



# Bearing the brunt

*The impact of COVID-19 on older people in Africa – insights from 2020*

**HelpAge**

**International**



**Acknowledgements** Funding support for this report was provided by UNFPA. Thanks also go to HelpAge country office colleagues in Ethiopia and Kenya and to our Network Member, MANEPO, in Malawi for facilitating country case studies, and to regional office colleagues in Nairobi, for sourcing secondary data and evidence.

The views expressed in this publication are those of the authors, and do not necessarily represent the views of UNFPA, the United Nations or any of its affiliated organisations.

**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

## Bearing the brunt

*The impact of COVID-19 on older people in Africa – insights from 2020*

Published by HelpAge International  
PO Box 70156, London WC1A 9GB, UK

Tel +44 (0)20 7278 7778

info@helpage.org

**www.helpage.org**

Registered charity no. 288180

Written by Camilla Williamson, Rachel Albone, Georgina Veitch, Florian Juergens, Flavia Galvani, Janet Duffield, Aleksandr Mihnovits, Jemma Stovell, Bridget Sleep and Aidan Timlin / HelpAge International

Edited by Angela Burton

Design by TRUE [www.truedesign.co.uk](http://www.truedesign.co.uk)

Front cover photo: Teresa Nyegiery in Mangateen IDP camp, Juba.  
Peter Caton/Age International



@HelpAge



HelpAge International

Copyright © HelpAge International 2021

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License,  
<https://creativecommons.org/licenses/by-nc/4.0>

Any parts of this publication may be reproduced without permission for non-profit and educational purposes.  
Please clearly credit HelpAge International and send us a copy or link.

ISBN 978-1-910743-82-9



# Contents

- 4 Executive summary**
- 7 Introduction**
- 9 Methodology**
- 12 Context**
- 12 Health system preparedness in sub-Saharan Africa
- 13 International and national responses
- 15 Economic impacts of COVID-19
- 16 Older populations in the region**
- 17 Official data collection on older people during the COVID-19 pandemic**
- 17 Public health surveillance and civil registration and vital statistics systems
- 18 Data collection by National Statistical Offices and UN agencies
- 18 Secondary data
- 19 Recommendations
- 20 The impact of COVID-19 on older people**
- 20 Health and care**
- 21 COVID-19 in older people with a disability or underlying health conditions
- 23 Access to information
- 23 Access to health services and support
- 28 Impact on older people's mental health and psychosocial wellbeing
- 28 Recommendations
- 29 Violence, abuse, and neglect**
- 29 Evidence and data on violence, abuse, and neglect of older people during the pandemic
- 29 Older people that are most at risk
- 30 Changes in risk factors during the pandemic
- 30 Older people's help-seeking behaviour
- 31 Adequacy, relevance and coverage of violence, abuse, and neglect support services
- 34 Recommendations
- 35 Income security and social protection**
- 35 Impact of COVID-19 on older people's income security
- 37 Social protection responses to COVID-19
- 39 Recommendations
- 40 Older people in humanitarian and conflict settings**
- 40 Increased risks in humanitarian and conflict settings
- 40 The impact of COVID-19 on older people in humanitarian and conflict settings
- 42 Recommendations
- 43 Voice, dignity, and rights**
- 43 Access to information
- 44 Older people's voices not being heard
- 45 Discriminatory age-based public health measures
- 45 Denial of rights
- 46 Ageism and stigma
- 47 Recommendations
- 48 Conclusion**
- 49 Annexes**
- 49 Annex 1: Country governments with humanitarian and socio-economic response plans in Africa
- 50 Annex 2: Inclusion of older people in COVID-19 surveys by UN agencies and National Statistical Offices
- 51 Annex 3: COVID-19 surveys – collected data relevant to older people
- 53 Endnotes**

# Executive summary

In little over a year, COVID-19 has reshaped our world and presented extraordinary challenges to countries globally. By the end of 2020, over 79.2 million cases of COVID-19 had been reported, and total recorded deaths had reached 1.7 million. It is clear that older people are among the groups most at risk of serious illness and death from COVID-19. But the indirect effects of COVID-19 – and responses to it – also present critical challenges for older people and affect their wellbeing, dignity, and rights.

HelpAge and UNFPA are working to expose the impacts of COVID-19 on older people. As part of a Memorandum of Understanding between the organisations signed in 2020, HelpAge has, with funding from UNFPA, worked to gather evidence on how COVID-19 affects older people.

This report presents an overview of emerging insights from research in different settings. The findings and recommendations are intended to inform HelpAge, UNFPA and other actors' efforts to ensure that the response and recovery effort is fully inclusive of older people and that they are able to meaningfully participate as we work to build forward better.

The report presents research undertaken on the impact of COVID-19 on older people in the Africa region, with a focus on sub-Saharan Africa. It presents the context and responses to the pandemic in the region, and outlines findings across key thematic areas, including official COVID-19 data in the region; health and care; violence, abuse, and neglect; income and social protection; older people in humanitarian and conflict settings; and voice, dignity, and rights. In some places, evidence and data relate to different regional definitions, reflecting differences in the regional boundaries used by different actors. Where this is the case, the name of the region used is given and the source referenced.



## Key findings

### Official data

Despite the disproportionate risk that COVID-19 poses to older people, data and evidence on the impact of COVID-19 on older women and men are available only for a few countries or are anecdotal. The brief review undertaken for this report on the availability and adequacy of official data on older people to inform COVID-19 response and recovery efforts in 23 low-income African countries demonstrates these gaps. While all 23 countries reviewed publish data on the total number of COVID-19 cases and deaths, publicly available sex- and age-disaggregated case and fatality data is only available for six and two countries respectively.

### Health and care

Age-disaggregated data from five countries in the region supports the assumption that older people's health and wellbeing are disproportionately at risk. In five of the region's countries the highest death rates are seen in the oldest age groups. And over the course of the pandemic, evidence has emerged globally to demonstrate the risks of severe illness and death for those with underlying health conditions. At the time of writing, data is not being collected on the impact of COVID-19 on older people with underlying conditions, older people with disabilities, and on individuals' mental and psychological health, though previous experience of the mental health impacts of pandemics in sub-Saharan Africa point to the need for concerted effort to support older people. The pandemic highlights the importance of health system strengthening and achieving age-inclusive Universal Health Coverage (UHC).

### Violence, abuse, and neglect

Data on Violence, Abuse, and Neglect (VAN) of older people during the COVID-19 pandemic is extremely limited. Restrictive measures introduced by many countries in the Africa region in response to COVID-19 have created conditions likely to increase risk of violence, abuse, and neglect of older people, particularly those who were already experiencing such treatment before the pandemic. The inability of older people to escape their abuser during the pandemic has created more opportunities for the perpetration of violence, abuse, and neglect. Ageism, pervasive before the onset of the crisis, has been exacerbated during COVID-19, while the pandemic may have further created challenges for older survivors seeking help.

### Income security and social protection

The income, livelihoods and poverty of all age groups have been severely impacted by COVID-19, but the multiple risk factors and disadvantages that accumulate over the life course mean some groups of older people will face heightened challenges in recovering from the pandemic. The World Bank estimates that COVID-19 will push 26 to 40 million more people in sub-Saharan Africa into extreme poverty. While there are positive examples of African countries responding to the crisis with social protection interventions specifically for older people, these responses nevertheless fall significantly short of meeting the needs of poor and vulnerable populations post-pandemic.

### Older people in humanitarian and conflict settings

A range of factors place people in humanitarian and conflict settings at increased risk from COVID-19. In Somalia, health services in the country's camps have been scaled back, and in the Democratic Republic of the Congo, immunisation has declined significantly, heightening the risk of outbreaks of preventable illnesses. HelpAge COVID-19 RNA-OPs highlight the widespread food and income security experienced by older people because of the pandemic, as well as the inadequacy of support provided by humanitarian agencies and governments. In Ethiopia, 73 per cent of older women and men and older people with disabilities reported not having enough food. Protection risks and violence, abuse, and neglect were concerns reported by older people in many settings, alongside high levels of anxiety.

### Voice, dignity, and rights

Responses to the COVID-19 pandemic have had a significant impact on the voice, dignity, and rights of older people, exposing and exacerbating existing challenges older people face and giving rise to new ones. A key concern is the extent to which older people have access to information and guidance on COVID-19 and response measures, and about their rights and entitlements in the context of the pandemic. Lockdowns and other restrictions on movement and gatherings have impacted older people's access to convening spaces and their ability to engage in voice-related activity. Some governments across the region have introduced discriminatory age-based public health measures to restrict the movement of older people at different stages of the pandemic. For example, in South Africa, older people were required to stay at home while the rest of the population came out of national lockdown.

## Conclusion and overall recommendations

COVID-19 has starkly exposed the inadequacy of systems at local, national, and international level to meet the needs and uphold the rights of older people, and to effectively promote their resilience and support them during crises. The pandemic has shone a light on the quality, coverage, adequacy, and flexibility of systems and highlighted their failures in many places. It has also exposed and exacerbated deep rooted ageism in our societies. Our consultations with older people and the HelpAge Network during 2020 draw attention to the critical need for public health emergency response and recovery measures that respect the rights, voice and dignity of older people.

COVID-19 is a clarion call. We need radical change if people of all ages are to be able to contribute to and share in the gains of recovery, ensuring no one is left behind. The pandemic illustrates the importance of financing and implementing the Sustainable Development Goals to build resilient and equitable systems and societies for everyone, including older people. This is essential to ensuring we all recover successfully from COVID-19, build forward better, and are prepared for the future in an ageing world.



Peter Caton/Age International

**Governments, international partners, and other actors must:**

- **Focus on data systems** at local, regional, and international levels, to ensure they are ageing-inclusive. Each stakeholder must independently assess its ability to successfully produce vital information on older people during the pandemic, and jointly – with other stakeholders – commit to improving the conceptualisation, collection, analysis, reporting, and public dissemination of timely data, disaggregated by age, sex and disability.
- **Conduct research and data analysis** to understand the short- and long-term health impacts of COVID-19 for older people, and to provide an evidence base to inform efforts towards health systems strengthening and the achievement of truly age-inclusive UHC.
- **Collect, analyse and use data on violence, abuse, and neglect of older people** to inform prevention and response measures. An agreed and comprehensive framework and guidance on data collection on VAN of older people should be developed to ensure cross comparable and high-quality data.
- **Use the momentum generated by COVID-19 to invest in and achieve universal social protection**, including universal pension coverage and the inclusion of older women and men in income and employment generating efforts, as a crucial mechanism to mitigate the impacts of the crisis on people's wellbeing and poverty, and to enable an inclusive and speedy economic recovery.
- **Provide leadership and proactively recognise and respond to the rights and needs of older people in emergencies.** Humanitarian actors and governments should use globally accepted Humanitarian Inclusion Standards to design response efforts that are inclusive of older people, including those with a disability.<sup>1</sup>
- **Call for and adopt a UN convention on the rights of older persons** which would provide a definitive, universal position that age discrimination is morally and legally unacceptable, clarify how human rights apply in older age and guide governments on how to meet their responsibilities to uphold those rights.



KwaWazee

## Introduction

In little over a year, COVID-19 has reshaped our world, presenting extraordinary challenges to countries globally. By the end of 2020, over 79.2 million cases of COVID-19 had been reported worldwide, with total recorded deaths numbering 1.7 million.<sup>2</sup> No region is free from the virus and though considerable variation has been experienced over time and place, the pandemic continues to threaten the health and wellbeing of people of all ages around the world.

**COVID-19 presents extraordinary challenges for all countries.** Governments in every region face the task of stemming the spread of the virus while addressing the far-reaching social and economic impacts of the pandemic and preparing for vaccination procurement, prioritisation and roll-out. In many countries, ongoing humanitarian situations are exacerbated by the virus, exposing highly vulnerable people to further risks.

**The evidence is clear that older people are among the groups most at risk of serious illness and death from COVID-19.** Data from China following the initial few months of the outbreak in Wuhan showed the risks of serious illness and death from COVID-19 for people in older age, with a fatality rate of close to 15 per cent in people aged 80 and over, compared with an overall rate of 2.3 per cent across the population.<sup>3</sup> Where it is available, data from all regions of the world have supported this early finding.

**The indirect effects of COVID-19, and responses to it, also present critical challenges for older people.** Across the world, older people's health and wellbeing, their income and food security, and their equal enjoyment of human rights are being threatened. This is especially true for those who have experienced a lifetime of poverty, exclusion, and inequality, the accumulated impact of which places them at higher risk from the direct and indirect effects of COVID-19. The pandemic and responses to it are also limiting the extent to which older people's voices are being heard and restricting the considerable contributions they can make to our global response and recovery.

**Yet, despite the impact of the pandemic on older people globally, older women and men remain chronically invisible in efforts to monitor the effects of COVID-19.**<sup>4</sup> Older age groups are excluded from COVID-19 official data systems or are not visible within them. Even where data on older age groups is collected, disaggregated data is often not reported or made publicly available. Broader attempts to understand the ways in which the pandemic is impacting upon older age groups, meanwhile, including by collecting evidence on older people's own experiences during COVID-19, are limited and fragmented.<sup>5</sup> These gaps threaten the extent to which older people's needs and rights are addressed in response and recovery efforts, and prevent older people and those working with them from holding power holders to account.

**HelpAge and UNFPA are working together to highlight the impact of COVID-19 on older people.** As part of a Memorandum of Understanding between the organisations signed in 2020, HelpAge has, with funding support from UNFPA, been working to draw together evidence on how COVID-19 is affecting older people, both directly and indirectly.

**This report presents an overview of emerging insights on the impact of COVID-19 on older people from low- and middle-income countries<sup>6</sup> during 2020.**<sup>7</sup>

It builds on reports on emerging insights into the impact of COVID-19 on older people in Sub-Saharan Africa (SSA)<sup>8</sup> which were informed by light-touch evidence reviews carried out at regional levels across key thematic areas related to older people during November and December 2020. As the report is not based on systematic country and regional level reviews, the absence of evidence in some areas does not necessarily mean data or evidence is not available, but rather that it was not identified in the review carried out. This also means that the report is not able to offer comparisons between settings, countries and regions. Rather, the report aims to draw together insights from the secondary data identified, alongside evidence and anecdotal insights from HelpAge's work. In doing so, it brings attention to some of the ways in which older people are affected by the pandemic, and to highlight gaps and raise questions.

**The project involved research at country, regional and global levels.** At country level, case studies on older people's experience of health and care, and of violence, abuse and neglect during the COVID-19 pandemic have been gathered in six countries in sub-Saharan Africa (SSA), Eurasia and the Middle East (EME) regions,<sup>9</sup> and the Asia region. At regional level, research focused on secondary data and emerging evidence, with a focus on countries where HelpAge has country offices and/or network member presence. A synthesis report draws together findings from the Africa and EME research whilst also drawing upon monitoring reports on the impact of COVID-19 in Asia, produced by HelpAge's Asia Pacific Regional Office with funding from UNFPA, and from insights emerging from the Latin America and Caribbean (LAC) region.

**This report outlines insights emerging in the Africa region, with a focus on sub-Saharan Africa.** It begins by outlining the context and responses to the pandemic in the region, and presents findings across key thematic areas, including official COVID-19 data in the region; health and care; violence, abuse, and neglect; income and social protection; older people in humanitarian and conflict settings; and voice, dignity, and rights. The report does not attempt to provide a comprehensive overview of the impact of COVID-19 across the sub-region and the findings should in no way be interpreted as being representative of the sub-region as a whole nor all countries within it. Rather, the report seeks to highlight emerging impacts of the pandemic on older people in different countries and settings, based upon where evidence has been found.

**The findings and recommendations are intended to inform HelpAge, UNFPA and other actors' efforts to ensure our response and recovery is fully inclusive of older people.** We call on all actors to ensure that older people's needs are met, that their rights are upheld and that they can participate equally as we work together to build forward better.



