, UN-Habitat, UN Women and the World Bank, within their respective mandates.
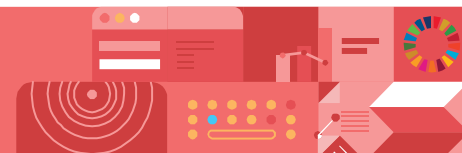
The United Nations Decade of Healthy Ageing is a global collaboration, aligned with the last ten years of the Sustainable Development Goals. The Decade will address four areas of action: age-friendly environments; combatting ageism; integrated care; and long-term care.

One stream of work is to strengthen data, research and innovation to accelerate implementation. The Decade calls Members States to action, including by collecting, analysing and disseminating geographically disaggregated data to support communities to foster the abilities of older persons.

Healthy ageing is the focus of the ageing-related work of WHO. It further builds on the Active Ageing policy framework developed by WHO in 2002. WHO released its Healthy Ageing baseline report in 2020.[7] The Healthy Ageing baseline report identified 10 progress indicators to measure progress in implementation of the Decade. In addition, the baseline report provides indicators to measure intrinsic capacity and functional ability of older persons.

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[7] *Decade of healthy ageing: baseline report*. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO

Table 3. National progress indicators of the Decade of Healthy Ageing

	Indicator	Explanation
Overall national commitment to optimize healthy ageing		
1	Number of countries with a focal point on ageing and health in the Ministry of Health	National focal points are key for the effective coordination and promotion of ageing-related activities and tasks at country level, for fostering communication with the international community, and for aligning national and international priorities.
2	Number of countries with national policies, strategies and plans aligned to Healthy Ageing	Effective governance of healthy ageing requires the development and implementation of evidence-based policies and plans that involve all stakeholders and that pay explicit attention to equity and the inherent dignity and human rights of older people.
3	Number of countries with a national multi-stakeholder forum or committee on ageing and health	These forums can document needs and expectations, and can facilitate the exchange of information, good practice and tools across sectors and different actors. The participation of both civil society and different government sectors is essential to the success of any policy and many actions on ageing.
Contribution to each of the Decade's priority action areas		
4	Number of countries with national legislation and enforcement strategies against age-based discrimination	Combating ageism requires, at the institutional level, the adoption of laws to protect against age-based discrimination; the modification or repeal of existing laws, customs and practices that discriminate directly or indirectly; and the establishment of appropriate enforcement mechanisms.
5	Number of countries with legislation/regulations that support older people to access assistive devices from the WHO priority assistive products list	Enhancing autonomy regardless of an older person's level of capacity can be achieved by giving older people access to appropriate assistive devices/products, including walking sticks, rollators, wheelchairs, hearing aids, spectacles and other devices.
6	Number of countries that have a national programme to support activities in line with the WHO Global Network for Age-friendly Cities and Communities	Environments that are age-friendly help to foster healthy ageing by maximizing intrinsic capacity across the life course and by enabling greater functional ability, so that people with varying levels of capacity can be and do the things they value.
7	Number of countries with national policies in place to support comprehensive assessments of the health and social care needs of older people	This is key to achieving integrated care for older people as it provides the information on multiple domains of intrinsic capacity, the environments in which older people live, and functional ability, which are needed to prioritize and tailor interventions to match an older person's needs, preferences and goals.
8	Number of countries that have a long-term care policy/plan/strategy/framework	These policies and systems enable older people who experience a significant ongoing loss in capacity, or who are at risk of such a loss, to receive the care and support of others consistent with their basic rights, fundamental freedoms and human dignity at home or, if needed, in institutions.
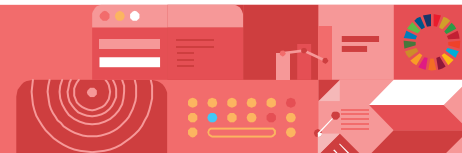
	Increase nationally representative data on healthy ageing focusing on older people	
9	Number of countries with cross-sectional, nationally representative, anonymous individual-level data on older persons and their health status and needs in the public domain	These data can help estimate the prevalence of different health characteristics, assess people's intrinsic capacity and functional ability, care needs, and burden of specific diseases or conditions. The data can also help document inequalities by age, sex, place of residence or other sociodemographic characteristics. Sufficient older people at every age need to be included to have a full understanding of the diversity of experience.
10	Number of countries with longitudinal, nationally representative surveys (cohort or panel) on older persons and their health status and needs available in the public domain	By observing the same group of people or sample from the same population over time, these data can be used to monitor trajectories of healthy ageing across the life course, analyse determinants and outcomes in older people, establish cause and effect, and evaluate the impact of programmes. Ensuring that sufficient older people are included at every age, over time, will enable a full understanding of transitions and the diversity of experience.

Source: *Decade of healthy ageing: baseline report*. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO, Annex 5.

In the document describing the Decade of Healthy Ageing, WHO lists the relevant Sustainable Development Goals, indicators and data disaggregation required for healthy ageing with modifications to make them more suitable to measure ageing. The modifications are highlighted in cursive text.

Table 4. Relevant Sustainable Development Goals, indicators and data disaggregation required for healthy ageing, according to WHO

SDG Indicator	Original SDG text	Decade of Healthy Ageing (2020-2030) 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	Proportion of population covered by social protection "floors" or systems, by sex, distinguishing children, unemployed people, older people, people with disabilities, pregnant women, newborns, people with work injuries, the poor and the vulnerable
1.4.1	Proportion of population living in households with access to basic services	Proportion of population living in households with access to basic services, *distinguishing older people*
1.4.2	Proportion of total adult population with secure tenure rights to land, (*a*) with legally recognized documentation, and (*b*) who perceive their rights to land as secure, by sex and type of tenure	Proportion of total adult population with secure tenure rights to land, legally recognized documentation and who perceive their right to land as secure, by sex and type of tenure, also distinguishing older people
2.1.2	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)	Prevalence of moderate or severe food insecurity in the population, *also distinguishing older people*
2.3.2	Average income of small-scale food producers, by sex and indigenous status	Average income of small-scale food producers, by sex and indigenous status, *also distinguishing older people*
3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease, *including adults aged ≥ 70 years*
3.4.2	Suicide mortality rate	3.4.2: Mortality rate from suicide, *by age and sex across the lifecourse*
3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	Proportion of population with a large share of household expenditure or income on health, *also distinguishing households with older people*
4.4.1	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	Proportion of young people and adults skilled in information and communications technology, by type of skill, *also distinguishing older people*
4.6.1	Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (*a*) literacy and (*b*) numeracy skills, by sex	Proportion of population in each age group who have achieved at least a fixed level of functional literacy and numeracy, by sex

SDG Indicator	Original SDG text	Decade of Healthy Ageing (2020-2030) 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	Proportion of women and girls aged ≥ 15 years who have ever had a partner who have been 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	Proportion of women and girls aged ≥ 15 years who have been subjected to sexual violence by people other than an intimate partner in the previous 12 months, by age and place
5.4.1	Proportion of time spent on unpaid domestic and care work, by sex, age and location	Proportion of time spent in unpaid domestic and care work, by sex, age and location, *as a basis for provision of public services, infrastructure and social protection policies*
8.5.1	Average hourly earnings of employees, by sex, age, occupation and persons with disabilities	Average hourly earnings of female and male employees, by occupation, age and disability status
8.5.2	Unemployment rate, by sex, age and persons with disabilities	Unemployment rate, by sex, age and disability 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	Proportion of adults ≥ 15 years with an account at a bank or other financial institution or with a mobile money-service provider
9.1.1	Proportion of the rural population who live within 2 km of an all-season road	Proportion of rural population who live within 2 km of an all-season road, *also distinguishing older people*
10.2.1	Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities	Proportion of people living at < 50% of median income, by sex, age, *also distinguishing older people* and people with disabilities.
10.3.1	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	Proportion of population who reported personal discrimination or harassment in the previous 12 months on the basis of grounds of discrimination (age) that are prohibited under international human rights law
11.2.1	Proportion of population that has convenient access to public transport,	Proportion of population that has convenient access to public transport, by

SDG Indicator	Original SDG text	Decade of Healthy Ageing (2020-2030) indicator
	by sex, age and persons with disabilities	sex, age and disability status, *also distinguishing older people*
11.3.2	Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically	Proportion of cities with direct, regular, democratic participation of civil society in urban planning and management, *also including older people or their representatives*
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	Average proportion of the built-up area of cities that is for public use, by sex, age (*including older people*) and people with disabilities
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	Proportion of persons who were victims of physical or sexual harassment in the previous 12 months, by sex, age, disability status and place of occurrence, in the previous 12 months
16.1.3	Proportion of population subjected to (*a*) physical violence, (*b*) psychological violence and (*c*) sexual violence in the previous 12 months	Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months, *including older people*
16.1.4	Proportion of population that feel safe walking alone around the area they live	Proportion of population that feels safe walking alone in the area in which they live, *including older people*
16.7.1	Proportions of positions in national and local institutions, including (*a*) the legislatures; (*b*) the public service; and (*c*) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups	Proportions of positions in national and local institutions, including (*a*) the legislatures; (*b*) the public service; and (*c*) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups
17.8.1	Proportion of individuals using the Internet	Proportion of individuals using the Internet (*disaggregated by age*)
17.18.1	Statistical capacity indicator for Sustainable Development Goal monitoring	*Proportion of national sustainable development indicators with full disaggregation relevant to the target, in accordance with the fundamental principles of official statistics*

Source: ESCAP compilation from "Decade of Healthy Ageing 2020-2030", Available at: https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_25&download=true.

2.2 Regional frameworks on ageing and wider population issues including ageing

Regional Framework on Healthy Ageing (2018-2022)

In 2012 the Health Ministers of the countries of the WHO South-East Asia Region[8] adopted the "Yogyakarta Declaration on Ageing and Health," which led to the development of the Regional Strategy for Healthy Ageing 2013–2018. Since the World Health Assembly in 2016 endorsed the Global Strategy and Plan of Action on Ageing and Health, the existing regional strategy was reviewed and aligned to the global strategy, resulting in the Regional Framework on Healthy Ageing (2018-2022). The framework has seven strategic elements and developed regional and national indicators. The strategic elements are:

1. Developing an evidence-based, integrated policy and plan of action for healthy ageing
2. Developing age-friendly environments
3. Aligning health systems to the needs of older people
4. Developing sustainable and equitable systems for long-term care
5. Developing appropriate human resources necessary for meeting the health and related care needs of older people
6. Improving measurement, monitoring and research for healthy ageing
7. Sustainable and progressive financing to enable a path towards Universal Health Coverage (UHC)

According to the strategy "[f]ive of these strategic elements are aligned to the WHO Global Strategy and Action Plan on Ageing and Health, adopted by the World Health Assembly and are relevant to all Member States from the South-East Asia Region. The two additional strategic elements, number 5 and 7, specifically emphasize the strategic priorities for the Region's 11 Member States"[9].

