



<https://www.stakeholdergrouponageing.org/>

Jack Kupferman jkupferman@aol.com
Carole Agengo carole.agengo@helpage.org

May 2025

Position paper for HLPF 2025

Advancing sustainable, inclusive, science- and evidence-based solutions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals for leaving no one behind’.

Summary

1. No older person can be left behind for the 2025 HLPF theme to be meaningful. It’s time to harness the resources, contributions and talents of older persons, while assuring their rights and basic needs.
2. **SDG3:** Prevention and treatment of non-communicable diseases at all ages is necessary to ensure healthy longevity, together with post-menopausal care for older women. Poor health conditions for older women living and working in rural/marginalized communities are linked to inadequate cooking equipment, farming, and carrying water. Vaccines at all ages are vital for sustained health. Strategies linking other SDGs (SDG1, SDG5, SDG6, and SDG8) improve the likelihood of success.
3. **SDG5:** Nearly 27% of women today are over 50. Cumulative effects of gender-based discriminations over the life course can lead to poverty, ill health, disability, violence and exclusion of older women. Most do not have health insurance and pensions due to lower and interrupted labour force participation, unpaid caregiving, part-time, precarious and informal work and the gender pay gap. Policies meaningfully to impact older women include strengthening age and gender inclusive data collection and reporting mechanisms together with programmes based on principles of equal value and equal rights. Barriers to older women’s rights to decent work, social protection, health, education and housing must be lifted. Violence against older women must be recognised and stopped. Older women, including those with disabilities, must publicly lead and promote age and gender-equitable and universally accessible humanitarian and gender-sensitive climate change policies, plans and programmes.

4. **SDG8:** Older adults represent continuous increases in informal and formal labour force participation. Those aged 65 and over will reach nearly 17% of the global population by 2050. They must be integrated now into national and international labour and social protection strategies, according to decent work principles, with their vital economic contributions recognised. Strategies ensuring economic independence in older age, underpinned by income and pension systems to reinforce older peoples' agency and contributions, reduce poverty risks. Older workers must receive fair wages, adequate social protection, and safe and adaptable working conditions
5. **SDG17:** Partnerships to mobilizing financing as well as the collection and best use of disaggregated age- inclusive data underpins the promise of 'societies for all of all ages'. Intergovernmental collaboration such as the Titchfield Group for Population Ageing spotlight best practices toward success. Implementation of Social Protection Floors in all countries with technical and financial, national and global partnerships to deliver health and income in old age, is essential, as is investment in age-friendly infrastructure supporting ageing populations in all countries.

SDG3: Ensure healthy lives and promote well-being for all at all ages

With less than six years to go to 2030, the achievement of SDG3 is off-track. According to the World Health Organization (WHO), none of its 32 health-related indicators have been met.¹

Attention is needed to healthy life expectancy as populations age. The coronavirus pandemic (COVID-19) affected healthy life expectancy (HALE) statistics, which dropped from 63.5 years in 2019 to 61.9 years in 2021. Nevertheless, population ageing is a significant trend in the world, with birth rates falling in many countries and longevity increasing, especially that of older women. Globally it is projected that by 2030, older people will outnumber young people and will be double the number of children under five years. By 2050, 2.1 billion people will be aged 60 years and older, with 80% living in low- and middle-income countries (LMIC).

Unfortunately, longer lives do not necessarily mean people live in good health. The WHO defines healthy ageing as "the process of developing and maintaining the functional ability that enables well-being in older age". Population ageing has major impacts on all aspects of society, requiring a 'whole-life-course' and multi-sectoral approach within the context of the social determinants of health. To achieve SDG 3 and its targets, it is imperative to address the intersecting concerns of older persons - including access to work, housing, and education - and to ensure enabling environments for ageing populations, such as age-inclusive infrastructure in villages, towns, and cities.

In relation to SDG target 3.4 on non-communicable diseases (NCDs), it is important to note the multiple ways they impact the health of older people. NCDs dominated the list of the top ten causes of death in 2021, with ischaemic heart disease responsible for 13% of all

deaths. Greater improvements will be required as populations age in “stronger prevention policies, early detection programmes and improved access to essential healthcare services”². Attention and investment must be given to conditions and requirements for caring that particularly affect older persons, including Alzheimer’s and other dementias, osteoporosis and arthritis, hearing and sight loss, cancer, stroke, and hypertension.