Fernand Mugisha/HelpAge International

# Methodology

**This report presents research undertaken on the impact of COVID-19 on older people in the Africa region, with a focus on sub-Saharan Africa.**

However, in some places, evidence and data relate to different regional definitions, reflecting differences in the regional boundaries used by different actors, including Middle East and Northern Africa (MENA). Where this is the case, the name of the region used is given and the source referenced.

**At country level, case studies on health and care have been produced in Ethiopia and Kenya and a case study on violence, abuse, and neglect, including gender-based violence against older women and men, has been produced in Malawi.** The case studies have been informed by secondary data and evidence reviews and key informant interviews with older people and service providers. In Kenya and Ethiopia, focus group discussions with older people were held. This primary research has been light-touch and is intended to provide insight into the experiences of older people and ensure their perspectives are included in the research project rather than provide nationally representative data on older people's situation generally. Country selection was based on HelpAge and network member presence and capacity within countries, the scale of COVID-19 outbreaks in those settings, and government response measures in place. The inclusion of Ethiopia was also intended to capture the experiences of older people in a conflict-related displacement setting.

**At regional level, the Africa report has been informed by light-touch data and evidence reviews on key thematic areas of concern for older people.** The review was carried out at regional level rather than being systematically applied country-by-country. Thematic areas, and key issues within each, were set out in search terms in the research framework and were applied using Google Search. They included the impact of COVID-19 on older people regarding health and care; violence, abuse, and neglect; income security; voice, dignity, and rights; gender and disability inclusion; protection; and intergenerational cohesion and solidarity. Search terms related to key contextual factors were also applied, including COVID-19 disease situation and disease management; government responses; and the broad economic, social, and political trends associated with COVID-19. The data and evidence identified through these searches at regional level was supplemented by information identified by HelpAge country offices and network members within countries.

Research materials included the following:

- **Information from the HelpAge Network (staff, network members, partners)** including COVID-19 Rapid Needs Assessments of Older People (RNA-OPs); thematic surveys undertaken during the pandemic; and internal policy and/or situation trackers.
- **Published studies:** academic, UN or international non-governmental organisations' (INGO) studies, surveys, policy briefs etc on the situation of older people in 2020; think-tank and consultancy studies and assessments etc; surveys of situation analyses that include older people; projections, statistical modelling or visioning documents.
- **Government documents:** policy, planning/ implementation documents; announcements in response to COVID-19; responses from National Statistical Offices; budget information; analysis of government data etc.
- **Media:** tracking, think pieces, traditional media, social media, journals, including reports of the situation of older people and ageing from reliable media sources at national, regional, and global level; information from HelpAge's age discrimination and ageism tracker.
- **Key additional data sources:** including UNFPA's COVID-19 population vulnerability dashboard.

**The findings in this report are structured according to the research framework, reflecting where information and evidence emerged.** Throughout each section, evidence of the impacts of COVID-19 on older people is drawn out wherever possible. Where data is limited or unavailable, this is highlighted and the possible implications of the current situation for older people are discussed.

**The report also assesses the resilience of National Statistical Offices (NSOs) and their partners, including relevant ministries and UN agencies, to collect and disseminate population-related data during the pandemic, and the adequacy of that data to support COVID-19 response and recovery for older women and men.** Again, this review is not exhaustive but rather focuses on a limited number of health and social indicators drawn from the public domain and on low- and lower-middle income countries in Africa. The review highlights some of the key knowledge gaps and barriers to production of timely and detailed data on older women and men in development and humanitarian contexts during the pandemic.

**The report contains key recommendations for each thematic area.**

## Limitations: gaps in data availability and quality

Despite the risk that COVID-19 disproportionately poses to older people, data and evidence on the impact of COVID-19 on older people is limited in the region and globally. While this was anticipated, and though the research framework sought to address the issue by being as broad as possible and considering a wide range of information across multiple themes, the limited data and evidence generated at regional and global level presented a challenge. Even where older people have been included in data-collection efforts, data and analysis is often not disaggregated by age, sex or disability, or made publicly available. This gap further hinders our understanding and knowledge of the impact of COVID-19 on this age group and limits the extent to which response and recovery efforts can include older people.

**The brief review of the availability and adequacy of official data on older people to inform COVID-19 response and recovery efforts across 23 low-income African countries (see the Official data collection section starting on page 17) demonstrates these challenges and gaps.** All 23 countries publish data on the total number of COVID-19 cases and deaths, but of these, only three-quarters publish sex-disaggregated case data and only one-fifth publishes sex-disaggregated mortality data. Publicly available sex- and age-disaggregated case data is available for only six countries, and fatality data is only available for two countries. Examination and analysis of national reporting of mortality and case data by disability was not possible with the time and resources available.

In addition, few countries have conducted surveys on the socio-economic impact of the pandemic on the population, and where these had been conducted, only six surveys included older people as respondents (though even here, the country summary reports did not include ageing-specific analysis). The ability to maximise use of existing datasets, including production of statistics on populations of interest, depends on the openness of those datasets. Microdata is available for all World Bank completed surveys, and it covers areas such as health and income security.<sup>10</sup> However, at the time of writing, data is not being collected on the impact of COVID-19 on older people with underlying conditions, disabilities, and on individuals' mental and psychological health. Critically, the secondary data which is being used to understand at-risk population groups and the capacity of national systems such as health services to respond to the pandemic is not fit-for-purpose as it was collected pre-COVID-19.



Ben Small/HelpAge International

**These data challenges were reflected in the availability of data and evidence on the impact of COVID-19 on older people across thematic areas studied.**

### Health

**In addition to few countries routinely reporting case and mortality data disaggregated by age, sex and disability, data on the links between specific health conditions and COVID-19 mortality is only available for very few countries or is anecdotal.** Equally, little data is yet available on the impacts of COVID-19 on older people's health. The true health impacts of the pandemic will be shown by excess deaths and increases in prevalence of other health conditions, yet such data is currently only available for a limited number of countries worldwide.<sup>11</sup>

**While evidence is starting to emerge of the disruption to health services caused by the pandemic, this is rarely systematically collected and is often not available at the country level.** Information that does exist is solely focused on changes to service provision and has not interrogated the impacts these changes are having for individual and community-level health.

### Violence, abuse, and neglect

**Despite the importance of understanding how and why pandemics such as COVID-19 may result in an increase in violence, abuse and neglect of older women and men, little evidence is available.** Key gaps include data on risk factors; how service availability for older survivors is affected; how older women's and men's access to such services and help-seeking from formal and informal sources is affected; and what new short- and medium-term needs are arising. This data is critical to designing evidence-based policy and programmes that respond to older women's and men's needs, reduce risks, and mitigate adverse effects during and after the pandemic. It can also provide important insights to inform the development of tailored strategies and interventions that may be particularly effective in preventing violence, abuse and neglect during future emergencies and public health crises.

## Income

**Older people are often invisible in assessments of the damage to jobs and labour income by COVID-19.**

The pandemic's impact on work and employment is a key driver of increased poverty but older people's work is often not captured in statistics. While International Labour Standards refer to a working-age population of all persons aged 15 and above, assessments sometimes exclude older people by setting upper age limits.

When reports on the loss of jobs and labour income from COVID-19 focus on formal employment and unemployment, they also ignore older people's work, which is mainly in the informal sector.

**A key limitation in assessing the impact of COVID-19 on poverty among older women and men is the reliance on household surveys.** In low- and middle-income countries, income and poverty estimates rely mainly on survey data collected at household level, and such approaches are currently being used to estimate the impact of the pandemic. While household surveys can be insightful, especially in the absence of other data, methodological assumptions, and diversity of living arrangements of older people across Africa, mean that analyses of household survey data may underestimate poverty in older age.

## Social protection

**The number of older people who benefitted from social protection during COVID-19 is not known.** With the global expansion of social protection in response to COVID-19, programme trackers such as the 'living paper' by the World Bank provide valuable details on the cost,<sup>12</sup> timeframe, target group and benefits provided. However, they do not include information on the age of recipients. The nature of the intervention (for instance, an increase of pension benefits) sometimes implies the age of the recipients but that is not always the case, and only 30 of the 724 social assistance measures recorded globally relate directly to social pensions. Without the age profile of recipients, researchers have only a partial picture of older people's inclusion in the social protection policy response. Furthermore, most reporting focuses on policy announcements and there is limited information on the actual implementation of schemes and the extent to which older people and persons with disabilities are receiving income support during COVID-19.

## Voice, dignity, and rights

**There is extremely limited data and analysis on the extent to which older people's rights have been denied during the pandemic, and evidence of the extent to which older people's voices are being heard.** In this context, information included in the report has come primarily from media articles and efforts made by HelpAge, its network members and partners. However, the emerging impact of COVID-19 on older people across other thematic areas covered by this report re-emphasises the duty of governments to ensure older people's rights.

**Finally, not enough information was found on intergenerational activity and solidarity in relation to COVID-19 to include in this report.** The implications of COVID-19 on intergenerational relations, including how COVID-19 affects how societies think, feel and act in relation to ageing and older people, are important areas of future research. While examples of positive interaction and intergenerational exchange have emerged during COVID-19 in many contexts, anecdotal information and media articles also suggest worrying signs of intergenerational conflict during pandemic. This highlights the need to better understand and take action to sustain and promote intergenerational solidarity as we work to build back better, including by building consensus on a life-course approach to the social contract between the governments and citizens of all ages.

## Humanitarian contexts and crises

**Throughout the report, the results of HelpAge COVID-19 Rapid Needs Assessments of Older People (RNA-OPs) are drawn upon.** These were conducted between May and August 2020 to understand the needs of older people in a cross-section of low- and middle-income countries, including in both development and humanitarian settings. In Africa, HelpAge and local partners conducted RNA-OPs in Ethiopia, Mozambique, Kenya, Rwanda, South Sudan, Tanzania, Uganda, and Zimbabwe. In total 2,107 older people over the age of 50 were interviewed, including 144 in Borena and 120 in Gambella, Ethiopia; 623 in Mozambique; 170 in Kenya; 248 in Rwanda; 261 in South Sudan; 308 in Tanzania; 136 in Uganda; and 97 in Zimbabwe. The small sample sizes should be taken into consideration when interpreting the findings, recognising that they are not representative of the needs of older people within each setting. Rather they provide a snapshot of the needs of older people interviewed which, once triangulated with other findings, can be used to signal potential trends within this population group. Further methodological limitations are included within each RNA-OP.



## Context

By 20 November 2020, the Africa Centre for Disease Control (CDC) had recorded 2,043,062 cases of COVID-19 in the region and 49,099 deaths,<sup>13</sup> though WHO data to the same date show lower case numbers (1,446,041) but higher mortality (32,538) indicating that all data is subject to variations in reporting practices between countries.<sup>14</sup>

The relatively low number of infections and deaths recorded in the region has raised questions as to whether they represent a slow progression of the pandemic, a lower case fatality rate, or a lack of testing or reliable data.<sup>15</sup> There has, however, been no significant increase in pneumonias or other unexplained mortality recorded, perhaps indicating the effectiveness of responses in the region.<sup>16</sup> Community transmission has been reported in 48 of 49 countries in Africa, with only Mauritius, reporting sporadic cases.<sup>17</sup> South Africa has seen the largest outbreak in the region, with 787,702 recorded cases and 21,477 deaths as of 30 November 2020.<sup>18</sup>

### Health system preparedness in sub-Saharan Africa

Resilience is low and health systems are often weak in sub-Saharan Africa.<sup>19</sup> Low access to testing, poor sanitation, limited medical capacities and difficulties in applying sanitary and physical distancing measures are all a challenge in the region. Access to both physicians and hospitals is limited. In countries such as Ethiopia and Malawi, medical doctors are fewer than one per 10,000 population, and hospital beds are fewer than one per 1,000 population; and in these countries, intensive care unit (ICU) beds are typically one per 100,000 population or lower.<sup>20</sup> Other countries in the region appear better prepared, with South Africa having 9.1 doctors per 10,000 population and 2.8 beds per 1,000, and Zambia, 11.9 doctors per 10,000 population and two beds per 1,000 population.<sup>21</sup> South Africa has, however, experienced the largest outbreak of COVID-19 in the region.

Despite predictions, many African countries appear to have mounted effective responses to COVID-19, with most preventing an uncontrolled outbreak so far.<sup>22</sup> While there is, as yet, no definitive answer for why this has been the case, there are a number of potential contributing factors, including the region's relatively young population, less risk linked to travel, lower disease burdens from non-communicable diseases, and potentially greater immunity linked to other infectious diseases.<sup>23, 24</sup>

The experience and expertise gained from other infectious disease outbreaks and epidemics, including Ebola Virus Disease (EVD) and HIV, may have informed strategies to combat COVID-19.<sup>25</sup> Pre-existing emergency plans on public health interventions, community engagement programmes and the deployment of healthcare workers with emergency medical expertise have formed part of a rapid response to COVID-19 outbreaks.<sup>26</sup> Senegal has been praised for its early response to COVID-19, drawing on experience from responding to EVD. After the first six months of the pandemic, the country was out of 36 on Foreign Policy's COVID-19 Global Response Index,<sup>27</sup> which looks at how national leaders are responding to the pandemic.<sup>28</sup> While cases remain comparatively low, Senegal has been seeing rising cases and deaths since December 2020, and increased public dissatisfaction with the measures being implemented by government in response.<sup>29</sup>

## International and national responses

### UN call for action

The UN Africa policy brief in May 2020 called for governments' responses to support Africa's health systems, and equitable access to vaccines and treatments once they were developed;<sup>30</sup> economic measures to protect livelihoods, including in the informal sector; safeguards for food access for the most vulnerable, including older people, and to keep agriculture functioning; and maintaining peace and security. Across these areas, the UN highlighted the need to ensure the inclusion and participation of women, alongside respect for human rights, to ensure that vulnerable groups, including older people, are not discriminated against and that their needs are met. It underlined the need for a global response package amounting to at least 10 per cent of the world's gross domestic product.<sup>31</sup> By September 2020, the UN predicted that indirect consequences of COVID-19 in Africa were likely to include food insecurity, loss of incomes and livelihoods, a debt crisis, and political and security risks,<sup>32</sup> adding further urgency to its call for government action.



Kwa Wazee

### Government policy responses

Country responses in Africa have for the most part been structured according to the main pillars of the UN response and include health preparedness and responses plans, socio-economic response plans, and humanitarian response plans (countries adopting the latter two pillars are set out in Annex 1). Three countries, Côte d'Ivoire, Guinea, and Malawi, were also added to the 'at-risk and to watch' list which warranted continuous attention due to the evolution of the pandemic, vulnerabilities linked to the demographic and economic profile of the country, and capacities of national institutions to address the health and socio-economic impact of the crisis. In Tanzania, the government took a different approach, promoting natural remedies to reduce transmission, reflecting its president's open scepticism about the virus. It has not published details of its coronavirus cases since May 2020. In June 2020, the government declared Tanzania to be 'COVID-19 free', and the government has refused to purchase vaccines.<sup>33</sup>

### National-level measures

According to the COVID-19 Government Measures Dataset provided by the Assessment Capacities Project (ACAPS, an independent humanitarian information provider),<sup>34</sup> sourced from governments, media, the UN, and other organisations, the following five categories of measures were adopted by country governments across Africa in response to the pandemic: social distancing, movement restrictions, public health measures, social and economic measures, and lockdowns. The spread and types of measures adopted by countries is summarised in Table 1 on the next page.

By the end of March 2020, internal movement and foreign travel restrictions and/or border closures were introduced in 44 African countries, while 11 countries had declared a National State of Emergency.<sup>35</sup> Almost all African countries (92 per cent) deployed economic measures and some form of partial lockdown but only 16 per cent introduced full lockdown measures. Public health and social distancing measures were more variable across countries, though all countries restricted public gatherings and almost all (91 per cent) introduced isolation and quarantine policies. Around two-thirds adopted testing policies.