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[8] WHO South-East Asia members are: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.
[9] Regional Framework on Healthy Ageing (2018–2022). New Delhi: World Health Organization, Regional Office for South-East Asia; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Table 5. Indicators and Strategic Elements of the Regional Framework for Healthy Ageing (2018-2022)

Strategic Element 1 Developing an Evidence-based, Integrated Policy and Plan of Action for Healthy Ageing	
Regional level indicators	**National level indicators**
Number of Member States that have formulated a national policy and plan of action on Healthy Ageing	National policy and plan of action on healthy ageing including legal framework and appropriate indicators for the maintenance, monitoring and assessment of the rights, dignity and entitlements of older people, formulated and operationalized.
Number of Member States that have established departments/units for promoting Healthy Ageing programmes in the Ministry of Health and/or other relevant ministries.	Department/unit for promoting Healthy Ageing programmes established in the Ministry of Health and/or other relevant ministr(ies).
	Administrative mechanisms for regular monitoring and evaluation of implementation and for assessing multisectoral cooperation in the care of older people, developed.
	National forum comprising representatives from the national authorities, civil society, academia, private and public care–giving sectors and media, for exchange of knowledge, information and evidence on ageing and health, created
Strategic Element 2 Developing Age-friendly Environments	
Regional level indicators	**National level indicators**
Number of Member States that have adopted/adapted the 'WHO Global Network of Age-friendly Cities and Communities'	National body empowered with adequate administrative authority, financial resources and monitoring capacity to promote the different aspects of an age-friendly environment created.
Number of Member States that have enacted legal provisions for the prevention of elder abuse	Number of regulations, acts and incentives introduced for ensuring autonomy of older people.
Number of Member States with nationally representative data on older person's self-reported knowledge of their rights and involvement in activities that they value.	Appropriate legal and administrative mechanisms to protect and support older people from elder abuse.
Number of Member States participating in the Global Campaign to combat Ageism	Provision of access to devices from the list of WHO Priority Assistive Products to enhance autonomy of older people.
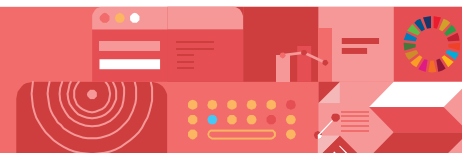
Strategic Element 3 Aligning Health Systems to the Needs of Older Persons	
Regional level indicators	**National level indicators**
Number of Member States that have developed operational guidelines, procedures and monitoring mechanisms for the age-friendly primary health care initiative	Assessment undertaken of the national health system's responses to an ageing population and plans developed for realignment where needed, for example through provision of benefit packages (UHC) that support older people's intrinsic capacity and function
Number of Member States with a national institute/regional centres for ageing and health.	Number of primary health centres that are aligned with the age-friendly approach and operating with an adequate complement of workforce, equipment and resources.
Comprehensive assessment undertaken of older people at the time of their engagement with the health system and periodically thereafter in order to assess intrinsic capacity and functional ability.	Number of facilities from the private health-care sector implementing the national policy and plan of action on ageing and health.
Strategic Element 4 Developing Sustainable and Equitable Systems for Long-term Care	
Regional level indicators	**National level indicators**
Number of Member States that have formulated national programmes on Healthy Ageing comprising management, regulatory, monitoring, resource mobilization and evaluation mechanisms for sustainable long-term care in the formal and informal sectors.	National standards, guidelines, protocols and accreditation mechanisms for integrated long-term care provided by the formal and informal sectors have been developed and implemented.
Number of Member States that have formulated national standards and training guidelines for long-term care providers in the formal and in formal sectors.	Innovative assistive health technologies to improve the functional ability and well-being of people requiring long-term care have been identified.
Strategic Element 5 Developing Appropriate Human and Institutional Resources Necessary for Meeting the Health and Related Care Needs of Older People	
Regional level indicators	**National level indicators**
Number of Member States that have established specialized training in geriatrics and gerontology at the undergraduate and post graduate level of study in health.	Number of facilities at the primary, secondary and tertiary health care levels providing health and related care services aimed at older persons.
Number of Member States that have produced protocols, manuals and guidelines on training health staff in all aspects of ageing and health.	Number of facilities established at the district and community levels to address health and related social care issues of older people

Number of Member States that have established mechanisms for continuous training, incentives and career advancements for the health workforce caring for older people.	Number of facilities providing training in geriatrics/gerontology to health staff from the formal and informal sectors. Assessment tool to ensure the availability of sufficient health workforce for effective delivery of care to older people.
Strategic Element 6 **Improving Measurement, Monitoring and Research for Healthy Ageing**	
Regional level indicators	**National level indicators**
Number of Member States that have established national databases on older people providing disaggregated information on mortality, morbidity, health and socio-economic profiles and Healthy Ageing, as measured by intrinsic capacities and functional ability	National databases including information on population demographics, economic status, income, education, health profile, housing and ownership, established.
Number of Member States that have established regular longitudinal population representative surveys measuring health status and related needs of older people and the extent to which these are being met	Research on identification of determinants of Healthy Ageing and interventions that can improve intrinsic capacities and functional ability.
	Assessment of multisectoral and intersectoral collaboration to identify actions that foster the best intrinsic capacity and functional ability of older people.
Strategic Element 7 **Sustainable and Progressive Financing to Enable a Path Towards Universal Health Coverage (UHC)**	
Regional level indicators	**National level indicators**
Number of Member States that have integrated health system responses to an ageing population into national policies and plans on ageing and health.	Action taken to select services for inclusion with benefit packages that specifically support intrinsic capacity of older adults (person-centred in addition to condition or disease-based services).
Number of Member States that have established effective collaboration between the formal and private health-care sectors to provide care for older people.	Action taken by Member States to ensure the availability of sustainable finances for the realignment of programmes, services and systems to promote ageing and health.
	Action taken by Member States to develop infrastructure and support needed to address long-term care under universal health coverage.

Source: ESCAP compilation from Regional Framework on Healthy Ageing (2018–2022)

Regional Action Plan on Healthy Ageing in the Western Pacific[10]

The Regional Action Plan on Healthy Ageing in the Western Pacific[11] is the successor document of the Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019). The development of this regional action plan also coincided with the launch of the Decade of Healthy Ageing 2021–2030. "The Plan proposes a multisectoral, lifelong approach for preparing for population ageing."

The plan includes objectives, strategic directions and recommended actions for Member States and WHO but does not provide indicators. The objectives are broadly categorized in three areas as follows:

1) Enable social return
   Objective 1: Transforming societies as a whole to promote healthy ageing, based on understanding the implications of population ageing

2) Support healthy ageing
   Objective 2: Transforming health systems to address each individual's lifelong health needs by providing necessary health and non-health services in a coordinated way
   Objective 3: Providing community-based integrated care for older adults tailored to individual needs Objective 4: Fostering technological and social innovation to promote healthy ageing
3) Research, monitoring and evaluation
   Objective 5: Strengthening monitoring and surveillance systems and research on older adults to inform programmes, services and policies.

The plan also defined key conditions for successful implementation, which are:
- political commitment
- capacity-building and leadership
- multisectoral and multi-stakeholder coordinating mechanisms and planning at the national level
- well-designed systems and policies to promote healthy ageing
- positive public perception and support for active ageing
- sufficient funding and human resources for implementation.

Asian and Pacific Ministerial Declaration on Population and Development

The Asian and Pacific Ministerial Declaration on Population and Development was adopted by ESCAP members and associated Members in 2013. The Declaration represents the regional commitment to address population and development concerns. The Declaration contains 116 priority actions to ensure the effective implementation of the Programme of Action of the International Conference on Population

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[10] The WHO Western Pacific region comprises the following countries or areas: American Samoa (USA); Australia; Brunei Darussalam; Cambodia; China; Cook Islands; Fiji; French Polynesia; Guam (USA); Hong Kong, China; Japan; Kiribati; Lao People's Democratic Republic; Macao, China; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia, Nauru, New Caledonia; New Zealand; Niue; Northern Mariana Islands; Palau; Papua New Guinea; Philippines; Pitcairn Island (United Kingdom of Great Britain and Northern Ireland); Republic of Korea; Samoa; Singapore; Solomon Islands; Tokelau (New Zealand); Tonga; Tuvalu; Vanuatu; Viet Nam; Wallis and Futuna (France).
[11] Regional action plan on healthy ageing in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2020. Licence: CC BY-NC-SA 3.0 IGO
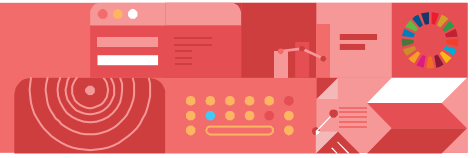
and Development. Many priority actions are related to ageing populations and older people. The Declaration itself does not include recommended indicators, but in 2020, member States endorsed the "Asia-Pacific Indicator Framework for Voluntary Monitoring of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development and of the Commitments Contained in the Asian and Pacific Ministerial Declaration on Population and Development" at the Sixth Session of the Committee on Social Development, held from 20 to 21 October 2020. That indicator framework recommends 105 indicators spread across thematic areas, with one theme (G) being specifically on ageing. Table 6 shows the entire monitoring framework, highlighting indicators that make explicit reference to older persons and/or disaggregation of data by age.

Table 6. List of indicators of the Asia-Pacific Indicator Framework for Voluntary Monitoring of Progress towards the Implementation of the Programme of Action of the Interna1tional Conference on Population and Development and of the Commitments Contained in the Asian and Pacific Ministerial Declaration on Population and Development[12]

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
A. Poverty eradication and employment	Paras 89–103	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)	A.1		Tier I
			1.2.1: Proportion of population living below the national poverty line, by sex and age	A.2		Tier I
			1.2.2: Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	A.3		Tier II
			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[c]	A.4		Tier II

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[12] Indicators that make explicit reference to older persons and/or disaggregation by age highlighted.