In relation to universal health coverage (target 3.8) in 2024 less than half (431 million) of the target of 1 billion people benefited from universal health coverage. Two billion individuals faced financial hardship because of healthcare costs in 2019. It can be assumed that those figures include a significant proportion of those aged 60 and above. Universal health coverage (UHC) is not available to millions of older people, particularly in remote or marginalized communities. In general, out-of-pocket expenditures on health are a heavy burden on older people, who do not receive social security in many parts of the world. Simple and widely available painkillers such as Paracetamol are too expensive, let alone the cost of transport to a health clinic and payment of medicines.

SDG target 3.b commits governments and data providers to ‘support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries’³. While there have been improvements in terms of older age much more still needs to be done for both. For example, research on a new Respiratory Syncytial Virus (RSV) vaccination programme does not include measuring risk of those aged 80 or older. As populations age, both research and data collection should include people throughout the life course, with particular emphasis on involving – rather than excluding - older cohorts. All data should be disaggregated by age, sex, and other relevant characteristics, as required.

SDG target 3.7 provides for universal access to sexual and reproductive health-care services. Although older people may no longer have a need for family planning, they may still have a need for sexual and reproductive health services. Older women may be suffering from prolapse or post-menopausal health issues. Reproductive and sexual cancers may require treatment at any age, as well as other infections, and should be available as needed, regardless of age.

Conclusions and the way forward

A wider and integrated SDG approach is required for successful implementation of Goal 3 across the life course. Improving the health of older people requires action in the achievement of other SDGs. The social protection floor (target 3 goal 1), if implemented properly in all countries, would ensure access to health for older people, as well as a basic level of income. In order to live healthy lives, as for all other cohorts, older people should have access to clean water and sanitation and hygiene. They should be able to afford and access adequate, nutritious food, have the means to prepare it safely, and live in suitable and habitable dwellings with proper ventilation for cooking. They must not be exposed to poor air quality and environmental pollution. Affordable and accessible transport systems and decent roads should allow people as they age to seek appropriate health services, as

required. Supportive physical and social environments also enable people to do what is important to them, despite losses in capacity. The availability of safe and accessible public buildings and transport, and places that are easy to walk around, are examples of supportive environments. Health services should be affordable, appropriate, and age-friendly in communities at all levels to ensure that no one is left behind.

In developing a public-health response to ageing, it is important not just to consider individual and environmental approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth. WHO has developed comprehensive guidance for age-inclusive and appropriate approaches to health policy making⁴. Many Member States are trying to address issues related to the health and well-being of ageing populations. Countries such as Malta and Singapore, where one in four citizens is over the age of 65, have action plans and programmes aimed at enabling older people to age well. Malta has a Commissioner for Older Persons, who has the duty 'to inter alia promote the highest standards of health, education, leisure, recreational facilities and social services for older persons in line with the relative approved standards and to ensure that all measures are taken by the relevant authorities to prevent and address poverty and social exclusion and any related issues among older persons'⁵.

SDG5: Achieve Gender Equality and Empower all Women and Girls

Key issues affecting older women include being included, counted in, being visible, being participants in policy formulation and having their civil and economic rights promoted and protected. As nearly 27% of women globally aged 50 and above - including 54% of those aged 60+ and 61% of those 80+ -these are pressing concerns. For despite these significant numbers, older women continue to face compounded discrimination due to both ageism and sexism. The cumulative effects of lifelong gender-based discrimination often result in poverty, chronic health conditions, disability, violence, and social exclusion in later years. Most older women lack adequate health insurance and pensions due to interrupted careers, unpaid caregiving responsibilities, precarious employment, and the persistent gender pay gap. These structural disadvantages demand comprehensive and age-inclusive social protection systems and policies that recognize and address the cumulative nature of gender and age discrimination.