**Table 1: Number and percentage of African countries adopting COVID-19 restriction measures**

Category	Measure	Number of countries	Percentage of countries*
<b>Governance and socio-economic measures</b> (51 countries)	Emergency administrative structures activated or established	37	73
	Military deployment	15	29
	Economic measures	47	92
	State of emergency declared	32	63
	Limit product imports/exports	5: Angola, Kenya, Morocco, Somalia, Uganda	10
<b>Humanitarian exemption</b> (5 countries)	Humanitarian exemption	5: Angola, Burundi, Kenya, Mozambique, South Sudan	10
<b>Lockdowns</b> (37 countries)	Partial	36	97
	Full	6**	16
	Lockdown of refugee/IDP camps or other minorities	3: Angola, Chad, Kenya	8
<b>Movement restrictions</b> (54 countries)	Border checks	9	17
	Additional health docs/requirements upon arrival	34	63
	Border closure/complete border closure	45	83
	Domestic travel restrictions	44	81
	Curfews	40	74
	International flights suspension	49	91
<b>Public health measures</b> (53 countries)	Awareness campaigns	32	60
	Isolation and quarantine policies	48	91
	Requirement to wear protective gear in public	40	75
	Strengthening the public health system	45	85
	Amendments to funeral and burial regulations	20	38
	General recommendations	41	77
	Health screenings in airports and border crossings	46	87
	Mass population testing	10	19
	Testing policy	36	68
	Psychological	8***	15
<b>Social distancing</b> (53 countries)	Changes in prison related policies	24	45
	School closures	51	96
	Limits on public gatherings	53	100
	Closure of businesses and public services	51	96

\* Deploying this category of measure

\*\* Algeria, Angola, Kenya, Liberia, Madagascar, South Africa.

\*\*\* Cameroon, Eswatini, Kenya, Liberia, Mozambique, Namibia, South Africa, Tunisia

## Health preparedness and response plans

Under WHO's leadership, the 'Joint Regional Partners' Preparedness and Response Plan to support countries in East and Southern Africa for COVID-19' was developed and endorsed by all UN agencies engaged in the COVID-19 response. The International Office of Migration (IOM) was assigned as the lead agency for operations at points of entry/exit (PoE) to ensure that health screening, infection prevention and control (IPC) and risk mitigation measurements were functioning in all countries. A Regional Strategic Preparedness and Response Plan for COVID-19 is now in place for East Africa and the Horn of Africa.<sup>36</sup>

**By July 2020, 245 social and economic measures had been implemented across Africa.** Measures implemented included social safety nets such as tax relief and cash transfers; improved access to essential services such as reduced mobile money charges, utility bill freezes, distribution of food and/or water; income protections such as regulations to prevent worker dismissals, and financial support to agriculture and tourism sectors; and gender focused policies such as cash transfers to women's protection programmes. In August 2020, the COVID-19 Action Fund for Africa was launched to raise up to US \$100 million to supply personal protective equipment (PPE) to community health workers in 24 African countries for approximately one year. The World Food Programme (WFP) also committed to provide donated freight and logistics worth more than US\$ 1 million. Given the paucity of age-disaggregated data, as discussed above, it has not been possible to assess how far these measures have affected different age groups, including older people.



Foundation Moje

## Economic impacts of COVID-19

**The global recession and national lockdowns have taken a toll on African economies.** In October 2020 the World Bank estimated a median decline in 2020 growth across sub-Saharan Africa of 5.4 per cent, compared to 6.9 per cent in the Middle East and North Africa. This would push sub-Saharan Africa into its first recession in 25 years.

**There are considerable differences between countries.** Malawi, Mozambique, and Burundi have a decline in economic growth smaller than three percentage points. Angola, Ghana, Nigeria, and Senegal show declines in line with the region's (October 2020) median of 5.4. South Africa's growth, however, is projected to decline by eight percentage points and countries that are highly dependent on commodity revenues or tourism are expected to experience a decline in growth of more than 10 percentage points, including Cabo Verde, Mauritius, the Republic of Congo, Zimbabwe, Botswana, the Seychelles, and South Sudan.<sup>37</sup> As a result of the crisis, the International Labour Organisation (ILO) estimates a decline in working hours equivalent to 45 million full-time jobs in the second quarter of 2020 in the Africa.<sup>38</sup>

**Africa's fiscal capacity to respond to the crisis is limited.** While high-income countries are doing 'whatever it takes' (and globally, \$US 11 trillion had been spent on fiscal support measures by June 2020), low-income countries have much less fiscal room for manoeuvre (on social protection spending alone, by September 2020, African governments and partners had collectively spent just \$US 10 per capita on COVID-19 social protection, compared to US\$ 86 in the Middle East and North Africa, US\$ 359 in East Asia and the Pacific and US\$ 638 in Europe and Central Asia).

Low-income countries generally entered the pandemic with more debt relative to government revenue; larger deficits; and higher borrowing costs, with interest payments taking up a larger share of government revenues. COVID-19 has led to a further deterioration in public finances, with average deficits expected to widen from 4.1 per cent of GDP in 2019 to 5.7 per cent of GDP in 2020 in low-income countries. At the same time, debt is expected to rise from 43 per cent of GDP to 47.4 per cent of GDP.<sup>39</sup> In sum, many African countries are facing severe restrictions in their ability to respond to the crisis and "very few countries have the capacity to implement stimulus packages to cushion their economies from such an impending COVID-19 global recession".<sup>40, 41</sup> Debt relief is considered by many as a requirement to enable African countries to adequately respond to the COVID-19 crisis.

# Older populations in the region

**An estimated 52.2 million people over the age of 60 live in sub-Saharan Africa (28.7 million women and 23.5 million men) and the sub-continent is ageing rapidly.**<sup>42</sup>

Thirteen countries have populations of over 1 million older people, including Nigeria with 9.3 million, making it the 19th largest population of people over 60 in the world (see Table 2 below).<sup>43</sup>

A range of factors place older people in sub-Saharan Africa at risk from COVID-19. Only 15 per cent of all people in sub-Saharan Africa have access to basic handwashing facilities (including soap and water), while in urban areas, less than a quarter (24 per cent) have access to handwashing facilities.<sup>44</sup> While most older

people in Africa live in rural areas, the older population is urbanising too.<sup>45</sup> Most older people live in large, multigenerational households, many with young children, and have substantial caring and domestic roles. In addition, a higher proportion of older people remain in the labour force than in other regions of the world.<sup>46</sup> These factors make physical distancing and handwashing – a key strategy for preventing the spread of COVID-19 – a major challenge.

More broadly, the risks facing older people during COVID-19 must be understood in a context of poverty, relatively weak health systems, little access to social protection and pensions, and rising numbers of older people living with non-communicable diseases that place them at higher risk of complications from the virus.<sup>47</sup>

**Table 2: Population by age (thousands) in selected African countries<sup>48</sup>**

Countries	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	100+
Nigeria	3,657	2,602	1,717	907	333	75	9	1	0
Ethiopia	2,056	1,568	1,188	741	372	152	39	5	0
South Africa	1,795	1,370	895	581	298	104	18	1	0
Democratic Republic of the Congo	1,486	1,099	789	480	233	82	19	2	0
United Republic of Tanzania	948	675	472	269	122	36	5	0	0
Kenya	888	631	381	193	102	36	6	0	0
Ghana	667	424	298	158	70	21	4	0	0
Uganda	568	407	261	151	64	22	3	0	0
Madagascar	529	386	225	135	73	30	8	1	0
Mozambique	475	369	262	159	77	24	4	0	0
Côte d'Ivoire	475	347	215	127	55	14	2	0	0
Angola	482	304	213	119	60	20	4	0	0
Cameroon	420	313	210	123	57	16	2	0	0

# Official data collection on older people during the COVID-19 pandemic



## Statistical agencies in sub-Saharan Africa have struggled to continue producing statistics during the COVID-19 pandemic.

Nearly all National Statistical Offices (NSO) in sub-Saharan Africa that took part in the first wave of a global COVID-19 survey said they experienced either severe or moderate disruption in producing administrative data and essential monthly and quarterly statistics during the pandemic. Ninety per cent of sub-Saharan Africa's NSOs said they needed additional external support to ensure continued operation.<sup>49, 50</sup> During the second wave of the survey, 81 per cent of these NSOs identified the need for technical assistance as a priority, followed by training and financial support (76 and 67 per cent respectively).<sup>51</sup>

## Public health surveillance and civil registration and vital statistics systems

While all 23 low-income countries in the region have been able to collect and publish aggregate figures on COVID-19 cases and deaths as part of their health surveillance, only two (Chad and Uganda) are able to provide age- and sex-disaggregated data for both. The review of collated data on COVID-19 cases and deaths in these 23 countries demonstrates that while all were able to collect and publish aggregate figures as part of their health surveillance, reporting of case and fatality data by age and sex fell sharply to six and two countries respectively (see Table 3 below).

**Countries publishing age- and sex-disaggregated data report it in different ways.** The presentation of data on people aged 50 and over varies between countries: Chad presents two age cohorts (45–59 and 60+); Malawi presents three 10-year cohorts (50–59, 60–69, and 70–79); and Mozambique presents five 5-year cohorts (50–54, 55–59, 60–64, 65–69, 70+). The paucity of sex- and

age-disaggregated case and mortality statistics may be partially attributable to weak CRVS systems, for example, before the COVID-19 pandemic, Malawi, Niger, Rwanda, and Sierra Leone registered fewer than 75 per cent of their deaths. For the remaining 19 countries, information was not available to assess mortality coverage.<sup>52</sup> This situation may reflect governments' reservations regarding sharing of granular data with the public and inter-governmental organisations.

**The secondary data source used to examine reporting of COVID-19 mortality and cases in this section does not include disaggregation by disability.** An additional review of primary sources is required to establish whether countries have been collecting this information.

**Seven of the 11 countries that took part in the global survey on the impact of the COVID-19 pandemic on CRVS collection confirmed that CRVS systems were declared an essential service that continued during the lockdown, though many faced challenges and reduced capacity.**<sup>57, 58</sup> Challenges identified by countries include limited digital infrastructure, interruption in data transmission between local and national level, and disruption in external support (e.g. IT services, technical expertise and donor assistance). For example, facilities without digital systems recorded vital events manually but due to lockdown these records could not be retrieved and fed into the central system.

**As countries tried to ensure continuity of civil registration, services became digital, leading to barriers for many older people.** For example, citizens applying for certificates were asked to complete forms and submit supporting documents online. Only 25 per cent of the population in Africa use the internet compared to 55 per cent globally,<sup>59</sup> and older people are consistently less likely to be online.<sup>60</sup>

**Table 3: Number of countries reporting and disaggregating data on COVID-19 cases and mortality**

Total cases	Cases reported by sex	Cases reported by sex and age	Total deaths	Deaths reported by sex	Deaths reported by sex and age
23	17 <sup>53</sup>	6 <sup>54</sup>	23	5 <sup>55</sup>	2 <sup>56</sup>

Source: Global Health 5050, The COVID-19 sex-disaggregated data tracker, dataset updated 2 November 2020. <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/dataset/> Accessed 13 November 2020. Global Health 5050 data was updated by authors as sex-disaggregated case data was identified for Sudan and Togo, and age- and sex-disaggregated data for Sierra Leone.

## Data-collection by National Statistical Offices and UN agencies

**Annex 2 presents data collection efforts by UN agencies and NSOs to assess the impact of COVID-19 on populations.**<sup>61</sup> The majority of countries (18)<sup>62</sup> have at least one survey planned or completed, and seven countries have three or more different surveys planned or completed.<sup>63</sup> In five countries surveys were either tentatively planned or not planned at all. Where these surveys are not administered, literature reviews, analysis of secondary data sources, or commissioning specialised surveys on older people are required to close the evidence gap on the impact of COVID-19 on older people in these countries.

**According to the Undersecretariat Working Group on Household Surveys (IWGHS), only three countries administered surveys by NSOs as a primary implementer, including Burkina Faso, Rwanda, and Sierra Leone.** In most of the countries in this report, UN agencies are the principal survey implementers. This speaks to the importance of international cooperation to coordinate and to enable data collection to happen in low-income contexts during emergencies.

**Despite the number and range of COVID-19 surveys and the UN framework's explicit reference to older people as one of the disproportionately affected groups, this has not translated into availability of data on older women and men.**<sup>64</sup> Among the nine completed surveys shown in Annex 2, seven specified that data was collected from older respondents and for one survey (Sierra Leone's NSO) it was not possible to find information on whether data was collected from older respondents.<sup>65</sup> Only one summary report of the seven surveys which specified data was collected from older respondents, NSO Rwanda, consistently presented analysis of the results for the population aged 65 and over. This highlights a common challenge in statistics on ageing, where data on older people is collected, but it is not analysed, disseminated, or used.

**Microdata was available for six of the nine completed surveys, all from the World Bank.** This is a positive sign, as open datasets represent an important part of closing knowledge gaps on the population of interest. HelpAge re-used this data to produce some of the missing ageing-sensitive analysis (see section on Income security and social protection, starting on page 35). However, this requires resources and capacity that are not always available. Additionally, most surveys are still in the field or being prepared. It is important that their microdata is released as soon as possible as the likelihood that the summary reports will include analysis of data on older women and men is low. This raises the need for good standards and accountability for data sharing and analysis at times of emergency, and supporting data producers to adopt these practices.

**A brief review of available questionnaires and the summary reports presented in Annex 3 highlight data collected and key thematic gaps on the impact of COVID-19 on older people.** This evidence is for illustrative purposes as some of the surveys, either completed, planned or ongoing, have limited accessible documentation. As mentioned above, most of the completed surveys were conducted by the World Bank. Therefore, there is little variation in the areas they cover. Most surveys asked about access to healthcare services, changes in employment status and income security, access to food and other goods, coping strategies, and knowledge of COVID-19 symptoms. Fewer assessments asked about COVID-19 related impact on physical health, availability of health insurance coverage, perception or personal experience of violence, and sources of information on the pandemic. Considerable gaps are found in relation to respondents' disability status, COVID-19 related impact on psychological and mental health, and pre-existing health conditions.

## Secondary data

**Secondary data collected pre-COVID-19 offers an opportunity to identify at-risk population groups and assess systems' capacity to respond.** UNFPA's COVID-19 Population Vulnerability Dashboard and the UN Department for Economic and Social Affairs' (UNDESA) World Population Ageing 2020 use census data to build an understanding of older people's potential exposure to the virus across different types of living arrangements (for example, single-person household, multigeneration or skip-generation households) and type of dwelling (for example, one-bedroom house, dwelling with no access to running water, etc.) at sub-national levels.<sup>66, 67</sup>

**However, there are concerns about the timeliness (and therefore usefulness) of this data for informing response efforts and global monitoring during emergencies.** The data is drawn from the Integrated Public Use Microdata Samples (IPUMS-International) that collates and harmonises census microdata from around the world. While this is an important initiative, it highlights challenges of relying on census data during emergencies. For 10 of sub-Saharan Africa's 23 countries, data on the number of older people – and their living arrangements and access to amenities – is not available as the census data was not shared with IPUMS.<sup>68</sup> For 13 countries with publicly available data, 11 have data older than 10 years. This means that alternative sources (with comparable geographic coverage and administrative granularity) could provide more timely data. Relevant household surveys could be one option, and robust administrative data could provide a near-instant population statistics at the time of emergency at a fraction of the cost of surveys and censuses. A similar situation is found with an indicator on the numbers of hospital beds per 1,000 population. While data is available for 22 countries, data is more than 10 years old for four countries and is five to 10 years old for a further 17 countries. There is a clear need to improve efficiency and timeliness of country reporting to support global monitoring efforts.

## Recommendations

As member states, UN agencies, donor agencies and the data community work to build back better, ageing-inclusive data systems must be part of the recovery. Inter-governmental organisations (IGOs), in partnership with the data community, must raise greater awareness among member states of the importance of age-, sex- and disability-disaggregated data on COVID-19 (and other concerns) for policy and programmes, and identify actions to support NSOs in producing and disseminating such data on older women and men.