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
			1.4.1: Proportion of population living in households with access to basic services	A.5		Tier I
		Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.1.2: Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)	A.6		Tier I
			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)	A.7		Tier I
			2.3.2: Average income of small-scale food producers, by sex and indigenous status	A.8		Tier II
		Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.3.1: Proportion of informal employment in non-agriculture employment, by sex	A.9		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals		Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators				
			8.5.1: Average hourly earnings of female and male employees, by occupation, age, and persons with disabilities		A.10		Tier II
			8.5.2: Unemployment rate, by sex, age, persons with disabilities [d]		A.11		Tier I
			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		A.12		Tier I
		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		A.13		Tier II
			10.2.1: Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities		A.14		Tier II
		Other sources	ILO: Active contributors to an old age contributory scheme as a percent of the working age population by sex (%)		A.15	International Labour Organization, ILOSTAT data set[e]	
			Labour force participation rate for the population age 15 or older, by sex		A.16	Core set of gender indicators for Asia and the Pacific[f]	

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
B. Health	Paras 104–108	Goal 3: Ensure healthy lives and promote well-being for all at all ages	3.1.1: Maternal mortality ratio	B.1		Tier I
			3.1.2: Proportion of births attended by skilled health personnel	B.2		Tier I
			3.2.1: Under-5 mortality rate	B.3		Tier I
			3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income	B.4		Tier I
			3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	B.5		Tier I
			3.4.1: Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	B.6		Tier I
			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)	B.7		Tier I

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
			3.b.1: Proportion of the target population covered by all vaccines included in their national programme	B.8		Tier I
C. Sexual and reproductive health and reproductive rights[g]	Paras 109–126	Goal 3: Ensure healthy lives and promote well-being for all at all ages	3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	C.1		Tier I
			3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	C.2		Tier I
		Goal 5: Achieve gender equality and empower all women and girls	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	C.3		Tier II
			5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	C.4		Tier II
		Other sources	Contraceptive prevalence rate among women married or in union, modern methods and modern and traditional methods	C.5	World Health Organization, Global Health Observatory data[h]	

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
D. Education	Paras 127–128	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	D.1		Tier I
			4.3.1: Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex	D.2		Tier II
			4.6.1: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (*a*) literacy and (*b*) numeracy skills, by sex	D.3		Tier II
			4.a.1: Proportion of schools with access to (*a*) electricity; (*b*) the Internet for pedagogical purposes; (*c*) computers for pedagogical purposes; (*d*) adapted infrastructure and materials for students with disabilities; (*e*) basic drinking water; (*f*) single-sex basic sanitation facilities; and (*g*) basic handwashing facilities (as per the WASH indicator definitions)	D.4		Tier II
		Other sources	Out of school rate for children, adolescents and youth of primary and secondary school age, by sex, age and disability status	D.5	UNESCO Institute for Statistics[i]	

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
E. Gender equality and women's empowerment	Paras 129–143	Goal 5: Achieve gender equality and empower all women and girls	5.1.1: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	E.1		Tier II
			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	E.2		Tier II
			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	E.3		Tier II
			5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	E.4		Tier I
			5.3.2: Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	E.5		Tier I
			5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location	E.6		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
			5.5.1: Proportion of seats held by women in (*a*) national parliaments and (*b*) local governments	E.7		Tier I
			5.5.2: Proportion of women in managerial positions	E.8		Tier I
			5.a.2: Proportion of countries where the legal framework (including customary law) guarantees women's equal rights to land ownership and/or control	E.9		Tier II
			5.c.1: Proportion of countries with systems to track and make public allocations for gender equality and women's empowerment	E.10		Tier II
		Goal 10: Reduce inequality within and among countries	10.3.1: Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	E.11		Tier II
		Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and	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	E.12		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
		inclusive institutions at all levels				
F. Adolescents and young people	Paras 144–148	Goal 3: Ensure healthy lives and promote well-being for all at all ages	3.4.2: Suicide mortality rate	F.1		Tier I
			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	F.2		Tier I
			3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	F.3		Tier I
		Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.5.2: Unemployment rate, by sex, age and persons with disabilities	F.4		Tier I
			8.6.1: Proportion of youth (aged 15–24 years) not in education, employment or training	F.5		Tier I

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
		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	16.1.3: Proportion of population subjected to (a) physical violence, (b) psychological violence and (c) sexual violence in the previous 12 months	F.6		Tier II
			16.2.3: Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	F.7		Tier II
G. Ageing	Paras 149–163	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	G.1		Tier II
		Goal 10: Reduce inequality within and among countries	10.2.1: Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities	G.2		Tier II
		Goal 11: Make cities and human settlements	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	G.3		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
		inclusive, safe, resilient and sustainable				
		Other sources	Distribution of households by type (one person, couple only, couple with children, single parent with children, extended composed of family members only, extended non-relatives present, member(s) with unknown relationship to household head), by age of household head	G.4	United Nations, World Population Prospects	
			Percentage of households with at least one member aged 65 years or older	G.5	United Nations, World Population Prospects	
H. International migration	Paras 164–179	Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.8.1: Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status	H.1		Tier II
		Goal 10: Reduce inequality within and among countries	10.7.1: Recruitment cost borne by employee as a proportion of yearly income earned in country of destination	H.2		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals		Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators				
			10.7.2: Number of countries with migration policies that facilitate orderly, safe, regular and responsible migration and mobility of people		H.3		Tier II
			10.c.1: Remittance costs as a proportion of the amount remitted		H.4		Tier I
		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	16.2.2: Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation		H.5		Tier II
		Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.3.2: Volume of remittances (in United States dollars) as a proportion of total GDP		H.6		Tier I

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
I. Urbanization and internal migration	Paras 180–189	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	I.1		Tier II
			6.2.1: Proportion of population using (a) safely managed sanitation services and (b) a handwashing facility with soap and water	I.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	I.3		Tier I
			11.2.1: Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities	I.4		Tier II
			11.3.1: Ratio of land consumption rate to population growth rate	I.5		Tier II
			11.3.2: Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically	I.6		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals		Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators				
			11.5.1: Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population		I.7		Tier II
			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		I.8		Tier II
J. Population and sustainable development	Paras 190–197	Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.4.1: Proportion of agricultural area under productive and sustainable agriculture		J.1		Tier II
		Goal 12: Ensure sustainable consumption and production patterns	12.8.1: Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment		J.2		Tier II

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals		Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators				
		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 in line with the Sendai Framework for Disaster Risk Reduction 2015–2030		J.3		Tier II
			13.2.1: Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production (including a national adaptation plan, nationally determined contribution, national communication, biennial update report or other)		J.4		Tier III
			13.3.1: Number of countries that have integrated mitigation, adaptation, impact reduction and early warning into primary, secondary and tertiary curricula		J.5		Tier III
		Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development	14.7.1: Sustainable fisheries as a proportion of GDP in small island developing States, least developed countries and all countries		J.6		Tier I

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
		Other sources	B-1: Number of directly affected people attributed to disasters, per 100,000 population (compound indicator)	J.7	Recommendations contained in the report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction for the global targets of the Sendai Framework for Disaster Risk Reduction 2015–2030 and on the follow-up to and operationalization of the indicators[j]	
			D-1: Damage to critical infrastructure attributed to disasters. (compound indicator)	J.8	Recommendations of the open-ended intergovernmental expert working group on global indicators for the global targets of the	

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
					Sendai Framework for Disaster Risk Reduction 2015–2030 and on the follow-up to and operationalization of the indicators[k]	
K. Data and statistics	Paras 198–204	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	16.9.1: Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	K.1		Tier I
		Goal 17: Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	17.18.2: Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics	K.2		Tier I

Asian and Pacific Ministerial Declaration on Population and Development			Internationally agreed development goals	Reference number	Source (if other than 2030 Agenda for Sustainable Development)	Tier classification (if applicable)[b]
Thematic area[a]	Priority actions	Sustainable Development Goal (if applicable)	Indicators			
			17.18.3: Number of countries with a national statistical plan that is fully funded and under implementation, by source of funding	K.3		Tier I
			17.19.2: Proportion of countries that (*a*) have conducted at least one population and housing census in the last 10 years; and (*b*) have achieved 100 per cent birth registration and 80 per cent death registration	K.4		Tier I
	Other sources		Per cent of all deaths that take place in the territory and jurisdiction in the given year are registered (death registration coverage)	K.5	Target 1.D of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific[l]	

Source: See General Assembly resolutions 70/1 and 71/313, including the annual refinements to be made to the global indicator framework as contained in E/CN.3/2018/2, annex II and E/CN.3/2019/2, annex II.

Note: Paragraph numbers in the table refer to the Asian and Pacific Ministerial Declaration on Population and Development.

Abbreviation: UNESCO, United Nations Educational, Scientific and Cultural Organization.

[a]   Based on the thematic areas of the Asian and Pacific Ministerial Declaration on Population and Development.

[b]   Sustainable Development Goals indicator tier classification as of 11 December 2019.

[c]   Note that Sustainable Development Goal indicator 1.3.1 is listed under thematic areas A and G of the Ministerial Declaration.

d   Note that Sustainable Development Goal indicator 8.5.2 is listed under thematic areas A and F of the Ministerial Declaration.

e   International Labour Organization, ILOSTAT. Available at www.ilo.org/shinyapps/bulkexplorer7/?lang=en&segment=indicator&id=SOC_CWAP_SEX_RT_A (accessed on 2 February 2020).

f   E/ESCAP/CST(4)/10.

g   The title of this thematic area of the Indicator Framework was revised in accordance with decision 2 of the Committee on Social Development at its sixth session. The title now corresponds to target 5.6 of the Sustainable Development Goals: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

h   World Health Organization, Global Health Observatory data. Available at www.who.int/data/gho/data/indicators/indicator-details/GHO/contraceptive-prevalence-rate-among-women-married-or-in-union (accessed on 2 February 2020).

i   UNESCO, "Education: out-of-school rate for children of primary school age", UNESCO Institute for Statistics database. Available at http://data.uis.unesco.org/index.aspx?queryid=123 (accessed on 2 February 2020).

j   General Assembly resolution 71/276.

k   Ibid.

l   E/ESCAP/71/27.

3. Lessons learned from current data sources and practices

Official statistics on ageing come from a range of sources. Standardized household surveys and censuses typically collect demographic characteristics and information from older persons enabling the production and analysis of relevant statistics. Also, administrative data maintained as a biproduct of processes (e.g. register for social protection payments) provide an often-underutilised source of data. Statistics from these sources are typically complemented by qualitative research and other sources of evidence, such as data generated through the work of civil society organizations, academic research, and analysis to inform development projects.

Data related to ageing can be generated from the usual sources of official statistics, except those with an upper age range that does not include older persons (e.g. Demographic and Health Surveys typically collect data on women of reproductive age (15-49 years)). Few national statistical offices have a section of their website dedicated to data on ageing and/or older persons, and the range of thematic reports produced from a source like population and housing censuses would not usually include a report on ageing.

Dedicated surveys and data collection are needed to produce statistics on some aspects of ageing and older persons that are not covered in other population-based surveys. The questions and methods used to collect data from older persons also need to be carefully developed and tested to be appropriate to that population. An example of a dedicated survey focusing on older persons was the Survey of the Elderly in Cambodia conducted in 2004. This survey was designed to be sensitive to the needs and experiences of older persons (aged 60 and above). The survey gathered information on issues relevant to inclusive ageing but also considering the cohort of older Cambodians who would have lived through the political upheaval of the aftermath of the Pol Pot (Khmer Rouge) regime. [13]

3.1 Global initiatives to improve measures of ageing and age-disaggregated data

3.1.1 United Nations Titchfield City Group

The need for international standards on ageing statistics has been recognized by the highest intergovernmental body on official statistics, the United Nations Statistical Commission (UNSC). In 2018, the UNSC established the *Titchfield City Group on Ageing and Age-disaggregated statistics* – a group of experts in ageing statistics to further international work on developing standards in this area. The group began its work in 2015 with the support of HelpAge International and the United Kingdom's Department for International Development.

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[13] Knodel, J et al. Population Studies Center. 2005. Older Persons in Cambodia: A Profile from the 2004 Survey of the Elderly.

> *"The overall objective of the proposed Titchfield Group is to develop standardized tools and methods for producing both data disaggregated by age and ageing-related data, and to encourage countries to do so, by playing a leading role in the development and communication of new standards and methodologies"*.

<div align="right">UNSC, 49th session paper on Titchfield (para 26)</div>

In their report to the UNSC one year later, in 2019, the Titchfield Group presented its five year work programme, which sets out six strands of work to be completed before 2023.[14] This includes an assessment of current evidence and identifying gaps and developing a conceptual and analytical framework for comprehensive information on older adults. The group will partner with United Nations Member States and stakeholders to integrate age-disaggregation and ageing-related statistics for the Sustainable Development Goals Indicator Framework.