An analysis by HelpAge International of 7,231 gender equality projects in the OECD database found only 16 included any reference to older women.⁶ These projects received just US\$7.8 million out of a total global spend of 5.7 billion dollars. Gender equality projects hold tremendous potential to lift women out of poverty and promote opportunities, yet like many of the structures designed to aid those in need, they are failing to reach older women.

In relation to human rights and the legal framework, the gap between the existence of legal rights and the effective enjoyment by older women derives from a lack of commitment by governments to include, promote and protect them. Additionally, governments and other stakeholders have failed to fully deliver on these rights. The lack of appropriate recourse mechanisms and inadequate resources at national and international levels compound the

problem. Age is not one of the forms of discrimination that is explicitly mentioned in the CEDAW. General Recommendation no. 27 on the rights of older women, adopted by the UN General Assembly in 2010, is non-binding, as is the UN adopted Political Declaration and Madrid International Plan of Action on Ageing (MIPAA) in 2002.

Violence, abuse and neglect are rampant but often overlooked. Because domestic violence (DV) prevalence surveys routinely fail to include subjects over the age of 49, they present misleading findings that suggest older women are not subjected to violence by intimate partners or family members. DV prevalence researchers focusing on older women demonstrate that it is as high as 38% in some EU countries. Some countries have developed methodologies for estimating older women's life course rates of violence, which are found to exceed 20%. Older women are forced to live with trauma when the violence they experience throughout their lives is unacknowledged and/or dismissed as negligible or of little consequence. Armed conflict, as well as conditions created by natural disasters and poor economic conditions, may result in forced migration, which comprises significant numbers of older women, among the most vulnerable groups of displaced persons. Studies by HelpAge International and other international aid organizations document that sexual and physical violence against older women, as well as forced homelessness, poverty, and hunger, can and does result from displacement and conflict.

Older women tend to have high levels of illness and disability, spending 25% more of their lives in poor health, suffering from dementia, arthritis, diabetes, and post-menopausal conditions such as osteoporosis. Healthcare systems must ensure universal access to age-appropriate care, including preventive services and chronic disease management. HIV prevention and support services must be available to women of all ages, particularly given older women's caregiving roles for affected family members and their children.

Target 5.4 is to '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'⁷. Older women, including grandparents, disproportionately shoulder unpaid caregiving responsibilities, often at the expense of their financial security and well-being. Across the world, older women face financial and health disparities. Many older women have lower lifetime earnings due to wage gaps, unpaid caregiving responsibilities, and limited access to pensions. They often experience greater health inequities, including inadequate access to healthcare and higher rates of chronic illness.

Recognising older care givers should be a priority in all countries. An example is in Indonesia, where Ayasan Sahaja Dharma Sejahtera was established in 2023 to assist older persons, starting with a pilot in Bali, to live "well, healthy and happy". The project, now known as the Sahaja Model, has two main foci: hands on caring and training in caregiving. Healthcare literacy is a key focus in the training with an emphasis on sharing information for volunteers and villagers to share with the younger generations, and to recognize and honour the work of family caregivers.

The need and desire to work does not end at an arbitrary age, yet older women face significant barriers to obtain employment and decent work. This is why much of their work, essential for family survival, goes unacknowledged and is invisible in the statistics.

Traditional dependency ratios which emphasize the dependency of the old on the young fail to reflect reality. This is why economic policies must remove age-based barriers to employment, ensure equal access for older people to training and loans, and recognize the economic contributions of older women, especially their unpaid care work.

Conclusions and the way forward

Data collection remains integral to evidence-based and rights-focused policymaking. It must be age-inclusive and reflect diversity among older persons. Inadequate data on women beyond age 49 compound the denial of older women's rights. Despite the provisions of Goal 17 target 17.18 disaggregated data by age, gender, and disability beyond age 49 is not routinely collected or available.

Statistics and data collection that are disaggregated by age, gender, and disability over the life course will facilitate decision-making for legislation, policies, and programmes, and also highlight and help to address cumulative discriminatory practices and disadvantages faced by older women. A life-course approach recognizes intergenerational solidarity for improving the lives and dignity of women of all ages, everywhere, and views older women not as burdens on the state but as rights holders for age-inclusive policy planning and service delivery.