- Regional data producers (NSOs, ministries, and UN agencies) should:
  - Ensure that data collection initiatives assessing the situation of population groups cover older women and men, including those residing outside ‘traditional’ households. In addition to data on age, sex, and disability, personal information on location and living arrangements, ethnicity, income, and other characteristics should be collected where possible and as appropriate.
  - Ensure that primary or secondary data used to measure inequality and identify at-risk population groups is collected, analysed, disaggregated, and publicly reported in summary reports. As a minimum, data should be reported in five-year cohorts (if not possible, in 10-year cohorts) across sex and disability, and other characteristics as appropriate.
  - Be transparent about how the older population and other marginalised groups are considered in relation to methodology, sample design, development of new indicators, data collection and analysis; and make collected data, analysis, and findings publicly available.
  - Provide opportunities for older people or their representative organisations, human rights institutions, relevant civil society organisations, and national focal points on ageing to participate in data processes to advise on data needs, appropriate methodologies, and approaches, and to empower individuals to use data for evidenced-based advocacy on their rights and needs.

- The Titchfield City Group on ageing-related statistics and age-disaggregated data in partnership with NSOs in Africa and the African Centre for Statistics must review guidance and standards for the production and dissemination of data on older people during emergencies with a specific focus on:
  - A minimum set of indicators for rapid assessment of the situation of older women and men.
  - Appropriate approaches and methodologies for including older people in survey samples and interviewing older respondents.
  - Analysis of data on older women and men.
  - Protocols on safely sharing microdata for public good during emergencies.
  - Strengthening country reporting to IGOs with the aim of improving timeliness and range of reported data.
- The international community and donor agencies must increase financing to build NSOs’ resilience and to strengthen their local, national, and regional capacity to produce statistics on older populations at times of crisis with special focus on investment in improving coverage and quality of CRVS and administrative data.
- NSOs, in partnership with relevant ministries, should take advantage of the 2020 census round to produce a standalone summary report on the state of older people in a country, and share microdata with IPUMS-International to enable production of harmonised data on older people.
- NSOs in partnership with relevant ministries should review collection, dissemination, and use of data on marginalised groups across government to improve the efficiency of data-production processes at local and national levels during crises.
- NSOs in partnership with relevant ministries, academia and UN agencies should undertake an in-depth study of short and long-term health and socio-economic impacts of COVID-19 on current and future generations of older people, recognising the intersectional and compounding nature of marginalisation.
- Thirty surveys on COVID-19 across 17 countries in Africa are either ongoing or being planned. Implementers must, to the best of their ability, undertake age-disaggregated or ageing-specific analysis of collected data, and ensure that microdata is made available for further reuse and action as soon as possible.



Fernand Mugisha/HelpAge International

# The impact of COVID-19 on older people

## Health and care

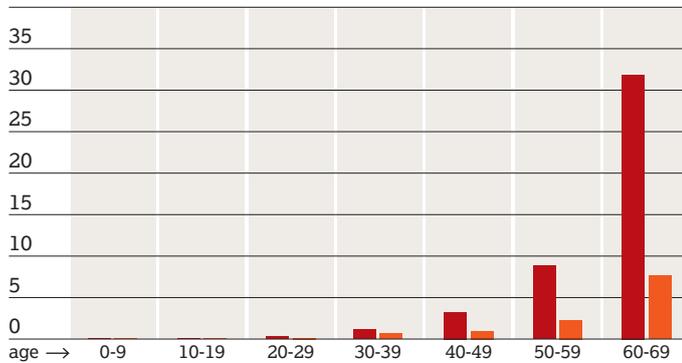


There is limited age- and sex-disaggregated data on COVID-19 cases and deaths available from countries in sub-Saharan Africa, though it is likely that the same high-risk groups are being most significantly impacted in the region as in other parts of the world.

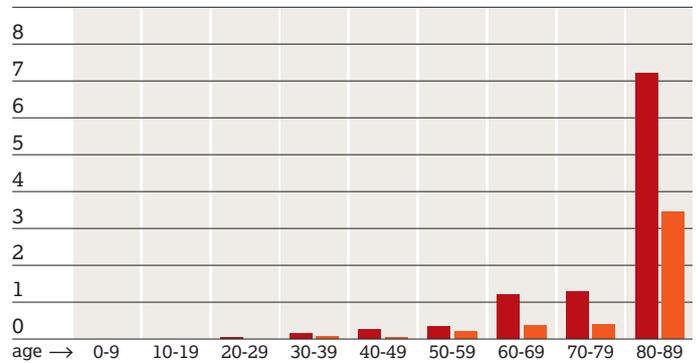
Data disaggregated by age and sex from five countries in the region supports this assumption. In all five countries, death rates rise rapidly with age, with the highest death rates seen in the oldest age groups (see Figure 1, below).<sup>69</sup> This data aligns with global trends, highlighting significantly higher mortality in older men than women.

**Figure 1: COVID-19 mortality rates per 100,000 population by age (selected sub-Saharan African countries)**

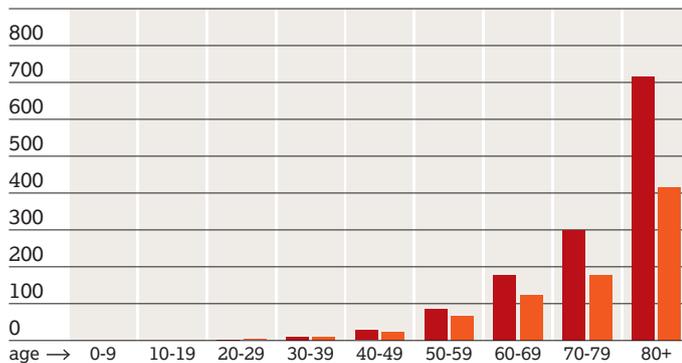
### Kenya



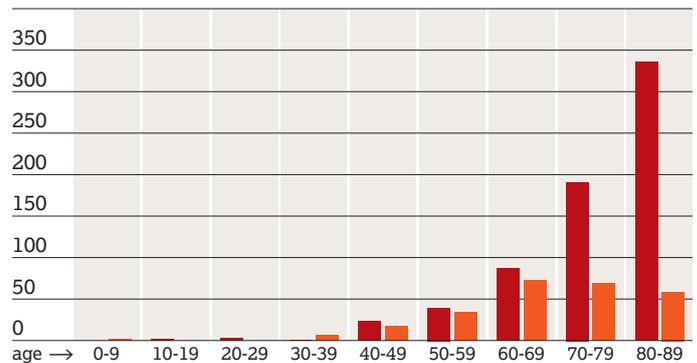
### Uganda



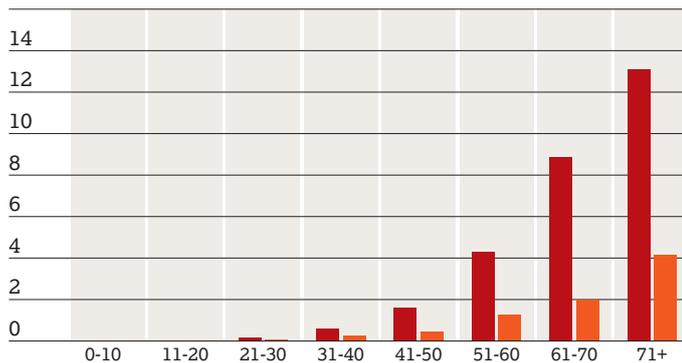
### South Africa



### Eswatini



### Nigeria



### Key for all graphs:

■ Male deaths per 100,000 ■ Female deaths per 100,000

Source: Global Health 50/50. Accessed 23 November 2020.

**The picture in terms of case rates is less clear.** Of seven countries with age- and sex-disaggregated data, in five the rate of confirmed cases per 100,000 population peaks in men aged over 50 years (Eswatini: 50–59; Kenya: 60–69; Mozambique: 60–64; Nigeria: 51–60; South Africa: 80+).<sup>70</sup> Rates appear to peak at younger ages in women, with the highest rates seen in women in their 30s in Kenya, Malawi, Mozambique and Nigeria. Rates are, however, highest in the oldest age groups of women in South Africa and Uganda.<sup>71</sup> In six of the seven countries with age- and sex-disaggregated data, rates are higher in older men than older women, except in Uganda. Sex differences in case rates are less clear in younger cohorts of the population in these countries.

**The differences in case rates may reflect different levels of access to testing.** Data suggests there are low levels of testing in sub-Saharan Africa compared to other regions. In all but two countries with available data (Namibia and South Africa), daily testing rates per 1,000 people are below 0.1, meaning testing for COVID-19 is not available.<sup>72</sup> Alongside availability of testing, different population groups have different access. Rapid Needs Assessments of Older People (RNA-OPs) conducted by HelpAge International and its partners in locations within eight countries have demonstrated low levels of awareness among older people about where to access testing. Over 60 per cent of respondents in Kenya, Mozambique, Rwanda, and South Sudan said they did not know where to access a test for COVID-19.<sup>73</sup> In South Sudan, older women were less likely than older men to be aware of where to access testing (79 per cent compared to 51 per cent), but the opposite was seen in Rwanda (55 per cent compared to 70 per cent). In both contexts, awareness of where to access testing declined with age, with 81 per cent of people aged 70 and over in South Sudan lacking information and 91 per cent of those aged 80 and over in Rwanda.

**The differing case rates by sex and age could also point to differing abilities to follow self-isolation and other guidelines.** For example, women providing care (formally or informally) are less able to follow physical distancing restrictions.

## COVID-19 in older people with disability or underlying health conditions

**Over the course of the pandemic, evidence has emerged globally to demonstrate the risks of severe illness and death for older people and those with underlying health conditions.** Hypertension, diabetes, cardiovascular disease, lung conditions and dementia have all been linked to poor outcomes. While data disaggregated by health conditions is rare, data from the World Health Organization’s (WHO) European Region shows that 93 per cent of all deaths from COVID-19 occurred among people with at least one underlying health condition.<sup>74</sup>

**Data emerging from sub-Saharan Africa is also showing a clear connection between COVID-19, age, and underlying health conditions.** A study conducted in the Western Cape region of South Africa found that people living with uncontrolled diabetes are approximately 13 times more likely to die from the virus.<sup>75</sup> This was the most significant risk factor after age. According to interviews with doctors across the region, most people dying from COVID-19 have underlying health conditions. Data from the Western Cape shows that diabetes is a contributing factor in 52 per cent of deaths from COVID-19; hypertension is a contributing factor in 19 per cent of deaths; HIV is a contributing factor in 12 per cent of deaths; and kidney disease is a contributing factor in nine per cent.<sup>76</sup> These conditions account for a significant proportion of mortality and disability adjusted life years in older age in South Africa (Table 4 below).

**Table 4: Mortality and disability adjusted life years in older age in South Africa<sup>77</sup>**

Condition	Per cent of total deaths						Per cent of total DALYs <sup>78</sup>					
	Female		Male		Total		Female		Male		Total	
	50-69	70+	50-69	70+	50-69	70+	50-69	70+	50-69	70+	50-69	70+
Diabetes	10.3	10.7	6.9	8.4	8.3	9.8	9.4	11.5	6.9	9.2	8.1	10.5
Hypertension	10.3	21.1	8.4	13.8	9.2	18.1	7.2	16.5	6.7	11.3	6.9	14.5
HIV	27.8	2.0	20.7	2.4	23.7	2.2	23.1	2.6	19.8	2.8	21.3	2.7
Kidney disease	2.7	3.8	3.0	4.7	3.1	4.2	2.1	3.2	2.6	3.9	2.4	3.5
Total	51.1	37.6	39	29.3	44.3	34.3	41.8	33.8	36	27.2	38.7	31.2

**Little data on COVID-19, age and underlying health conditions is available from elsewhere in sub-Saharan Africa, though some anecdotal evidence has emerged in places.** For example, accounts from a doctor and chief executive at a hospital in Dar es Salaam, Tanzania, suggest 88 per cent of patients who have died from COVID-19 had a co-morbidity, with diabetes being specifically mentioned.<sup>79</sup>

**No data has been found from the African region that disaggregates COVID-19 case or death data by disability, though it is likely that people living with disability face higher risks from COVID-19.** Older people with disabilities have high rates of underlying health conditions, including those associated with poor COVID-19 outcomes and poor access to health services. People with disabilities are twice as likely to find health services inadequate and three times more likely to be denied healthcare.<sup>80</sup> It is therefore likely that significant impacts of COVID-19 are being experienced by older women and men living with disabilities in sub-Saharan Africa.

**People in need of long-term care and support, particularly those living in residential care facilities, are another group facing elevated risks as a result of the pandemic.** Data from these settings is limited, leading to challenges in determining the impact of the pandemic, and making comparison between countries

difficult. However, in contexts where residential care is more common and some data is available, the challenges appear to be acute, with high rates of infection and deaths among residents and staff. Data analysed from 21 countries suggests 46 per cent of all deaths from COVID-19 have occurred among care home residents.<sup>81</sup> In some contexts this figure is significantly higher. In many low- and middle-income countries, residential care remains relatively limited, but where facilities do exist, they are often unregulated. No data has been found on cases and deaths in residential facilities in the region, nor on the extent to which guidelines developed by governments to prevent and manage outbreaks have been implemented or successful.

**Alongside the high risks of serious illness and death faced by residents in care facilities, evidence is also emerging of the multiple indirect impacts in these settings, particularly because of measures imposed to control COVID-19 outbreaks.** People living in care homes around the world have found themselves unable to leave the facility except in specific circumstances, deprived of contact with their families and friends because of bans on all visitors. This is likely having a pronounced impact of residents' mental health and wellbeing and has implications for the human rights of residents. Care staff working in these settings are also facing significant challenges, with COVID-19 highlighting how their work is undervalued, underpaid and under-supported.



## Access to information

**Given the high risks of COVID-19 for older people and the relatively high case rates in older age, accurate, clear information in languages and formats that are accessible is crucial, including for those living with disabilities.** However, little research or analysis has been done into levels of awareness of and knowledge about COVID-19 among people in older age, leaving significant gaps in understanding and reduced ability to target information effectively.

**HelpAge’s COVID-19 RNA-OPs include data on older people’s access to information on the pandemic and highlight significant barriers in many settings.**

While many countries, including Kenya and Uganda, have invested in information campaigns using mass media, their reach and impact, remain unclear. Across eight countries, the vast majority of older people were aware of COVID-19 but significant differences were seen in the proportion of older people who reported experiencing barriers to accessing information across the different settings. This emerged as a significant challenge among older refugees and internally displaced persons in camp settings in South Sudan in particular, where 50 per cent of respondents reported barriers to information. Older people’s access to information during the pandemic, including the access of different groups of older people to information, is discussed in more detail in the section on [Voice, dignity, and rights, starting on page 43.](#)

## Access to health services and support

**While countries in sub-Saharan Africa have not yet experienced the scale of outbreaks of COVID-19 seen in other parts of the world, some of these countries’ comparatively weaker health systems mean that they face being overwhelmed earlier in a COVID-19 outbreak’s trajectory.** In this context, older people (who generally have a greater need of health services and who are more likely to face severe illness and death from COVID-19) face significant barriers to accessing care, both for COVID-19 and other conditions.

**In countries around the world, concerns have been raised about the denial of COVID-19 related care based on age.** Tools to support decision making on the

allocation of care in Italy, Spain, Sweden and the UK have led to younger people being prioritised over those in older age.<sup>82</sup> A similar situation has been seen in South Africa. The Critical Care Society of Southern Africa (CCSSA) compiled a score-based emergency triage guideline in 2019 and a COVID-19 triage guideline in 2020, both of which use age as a tiebreaker. This means the older the patient, the lower they rank in priority for intensive care admission.<sup>83</sup> In contexts where intensive care capacity is limited, older people are likely to already face challenges of access for any health condition.

