



## GLOBAL MEASUREMENT UPDATE

### Recommendations for Standardized Age Disaggregation

Improving equity in maternal, newborn, and child health, nutrition, voluntary family planning, and reproductive health (MNCHN/FP/RH) requires a better understanding of who is or is not benefiting from health programs. Data are needed to identify these gaps. Current age groupings used to record and report health data vary greatly, hindering the harmonization, comparability, and usefulness of data within and across countries. The Sustainable Development Goal agenda calls for increased availability of age-disaggregated data. The use of standardized age groupings for health data at national and subnational levels will improve monitoring and analysis of health trends, highlighting gaps in coverage of equitable, high-quality services for specific groups.<sup>1</sup> A group of global health experts from the World Health Organization (WHO), UNICEF, and various partners recently published recommendations in [The Lancet Healthy Longevity](#).<sup>1</sup>

### WHAT ARE THE RECOMMENDED AGE-DISAGGREGATION GROUPINGS AND WHAT IS THE VALUE OF USING THEM?

The new recommendations account for biological and physiological changes occurring over the life course, common societal factors, age-specific patterns of morbidity and mortality, and opportunities for prevention and treatment interventions. Recommended age groupings are in 5-year intervals except for the period from birth to 5 years, which requires finer disaggregation because of rapid developmental changes that occur during this period (see Table 1).

Disease burdens change across the life course. Analyzing health data by standardized groupings allows for more comprehensive data interpretation. Currently, different age cut-offs are used to monitor different health conditions, making it difficult for national systems to understand their burden of disease or pinpoint what age groups may require specific focus. Use of the recommended age groupings will improve health statistics' coherence and help data users, such as ministries of health and civil society, analyze and interpret data in a more age-sensitive manner for program planning, monitoring, and advocacy. This standardization can also contribute to strengthened efforts of national, regional, and global partners to predict and respond to emerging threats and thus build health resilience.

**TABLE 1. RECOMMENDED AGE-DISAGGREGATED GROUPINGS BY LIFE STAGE**

| Life Stage            | Age Grouping  |
|-----------------------|---|
| Early neonates        | 0 – 6 days  |
| Late neonates         | 7 – 27 days   |
| Post-neonatal infants | 28 – 364 days   |
| Young children        | 1 – 4 years   |
| Older children        | 5 – 9 years   |
| Young adolescents     | 10 – 14 years   |
| Older adolescents     | 15 – 19 years   |
| Young adults          | 20 – 24 years   |
| Adults                | 25 – 59 years*  |
| Older adults          | 60 – 99 years*<br>plus category for people 100+ years |

*\*grouped in 5-year intervals*

## WHEN AND HOW SHOULD THE GROUPINGS BE USED?

Data should be analyzed, reported, and visualized by the recommended age-disaggregation groupings in all health care planning and delivery. This is particularly important when reporting on multiple diseases simultaneously, comparing health indicators across countries, or examining disease burdens during life stages where developmental and societal changes influence health outcomes, such as during adolescence. Analyses using these groupings can help identify health access equity gaps and plan for improved service delivery. They can also contribute to data usability and comparability within and across countries and over time. These groupings can be used in population-based surveys, civil registration and vital statistics systems, school health surveys, and routine health information and disease surveillance systems. Additionally, sex disaggregation of health data by these age groups helps track gender-specific progress and disparities in equity, morbidity, and mortality.

### MORE INFORMATION

Full details on the recommendations and when the disaggregations should be used are available at:

[https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568\(21\)00115-X/fulltext](https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(21)00115-X/fulltext)

[MOMENTUM age groupings](#)

While collecting exact age and using these age groupings in data analysis improves health program monitoring and planning, there are circumstances when using either broader or more refined disaggregation groupings might be more appropriate and justified. These include:

- Contexts where documenting exact age might restrict access to services. For example, the minimum legal age of marriage is 18 years in many countries, influencing younger unmarried adolescents' access to voluntary FP services. In such contexts, it may be more appropriate to ask the client's age within a 5-year age range rather than their exact age to avoid potentially marginalizing younger clients.
- Situations where social and legal programs do not align with the age cutoffs. For example, access to social benefits can influence health outcomes and behaviors; access often changes at the legal age of adulthood, which varies across countries. Finer age groupings would help monitor the effects of social benefits.
- Research activities with methodological or statistical limitations to data collection and analysis that affect stratification by the age groups. Population-based health surveys might require large sample sizes to have sufficient precision for data analyses of 5-year age groups. The larger sample sizes may not be feasible. It may be more appropriate to analyze data in wider ranges for certain age groups.

### Reference

Diaz, Theresa et al. 2021. A call for standardised age-disaggregated health data. *The Lancet Healthy Longevity*, 2(7) e436–e443.  
[https://doi.org/10.1016/S2666-7568\(21\)00115-X](https://doi.org/10.1016/S2666-7568(21)00115-X).

Program implementers should weigh the importance of providing equitable access to services against the practical implications for collecting age-specific data. In general, **health program implementers, evaluators, and researchers** could use these age disaggregation standards to design, analyze, and report the monitoring and evaluation of health programs. Standardized age groupings will also help **civil society and advocates** use data for health systems accountability to different subpopulations.

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