Member States must ensure, in the context of Beijing +30, that the equal rights of all women and girls across the life course align with the principles and standards of international human rights treaties and states parties obligations. Older women must be better protected by legislation and public policies aligned with human rights principles and standards, and which have a life-course perspective, are age-inclusive, tackle ageism, and address older women's rights and needs.

Well-being, thriving economies, and sustainable development that protect people and the planet require the full involvement and attention of women of all ages, protection of their rights and agency, and active participation in society. It is imperative to start drafting an internationally binding instrument protecting the rights of older people, as agreed in HRC resolution 58/13, and specifically emphasize the human rights of older women.

SDG8: Decent Work and Economic Growth

Goal 8 is about promoting inclusive and sustainable economic growth, employment and decent work for all. Target 8.5 reads 'By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value'.

Underpinning all targets of SDG8 is the concept of 'decent work'. According to the HLPF website 'Decent work means opportunities for everyone to get work that is productive and delivers a fair income, and is secure. A continued lack of decent work opportunities, insufficient investments and under-consumption leads to an erosion of the basic social contract underlying democratic societies: that all must share in progress.'

Population ageing is arguably the key trend determining opportunities for older people to engage in decent formal and informal employment. All countries and regions are affected. It is important therefore to move forward with intergenerational solutions to build cohesion and solidarity between population groups, balancing investment on youth with that of inclusion and support for older populations.

To make progress on SDG8 targets as the world ages, investment is needed in upskilling, reskilling, and lifelong learning and promoting employability for all workers of all ages, as well as programmes for persons with disabilities and for those in marginalized communities.

The global workforce is ageing due to demographic realities, lower youth entry, and changing retirement trends. Globally, 150 million jobs will shift to workers over the age of 55 by the next decade, necessitating better integration and intergenerational workplaces. Positive responses to workforce changes include retaining and recruiting for age, reskilling older workers, adopting flexible arrangements, and respecting their unique strengths. Member States and the business sector must need to invest in and recognise the importance of a “longevity economy” to increase economic growth and decent work for all across the life course.

Over 60% of workers of all ages are in the informal economy, engaged in farming, the care economy, and small enterprises. Older women encounter unique challenges in informal work and in farming. Nearly 27% of women are aged 50 and over today and have essential, economic roles in family support and caregiving. Age- and gender-responsive policies are needed in line with ILO Convention 102 and Recommendation 202, ensuring that digitally mediated forms of labour are included.

It is also important for older workers that the formalization of informal work is pursued in accordance with ILO Recommendation 204, and that there is investment in the care economy as a critical component of the digital transition, ensuring decent work protections for all and accessibility of care services. Age discrimination in gender policies is exacerbated by intersectional discrimination, cumulative disadvantage and other barriers. UN Women reports that ‘older women with disabilities also often experience discrimination and human rights violations due to the combined effect of ageism and ableism’.

Conclusions and the way forward

A key element in achieving the SDG8 targets is the urgent establishment of social protection floors for all, supported by adequate financing and digital systems. These systems must include verifiable measures to ensure coverage of undocumented populations in both rural and heavily urbanised contexts.

Priorities for progress are:

1. Ensure older women and men, and those with disabilities, are empowered to publicly lead and promote age- and gender-equitable and universally accessible workplace policies and programmes. They must be participants in the design and recognised as resources for and key implementers of local national and global efforts to realise SDG8 targets.

2. Support and encourage people in later life to participate actively in a quickly changing environment by for example building skills in digital technologies, and to support their integration into all age-inclusive workplaces to contribute to the local national and global economy.
3. Ensure economies and opportunities for decent work always include improving access for older persons (both current and future generations of older persons).
4. Identify and address age-based discrimination in access to social protection and employment - in the formal and informal sectors – through targeted legislation.
5. Member States, along with the educational and business sectors, must ensure that training, financial support, and other measures for climate change and conflict mitigation and adaptation explicitly include older women and men, as well as persons with disabilities. It is not sufficient to avoid discrimination; active inclusion must be a requirement.
6. Ensure all targets for measurement of SDG8 are age-inclusive and age-sensitive, with no age cut offs.