WHO indicates that 10 African countries have no working ventilators and several countries also face shortages of oxygen and oxygen equipment.<sup>84, 85</sup> Older people in the Democratic Republic of the Congo, for example, have described how they had had no access to intensive care treatment for COVID-19 when needed.<sup>86</sup>

**Data on excess mortality is likely to include undiagnosed COVID-19-related deaths and to indicate the broader health implications of COVID-19, suggesting that disruption to non-COVID-related essential health services has occurred during the pandemic.** Excess deaths or excess mortality is a term used to refer to the number of deaths from all causes during a given period above and beyond what would have expected under ‘normal’ conditions. During the pandemic, excess mortality data has compared the number of deaths recorded since the emergence of COVID-19 with the average number of deaths over the same period in previous years. Data collected from 24 European countries shows spikes in excess deaths between March and May 2020, the vast majority of which were among people aged 65 and over.<sup>87</sup> Data from South Africa also shows significant levels of excess mortality (see Table 5 below).

**Data collected by WHO from 105 countries has shown widespread disruptions to health systems globally.** Almost 90 per cent of countries had experienced some disruption, with higher rates seen in low- and middle-income countries.<sup>88</sup> The most frequently disrupted services were routine immunisation (70 per cent of countries), followed by non-communicable disease (NCD) diagnosis and treatment (69 per cent). With sub-Saharan Africa facing a double burden of disease alongside rapid population ageing,<sup>89</sup> it is likely older people are facing increased barriers to services for a range of conditions.

**Table 5: Excess mortality in South Africa, Dec 2020 – Jan 2021<sup>90</sup>**

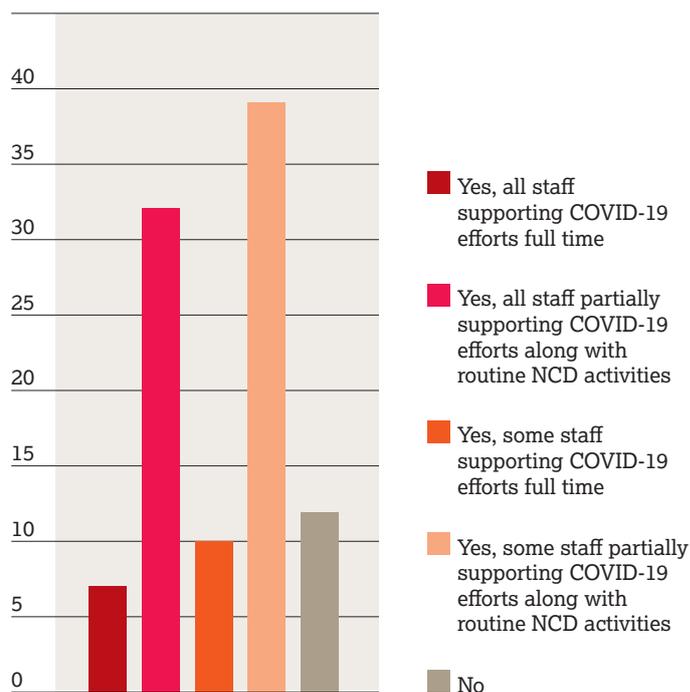
Week	Date	Weekly excess naturals	Cumulative excess 3 May 2020 – 23 Jan 2021
53	27 Dec 2020 – 2 Jan 2021	10,771	82,649
1	3 Jan 2021 – 9 Jan 2021	14,135	96,784
2	10 Jan 2021 – 16 Jan 2021	15,486	112,270
3	17 Jan 2021 – 23 Jan 2021	13,474	125,744

A WHO rapid assessment focused on NCD services showed 50 per cent of countries worldwide are facing partial or complete disruption to services for hypertension and diabetes management (see Figure 2 below).<sup>91</sup> The most disrupted NCD service is rehabilitation, with 71 per cent of countries in the Africa region reporting partial or complete disruption<sup>92</sup> (this is borne out in anecdotal reports from the region). Older people in the Democratic Republic of the Congo, for example, reported being unable to afford taxi fares to access their medication while public transport was suspended,<sup>93</sup> while older people with chronic diseases in Rwanda could not get regular check-ups in health facilities during lockdown.<sup>94</sup> Given an increasing need for rehabilitation as people age, due to chronic diseases and disability, disruption to these services is particularly concerning for older people. WHO's rapid assessment also shows significant redeployment of the African health workforce away from NCDs to support the COVID-19 response (see Figure 3, right), and ongoing disruptions to NCD-related services planned for 2020. These disruptions are likely having a significant impact on older people in the region, where NCDs account for 70.5 per cent of deaths in people aged 70 and over and 58.5 per cent in people aged 50–69.<sup>95</sup>

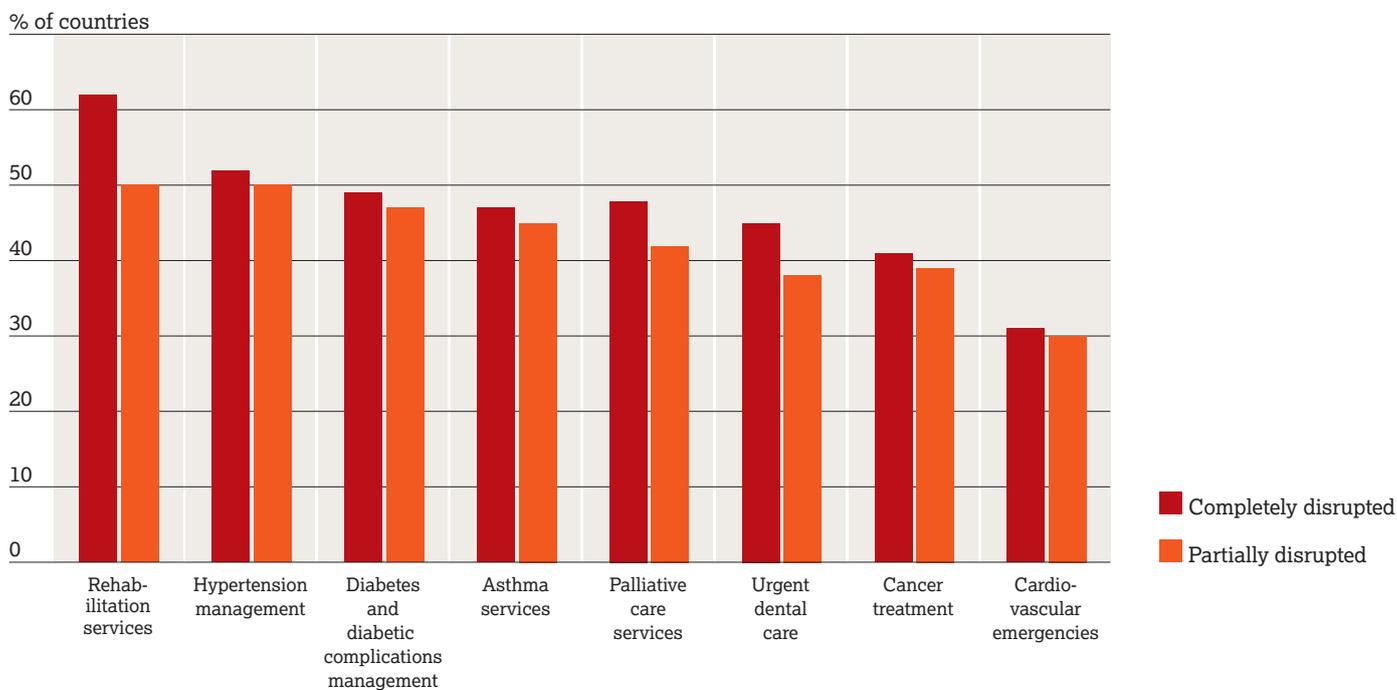
*“I went to the hospital and was received but I did not get what I had gone for. They couldn't help me since I have diabetes.”*

Older woman, Rwanda<sup>96</sup>

**Figure 3: African health workforce redeployment away from NCD services during COVID-19**



**Figure 2: WHO rapid assessment of disruption of NCD services during COVID-19, globally**



**Studies also show significant implications for communicable disease services and outcomes.**

UNAIDS estimates that a complete six month disruption of antiretroviral therapy for HIV in sub-Saharan Africa could lead to more than 500,000 additional deaths from AIDS-related illnesses in 2020–21.<sup>97</sup> There could be 6.3 million additional TB cases and 1.4 million additional deaths in the region over the next five years and WHO has warned that disruptions to malaria services could result in a doubling of malaria-related deaths in sub-Saharan Africa between 2018 and 2020.<sup>98, 99</sup> The prevalence and impact of these communicable diseases on older people is often under-recognised but is significant. People aged 50 and over account for 19 per cent of people living with HIV in sub-Saharan Africa and 21 per cent of all deaths.<sup>100</sup> In seven countries in the region between seven and 12 per cent of deaths among people aged 50–69 are due to TB.<sup>101, 102</sup> This suggests widespread impacts for older people reliant on services for communicable diseases.

**Alongside disruptions to service provision, a range of other factors contribute to poor access to health services among older people.** Research published in the Lancet found that 9.6 per cent of people aged 60 and over in sub-Saharan Africa have an estimated travel time of six hours or longer to the nearest hospital,<sup>103</sup> and 15.9 per cent live at least two hours from the nearest health facility of any type. In sub-Saharan Africa, older people often travel over 12 hours to reach a hospital and over six hours to reach a health facility – this is the case in Democratic Republic of the Congo, Ethiopia, Madagascar, Mauritania, Mozambique, South Sudan, and Sudan.<sup>104</sup> The analysis did not include factors other than distance that could affect access – including affordability and availability of transport, and mobility. A study by Care International in West Africa, meanwhile, shows that people are afraid of contracting diseases by going to health centres, and that social distancing measures significantly increase waiting times, making it inconvenient to access services.<sup>105</sup> This suggests declining demand for health services alongside reduced supply. The above findings and assumptions about older people’s access to services and the potential impacts are borne out in HelpAge’s RNA-OP data. At least 40 per cent of older people in six of eight countries reported that their access to health services has been affected by COVID-19.

**Older people’s access to health services must be understood in the context of the right to the highest attainable standard of health.** The use of age-based criteria in decision making about who receives care violates older people’s right to health, as well as their right to non-discrimination. It may also threaten their right to life. Older people’s right to health during COVID-19 is considered in more detail in the *Voice*, dignity, and rights section, starting on page 43.

**Given the lack of data on the specific impacts of COVID-19 on older people’s health in low- and middle-income countries, their access to health and care services, and the limited inclusion of older people’s voices in reports on the impact of the pandemic, HelpAge International undertook small-scale case studies in Nairobi, Kenya and Borena, Ethiopia to explore these issues.** These studies aimed to address the following research questions:

- What impact is the COVID-19 pandemic having on older people’s access to health and care services and support?
- What are emerging as the likely trends in relation to the implications of COVID-19 for older people’s health and wellbeing?
- How is COVID-19 changing older people’s access to facility and community-based health and care services and support?

**Focus group discussions (FGDs) were held with 39 older women and men, including 16 in Kenya and 23 in Ethiopia.** In Kenya, the FGDs were conducted in single sex groups, while in Ethiopia two mixed sex FGDs were held, one with internally displaced people, the other with members of the host community. Due to the small numbers of people involved and the limitations of conducting FGDs during COVID-19, the findings presented in *Box 1* should not be interpreted as representative of older people’s situation in these settings. Rather, the discussions offer insights into the experiences of a small group of individual older people whose voices have not been heard during the pandemic.

**To gain an insight into the experiences of health workers working with older people during the pandemic, key informant interviews were also conducted with staff working at both the facility and community level in Nairobi and Borena.** Twelve interviews were undertaken, seven with facility-based staff and five with community health volunteers and health extension workers delivering services in the community. *Box 1* and *Box 2* present an account of our FGDs and our key informant interviews.



Peter Caton/Age International

## Box 1

### Accessing health and care services and support during COVID-19: older people's experiences in Ethiopia and Kenya

Older people in the FGDs in Kenya and Ethiopia were aware of COVID-19 and shared the sources through which they were accessing information. In both communities, FGDs suggested a lack of specific information targeted at older people, and therefore a lack of knowledge beyond the increased levels of risk for people in older age.

In both contexts, discussions with older people highlighted challenges for mental health and wellbeing. This appeared to be a more significant issue in Kenya, where older people spoke about their fears and anxieties, and the stigma and discrimination they had experienced during the COVID-19 outbreak. Many of these challenges appeared to be linked to age-based restrictions applied in Kenya. The government had put in place restrictions on the movement of those aged 58 and over, resulting in older people being isolated at home with significant impacts across multiple areas of their lives. Older women and men discussed the impact of restrictions on their ability to earn an income, and to engage with family, friends, and community members. Not being able to attend church was having a pronounced impact on older people's mental health – and a combination of the restrictions on their movement and the fear this was generating – were also influencing older people's health-seeking behaviour. Older people were avoiding going to health facilities even when feeling unwell.

*“Generally a lot of older people [experienced] fear and depression moods when they heard during awareness sessions that older people were the [most] vulnerable groups in the pandemic.”*

Older person, Ethiopia

Older people discussed the barriers they faced in accessing health services both prior to and during the pandemic. Consistent across the two countries were issues of affordability, health workforce capacity and distance.

*“You can go to Aga Khan, where there is a specialist, [...] if you go there, they will cater for everything. [But] if you don't have the financial ability, you will not make it, but if you have the ability, they will take care of you.”*

Older person, Kenya

FGDs highlighted significant differences between the health systems in Kenya and Ethiopia; in how and where older people access services; and the extent and nature of disruption to health services experienced by older people. In Borena, older people were strongly reliant on community-based healthcare delivered through health extension workers. This method of delivery appears to be more important than physical health facilities. This reliance on community-based delivery has meant older people in Borena have faced significant challenges in accessing any health services, as this type of provision was almost completely suspended at the start of the pandemic due to restrictions on movement and distancing requirements.

In contrast, older people in Nairobi said they did not have access to community-based health services prior to the pandemic and were much more dependent on facility-based care. Older women and men in Nairobi had different experiences in accessing health services during COVID-19. While older men talked about specific disruptions to care for NCDs because of decisions taken by the health system to offer less frequent follow up in response to reduced capacity during the pandemic, older women felt that their access had improved. Having shared experiences of discriminatory and ageist attitudes of health workers before COVID-19, many of the older women felt these attitudes had changed and health staff were taking older people's health concerns more seriously.

*“When we older people go to the hospital, like I went to the hospital, my leg was injured; I also went for diabetes and blood pressure testing. They told me that ageing had set in”.*

Older person, Kenya

## Box 2

### **Delivering health and care during COVID-19: health workers' experience in Ethiopia and Kenya**

Interviews conducted with health workers in both Ethiopia and Kenya highlighted the nature and extent of disruptions to health services during the pandemic, and the challenges health workers have faced while trying to do their jobs. In both contexts, health facilities have been closed during COVID-19, in Kenya because of staff shortages, and in Ethiopia to enable facilities to be fully repurposed to only provide COVID-19 related services. Health workers interviewed in Kenya gave more explicit examples of which health services had been disrupted by these closures and wider capacity constraints, highlighting a decision taken to reduce the frequency of follow up care for NCDs.

***“We used to have regular clinics for hypertensive and diabetes patients, but then as I have said we started giving longer days for return visits (three months). That was an order from above, county and national level.”***

**Health worker, Kenya**

While care for people with chronic conditions was also mentioned by health workers in Ethiopia, the interviews suggested less clear decision making. Here, mitigation measures were described that included trying to transfer services usually provided by hospitals to health centres or outreach teams, despite community-level provision also being severely disrupted by the pandemic.

***“When our health centre was assigned as isolation centre of Yabello town we agreed with Yabello hospital and all our health posts that they provide any health services with regards to our health centre for our community on behalf of us.”***

**Health worker, Ethiopia**

A challenge highlighted by health workers in both Borena and Nairobi was the lack of transport to transfer people confirmed or suspected to have COVID-19 to appropriate isolation or treatment centres. This appeared to be a source of stress for facility-based health workers in both countries.