At the meeting of the Titchfield Group in Daejeon, Republic of Korea in June 2019, the group agreed to select 10 to 15 countries to take part in a stocktaking exercise of age-disaggregated and ageing related statistics.[15] This was planned to take place in 2020 but the COVID-19 pandemic has delayed progress until 2021.

As the work is taken forward, representatives from the Asia-Pacific region should be identified and consulted to ensure the work in this region through ESCAP is informed by and aligned to global developments in this area. The Titchfield Group may identify regional champions to take responsibility for engaging countries in their region. Sixteen countries from the Asia-Pacific region participated in the 2019 meeting with Statistics Korea (Armenia, Australia, China, India, Indonesia, Japan, Kazakhstan, Republic of Korea, Mongolia, Pakistan, Philippines, Russian Federation, Sri Lanka, Thailand, Uzbekistan, and Viet Nam).

3.1.2 WHO Consortium on Metrics and Evidence for Healthy Ageing

In 2017, WHO launched an International Consortium on Metrics and Evidence for Healthy Ageing. The consortium brought together 50 experts from all WHO regions including policymakers, civil society organizations and researchers. The group supported the development of the global baseline report on healthy ageing which had been released in 2020,[16] proposed indicators to measure functional ability and intrinsic capacity of older persons including work to harmonize indicators across countries and improve the evidence base on healthy ageing. The report of the consortium meeting in October 2019 highlights the achievement of the Titchfield City Group's work to identify relevant SDG indicators on healthy ageing.[17]

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[14] Titchfield City Group on Ageing and Age-disaggregated statistics: Programme of Work, 2018 to 2023 (Background Document). https://unstats.un.org/unsd/statcom/50th-session/documents/BG-Item4a-Titchfield-E.pdf
[15] Second official meeting of the Titchfield City Group on Ageing and Age-disaggregated Data. https://gss.civilservice.gov.uk/events/second-official-meeting-of-the-titchfield-city-group-on-ageing-and-age-disaggregated-data.
[16] *Decade of healthy ageing: baseline report*. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.
[17] WHO. 2019. WHO Consortium on Metrics and Evidence for Healthy Ageing – Peer Review Meeting of Contributors to the Global Baseline Report for Decade of Healthy Ageing. https://www.who.int/ageing/data-research/WHO_Consortium_on_Metrics_and_Evidence_for_Healthy_Ageing_Second_meeting_report_2019'12'01_unedited.pdf?ua=1.

Table 7: Items shortlisted to measure each domain of intrinsic capacity or functional ability, as proposed by WHO technical experts

Intrinsic capacity			Functional ability		
No.	Items	Domain	No.	Items	Domain
1	Memory: 10-word immediate recall	Cognitive	1	Difficulty or how much of problem is bathing	Basic needs
2	Memory: 10-word delayed recall	Cognitive	2	Difficulty or how much of problem is dressing	Basic needs
3	Orientation	Cognitive	3	Difficulty or how much of problem is toileting	Basic needs
4	Memory: 10-word delayed recall	Cognitive	4	Difficulty or how much of problem is eating	Basic needs
5	Orientation	Psychological	5	Difficulty or how much of problem is getting in or out of bed	Basic needs
6	Frequency wake-up during the night and then trouble falling asleep	Psychological	6	Difficulty or how much of problem is taking medication	Basic needs
7	Frequency wake-up during the morning and not able to fall asleep again	Psychological	7	Difficulty or how much of problem is carrying out household work	Basic needs
8	Frequency feel unrested during the day no matter hours of sleep	Psychological	8	Difficulty or how much of problem is preparing hot meal	Basic needs
9	All 10 items of the CES-D 10-item questionnaire in separate variables	Psychological	9	Difficulty or how much of problem do you have in managing money	Basic needs
10	All 12 items of the EURO-D questionnaire in separate variables	Psychological	10	Difficulty or how much of problem do you have in shopping for groceries	Basic needs
11	Distance vision	Sensory	11	Difficulty or how much of problem do you have in walking across a room	Mobility
12	Near vision	Sensory	12	Difficulty or how much of problem is walking short distance	Mobility
13	Hearing for participants who do not wear hearing aid	Sensory	13	Children: frequency meet up (arranged and chance)	Maintain relationships
14	Hearing for participants who do wear hearing aid	Sensory	14	Children: frequency speak on the phone	Maintain relationships

15	Gait speed	Locomotor	15	Children: write or email	Maintain relationships
16	Hand grip strength	Vitality	16	Children: communicate by skype, Facebook or social media	Maintain relationships
17	Forced breath: forced vital capacity (FVC)	Vitality	17	Relatives: frequency meet up (arranged and chance)	Maintain relationships
18	Forced breath: forced expiratory volume (FEV)	Vitality	18	Relatives: frequency speak on the phone	Maintain relationships
19	Forced breath: peak flow (PF)	Vitality	19	Relatives: write or email	Maintain relationships
20	Weight: measured	Vitality	20	Relatives: communicate by Skype, Facebook or other social media	Maintain relationships
21	Weight: self-reported	Vitality	21	Friends: frequency meet up (arranged and chance)	Maintain relationships
22	Height: measured	Vitality	22	Friends: frequency speak on the phone	Maintain relationships
23	Height: self-reported	Vitality	23	Friends: write or email	Maintain relationships
24	BMI: measured	Vitality	24	Friends: communicate by Skype, Facebook or other social media	Maintain relationships
25	BMI: self-reported	Vitality	25	Frequency care for sick or disabled adult or children	Contribution
			26	Employment status	Contribution
			27	Frequency attend meetings of nonreligious organizations	Contribution

Source: *Decade of healthy ageing: baseline report*. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO, Annex 3.

3.2 Surveys relevant to ageing

3.2.1 Health and Retirement Studies (HRS)

Health and Retirement Studies (HRS) are population-based surveys that focus on population ageing longitudinally (same respondents interviewed at more than one point in time). Beginning in the United States in 1992, and as of May 2020, 45 countries globally, including six from the ESCAP region (China, India, Indonesia, Japan, Republic of Korea, and Russian Federation), have conducted an HRS survey. A list of these and other dedicated surveys on ageing and older persons conducted by countries in Asia and the Pacific are provided in table 8.

The HRS have been compiled and harmonized for comparable analysis through the *Gateway to Global Aging Data*.[18] It provides survey metadata, harmonized data sets, publications, guidance and other resources related to the international network of Health and Retirement Studies. It provides support for cross-country data analysis, research and development of capacity for the measurement and use of data on ageing.

The platform is managed by the University of Southern California but involves a wide network of experts in Ageing Data from other universities in Chile, Germany, Ireland, Italy, Japan, Malaysia, United Kingdom of Great Britain and Northern Ireland, and United States of America, as well as the RAND Corporation, OECD and WHO.

The strength of the HRS approach is that the surveys have a large sample size and can be used to oversample minority groups to analyse the diversity of ageing experiences. The studies cover a wide range of topics and provide a rich data source for analysis. Another strength is that the survey methodology uses best practices to ensure high-quality data.[19]

Limitations of the HRS are that in covering many topics, the questions cannot explore issues in depth. Being developed and used over a long period of time, the HRS has changed slightly between waves and some topics have been discontinued. Implementing an HRS is a significant and complex undertaking requiring funding and national capacity that are challenging to obtain given competing priorities. The resulting dataset is large and complex and working with it requires good understanding of the survey and capacity for data analysis.[20]

3.2.2 National Transfer Accounts (NTA) Project

According to the National Transfer Account Manual, [21] the "... National Transfer Accounts constitute a complete, systematic and coherent accounting of economic flows from one age group or generation to another, typically for a national population in a given calendar year." NTAs are intended to improve understanding of how population growth and changing population age structure influence economic growth, gender and generational equity, public finances, and other important features of the macro-economy. The NTA Network consists of research teams in more than 60 countries that are constructing accounts to measure how people at each age produce, consume, and share resources, and save for the future. The work of the NTA Network informs work of policymakers in the following areas:
- Public policy on pensions, health care, education, and reproductive health
- Social institutions, such as the extended family
- The full economic contribution of women
- Social, political, and economic implications of population aging.

NTAs provide information on inter-generational transfers, expenditures and received transfers throughout the life-cycle and on economic dependency of different age groups.

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[18] Gateway to Global Aging Data, Produced by the Program on Global Aging, Health & Policy, University of Southern California with funding from the National Institute on Aging (R01 AG030153). https://g2aging.org/.

[19] Gwenith G Fisher, Lindsay H Ryan, Overview of the Health and Retirement Study and Introduction to the Special Issue, *Work, Aging and Retirement*, Volume 4, Issue 1, January 2018, Pages 1–9, https://doi.org/10.1093/workar/wax032.

[20] Gwenith G Fisher, Lindsay H Ryan, Overview of the Health and Retirement Study and Introduction to the Special Issue, *Work, Aging and Retirement*, Volume 4, Issue 1, January 2018, Pages 1–9, https://doi.org/10.1093/workar/wax032.

[21] United Nations. 2013. National Transfer Accounts Manual: Measuring and Analysing the Generational Economy. UN: New York. https://ntaccounts.org/doc/repository/NTA%20manual%202013.pdf.

The National Transfer Accounts Project uses data to complement the United Nations System of National Accounts and other economic and demographic indicators and sheds light on development issues, including the social, political, and economic implications of ageing.[22] The research programme began in 2002 and now includes the following countries from Asia and the Pacific: Australia, Cambodia, China, India, Indonesia, Japan, Philippines, Republic of Korea, Taiwan Province of China, Thailand and Viet Nam.[23]

The current NTA project in Asia is supported by the Asia Pacific Regional Office of UNFPA.[24] It helps to draw out the policy implications of population dynamics in the region by improving the availability and quality of NTA data and strengthening the links between data analysis and policy response.

In 2014, the East-West Center and the UNFPA Asia Pacific Regional Office (UNFPA APRO) launched a project to expand and update NTA analysis for 15 low- and middle-income countries in Asia. The project involved Bangladesh, Cambodia, China, India, Indonesia, Islamic Republic of Iran, Lao People's Democratic Republic, Malaysia, the Maldives, Mongolia, Nepal, the Philippines, Thailand, Timor-Leste, and Viet Nam.[25] The NTA Network held its 13th international conference and first virtual meeting in early August 2020.[26] A manual on measuring the Gendered Economy and a handbook on using National Transfer Accounts to assess the macroeconomic impact of changing population age structure are forthcoming in 2021.