SDG14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

While rising sea levels and extreme weather disproportionately affect older coastal residents, and there are constraints for them to engage in long-term sustainability efforts, older adults also face unique challenges in engaging with ocean conservation and sustainable marine development. Barriers faced by older adults include the focus of ocean sustainability initiatives on younger generations, leaving older adults with fewer structured opportunities to contribute. Additionally, many conservation activities, such as coastal restoration and marine research, require high levels of physical mobility and activity, which can be challenging for some older adults. Furthermore, older people with limited financial resources cannot afford the costs to support conservation efforts or participate in eco-friendly practices. International marine conservation volunteer programmes, for example, are often prohibitively expensive to those on fixed incomes.

Nevertheless, some organizations are working to address challenges related to Target 14.2 by integrating older adults into conservation efforts. In the U.S., older volunteers in the U.S. National Marine Sanctuary System Volunteer Program play a significant role in protecting and studying marine sanctuaries. Many retirees contribute their time to conservation efforts, including marine debris removal and whale monitoring in places like the Hawaiian Islands Humpback Whale National Marine Sanctuary.

On Mallorca, Marins Majors (Senior Marines), a social volunteer programme designed for retired persons aged 65 or over, was launched in 2023 by the Palma Aquarium Foundation and “la Caixa” Foundation. It aims to contribute to the conservation of marine biodiversity. This project arose due to the need to identify innovative ways of integrating older adults into society and to offer them significant opportunities for participation. Activities range

from the daily tasks related to the conservation projects to environmental dissemination workshops and events. The Marins Majors volunteer programme is a unique opportunity for older adults to remain active and socially connected and is beneficial for emotional and physical wellbeing.

SDG17: Strengthen the means of implementation and revitalize the global partnership for sustainable development"

The recent report issued by the Titchfield City Group on Ageing Statistics "Improving the visibility of older persons in global statistic: Review of ageing-related statistics in the global sustainable development goals indicator framework"⁸ directly addresses the challenges of implementing SDG17 regarding leveraging age-disaggregated data to properly inform policy and programme efforts.

Ageism, in many forms, not only fosters discrimination but also leads to the ongoing unavailability of reliable data on older populations. This, in turn, impairs the development of policies that could otherwise better support this demographic. More comprehensive data disaggregated by at least 5-year cohorts across the life course is urgently needed to keep pace with population ageing trends, particularly in relation to data on poverty, income security, health and care, violence, employment and humanitarian responses.

Age-disaggregated data remains unavailable for many SDG indicators. Many National Statistical Offices (NSOs) recognise the need to improve the availability and comparability of data on older persons, but challenges persist.

According to the Titchfield report there are five essential takeaway messages helpful for all National Statistical Office as follows:

1. Leverage diverse data sources: Expanding the use of administrative registers and census data can fill critical gaps and provide more detailed insights into older populations.
2. Standardise data collection: Harmonising definitions and methodologies across countries is essential for consistent, reliable, and comparable age-disaggregated data.
3. Revise and enhance surveys: Modifying existing sample surveys will ensure that older age groups are accurately represented, capturing a fuller spectrum of their needs and experiences.
4. Invest in national statistical systems: Increased financial and technical support is crucial for strengthening the infrastructure needed to produce high-quality, disaggregated data.
5. Foster global collaboration: International partnerships and mutual learning will enhance data comparability and accessibility, supporting inclusive SDG implementation.

Additionally, there are important policy priorities for ageing where data gaps may be most prominent:

Health and care

The rapid pace of population ageing is transforming our societies and economies, leading to increased demand on health and care systems. This policy priority includes medical care for both mental and physical health, as well as social care provided at home or in institutions. Providing adequate and accessible health and social care services for all is essential for implementing the 2030 Agenda, as it will improve both physical and mental health across societies, contributing to sustainable human development. Additionally, the shift in global disease patterns from communicable to non-communicable diseases further emphasises the need for better data availability to inform health and social care policies.