***“We have only one ambulance for mothers during delivery. When a vehicle was not assigned for the pandemic, we used the mothers' ambulance when we heard of the suspected [COVID-19] case.”***

**Health worker, Ethiopia**

Interviews with community-based providers also highlighted how their work had been disrupted. In both cases services had essentially been suspended. In Ethiopia, some services had begun to resume, but in different ways to ensure compliance with COVID-19 guidance and restrictions. In Kenya, the situation appeared to be more complicated as a significant proportion of community health volunteers are older people, so they were unable to work because of the suspension of services, but also because of restrictions they were facing based on their age.

Consistent across both contexts was the lack of support being provided to the health workforce during the pandemic. In both Kenya and Ethiopia, health workers spoke about insufficient personal protective equipment (PPE) and a lack of training. Access to PPE was a challenge at both the facility and community level, at least at the start of the outbreak, but in Kenya, Community Health Volunteers appeared to have faced the worst shortages. While those interviewed in Kenya had received some training, there did not appear to be a systematic approach to its roll out. In Ethiopia, training appeared to be a more significant issue, with health extension workers not having received any training at all, and training being restricted to two or three health workers at each facility.

***“We should also be given PPE, including gloves, sanitisers and masks which we always need for our work. Additionally, we should always be given updated information about how to approach corona so that we can be prepared all the time. You tell me, how can I attend to people without proper training and PPE?”***

**Health worker, Kenya**

***“Including me, four from zonal and two from each facility have received training at different levels and by different organizations. But when we compare to our human resource, around 80 per cent have not had the opportunity to be trained.”***

**Health worker, Ethiopia**

## Impact on older people's mental health and psychosocial wellbeing

**People's mental health and psychosocial wellbeing is adversely affected by COVID-19 and by measures taken to reduce its spread.** Data from a study in China has shown that over 50 per cent of those surveyed have experienced moderate-to-severe psychological distress during the pandemic.<sup>106</sup> Studies show that the high rates of death in older people and fear of COVID-19 infection are creating emotional insecurity and depressive and anxiety disorders among older Africans. The situation is exacerbated by ageism, neglect and increasing experience of violence and abuse.<sup>107</sup>

**Existing challenges with mental health and issues emerging because of the pandemic highlight the significant need for mental health services among older people in the region.** Prior to the pandemic estimates showed that more than 20 per cent of older Africans were living with mental or neurological disorders, and that depression accounts for approximately six per cent of years lived with disability.<sup>108</sup> A WHO assessment shows that mental health services for older people have been disrupted in 70 per cent of countries worldwide during COVID-19,<sup>109</sup> leading to significant concerns for long-term mental health in older age. However, there is evidence of action to try to secure access to mental health services and support in the region. The African and Eastern Mediterranean regions show the highest percentage of countries reporting mental health and psychosocial support integration in the COVID-19 response, though with no additional funds allocated.<sup>110</sup> While there is strategic-level recognition of the importance of this issue, lack of funding means older people will likely still struggle to access the services they need. Online mental health services are being established, but older people's limited access to smartphones and the internet may mean these services remain out of reach<sup>111</sup> (the issue of older people's access to internet is discussed in more detail in the section on [Voice, dignity, and rights, starting on page 43](#)).

**Previous experience of the mental health impacts of pandemics in sub-Saharan Africa point to the need for concerted effort to support older people.** Mental health consequences of the Ebola Virus Disease persisted after the epidemic. In Sierra Leone, 48 per cent of people reported at least one symptom of anxiety or depression and 76 per cent reported post-traumatic stress disorder symptoms. Mental health challenges were common among those who knew someone who had died, survivors, and those forced to quarantine.<sup>112</sup> The risk of being seriously unwell with COVID-19, losing peers and struggling with isolation, all increase the likelihood of older people experiencing mental health difficulties and needing support.

## Recommendations

- Governments and UN agencies must collect and report age-, sex- and disability-disaggregated data on COVID-19 cases and deaths at global, regional (country), and local levels, and make this publicly available.
- Governments and other actors should conduct research into the impacts of COVID-19 – and the measures taken in response – on older people's health and wellbeing, including on the physical and mental health implications of reduced access or use of health and care services over a prolonged period, and of isolation and lack of participation and engagement.
- Governments and other actors must conduct research on the long-term health implications for older people who have (and who survive) COVID-19, including 'long COVID',<sup>113</sup> to ensure health and care systems are equipped to respond to older people's complex and changing needs.
- Ministries of health must develop evidence-based risk communication and community engagement plans that address gaps in older people's knowledge and awareness of COVID-19, and where services can be accessed. Communication must be targeted with specific groups in mind, including the oldest old and those living with disabilities.
- Ministries of health must ensure transparency in their response to COVID-19, enabling citizens to hold governments to account in fulfilling their human rights obligations, particularly regarding access to COVID-19 related testing, care, and vaccination. National policies and frameworks should be developed, with appropriate representation, influence and input from programme implementers, and representatives from a wide cross-section of society, including those most affected by the pandemic. Governments should publish these frameworks and the data collected to monitor their implementation.
- Ministries of health must put in place measures to ensure essential health and care services are maintained during COVID-19 outbreaks and that older people have access. This should include diagnosis, treatment, and care for NCDs and communicable disease services. Where older people faced barriers to access before COVID-19, efforts to ensure these services are maintained must also include a focus on equitable access.
- Ministries of health should develop targeted interventions to enable older people to access remote services and support, including for mental health issues, recognising the potential challenges for older people in adapting to new modes of service delivery.

## Violence, abuse, and neglect



### Evidence and data on violence, abuse, and neglect of older people during the pandemic

**Data on violence, abuse, and neglect of older people during the COVID-19 pandemic is extremely limited.**<sup>114</sup>

This highlights both the continued exclusion of older people from official datasets as well as the challenges faced with safe and ethical population-based data collection during the acute phase of the pandemic. Despite several initiatives that challenge this systematic exclusion,<sup>115</sup> few countries in Africa have sex- and age-disaggregated systems in place for monitoring, recording, and reporting on violence, abuse, and neglect, though before the pandemic, WHO estimated that as many as one in six people aged 60 years and older have experienced some form of abuse.<sup>116</sup>

**A few studies have measured an increase in violence against women, specifically domestic and intimate partner violence, since the start of the pandemic. However, in Africa, rigorous studies remain scarce, evidence remains patchy and anecdotal, and the situation for older women is unclear.** For example, one study using data from 1,386 women collected via mobile phones in rural Uganda found a perceived increase in physical violence post-lockdown but it is not clear whether data was collected on older age groups as it has not been disaggregated by age. Where data has been collected on older women, disaggregation or analysis is limited. Rapid assessments and reports conducted in East and Southern Africa by UN Women indicate an escalation of sexual violence, including rape of older women, during COVID-19. Again, detailed analysis of this data is absent.<sup>117</sup>

**COVID-19 RNA-OPs conducted by HelpAge and partners in the region provide some important insights in this context and highlight older people's fears of increased abuse and isolation during the pandemic.** RNA-OPs reveal that both older men and women feel at increased risk of several protection issues since the beginning of the pandemic.<sup>118</sup> When older women were asked what they felt were the increased risks for them during this time, the top three risks were: neglect (43 per cent); isolation (33 per cent); and emotional abuse (26 per cent). The risk of emotional abuse was perceived to be more pronounced for older women in Kenya (31 per cent) and the risk of neglect

and isolation more pronounced for older women in Kenya (55 per cent and 56 per cent) and Uganda (69 per cent and 40 per cent) respectively. When older men were asked what they felt were the increased risks for older men during this time they identified the following top three: neglect (35 per cent); financial abuse (32 per cent); and isolation (28 per cent). This risk of neglect was perceived to be more pronounced for older men living in Mozambique (48 per cent) and Uganda (67 per cent), isolation more pronounced for older men in Kenya (49 per cent) and Uganda (53 per cent) and financial abuse more pronounced for older men in South Sudan (55 per cent) and Uganda (58 per cent), and older men with disabilities (37 per cent). However, it is important to note that the question asked about the interviewee's 'perception' of the protection concerns experienced by others (to avoid putting individuals at risk) and as such the results are difficult to interpret.

*“I have been married to my husband George (70) for 45 years. He is a businessman with a shop in Kinshasa. He normally spends most of his time at work but for the last month and a half, we have spent a lot of time together in the home. And I have seen a completely different side to him. I found out that he was having affairs with other women and we started to quarrel. And things got very heated. On 28 May 2020 he accused me of trying to poison him. He told the neighbours that I had killed a woman who died two weeks ago and that I was a witch doctor. The neighbours then started to throw stones at me.”*  
Older woman, Democratic Republic of the Congo

### Older people that are most at risk

Little data is available on who is most at risk of violence, abuse, and neglect during the pandemic, though we know certain characteristics, including age, gender and disability status, and their intersection, put some groups of older people at heightened risk.<sup>119</sup> The Rwandan Organisation of Women with Disability (UNABU) reported that women living with disabilities are often more likely to experience neglect in times of crises and are particularly likely to be denied access to basic necessities, as they tend to be deprioritised in the household, for instance, in relation to food distribution. Older people who are displaced from refugee or migrant populations or those living in conflict-affected areas are particularly vulnerable to sexual and gender-based violence.<sup>120</sup>

## Changes in risk factors during the pandemic

Restrictive measures introduced by many countries in the Africa region in response to COVID-19 have created conditions likely to increase risk of violence, abuse, and neglect of older people, particularly those who were already experiencing violence, abuse, or neglect before the pandemic.

The inability of older people to escape their abuser during the pandemic has created more opportunities for the perpetration of violence, abuse, and neglect. Increased confinement with, and exposure to, abusers, and reduced opportunities to seek help are likely to have put older people living with abusive caregivers or family members at greater risk of violence, particularly where age intersects with other characteristics including gender, disability and being a recipient of care and support for independent living. In some countries, age-based measures, such as stricter isolation measures for older people than other population groups, may further heighten the risk of violence, abuse.<sup>121, 122, 123, 124</sup>

Measures leading to social isolation are likely to contribute to violence, abuse, and neglect. Reduced (or no) access to social support networks such as family, friends, relatives and neighbours, and support services due to restrictive measures may contribute to isolation and an increased risk of violence, abuse, and neglect. Support services have shifted to new models of delivery, including remote, mobile, and online provision,<sup>125</sup> which present challenges for older people who face barriers to accessing information and services using newer technologies.<sup>126</sup>



Peter Catoni/Age International

Stresses on households caused or aggravated by the pandemic may increase the risk of violence, abuse, and neglect. During the pandemic stressors may include increased economic insecurity, health-related worries,<sup>127</sup> and a lack of social support for those providing care.<sup>128</sup>

Ageism, pervasive before the onset of the crisis, has been exacerbated during the pandemic and is a risk factor for violence, abuse, and neglect of older people.<sup>129</sup> HelpAge has been collecting information throughout the pandemic on examples of ageism and has uncovered examples of neglect, discriminatory practices and stigma experienced by older people.

Existing evidence from previous pandemics, particularly the Ebola Virus Disease crisis, also demonstrates that health crises can exacerbate various forms of gender-based violence while limiting access to formal and informal service delivery and support networks.<sup>130</sup> In a review of existing published literature, reports from non-governmental organisations (NGOs), and media articles, researchers document nine pathways linking pandemics to increased gender-based violence:

1. Economic insecurity and poverty-related stress;
2. Quarantines and social isolation;
3. Disaster and conflict-related unrest and instability;
4. Exposure to exploitative relationships due to changing demographics;
5. Reduced health service availability and access to first responders;
6. Inability to temporarily escape abuse;
7. Virus-specific sources of violence;
8. Exposure to violence and coercion in response efforts; and
9. Violence perpetrated against healthcare workers.<sup>131</sup>

All of these pathways exist in the region as potential contributors to violence, abuse, and neglect of older people during COVID-19.

## Older people's help-seeking behaviour

The pandemic may have further created challenges for older survivors seeking help. For older people, reporting rates and help-seeking is affected by the lack of prioritisation of violence, abuse, and neglect of older people, the surrounding shame and stigma, and the lack of adequate services.<sup>132</sup> WHO estimates that only four per cent of cases of elder abuse were reported before the pandemic.<sup>133</sup> The Fund for Congolese Women in the Democratic Republic of the Congo highlights a lack of effective reporting mechanisms in rural areas as a contributor to underreporting during the pandemic.<sup>134</sup> Access to information about where to access support services can also be a major barrier for help-seeking during the pandemic.

## **Adequacy, relevance and coverage of violence, abuse, and neglect support services**

**Existing data gaps have translated into a lack of protection mechanisms, limited access to tailored services and a lack of effective prevention programmes for older people. Even where essential services for survivors of violence exist, these have been disrupted by restrictive pandemic measures.**<sup>135</sup>

For example, psychosocial support delivered through safe spaces or other group-based service-delivery mechanisms have typically been suspended during lockdowns because they are considered non-essential.<sup>136</sup> Shelters for women survivors, meanwhile, have been inundated and overcrowding has meant limited adherence to COVID-19 prevention guidelines.<sup>137</sup>

This is concerning for older women survivors who are at higher risk of serious health complications, disabilities, and death, partly due to underlying chronic health conditions.<sup>138</sup> Hotlines have been overwhelmed by calls and have found to be ‘unreliable’ in one report covering West African countries.<sup>139</sup> COVID-19 has also diverted international and government attention and funds away from gender-based violence support services, particularly services provided by women-led organisations.<sup>140</sup> This could have significant consequences, as in a number of contexts across the region these organisations are the only ones providing direct support to women, including older women, facing violence. Disability organisations, such as Leonard Cheshire Disability Zimbabwe, also report that the suspension of transport during enforced lockdowns has meant that survivors, particularly those with disabilities, have been unable to access support services.<sup>141</sup>

### **Box 3**

#### **Gender-sensitive measures to target violence against women**

The COVID-19 Global Gender Response Tracker compiled by UNDP and UN Women monitors policy measures enacted by governments to tackle the COVID-19 crisis, and highlights responses that are gender sensitive. Key measures tracked include those that target violence against women.

**Fifty-seven per cent of all gender-sensitive measures in sub-Saharan Africa (64 measures across 17 countries) focus on preventing and/or responding to violence against women and girls (VAWG).**

The tracker registers next to no measures targeted at most the marginalised women such as older women and women with disabilities.

**Over half of all VAWG measures in the region (35 in 13 countries) aim to strengthen services for women survivors.** Measures include introducing helplines and other reporting mechanisms, continued provision of psychosocial support, and police and judicial responses to address impunity. In Tanzania, for example, the call centre managed by Ministry of Health, Community and Development, Gender, Elderly and Children received more than 13,000 reports of gender-based violence in June 2020. UN Women is working with operators to provide information and support so they can better attend to all enquiries.

**The second most common type of measure taken in the region was awareness-raising and campaigns (14 measures in 12 countries).**

For example, in Angola, as part of the National Awareness Campaign for Rural Families on COVID-19, Faustina Alves, the Minister of Social Action, Family and the Promotion of Women gave a speech to emphasise that spending more time together should not be synonymous with tension between family members, nor violence within the family. He states that children, women, youth, people with disabilities and the elderly must remain at home during this period of mandatory confinement without running the risk of suffering any violence.

**Only six countries in the region have taken measures to improve the collection and use of VAWG data in the COVID-19 context.** This includes Cameroon, Kenya, Malawi, South Africa, Uganda, and Zimbabwe. In total, just seven measures have been taken in these six countries and improvements in relation to the collection and use of age-disaggregated data is not explicitly mentioned.

**Despite the critical importance of services to respond to and prevent VAWG, only seven countries in the region have included them in national and local COVID-19 response plans.** These include Côte d'Ivoire, the Democratic Republic of the Congo, Nigeria, Senegal, South Africa, Uganda, and Zimbabwe. This is concerning, since the pandemic will have long-lasting consequences that increase the risk of VAWG, and only commitments that are part of governments' sustained and long-term planning and policies can help to address these.

Given the lack of data on the impacts of COVID-19 on violence, abuse, and neglect of older people, HelpAge undertook a small-scale case study in Malawi to explore the potential impact of the pandemic on the prevalence of violence, abuse, and neglect of older people, with a focus on gender-based violence, and the specific risk factors faced by older people during the pandemic and recovery phase. It was also intended to explore the extent to which support services are accessible to, and inclusive of, older survivors.