The following indicators are available from the NTA project for a limited set of countries and years[27]:
- Private and public per capita consumption by children and older persons
- Support Ratios (effective number of producers per 100 effective consumers)
- Fiscal Support Ratios (projected tax revenues relative to public transfers as % values in 2015)
- Human-Capital Spending (% average annual labor income of a prime-age (30–49)
- Human-Capital Spending (% average annual labor income of a prime-age (30–49) adult)
- Average annual labor income age 20–29 (% labor income of a prime-age (30–49) adult)
- Annual Economic Resources for Children Age 0–24 (as % annual consumption) (Labour income, private transfers, public transfers, asset-based reallocations)
- Annual Economic Resources for the Elderly, Age 65+ (as % annual consumption (Labour income, private transfers, public transfers, asset-based reallocations)

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[22] National Transfer Accounts Project. https://www.ntaccounts.org/web/nta/show/.
[23] United Nations. 2013. National Transfer Accounts Manual: Measuring and Analysing the Generational Economy. UN: New York. https://ntaccounts.org/doc/repository/NTA%20manual%202013.pdf.
[24] Sang-Hyop Lee at the University of Hawaii is the contact (leesang@hawaii.edu).
[25] National Transfer Accounts Bulletin, Number 12. December 2017. https://ntaccounts.org/doc/repository/NTA%20Bulletin%2012.pdf.
[26] National Transfer Accounts: NTA2020 Agenda. https://ntaccounts.org/web/nta/show/Documents/NTA2020%20Agenda
[27] The table of indicators can be accessed at: https://www.ntaccounts.org/web/nta/show/Indicators.

3.3 Composite Indices on Ageing

3.3.1 Asian Active Ageing Index

ESCAP commissioned the development of an *Asian Active Ageing Index* based on the index developed for European countries through the United Nations Economic Commission for Europe (UNECE) and drawing from other indices such as the *Global AgeWatch Index*. Best practices in constructing a composite index were applied.[28]

The index is based on 22 indicators grouped under four domains as shown in

Figure *1*. Adjustments made to suit the regional context included removing some indicators and replacing them with others considered more relevant. For example, political participation was replaced with participation in religious and care activities, and material deprivation (assets, holidays, etc.) was replaced with home ownership. The weight of each indicator was also reviewed and adjusted.

Figure 1. The elements and indicators used to calculate the Asian Active Ageing Index

Overall Index	Asian Active Ageing Index			
Domains	Employment	Social participation	Independent living	Capacity / enabling environment
Indicators	Employment rate 55-59	Voluntary activities 55+	Physical exercise 55+	Remaining Life Expectancy (RLE) at age 60
	Employment rate 60-64	Care to child / grandchildren 55+	Access to health insurance or health benefit 55+	Share of Healthy Life Expectancy (SHLE) at age 60
	Employment rate 65+	Care to older adults 55+	No ADL difficulties for 55+	Mental well-being 55+
		Civic and religious activities 55+	No IADL difficulties for 55+	Subjective well-being 55+
			Relative median income 65+	Social connectedness 55+
			No poverty risk 65+	Physical safety 55+
			Home ownership 55+	Use of ICT 55+

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[28] Zaidi, A and Um, J. 2019. The Asian Active Ageing Index: Results for Indonesia and Thailand. ESCAP Social Development Working Papers 2019/05. https://www.unescap.org/sites/default/files/WP%202019-05_Active%20Ageing%20Index.pdf

				Education attainment 55-74

The *Asian Active Ageing Index* was produced for two countries where data were readily available: Indonesia and Thailand. Data were mainly extracted from ageing-related surveys, family life surveys, and data from national statistical office reports and databases. The results highlighted some key differences in the activities of older persons in Asia and the Pacific compared to European countries:

- High employment rates among the older population due to economic incentives or necessity rather than desire to continue working;
- Older persons in Indonesia and Thailand providing support to their families by taking care of grandchildren and family members. High participation in religious and civic activities may have led to low levels of volunteer work;
- Varying risks of poverty with older persons in Indonesia being at higher risk than those in Thailand;
- Older people living longer and pension income falling short of what is needed to ensure survival and well-being of older persons;
- Older people, particularly women, have often limited formal education reducing their employment and training opportunities and shaping their information needs.

The index was initially considered to be used as one of the tools for monitoring MIPAA and other commitments to sustainable development. As an index for Asia and the Pacific, it would have to be supported with country-specific analysis of healthy and active ageing and supplemented with a dashboard of statistical indicators for many countries in the region. The paper concluded that the availability of age-disaggregated data is low and recommended that countries strengthen their statistical systems to ensure data disaggregation by age and the compilation and publication of such data on a regular basis.

3.3.2 Active Ageing Index

The United Nations Economic Commission for Europe (ECE) supports its member States to monitor their commitments to the Madrid International Plan of Action on Ageing through the *Active Ageing Index*. The index comprises twenty-two indicators grouped under four elements:

1. Employment
2. Participation in society
3. Independent, healthy, and secure living; and
4. Capacity and enabling environment for secure and active ageing.

The tool, consisting of a set of indicators, index and dashboard is considered a "good monitoring tool because it was easy to understand, allowed visualization, and provided robust evidence to policymakers."[29]

Figure 2. The elements and indicators used to calculate the UNECE Active Ageing Index
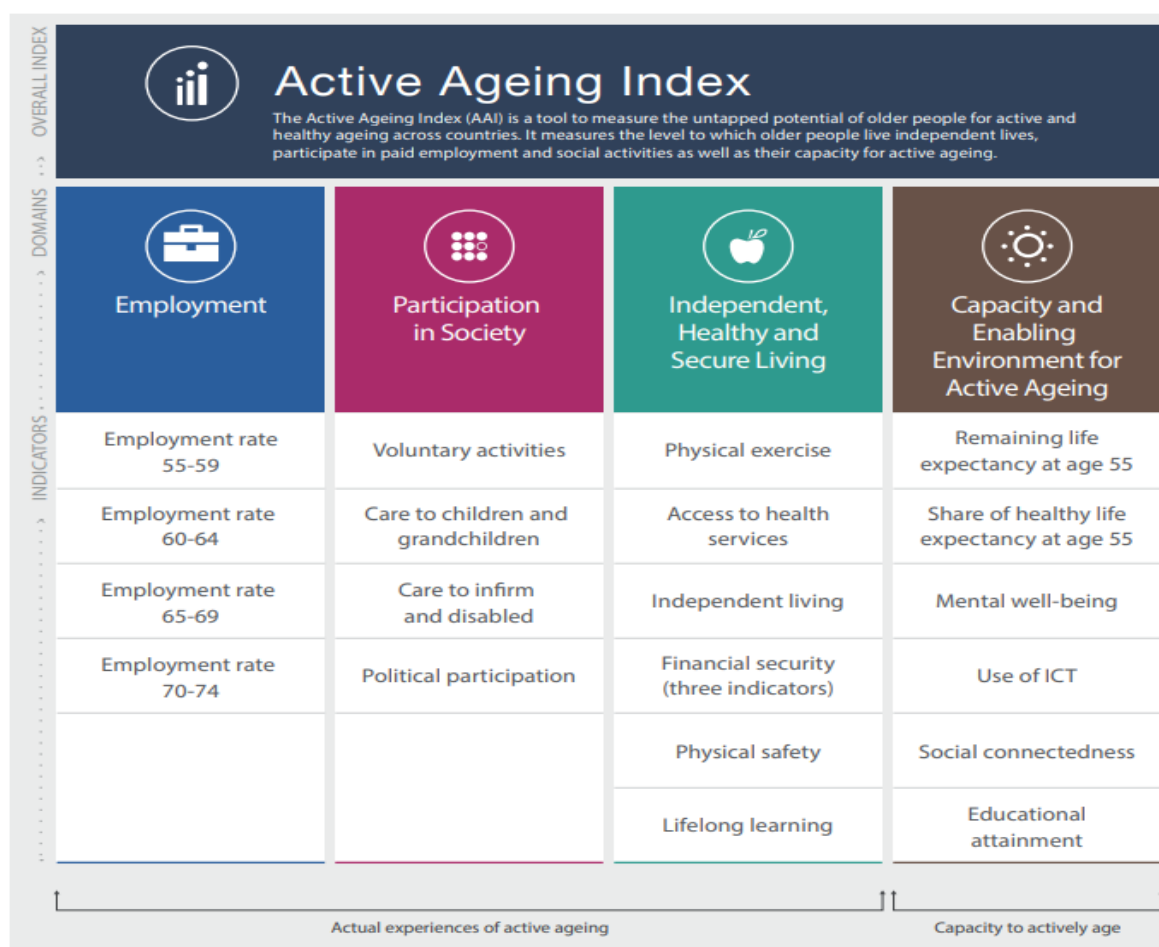
Source: Active Ageing Index project. https://statswiki.unece.org/display/AAI/Active+Ageing+Index+Home

Source: United Nations Economic Commission for Europe. 2018 Active Ageing Index: Analytical Report (ECE/WG.1/33), 2019.

The indicators used to produce the *Active Ageing Index* come from standardised surveys conducted by

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[29] ESCAP 2019. Report on the Workshop on Developing Tools to Measure Inclusive and Active Population Ageing. Workshop on "Developing Tools to Measure Inclusive and Active population Ageing" held on 27-28 June 2021 Bangkok, Thailand

all countries in the European Union: European Union Labour Force Survey (EU-LFS), European Union Statistics on Income and Living Conditions (EU-SILC), Eurostat ICT Survey, and the European Quality of Life Survey (EQLS). A mandatory and managed approach to official statistics in Europe puts these countries in the relatively unique position of having a large amount of harmonized data that can be used for producing measures such as the *Active Ageing Index*.

The process to develop this index has been well-resourced and highly participatory. It was developed through a group of experts, which has since evolved into the *Titchfield City Group* described earlier. The group developed the approach, conducted national seminars on data collection and further workshops to present and discuss the results.

As mentioned above, the *Active Ageing Index* has been tested in Asia and the Pacific and produced for two countries – Indonesia and Thailand, where data were sufficient to do so. Even then, the index needed to be adapted to reflect data availability compared to EU countries with 19 indicators under four domains. Aside from highlighting the lack of accessible and comparable data in the region, the index proved a valuable tool for highlighting gaps. It was calculated separately for men and women which highlighted gender gaps in the social and economic situation of older persons in both countries.[30]

3.3.3 Global Age Watch index

The *Global Age Watch Insights* report by HelpAge International and the American Association of Retired Persons (AARP), was launched in 2013 and published annually until 2015. It provides an example of a compilation of statistics that provides an overview of inclusive and active ageing to the degree possible, given data availability and other constraints.

The indicators included are:

1. Population (number)
2. Percentage of population aged 0-14 years, 50+, 60+ and 80+
3. Life expectancy at birth, by sex
4. Life expectancy at age 60, by sex
5. Healthy life expectancy, by sex
6. Years lived with disability, by disease and age group (15-49, 50-69, 70+ years)
7. Causes of death, by type and age group (15-49, 50-69, 70+ years)
8. Prevalence of major depressive disorders by sex and five-year age group
9. Self-harm mortality rate, by sex
10. Prevalence of physical, sexual and psychological violence, by sex and age
11. Health insurance coverage
12. Out-of-pocket health expenditures as % of household budget and per capita
13. Alzheimer's and other dementias, by sex and five-year age group
14. Universal Health Coverage
15. Financial protection
16. Long-term care and support

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[30] ESCAP 2019. Report on the Workshop on Developing Tools to Measure Inclusive and Active Population Ageing. Workshop on "Developing Tools to Measure Inclusive and Active Population Ageing" held on 27-28 June 2019 in Bangkok, Thailand

Data were sourced from international databases including the United Nations World Population Prospects, Institute of Health Metrics and Evaluation, WHO Global Health Observatory and the ILO. Lessons learned from the compilation and calculation of this index informed the work ageing indicators in Asia and the Pacific. One important lesson concerned the availability of data. Also, the index lacked sufficient indicators on violence and abuse, political participation, economic and cultural life, and access to adequate housing, which could not be included because of data limitations. There were 98 countries not included in the index due to lack of data.

