TURNING PROMISES INTO ACTION:

GENDER EQUALITY IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Errata as of 16 April 2018

The following is the list of errors in the original print version of *Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development*.

The first paragraph on P. 56 should now read:

At the regional level, Europe and Northern America and Latin America and the Caribbean have the greatest coverage, with both regions reporting 30 per cent of the data needed for global monitoring of gender-specific indicators available; Oceania has the least amount at 13 per cent (see Figure 2.3).

The third paragraph of P. 56 should now read:

The timeliness and frequency of data are even bigger issues. Only 23 per cent of the data available for gender-specific indicators are from 2010 or later. Oceania is the region with the least amount of timely gender data, as only 8 per cent are from 2010 or later (see Figure 2.3). Globally, only 16 per cent of the gender-specific indicators with data have information for two or more points in time, allowing for trend analysis. This suggests that many of the gender-specific indicators rely on data collection mechanisms that were ad hoc or one-off exercises and not integrated into national statistical plans and strategies.

The Figure 2.3 title (top of P. 57) should now read:

AVAILABILITY OF DATA FOR THE 54 GENDER-SPECIFIC INDICATORS, BY COUNTRY, REGION AND GLOBALLY, 2000-2016

The first new paragraph on P.135 should read:

There are many challenges, however, to operationalizing a methodological approach that captures the intersection of different forms of discrimination. Data limitations are one (see Chapter 2), and identifying which forms of discrimination are relevant in each context is another. Wealth and income-based discrimination (or class-based discrimination) are understood to be relevant across countries, but other forms of discrimination are more context-specific. Figure 4.1 illustrates some of the most pervasive forms of discrimination found across societies. When these intersect with gender-based discrimination (which, as Chapter 3 shows, is pervasive across countries), they produce potent forms of

disadvantage that are difficult to overcome. For a robust statistical methodology to analyze how different dimensions of social inequality interact with each other, see Sen, Iyer and Mukherjee 2009. This methodology has contributed significantly to our analysis of intersectionality.

The section titled Multivariate Regressions Used in Chapter 4 on P. 260 should read:

Chapter 4 draws on household survey data to identify the furthest behind. The motivation for this analysis is to illustrate how, across societies, there exist marginalized groups of women and girls whose life chances are diminished across a host of different dimensions. In addition to the descriptive statistics presented in the chapter, logit regressions were performed to test the significance of differences between groups. This portion of the analysis builds on methods developed by Sen, Iyer and Mukherjee 2009 and Sen and Iyer 2012. Summary tables of these results are available upon request. Where relevant, the results from differences in means (test of significance) are discussed in footnotes throughout the chapter."

Endnote 15 (for Chapter 4) on p317 should read:

Sen and Iyer 2012. The study found striking similarities between non-poor women and poor men in key health outcomes, including rates of non-treatment when ill, treatment discontinuation and treatment continuation, and the amounts they spent for treatment when ill.

A new entry should be added to the reference list on P.331:

Sen, G., A. Iyer and C. Mukherjee. 2009. "A Methodology to Analyse the Intersections of Social Inequalities in Health." *Journal of Human Development and Capabilities* 10 (3): 397-415.

Change from 2011 to 2012 in the following entry in the reference list on P.334:

Sen, G. and A. Iyer. 2012. "Who Gains, Who Loses and How: Leveraging Gender and Class Intersections to Secure Health Entitlements." *Social Science & Medicine* 74 (11): 1802–1811.

Annex 2 (PP. 266-301) should list the following countries as collecting and reporting data for certain indicators.

- Bahrain: 5.b.1
- Burundi: 5.b.1
- Central African Republic: 5.2.1
- China, Hong Kong SAR: 3.7.2, 4.2.2, 5.4.1, 5.5.1, 8.5.2
- Czech Republic: 1.3.1, 3.1.1, 3.1.2, 3.7.1, 4.3.1, 5.2.1, 5.5.1, 8.5.2
- Egypt: 5.b.1
- Indonesia: 5.b.1
- Islamic Republic of Iran: 5.b.1

- Malaysia: 5.b.1
- Micronesia: 3.7.1
- Morocco: 5.b.1
- Oman: 5.b.1
- Republic of Korea: 5.b.1
- State of Palestine: 5.b.1, 8.3.1
- Thailand: 5.b.1
- United Kingdom: Indicators 1.3.1, 3.1.1, 3.7.2, 4.2.2, 4.3.1, 5.4.1, 5.5.1, 8.5.2
- United States: Indicators 3.1.1, 3.1.2, 3.7.1, 3.7.2, 4.2.2, 5.4.1, 5.5.1, 8.5.2