The case studies were informed by a review of secondary evidence at country-level and key informant interviews with representatives from frontline support services and government service providers, and with two older women. Due to the small numbers of interviews, the findings presented in Box 4 should not be interpreted as representative of the situation of older people at risk of violence, abuse, and neglect in this context or in this setting. Rather, the interviews offer insights into the experiences of a handful of service providers and three individual older people that have not been heard during the pandemic.

#### Box 4

### Violence, abuse, and neglect towards older people in Malawi during COVID-19

COVID-19 and the response to prevent the spread of the virus triggered a series of adverse consequences for individuals and communities in Malawi. In April 2020, the government's attempt to enforce a lockdown was blocked by the High Court in Malawi but despite there being no nationwide stay-at-home order at this time, people were advised to stay at home. Many older people decided to stay at home and stopped working because of the virus. This may have heightened the risks older people faced of violence, abuse, and neglect.

*"I was just staying here at home. I had to cancel some trips I wanted to undertake since we were told that we were at a higher risk of being infected with the disease. I stopped going even to church."*

Older woman, urban area

The increase in stresses on family members and caregivers during the pandemic, including economic insecurity related to a fall in income, unemployment, health-related worries and a lack of social support are likely to have increased the perpetration of violence, abuse, and neglect. This may be particularly true for families living in a precarious situation before the pandemic, as one older woman outlined. A person's economic insecurity is also an individual risk factor to the experience of violence.

*"If we consider our means of finding money in Malawi, we live from hand to mouth. We earn money to be used the same day, and the following day [we are] looking for money again. If we look at people who work at our home, we had my husband, but because of COVID-19 and his older age, he stopped working because he is also at risk of becoming sick of the disease. ... In the past we could sell doughnuts at the market but with COVID-19 we cannot do that since we are instructed to stay at home... at times... we have slept without eating. I do understand why we have slept on empty stomachs, say because my husband has failed to find money to buy food."*

Older woman, urban area

*"When there was no COVID-19, I could sell firewood. The money realised from selling firewood could be used to buy maize flour to cook food. With the coming of COVID-19, the business is no longer operating."*

Older woman, urban area

*"[The government] should be helping us... [instead of] giving us lip service. For example, people who are told to stop work because they are at risk of being infected with COVID-19, they should have found means of helping them. These people quit work unexpectedly and there are many people, some from factories, who are affected. They stop work while not given their dues. Even if COVID-19 was not there, these old people need assistance when they stop working."*

Older woman, urban area

The physical isolation of older people has been accentuated in rural areas where access to support services is already limited. Older people find it more difficult to access critical information and services since the activities of institutions and authorities have gone online.

*"Many older persons are suffering in the remote areas. Even within the city [Mzuzu], some older persons walk over 10 kilometres to access the services."*

Representative from community-based support service

The interviews with this same representative revealed an increase of phone calls received from older people during the pandemic:

*"In March, government declared closure of all schools as a preventive measure against COVID-19. We also closed our centres for the elderly. As a result we provided very little support to the elderly in their homes, especially those who were ill."*

continued over

*The older persons did not have access to a range of services that we normally provide at the centres such as recreational activities, meals and healthcare. Again, we usually refer cases to Mzuzu Central Hospital for further management, but with COVID-19 it was difficult to do so. We received many calls for older persons requesting that we should re-open the centres as they were suffering at home.”*

Interviews with the two older women revealed that the pandemic has led to the unintentional neglect of older people. One woman highlighted that community members and other caregivers who supported her before the pandemic were no longer able to – both for economic reasons and fear of contracting the virus. The other older woman highlighted that she herself was unable to provide care to other people in her community during the pandemic.

*“Some of the people who were assisting me lost jobs such that they can no longer assist me. That is the problem that is there. ... People who assist me when they come to see me and note that I am sick, they take me to the hospital. ... Now they are not coming. They are not coming because they are afraid to contract COVID-19 from here.”*

Older woman, urban area

*“Because of the disease we have stopped travelling to assist people or going to visit sick people here or there. In the past when I hear that there is a sick person somewhere, I could take part in visiting such a person because I was a member of the home-based care group.”*

Older woman, urban area

One of the older women interviewed also reported the discriminatory and prejudicial attitudes she had experienced during the pandemic. The other revealed the verbal harassment she and two other older women had experienced from two adolescent boys in her community:

*“They said that old people like me are the ones who will go [die] first. ... They said that we are the ones who are at high risk... they yelled at us”.*

Older woman, urban area

*“I went to a house of someone to beg and I was ridiculed. They said that ‘you come here every day to beg. You just stay, you should start working to earn money’. But can I work now? It was a woman saying this while laughing but the message had been delivered. I stopped going there to beg. It was during COVID-19. I stopped begging. We, at times, stay for a week without food.”*

Older woman, urban area

Older workers also reported age discrimination at work.

*“He was told to stop because he was old and that being old, he was at a higher risk of suffering from COVID-19. He understood and accepted the decision to stop working. That is where we were getting financial assistance.”*

Older woman, urban area

Interviews revealed that, from March 2020, the government reduced funding to the Department of Older Persons and Disability Affairs, as money was diverted to support the pandemic response.<sup>142</sup> The department is responsible for the implementation of the National Policy for Older Persons, which outlines support services, protection mechanisms and some remedies for violence, abuse, and neglect of older people. One representative from a community-based support service lamented:

*“The state abused older people during the pandemic. They were told to stay at home, their movements were restricted as they are a high-risk group for contracting and dying of the disease. However, [the Malawi] government did not view them as a priority group. [The] government did not target them with a dedicated programme to cushion them during the pandemic. Older people were locked up in their homes like home arrest, and suffered in silence.”*

Representative from a community-based service provider

Older people are not adequately considered in the Malawi National Plan for COVID-19 Preparedness and Response and as one representative from the Ministry of Gender, Community Development and Social Welfare puts it:

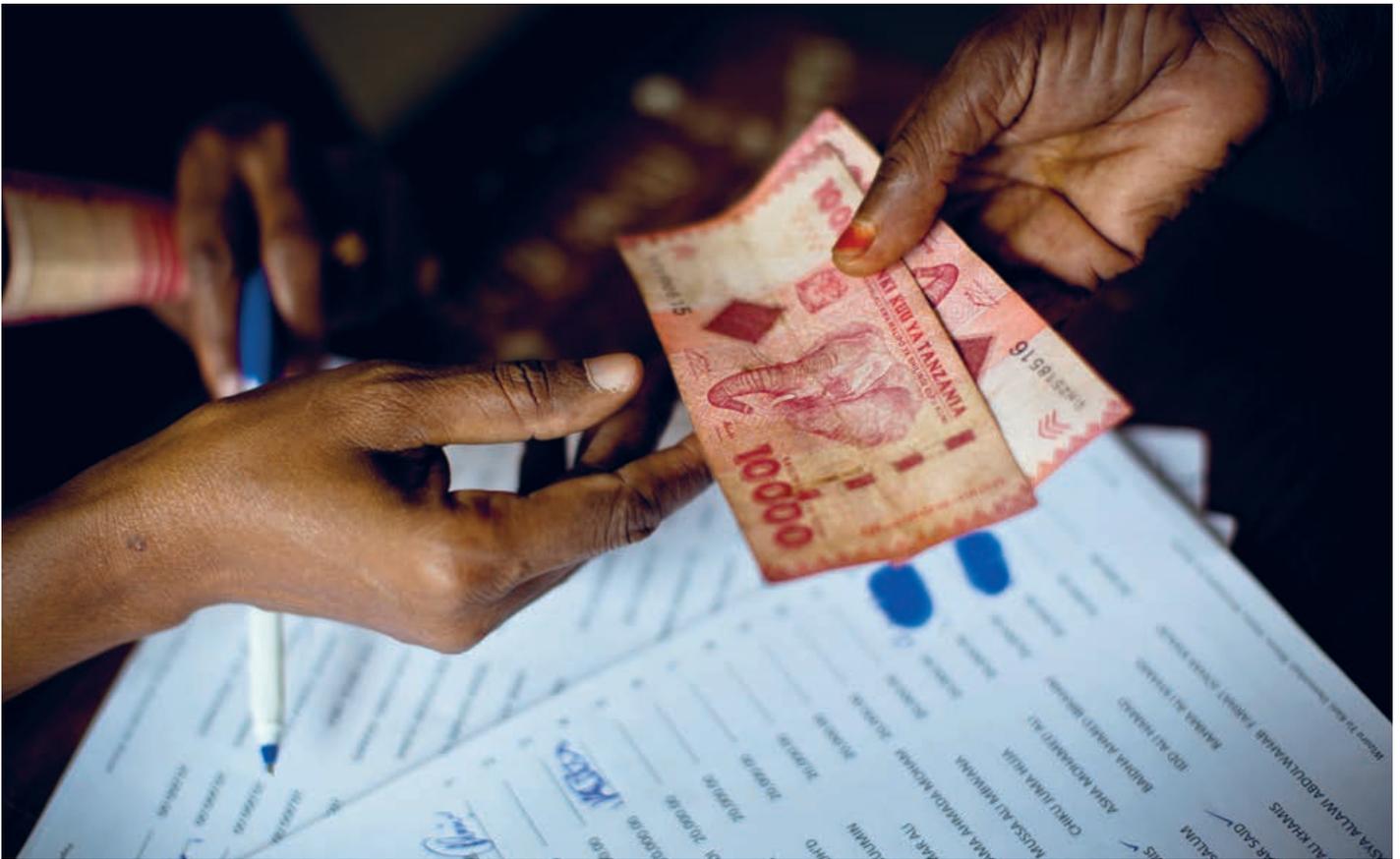
*“When we were trying to come up with the response plan, issues of older people were not even a priority.”*

While the Malawi government has adopted measures to strengthen services for survivors of violence during the pandemic, they did not make prevention and redress of VAWG an essential part of national and local response plans.<sup>143</sup> Neither were services to respond to and prevent VAWG identified as essential services, or as integral to the national and local COVID-19 response plans.<sup>144</sup>

## Recommendations

- Data producers in the Africa region including governments, National Statistical Offices, UN agencies, multilateral agencies, service providers and donors must collect, analyse and use data on violence, abuse, and neglect of older people to inform prevention and response measures. This must adhere to methodological, ethical and safety principles in the context of the restrictive measures imposed. National data gaps must be addressed beyond this as countries seek to build back better.
- Governments, policy makers, service providers and UN agencies must recognise older women and men as at risk of violence, abuse, and neglect during the pandemic, and prevention and response measures for older survivors must be included and adequately resourced as part of national and regional COVID-19 response plans and risk mitigation communication across the Africa region.
- Governments, UN agencies and donors must ensure the capacity of key service providers to identify and respond to cases of violence, abuse and neglect is enhanced, and coordination of support to older survivors improved – for example through virtual multidisciplinary teams, including care providers, healthcare and social workers, the judiciary and law enforcement.
- Governments, UN agencies, service providers and donors must ensure support services are maintained with efforts to ensure appropriate levels of personal protective equipment for staff. Services moving to remote delivery models must employ digital tools and technology that are accessible to all older people, including older people with disabilities.
- Governments, UN agencies, service providers and donors should establish helplines where they do not already exist, and they must be supported to remain functioning where they do. They should be free and accessible to all older survivors with multiple means of contact. Staff should be trained to identify and respond to cases of violence, abuse, and neglect, and refer older people for support without compromising their safety.
- Governments and service providers must ensure older people and community members are informed about how to recognise the signs of violence, abuse, or neglect; the increased risks at this time; and the availability of support services. This information must be provided via multiple channels (including radio, television, internet, print media, including notices in grocery shops or pharmacies) and in accessible formats that respond to different levels of literacy, language barriers and disabilities.
- Governments and UN agencies should prioritise public prevention and awareness-raising campaigns that target harmful gender stereotypes and ageist and discriminatory attitudes towards older people. Campaigns should advise people to reduce their consumption of alcohol and other substances and include advice on how to manage stress.
- Support services should prioritise regular home visits and contact with older people at risk of violence, abuse, and neglect, including older people with disabilities, with attention to their safety, as abusers are likely to be at home.
- Governments and policy makers must ensure the voices and lived experiences of older survivors are heard directly and used to assess and inform prevention and response measures. Consultation processes that support older survivor's voices to be heard must be formalised and offered in accessible formats.





## Income security and social protection

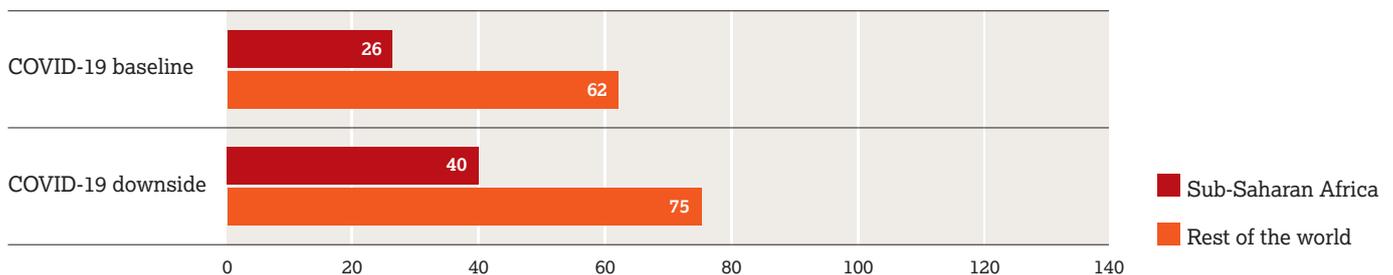


### Impact of COVID-19 on older people's income security

Older people's income security is impacted directly and indirectly by the COVID-19 economic crisis. While 47 per cent of older people in northern Africa have a pension, only 22 per cent have a pension in sub-Saharan Africa, and only 29 per cent have a pension in the African region as a whole.<sup>145</sup> In the absence of pensions, older people in Africa rely on work and support from family members. The economic impact will therefore affect older people in two main ways: reduced incomes from work, and declining support from families that are financially struggling.

In a continent with widespread poverty and economic vulnerability, COVID-19 will push millions of families further into poverty (see Figure 4 below). Before the crisis, 40 per cent of all people in sub-Saharan Africa and seven per cent in the Middle East and North Africa (MENA) region lived below the international extreme poverty line of US\$ 1.90 a day. In sub-Saharan Africa, people aged 55 and over made up around eight per cent of those in extreme poverty. The World Bank estimates that the pandemic will push 26 to 40 million more people in sub-Saharan Africa into extreme poverty.<sup>146</sup> Estimations made by HelpAge in June 2020 on the basis of earlier and more optimistic World Bank projections suggest that in sub-Saharan Africa alone, between 1.6 and 2.3 million more older people will become destitute as a result of the crisis.<sup>147</sup>

**Figure 4: Millions of additional poor at the US\$ 1.90-a-day poverty line, Sub-Saharan Africa and globally<sup>148</sup>**



**High levels of poverty, limited pension coverage and a reliance on work in older age pose serious threats to the income security and wellbeing of Africa's older population.** Africa has the highest rate of economically active older people in the world, with 55 per cent of Africans aged 60 years and older, and 34 per cent of those aged 65+ estimated to be in the labour force in 2019. Within this, 65 per cent of men aged 60 years and older are economically active, compared to 47 per cent of women in the same age group. In Africa's low-income countries, the percentage of economically active older people (those aged 60 years and above) rises to 67 per cent for women and 84 per cent for men.<sup>149</sup> Moreover, in Africa, 96 per cent of older people's work takes places the informal sector which provides little protection against income shocks and has been hit particularly hard by COVID-19.<sup>150</sup>

**Existing evidence highlights the negative impact of the crisis on older people's livelihoods and income security.** HelpAge analysis that focuses on older people in representative World Bank phone surveys conducted in the first quarter of 2020 indicates significant declines in older people's employment, livelihoods, and incomes because of the pandemic and lockdowns.<sup>151</sup>

In Malawi, 96 per cent of older respondents reported being worried about their household finances and 91 per cent shared concerns about becoming ill because of the virus. Eighty-three per cent of households with older people have experienced declines in income since the start of the pandemic, especially from farming, remittances, and household business, while 76 per cent of households with older people who engage in farming saw their income decrease from that activity.