The index proved useful for advocacy and attracting media attention. Policymakers and national data providers have called for the index to better reflect diversity within the ageing populations and to be accompanied by specific policy recommendations.[31]

4.   Data availability

A mapping of data sources related to ageing, conducted in the Asia-Pacific region by HelpAge International in 2015, found that an increasing number of countries are conducting dedicated surveys of older persons. More countries in the region were affected by population ageing and hence the rising demand for data on this issue. However, many countries lacked data on older persons. With the exception of Thailand, there is a significant lack of longitudinal studies of older-aged populations, which are costlier and harder to analyze, but provide invaluable data. There are also gaps in health, employment and retirement statistics, income, caregiving and support for older persons, and elder abuse.

The study found that accessibility to ageing survey data varied significantly between countries and data were mostly 'tightly guarded' by entities collecting the data. DHS and census data were found to be more accessible but often did not include relevant information on issues facing older persons. Moreover, there were issues regarding timely dissemination of data.[32]

Specialized surveys on ageing have been developed and implemented in the Asia-Pacific region. At the time of writing, fifteen countries had conducted or were planning some kind of national or sub-national survey on ageing (Table 8).

Table 8. Countries in Asia and the Pacific that have conducted or are planning a dedicated or module survey on ageing (as of December 2020)

Country	Name of the Survey	Latest year conducted
Bangladesh	Survey on Population Ageing in Bangladesh	2014

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[31]   Global AgeWatch Blog. Global AgeWatch Insights 2018. https://www.helpage.org/global-agewatch/about/global-agewatch-index-version-20/#:~:text=Global%20AgeWatch%20Index%20was%20launched,people%20at%20the%20global%20level.

[32] Knodel, J. and Teerawichitchainan, B. 2015. Data Mapping on Aging in Asia and the Pacific: Analytical Report. HelpAge International and United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office. https://www.refworld.org/pdfid/55c9e6ee4.pdf
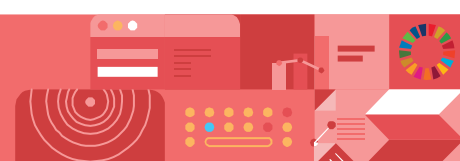
Country	Name of the Survey	Latest year conducted
Brunei Darussalam	National Study on Elderly Persons in Brunei Darussalam (NSEP)	Survey in planning
Cambodia	Survey of the Elderly in Cambodia	2004
China	China Health and Retirement Longitudinal Study (CHARLS)	2015
India	Study on Global Ageing and Adult Health (SAGE)	2014
	Longitudinal Ageing Study in India (LASI), Wave 1	Project duration 2016-2021
	Kerala Ageing Survey 2nd set	2019
Indonesia	Indonesia Family Life Survey (IFLS)	2012
Japan	National Survey of the Japanese Elderly (NJSE), Japanese Ageing and Health Dynamics (JAHEAD)	2017
Malaysia	Malaysia Ageing and Retirement Survey (MARS)	2018-19
	Malaysian Elders Longitudinal Research (MELoR) AGELESS	2019 2019-2025
Maldives	Demographic and Health Survey	2009
Myanmar	JAGES survey Myanmar	ongoing
	Myanmar Ageing Survey (MAS)	2012
Philippines	Longitudinal Study of Ageing and Health in the Philippines	2018
Republic of Korea	Korean Longitudinal Study of Aging (KLoSA)	2018
Singapore	Panel on Health and Ageing of Singaporean Elderly (PHASE)	2009, 2011, 2015
Thailand	Panel Survey on Health Ageing and Retirement in Thailand (HART)	HART Wave 3 conducted in 2019
Viet Nam	Viet Nam Ageing Survey	2011, 2019

Source: information compiled by Social Development Division, ESCAP, April 2020. Additional information for Malaysia based on June 2019 workshop report.

The mapping exercise conducted by HelpAge International in the Asia-Pacific region in 2015 found that there was "…considerable variability in the accessibility of ageing surveys across and within countries". Data access tends to be limited to researchers or within the national statistical office, although accessibility is improving. The HRS studies in China, India, Indonesia, and Thailand were found to be comparable, but not the data collected through other ageing surveys in these countries.[33]

4.1 Traditional sources of data

Further to ageing surveys, traditional sources of data should be used for producing statistics on ageing and older persons. These include:

- Population and Housing Censuses (PHC)
- Labour Force Surveys (LFS)
- Household Income and Expenditure Surveys (HIES)
- Time Use Surveys (TUS)
- Demographic and Health Surveys or Multiple Indicator Cluster Surveys (DHS or MICS)

Time-use surveys provide evidence on time-use by men and women of different ages for market work, leisure time and (unpaid) care work. They are helpful to highlight economic contributions through unpaid care work, particularly that of women. A 2020 ESCAP working paper on older men and women as providers and recipients of unpaid care work in Asia and the Pacific showed that for many countries in the region, older persons are net producers of care, which means they produce more unpaid care work than they consume, older women provide much of the care consumed by older persons, and women of all ages produce the majority of unpaid care work.[34]

The table below provides an overview of available household surveys and censuses (as of December 2020) in Asia and the Pacific that provide information on older persons. It shows good coverage for population and housing censuses (green shading indicates conducted in the last five years), which provide valuable information on the socio-demographic situation and living conditions of people of all ages. The DHS and MICS surveys also have good coverage in the region, but these surveys, along with many other standard population-based surveys, currently exclude older people. If a questionnaire module on ageing and older persons became available, these established survey programmes could provide a big step forward in increasing the regular production of ageing and age-disaggregated data.

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[33] HelpAge International and AARP. 2018. Global AgeWatch Insights: The right to health for older people, the right to be counted.

[34] ESCAP (2020). "Older Women and Men as Providers and Recipients of Unpaid Care Work in the Asia-Pacific Region", Social Development Working Papers 2020/2. Available at: https://www.unescap.org/resources/social-development-policy-paper-older-women-and-men-providers-and-recipients-unpaid-care.

Table 9. Availability of relevant household surveys and censuses for producing ageing statistics (as of December 2020)
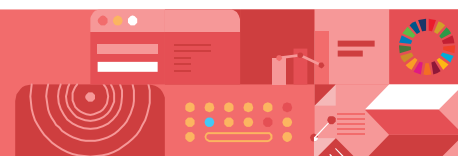
Country	Demographic and Health Surveys or Multiple Indicator Cluster Surveys (DHS or MICS)	Population and Housing Censuses (PHC)	Labour Force Surveys (LFS)	Household Income and Expenditure Surveys (HIES)	Time Use Surveys (TUS)	Ageing Survey
Afghanistan	2015 (2020)			2017		
Armenia	2015-16	2011 (2021)	2018	2017		
Azerbaijan	2006 (2021)	2019	2011			
Bangladesh	2019 (2022)	2011 (2021)	2017	2016-17	2012	
Brunei Darussalam		2011 (2021)	2019			
Bhutan	2010	2017	2012	2000	2007-08	
Cambodia	2014 (2021)	2019	2012	2017	2003-04	2004
China	1995	2020		1988	2008	2012
Cook Islands		2016	2019	2016	1998	
Fiji	2021	2017	2016	2019	1987	
Micronesia, Federated States of		2010 (2021)		2014		
Georgia	2018	2014 (2024)	2020		2020	

Country	Demographic and Health Surveys or Multiple Indicator Cluster Surveys (DHS or MICS)	Population and Housing Censuses (PHC)	Labour Force Surveys (LFS)	Household Income and Expenditure Surveys (HIES)	Time Use Surveys (TUS)	Ageing Survey
India	2015-16 (2019-20)	2011 (2021)	2019	2014-15	1975-2006	2019 (2016-2021)
Indonesia	2017	2020	2019		2005	
Islamic Republic of Iran		2016 (2021)	2018		2009	
Japan		2020			2011	2017
Kazakhstan	2015 (2023)	2009 (2021)	2013			
Korea, Republic of		2020	2019		2014	
Democratic People's Republic of Korea	2017	2019				
Kiribati	2018-19	2015		2019	2001-02	
Kyrgyzstan	2018	2009 (2021)	2018		2010	
Lao PDR	2017	2015			2008	
Maldives	2016-17	2014 (2022)		2016		
Marshall Islands	2007	2011 (2021)		2019		
Malaysia		2020	2011	2009-10	2003	
Mongolia	2018	2020	2019	2016	2011	
Myanmar	2015-16	2014	2019			2012

Country	Demographic and Health Surveys or Multiple Indicator Cluster Surveys (DHS or MICS)	Population and Housing Censuses (PHC)	Labour Force Surveys (LFS)	Household Income and Expenditure Surveys (HIES)	Time Use Surveys (TUS)	Ageing Survey
	(2020)	(2024)				
Nauru	2007 (2020)	2011 (2021)		2013		
Nepal	2016 (2022)	2011 (2021)	2017		2010	
Pakistan	2017-18	2017	2018	1993	2007	
Palau		2015		2014		
Papua New Guinea	2016-18	2011 (2021)		2009-10	1998	
Philippines	2017 (2022)	2020	2019	2012	2000	2018
Samoa	2014 (2019-20)	2016 (2021)	2017	2008	2017	
Singapore		2020				2015
Solomon Islands	2015	2019		2013	1985	
Sri Lanka	2016	2012 (2021)	2018		2016	
Thailand	2015-16 (2022)	2010 (2022)	2019		2015	2019
Tajikistan	2017	2020	2009	2009		
Turkmenistan		2012 (2022)				

Country	Demographic and Health Surveys or Multiple Indicator Cluster Surveys (DHS or MICS)	Population and Housing Censuses (PHC)	Labour Force Surveys (LFS)	Household Income and Expenditure Surveys (HIES)	Time Use Surveys (TUS)	Ageing Survey
Timor-Leste	2016	2015	2016	2011-12	2007	
Tonga	2012 (2019)	2016 (2021)	2018	2020	2018	
Turkey	2018	2011 (2021)	2018	2012	2006	
Tuvalu	2007 (2019-20)	2012 (2022)		2016	2013	
Uzbekistan	2006 (2021)	1989 (2023)				
Vanuatu	2013 (2022)	2020		2010 2019	1999	
Viet Nam	2013-14 (2020-21)	2019	2019	2010-11	2004	2019

Note: Some of the time use surveys are not nationally representative. The age ranges they cover vary; however, older persons are often included.