Financial security

Understanding the financial situation and employment status of older persons is crucial, especially as most people experience decreasing opportunities to work and diminishing financial resources in older age. This priority covers aspects such as pension entitlements, employment opportunities, and asset ownership. Retirement is a significant life event that impacts the economic situation of older persons. In many low- and middle-income countries, older individuals, particularly women, often continue working beyond retirement age in the informal sector or agriculture, primarily out of necessity due to relatively immature pension systems (4, 5, 6). Addressing these financial challenges is key to ensuring economic security for older populations.

Violence, abuse and safety

Violence, abuse, and safety was identified as a key theme driven by policy needs and includes financial and material exploitation, as well as physical, emotional, and psychological abuse and neglect. These issues are exacerbated by societal attitudes and ageism, which contribute to the marginalisation and vulnerability of older persons.

Across the globe, significant numbers of older persons face discrimination, poverty, violence, and abuse that not only violate their human rights but also limit their potential contributions to the economy and society. Ageism plays a role in perpetuating these injustices, often framing older persons as a vulnerable and burdensome group, rather than acknowledging their value and rights.

In some regions, reported levels of abuse are similar for older men and women, while in others, older women are disproportionately at risk of violence, abandonment, and property seizures. These disparities are partly due to the lack of age-disaggregated data on violence against older women and other data collection challenges, which obscure the full scope of the problem. Greater attention is needed to address violence against older women in both private and public spheres, whether in homes, communities, or care settings, as well as harmful practices such as witchcraft accusations, which continue to endanger the safety of older women.

Additionally, older persons are disproportionately affected by disasters and conflicts, facing heightened risks of violence, as well as threats to their health, income security, and autonomy. These factors compound the challenges they face, limiting their ability to participate meaningfully in society and threatening their overall safety and well-being.

Concluding remarks: Participation, visibility, and enabling environment

Participation involves engaging as a full member of society in both formal and informal sectors, including reducing social isolation through virtual connections. It encompasses opportunities in the community, the formal labour market as well as voluntary informal activities. Lifelong learning and reskilling opportunities are particularly important for enabling older persons' participation in society and maintaining their economic activities. Participation in learning new skills and technologies, such as the internet and mobile devices, can help older persons remain independent as they age. Evidence suggests that low investment in such participation programmes increases inequalities and barriers to participation (7).

The 2030 Agenda encourages governments to invest more programmes to reach the furthest behind. For older persons this includes in community learning centres, which could address employment-related activities such as reskilling for older workers, alongside issues related to health, elder care, financial and legal planning for retirement and inheritance management, and the benefits of technology to enhance social connectedness and participation.

The 2030 Agenda emphasises the inclusion of all persons of all ages, as it pledges to leave no one behind. Creating an enabling environment for all ages by providing affordable housing, accessible public spaces, and transportation for older persons to stay independent and participate in community life is critical in implementing the 2030 Agenda. An enabling environment fosters health, financial security, and the participation of older persons in later life. The enabling environment includes age-friendly cities and communities, as well as other aspects that empower older persons, and was added to the IAEG-SDG's minimum disaggregation set to emphasise the role of supportive and barrier-free living environments for older persons. This encompasses streets, parks, and buildings, transportation systems (physical environment), attitudes and the reduction of ageism and discrimination (social environment), as well as social and political systems and policies (institutional environment).

References

¹ World Health Organization. 2025. *Health in the 2030 Agenda for Sustainable Development, Report by the Director-General*. A78/7 Rev 1. Geneva.

² WHO, A78/7 Rev 1. Para 16

³ https://sdgs.un.org/goals/goal3#targets_and_indicators

⁴ <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

⁵ Office of the Commissioner for Older Persons. *Annual Report 2021*. Malta. p.6

⁶ HelpAge International. *Investing in equality: Addressing the funding gap for older women*. London. p.20

⁷ https://sdgs.un.org/goals/goal5#targets_and_indicators

⁸

<https://unstats.un.org/unsd/methodology/citygroups/2487%20Improving%20the%20Visibility%20of%20Older%20Persons%20in%20Global%20Statistics%20-%20Summary%20Report%20v1-0.pdf>