Sources: DHS Programme (https://www.dhsprogram.com/what-we-do/survey-search.cfm); MICS Surveys (https://mics.unicef.org/surveys); Pacific Community (https://pacificdata.org/data/organization/spc-sdd?tags=demographic-surveys&tags=health-surveys); United Nations 2020 World Population and Housing Census Programme (https://unstats.un.org/unsd/demographic-social/census/censusdates/); ILO Central Data Catalog (https://www.ilo.org/surveyLib/index.php/catalog); and ILO and UNDP. 2018. Time-use surveys and statistics in Asia and the Pacific: A review of challenges and future directions (https://www.ilo.org/wcmsp5/groups/public/---asia-–-ro-bangkok/documents/publication/wcms_630892.pdf).
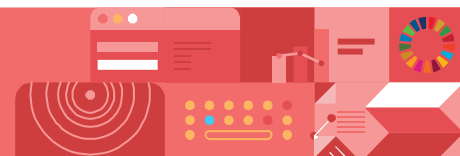
4.2 Other sources of data

Non-government organizations (NGOs) supporting older persons could be a largely untapped source of valuable data. At the ESCAP Workshop to Develop Tools to Measure Active and Inclusive Ageing in Asia and the Pacific in 2019[35] it was noted that these organizations could be used to collect self-reported data on the well-being, including health, of older persons.

International databases can be more efficient than drawing on national estimates, but this is another area where compromises are likely. Many publicly available international databases have estimates produced by expert agencies (e.g. United Nations Population Division, International Labour Organization) that differ from national estimates and may be lagging national sources. On the other hand, national estimates can lack direct comparability to each other or to these international approaches, discouraging the use of mixed sources and resulting in further limiting of data availability.
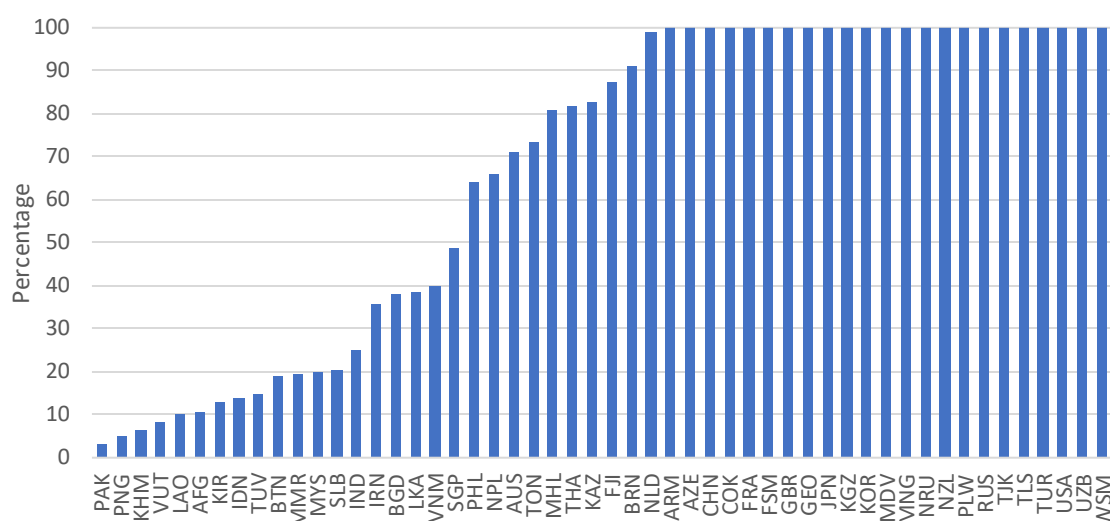
4.3 Availability of SDG indicators

Ageing is clearly a development priority and yet there has been no international or regional high-level commitment that sets out how it should be measured and monitored for effective policy responses. The indicator framework of the Sustainable Development Goals features 8 SDGs and 24 indicators that mention age, or older persons, as a characteristic (see table 2 of this paper). There are several indicators which mention age as a characteristic, but they are not relevant for ageing or older persons, such as SDG Indicator 16.9.1 "Proportion of children under 5 years of age whose births have been registered with a civil authority, by age". Moreover, data collection is often age-capped. Only one indicator refers specifically to older persons (SDG Indicator 1.3.1)

A check of the global database (https://unstats.un.org/sdgs/indicators/database/) reveals that coverage of age disaggregated data is limited for countries in Asia and the Pacific. The values are often based on estimates and refer to recent time periods. Many countries only have only one data point. For an example, see figure 3 regarding SDG indicator 1.3.1.

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[35] Held 28-29 June 2019 in Bangkok. More information can be accessed at: https://www.unescap.org/events/asia-pacific-workshop-developing-tools-measure-inclusive-and-active-population-ageing.

Figure 3. Proportion of population above statutory pensionable age receiving a pension (SDG Indicator 1.3.1), ESCAP member and associate member States, latest available data

Note: For country codes, see: https://unstats.un.org/unsd/tradekb/knowledgebase/country-code

Source: United Nations Global SDG Database (https://unstats.un.org/sdgs/indicators/database/). Accessed 11 August 2020.

Although many indicators mention disaggregation by age, available data often do not show disaggregation by age. However, when data are collected, information on age may exist. Thus, data producers, such as National Statistical Offices, should be encouraged to tabulate age disaggregation whenever possible.
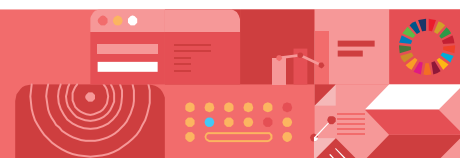
5. Recommended statistical indicators

Statistical indicators are a starting point to focus the production and use of statistics on any issue. When based on international standards and recommended practices, they provide a robust measure that can be used to identify gaps, motivate action, and to track progress over time. Adopting an agreed set of statistical indicators around development issues, such as ageing and older persons, provides a framework for the statistical system and for policymakers to work together on ensuring the needed data are collected, analysed and produced, and that they are made available to those in policy processes.

What is a statistical indicator?

According to Eurostat, "A statistical indicator is the representation of statistical data for a specified time, place or any other relevant characteristic, corrected for at least one dimension (usually size) so as to allow for meaningful comparisons."[36] It is a summary measure of a key issue or phenomenon.

Examples of indicators include total fertility rate – the average number of live births a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality; expressed as live births per woman (from 1.1 in the Republic of Korea to 4.2 in Afghanistan in 2020[37]). Another example is the percentage of older people with a bank account (from 100 per cent in New Zealand to 18 per cent in Afghanistan[38]).

Indicators can be used to show relative performance – compared to another country or to show change over time. On their own, indicators might not be all that meaningful. But when taken together and, especially combined with contextual information and interpretation, they the evidence base for decision making

This paper proposes 76 indicators addressing all MIPAA priority directions and issues. In addition, basic demographic indicators are proposed to measure levels and trends in population ageing. For some of the SDG indicators, modifications are proposed to allow to disaggregate the information by age. These modifications are highlighted in cursive in table 7.

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[36] Eurostat (2014), https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Statistical_indicator
[37] United Nations, Economic and Social Commission for Asia and the Pacific (2020). ESCAP Population Data Sheet 2020. https://www.unescap.org/resources/2020-escap-population-data-sheet
[38] World Bank Data: Account ownership at a financial institution or with a mobile-money-service provider, older adults (% of population ages 25+). https://data.worldbank.org/indicator/FX.OWN.TOTL.OL.ZS.
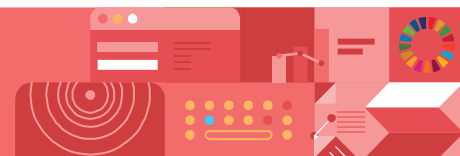
5.2 Recommended indicators for assessing MIPAA implementation in Asia and the Pacific

The proposed indicators to assess MIPAA implementation in Asia and the Pacific is shown in table 10 below. The listing of indicators is based on MIPAA priority directions and issues. In addition, basic demographic indicators are proposed to measure levels and trends in population ageing. The paper also proposes some additional indicators to assess MIPAA implementation and follow up. The majority of the indicators are based on existing SDG indicators, some with modifications to make them more relevant to population ageing. Out of the proposed set of 76 indicators, 23 are direct SDG indicators without modifications, while 19 are modified SDG indicators and 34 are additional indicators to better assess MIPAA implementation.

With MIPAA being almost 20 years old, MIPAA themes do not always map to new and emerging priorities, such as the need to address a wider range of communicable diseases in light of the COVID-19 pandemic, or the vulnerability of older persons to climate change and disasters. Consideration should be given to any gaps that may exist due to structuring the indicators in this way.

This set of indicators is intended to be a starting point for adopting a regional approach to support policymakers to understand the multidimensional aspects of ageing, identify gaps and issues, and monitor priorities and policy responses in Asia and the Pacific. The indicators go beyond rates of ageing and characteristics of ageing populations to also reflect the quality of life of older persons.

They are selected with consideration to data availability or the feasibility to generate data, although a detailed assessment has not been completed at this stage. It is likely that some indicators will not be publicly available. In that sense, the framework is, in part, aspirational, encouraging national statistical offices and systems to analyse existing data sources and produce the indicators most relevant to the issues in this region.

The creation of the list of indicators has been informed by inputs received at two ESCAP expert meetings in 2018 and 20219 entitled "Suggested indicator framework for monitoring progress towards the Asian and Pacific Ministerial Declaration on Population and Development"[41] and "Asia-Pacific Workshop on Developing Tools to Measure Active and Inclusive Ageing"[39].

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[39] Organized by ESCAP, held 28-29 June 2019 in Bangkok. More information can be accessed at: https://www.unescap.org/events/asia-pacific-workshop-developing-tools-measure-inclusive-and-active-population-ageing.

Table 10. Recommended indicators on population ageing for countries in the Asia-Pacific region, including key demographic indicators, SDG indicators and additional indicators by priority direction and issue, according to MIPAA

Key demographic indicators*

1. Total population by sex, age and disability status
2. Total fertility rate
3. Median age
4. Number and Percentage of the population aged 60+, 65+, 80+
5. Life expectancy at birth, by sex
6. Life expectancy at age 60, by sex
7. Healthy life expectancy at birth, by sex
8. Healthy life expectancy at 60, by sex

*DESA, World Population Prospects
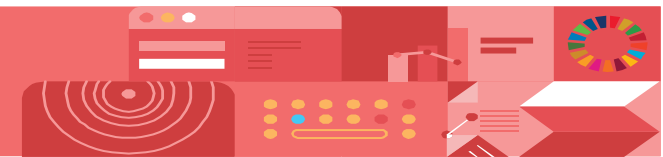
Priority direction, according to MIPAA	Issue, according to MIPAA	Indicator	Sustainable Development Goal (if applicable)	SDG Tier classification (if applicable)	Custodian Agency(ies) and/or Source of data[40]
I. Older persons and development	1. Active participation in society and development	1. Proportion of individuals who own a mobile telephone, by sex *and age*	*SDG 5.b.1*	Tier II	ITU
		2. Proportion of individuals using the Internet *(disaggregated by age)*	*SDG 17.8.1*	Tier I	ITU
		3. Percentage of older persons living alone, by sex	No		DESA, Living arrangements of older persons
		4. Percentage of older persons represented in parliament	No		International Parliamentary Union (IPU)
		5. Proportion of cities with a direct participation structure of civil society in urban planning and management that operate regularly and democratically, *also including older people or their representatives*	*SDG 11.3.2*	Tier II	UN-Habitat
	2. Work and the ageing labour force	1. Average hourly earnings of employees, by sex, age, occupation and persons with disabilities	SDG 8.5.1	Tier II	ILO
		2. Unemployment rate, by sex, age and persons with disabilities	SDG 8.5.2	Tier I	ILO
		3. Proportion of population aged 60+ in employment	No		
		4. Whether a mandatory retirement age is in place or not	No		MIPAA survey 2021 – Q.10.1

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[40] If no custodian agency or source of data are given, data would have to be produced by national statistical offices. These indicators were included in the list of proposed indicators upon recommendations by experts in the "Asia-Pacific Workshop on Developing Tools to Measure Active and Inclusive Ageing", held 28-29 June 2019 in Bangkok.

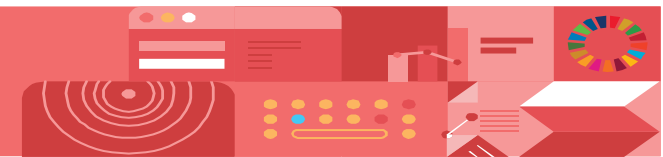|					
		5.	If mandatory retirement age is in place, what is the age	No		MIPAA survey 2021 – Q.10.1
		6.	Average age of withdrawal from the labour market	No		
		7.	Percentage of older persons participating in volunteer activities	No		
	3. Rural development, migration and urbanization	1.	Percentage of the population aged 60 or over living in urban areas	No		
		2.	Proportion of the rural population who live within 2 km of an all-season road, *also distinguishing older persons*	*SDG 9.1.1*	Tier II	World Bank
		3.	Number of older persons in rural areas receiving a pension	No		
	4. Access to knowledge, education and training	1.	Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex*, age and disability status*	*SDG 4.3.1*	Tier II	UNICEF
		2.	Secondary school completion rate, by five-year age group	No		UNESCO Institute for Statistics
		3.	Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex	SDG 4.6.1	Tier II	UNESCO Institute for Statistics
		4.	Percentage of persons aged 55-74 involved in training or education	No		
		5.	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill, *also distinguishing older persons*	*SDG 4.4.1*	Tier II	UNESCO-UIS, ITU
	5. Intergenera-tional solidarity	1.	Countries that have rules, laws and policies supporting giving privileges to older persons (national legislation on	No		MIPAA survey 2021 – Q.3

			older persons/protecting the rights of older persons)			
		2.	Proportion of total government spending on essential services (education, health and social protection)	SDG 1.a.2	Tier II	Under discussion among agencies (ILO, UNESCO-UIS, WHO)
		3.	Whether any public programme, media campaign or other is in place to foster intergenerational solidarity	No		MIPAA Survey 2021 – Q. 3.1.6, Q. 12.2
	6. Eradication of poverty	1.	Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural)	SDG 1.1.1	Tier I	World Bank
		2.	Proportion of population living below the national poverty line, by sex and age	SDG 1.2.1	Tier I	World Bank
		3.	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	SDG 1.2.2	Tier II	National Governments
		4.	Proportion of population living in households with access to basic services, *distinguishing older persons*	*SDG 1.4.1*	Tier I	UN-Habitat
		5.	Proportion of total adult population with secure tenure rights to land, (a) with legally recognized documentation, and (b) who perceive their rights to land as secure, by sex and type of tenure, *also distinguishing older persons*	*SDG 1.4.2*	Tier II	World Bank, UN-Habitat
		6.	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES), *also distinguishing older persons*	*SDG 2.1.2*	Tier I	FAO

	7. Income security, social protection/social security and poverty prevention	1.	Average income of small-scale food producers, by sex and indigenous status, *also distinguishing older persons*	*SDG 2.3.2*	Tier II	FAO
		2.	Active contributors to an old age contributory scheme as a percent of the working age population by sex (%)	No		ILO, Social Protection Dashboards
		3.	Proportion of adults *aged 60+* with an account at a bank or other financial institution or with a mobile-money-service provider	*SDG 8.10.2*	Tier I	World Bank (Original indicator "Proportion of adults aged 15+ …")
			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	*SDG 1.3.1*	Tier II	ILO
		4.	Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities	SDG 10.2.1	Tier II	World Bank
	8. Emergency situations	1.	Number of refugees disaggregated by sex and age	No		UNHCR
		2.	Whether or not existing disaster risk reduction strategies include the specific needs of older persons	No		National disaster risk strategies/ESCAP dashboard
		3.	Number of deaths, missing persons and directly affected persons *aged 60+* attributed to disasters per 100,000 population	*SDG 11.5.1*	Tier I	UNDRR
II. Advancing health and	1. Health promotion and well-being throughout life	1.	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease, *including adults aged ≥ 70 years*	*SDG 3.4.1*	Tier I	WHO

well-being into old age		2. Causes of death, by sex, and age group	No		WHO: Global health estimates: Leading causes of death
		3. Percentage of the population who does not smoke, by sex and age group	No		WHO: Prevalence of current tobacco use prevalence among adults; prevalence of current e-cigarette use among adults, by sex
		4. Percentage of the population engaged in regular physical activity, by sex and age group	No		WHO: Prevalence of insufficient physical activity among adults, by sex
		5. Number of victims of international homicide per 100,000 population, by sex and age	SDG 16.1.1	Tier II	UNODC, WHO
		6. Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	SDG 16.2.2	Tier II	UNODC
	2. Universal and equal access to health-care services	1. Coverage of essential health services	SDG 3.8.1	Tier I	WHO
		2. Percentage of older persons whose care needs are met	No		
		3. Proportion of population with large household expenditures *or income* on health as a share of total household expenditure or income, *also distinguishing households with older persons*	*SDG 3.8.2*	Tier I	WHO, World Bank

		4.	Out-of-pocket expenditure on health as percentage of total health expenditure	No		WHO: Global Health Expenditure Database
		5.	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education	SDG 5.6.2	Tier II	UNFPA
	3. Older persons and HIV/AIDS	1.	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	SDG 3.3.1	Tier I	UNAIDS
	4. Training of care providers and health professionals	1.	Number of universities, colleges, training institutions etc. providing gerontology and geriatric studies	No		MIPAA survey 2021- Q. 19.5
	5. Mental health needs of older persons	1.	Suicide mortality rate, *by sex, age, geographical location, employment status, and disability status*	*SDG 3.4.2*	Tier I	WHO
		2.	Proportion affected by depressive disorders, by sex and age-group	No		
		3.	Availability of funding for dementia national plan	No		WHO: Global Dementia Observatory (GDO)
		4.	Density of residential long-term care facilities (per 100,000 population)	No		WHO, Dementia and social health and care facilities
	6. Older persons and disabilities	1.	Healthy life expectancy at birth (years), by sex	No		WHO: Global health estimates
		2.	Disability Adjusted Life Years (DALYs)	No		WHO: Global health estimates
		3.	Percentage of countries reporting national regulations / legislation to support access to assistive devices	No		MIPAA Survey 2021- Q. 3

|					
III. Ensuring enabling and supporting environments	1. Housing and the living environment	1. Distribution of households by type (one person, couple only, couple with children, single parent with children, extended composed of family members only, extended non-relatives present, member(s) with unknown relationship to household head), by age of household head	No		DESA, Living arrangements of older persons
		2. Percentage of households with at least one member aged 65 years or older	No		DESA, Living arrangements of older persons
		3. 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	SDG 11.7.1	Tier II	UN-Habitat
		4. Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities	SDG 11.2.1	Tier II	UN-Habitat
	2. Care and support for caregivers	1. Proportion of time spent on unpaid domestic and care work, by sex, age and location	SDG 5.4.1	Tier II	UNSD, UN Women
		2. Labour force participation rates, by age group and sex	No		ILO
		3. Existence of financial benefits/social protection for dementia carers	No		WHO: Global Dementia Observatory (GDO)
	3. Neglect, abuse and violence	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	SDG 5.2.1	Tier II	UNICEF, UN Women, UNFPA, WHO, UNODC

		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	SDG 5.2.2	Tier II	UNICEF, UN Women, UNFPA, WHO, UNODC
		3. Proportion of population subjected to (*a*) physical violence, (*b*) psychological violence and (*c*) sexual violence in the previous 12 months *by sex and age*	*SDG 16.1.3*	Tier II	UNODC
		4. Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	SDG 11.7.2	Tier II	UNODC
		5. Proportion of population that feel safe walking alone around the area they live, *including older persons*	*SDG 16.1.4*	Tier II	UNODC
		6. Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	SDG 16.2.2	Tier II	UNODC
	4. Images of ageing	1. Number of older persons associations (OPA) in a country	No		HelpAge International
		2. 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	SDG 10.3.1/16.b.1.	Tier II	OHCHR
		3. Proportion of positions in national and local institutions, including (a) the legislatures; (b) the public service; and (c) the judiciary, compared to national distributions, by sex, age, persons with	*SDG 16.7.1*	Tier I (a)/Tier II (b, c)	IPU, UNDP

			disabilities and population groups, *distinguishing older persons*		
		4.	Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group	SDG 16.7.2	Tier II	UNDP
Implementation and follow-up		1.	Statistical capacity indicator for Sustainable Development Goal monitoring	SDG 17.18.1	Tier II	The IAEG-SDGs is currently reviewing a statistical capacity indicator for 17.18.1.

Note: text in cursive means a modification compared to the original SDG indicator.
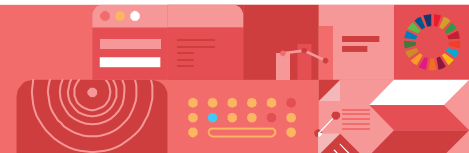
6. Conclusions

A framework with a set of agreed indicators facilitates assessing progress in MIPAA implementation on a regular basis. Moreover, it supports policymaking of countries as well as regional cooperation. An agreed set of indicators also supports national statistical systems to boost capacity for producing, analysing and disseminating age-related data. Currently, available data lack timeliness, comprehensiveness, and comparability, which limits monitoring of progress in MIPAA implementation. Countries therefore lack the evidence base to identify good practices, strengths and areas of further improvement to advance policy development and the mainstreaming of ageing into existing policy frameworks.

Invisible older persons are made visible again through the collection, compilation, analysis and dissemination of age-disaggregated data and information. The regular evidence-based assessment of MIPAA by member States and stakeholders through a framework of mostly SDG-based indicators will ensure that no older persons is left behind. This is particularly important as member States accelerate the implementation of the 2030 Agenda for Sustainable Development during the Decade of Action.

The Fourth Regional Review and Appraisal of MIPAA in Asia and the Pacific provides an opportunity to agree on a set of indicators for a regular and structured assessment of MIPAA implementation. With indicators in place as targets for producing relevant data, the United Nations system could better support capacity development for measurement, monitoring and research on ageing as well as policymaking. The Decade of Healthy Ageing 2020-2030 and ongoing efforts to support SDG monitoring and reporting provide impetus for increasing work on ageing and age-disaggregated data.

This paper will inform the Fourth Regional Review and Appraisal of MIPAA in Asia and the Pacific, scheduled for 29 June to 1 July 2022.

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