In Uganda, 86 per cent of older people reported worrying about their household income, while 73 per cent shared their concerns about becoming ill from COVID-19. Eight per cent of older Ugandans lost their employment as a result of COVID-19 and 39 per cent of older people living in urban areas saw their incomes from (non-agricultural) family businesses decline – a higher percentage than for younger people. The analysis suggests that only a small percentage of Ugandans of all ages received remittances or assistance from the government or NGOs.

In Nigeria, 71 per cent of older people shared concerns about falling ill from COVID-19 and 89 per cent were worried about the pandemic's impact on household finances. Twenty six per cent of older Nigerians reported having to stop their work in the first quarter of 2020 and 79 per cent of those who had a business reported no or lower revenues, rising to 88 per cent of female-headed households.

**In-depth interviews with households in Kenya, including those with older people, on their experiences with COVID-19 conducted in August 2020 by the UK's Overseas Development Institute (ODI), with support from HelpAge, confirm the severe impacts of the pandemic and lockdowns on older people's livelihoods.** The research found that in Kenya

movement restrictions have resulted in lost income for small businesses and employed people with limited labour rights, such as domestic and transport workers, while the closure of local markets has reduced the income of small traders. At the same time, respondents in rural and urban areas reported increased costs of food and other staple goods, such as soap.<sup>152</sup>

*“As a shoemaker, before COVID-19, I could receive as high as 500 shillings [US\$ 4.5] a day. But now I hardly take home any money. On a good day, I can get 40 shillings [US\$ 0.36] at most.”*

**Older man, Nairobi**

*“The cost of food is very high and even getting it is not easy. I eat a meal a day of ugali [maize flour porridge] and omena [small fish] and add a banana.”*

**Older man, Nairobi**

**In humanitarian and crisis contexts, older people's food and income insecurity is especially severe.** This is discussed in the Humanitarian and conflict settings section, starting on page 40.

**Lack of data and methodological challenges in estimating individual poverty are likely to lead to underestimations of the impact of COVID-19 on older people's income and poverty.** In low- and middle-income countries, income and poverty estimates mainly rely on household-level survey data, and such approaches are currently being used to estimate the impact of the pandemic. For instance, the much-cited World Bank report *Reversals of Fortune*, which estimates that COVID-19 will force up to 150 million people into extreme poverty, relies on household surveys, as do the World Bank's COVID-19 phone surveys discussed above. While household surveys can be insightful, especially in the absence of other data, methodological assumptions, and diversity of living arrangements of older people across Africa, mean that analyses of household survey data may underestimate poverty in older age. For example, a commonly used rule to measure poverty at the individual level implicitly assumes that resources are distributed equally among all household members, which is often not the case. The authors of *Reversals of Fortune* recognise this and note that poverty rates presented “do not reflect differences in the distribution of income or consumption within the household and do not account for economies of scale in larger households”. Where resources are not shared equally with older people, or their households are relatively small, such approaches are likely underestimating older people's poverty.

Using data from income and expenditure surveys from 32 countries in Africa and Asia, a recent study by Development Pathways and HelpAge shows that measures of older-age poverty are sensitive to the methodological assumptions that underpin poverty statistics, and that the per capita approaches that are widely used tend to underestimate older people's levels of poverty.<sup>153</sup>

## Social protection responses to COVID-19

Social protection has been an integral component of governments' responses to COVID-19. By November 2020, 51 African countries and territories had undertaken 226 reforms to strengthen their social protection systems to protect livelihoods, people's wellbeing and economies from the impact of the pandemic. This includes the introduction of 86 new programmes and benefits for various populations, increasing the benefit amount of 38 programmes and improving delivery mechanisms for at least 20 programmes.<sup>154</sup>

**There are positive examples of African countries responding to the crisis with social protection interventions specifically for older people.** By September 2020, eight countries had increased pension benefits in response to the crisis. Kenya expanded the coverage of its social pension, South Africa advanced pensions payments early in the crisis, and Algeria, Egypt and Kenya adjusted their pension delivery mechanisms to ensure COVID-19-safe payments. While older people are likely also benefitting to some extent from general cash or in-kind assistance, Republic of Congo, Mauritania, South Sudan and Tunisia explicitly mention older people as a target group (see Table 6 below).<sup>155</sup>

**Despite important progress in expanding social protection programmes, Africa's social protection responses nevertheless fall significantly short of meeting the needs of poor and vulnerable populations.** Collectively, by September 2020, African governments and partners had spent just \$US 10 per capita on COVID-19 social protection, compared to US\$ 86 in the Middle East and North Africa, US\$ 359 in East Asia and the Pacific and US\$ 638 in Europe and Central Asia.<sup>157</sup>

Lessons from previous economic crises and emerging evidence on COVID-19 suggest that countries with effective and universal social protection systems are better prepared to protect their people and recover faster.<sup>158</sup> Evidence from Southern Africa shows that countries with rights-based, institutionalised and domestically funded social protection systems, such as Botswana, Mauritius, Namibia, and South Africa, were swift to provide emergency assistance to mitigate the COVID-19 lockdown effects.<sup>159</sup> In contrast, "countries in the region with weak, state-run social assistance, and [that] rely on international donors for finance, lagged far behind in introducing emergency measures to shield people's livelihoods".<sup>160</sup>

**COVID-19 has exposed the inadequacy of the continent's social protection systems but will not be the last crisis.** With the number of older people in Africa expected to rise significantly in the medium-term, and people's livelihoods increasingly threatened by the climate crisis, it is crucial for governments and partners to intensify their efforts to build universal social protection systems that can protect people from future shocks and crises.

**Expanding universal social protection systems in response to COVID-19 is particularly important as many older people have faced difficulties accessing emergency cash transfers.** A survey of HelpAge network members in Asia, Latin America and Africa, including Ethiopia, Kenya, Malawi, Mozambique and Tanzania, found that older people face significant challenges in accessing emergency social protection and cash transfer programmes.<sup>161</sup> These challenges stem from the rapid implementation of large-scale cash transfers to broad segments of a country's population with limited consideration to the needs and capacities of specific groups, such as older people and people with disabilities. These issues are often compounded by the reliance on ineffective and exclusionary pre-existing programmes – with out-of-date registries, strict quotas, and unreliable payment systems – as the foundation for a country's social protection response to COVID-19.

**Table 6: National social protection responses to COVID-19 targeting older people in Africa<sup>156</sup>**

Higher pensions benefits (8)	Expansion of pension coverage (1)	Advance of pensions payments (1)	Safe pension delivery (3)	Cash or in-kind support specifically to older people (4)
Cameroon Egypt Kenya South Africa Tanzania (Zanzibar) Tunisia Zambia Zimbabwe	Kenya	South Africa	Algeria Egypt Kenya	Republic of Congo Mauritania South Sudan Tunisia

## Box 5

### Gender-sensitive fiscal, economic, social protection, and employment measures

The COVID-19 Global Gender Response Tracker compiled by UNDP and UN Women monitors policy measures enacted by governments to tackle the COVID-19 crisis and highlights responses that are gender sensitive.<sup>162</sup> Key measures tracked include gender-sensitive social protection and labour market measures that target women's economic security or address unpaid care; and fiscal and economic measures providing support to feminised sectors of the economy.

Overall, the low number of employment, fiscal, and economic measures aimed at strengthening women's economic security or supporting the sectors that employ them signals a major gap in the response so far. Stronger action is needed to ensure that women, including older women, can keep their jobs or re-enter the labour market if they have become unemployed because of the pandemic. Of the 287 fiscal and economic, social protection and labour market measures registered for more than 40 countries and territories in sub-Saharan Africa, only 45 measures across 24 countries and territories address women's economic security – amounting to less than 16 per cent of the total fiscal, economic, social protection and employment response.

Twenty-two measures fall under the social protection category. The main social protection programmes that sub-Saharan African governments have used to strengthen women's economic security in the context of COVID-19 are cash transfers and food assistance, or other forms of in-kind support that prioritise women as the main recipients. For example, in Kenya, the National Safety Net Programme prioritises giving cash to women in beneficiary

households. The scheme is earmarked towards older persons, orphans, and other vulnerable members of society. In Nigeria, the state of Lagos has planned emergency food packages targeting the 200,000 most vulnerable households (around 1.2 million people). Within the target group, priority is given to single women, elderly and disabled people.

Labour-market measures and fiscal and economic measures to support feminised sectors of their economies have also been adopted. The latter includes sectors that absorb a higher proportion of women's employment compared to that of men. For example, South Africa's Department of Tourism made an additional ZAR 200 million (US\$ 12 million) available to assist businesses in the hospitality and tourism sector. The measure stipulated that preference be given to small and medium enterprises in rural areas and townships and those owned by women, young people, and persons with disabilities.<sup>163</sup>

Measures to address unpaid care are wholly inadequate to address the severe care crisis during the pandemic and do not support older women and men providing unpaid care. Of the 189 social protection and labour market measures registered across 42 countries and territories analysed in sub-Saharan Africa, only four measures across three countries and territories address unpaid care – amounting to just two per cent of the total response. This represents four per cent of all gender-sensitive measures. Measures that have been adopted to support unpaid care in the COVID-19 response include the provision of paid family leave, flexible work-time arrangements, or continued provision of care services.





## Recommendations

- Governments, multilateral agencies, and development partners should ensure the inclusion of older people and persons with disabilities in all socio-economic assessments of the pandemic and national and regional dialogues on social and economic policies.
- As the crisis continues and, in some countries, deepens, governments, multilateral agencies and development partners should continue to implement and, where relevant, expand adequate social protection programmes to those affected.
- Governments and implementers of social protection programmes need to ensure the inclusion of marginalised groups, older women and men, and persons with disabilities from policy design to implementation. In particular, governments and implementers need to ensure that social protection programmes are accessible for all, payment and distribution-points COVID-19-secure, and that older people and persons with disabilities are informed about programmes and their entitlements.
- Policy makers in governments, multilateral agencies and development partners should recognise that increased investments in universal social protection are needed to undo the damage to human and economic development caused by the crisis, and to achieve sustainable development and inclusive economic growth.
- Policy makers in governments, multilateral agencies and development partners should recognise that Africa's limited social protection and pension coverage meant that, even before the crisis, older people and persons with disabilities experienced widespread poverty and income insecurity, which worsened during COVID-19. Therefore, governments should be encouraged and supported to finally ensure at least basic income security for all older people through universal social pensions.
- Governments and implementers of social protection programmes should ensure that transfers meet individuals' needs and if household transfers are implemented, they should be designed to ensure the needs of all members, including older women and men, and persons with disabilities, are met.
- Policy makers within governments, multilateral agencies and development partners should ensure that financial support is targeted to older women and men who are providing unpaid primary and secondary care in response to COVID-19.
- Where older people chose to remain economically active, they should be supported by governments, multilateral agencies, and development partners to access decent work and employment opportunities, and be included in efforts to generate, and provided access to, decent work during and after the crisis.
- Governments, multilateral agencies, and development partners should specifically target older women in longer term efforts to improve women's income and livelihoods, ensure they can keep their jobs and support them to re-enter the labour market if they have become unemployed because of the pandemic.
- Policy makers in governments, multilateral agencies and development partners should critically review poverty estimates and rely on a variety of assessments to explore the poverty impact of COVID-19 on older people and other population groups and not solely rely on household surveys that are likely to underestimate older people's levels of poverty.



### Increased risks in humanitarian and conflict settings

#### A range of factors place people in humanitarian and conflict settings at increased risk from COVID-19.

While major outbreaks of COVID-19 have so far been prevented in large refugee settings, most refugees and displaced people live in communities, not in camps, and are thus exposed to the same risks of contagion as their hosts. However, a range of factors place internally displaced persons and refugee communities at increased risk.<sup>164</sup> Poor housing conditions and inability to adhere to prevention measures such as social distancing and frequent handwashing reduce capacity to prevent the spread of infection. In Somalia, health services in the country's camps have been scaled back, and in the Democratic Republic of the Congo, immunisation has declined significantly, heightening the risk of outbreaks of preventable illnesses. Lockdown measures are restricting people's movement, both internally and beyond. The closure of borders between Burkina Faso, Mali and Niger, for example, caused a significant shift in cross border displacement patterns. Where people might normally have fled abroad, escalating violence in the Tillabéri and Tahoua regions of Niger triggered more internal displacement instead.<sup>165</sup> Restrictions are also likely to make it yet harder for internally displaced persons to exercise their political rights during elections, and specific movement restrictions placed on them may increase the discrimination and risk of violence they face.<sup>166</sup>

**COVID-19 is exacerbating existing vulnerability and increasing income and food insecurity among refugees and internally displaced persons.** The Africa regional UNHCR reports raise awareness of the negative socio-economic impact of COVID-19 on refugees, internally displaced persons and their host communities during COVID-19. They note that:

*“Refugees who had previously been self-sufficient turned to UNHCR for assistance, desperate for food and cash to pay their rent. As elsewhere, COVID-19 has exacerbated poverty, the consequences of natural disasters and drought, food shortages, weak social protection schemes, and the vulnerability of individuals with pre-existing health conditions, such as HIV/AIDS.”<sup>167</sup>*

Oxfam reports on Africa's East, Horn and Great Lakes (EAGL) Region, highlighting the impacts on household incomes and food insecurity. The World Food Programme estimates food insecurity in East Africa will reach 43 million because of COVID-19 and associated government restrictions. A large portion of the population in the EAGL region has fragile livelihoods, and up to 80 per cent of non-agricultural employment is informal, requiring frequent social interaction. Consequently, many low-skilled workers have lost their employment, raising concerns over people having to sell productive assets to meet their basic needs. This can compromise economic recovery or force people to engage in negative coping strategies that could expose them to protection risks. Women make up as many as 92.8 per cent of the share of informal employment and their control over resources and decision making is likely to be further strained by the pandemic because of the loss of casual income and access to markets.<sup>168</sup>

### The impact of COVID-19 on older people in humanitarian and conflict settings

#### There is limited age-related analysis of COVID-19 in humanitarian and conflict settings in the region.

A study by the Stakeholder Group on Ageing Africa during COVID-19 provides some insight, alongside data from HelpAge's rapid needs assessments of older people (RNA-OPs) in five humanitarian settings with displaced populations (in Borena and Gambella in Ethiopia, Mozambique, South Sudan, Uganda, and Tanzania).

**HelpAge COVID-19 RNA-OPs highlight the widespread food and income security experienced by older people because of the pandemic, as well as the inadequacy of support provided by humanitarian agencies and governments.** In Ethiopia, 73 per cent of older women and men and older people with disabilities reported not having enough food.<sup>169</sup> In both Borena and Gambella region, food security was the priority for over half of interviewed older people.<sup>170</sup> In both locations, the quality of people's diet was reported to have been impacted by falling incomes as a result of movement restrictions and price increases. Those receiving food aid in camps were less likely to have reduced their food intake. In urban Juba in South Sudan, 31 per cent of older people reported reductions in the quantity of food consumed and 43 per cent in the quality of food consumed.<sup>171</sup> Likewise, 57 per cent per cent of older refugees in Uganda's Adjumani Refugee Settlement told HelpAge that they were eating less since the onset of COVID-19.<sup>172</sup>



**Access to essential services, personal protective equipment (PPE), medicine, and shelter were key concerns across settings.** Overall, 40–50 per cent of respondents across the five countries surveyed reported reduced access to health services, while in Tanzania, 88 per cent of displaced older women and men reported that they could not afford PPE. In Ethiopia (Gambella), Mozambique, Uganda and Tanzania, older people's second highest priority was access to medicines, while in South Sudan shelter was the second priority, reflecting pre-existing concerns. In South Sudan, older people from the host community were far less able to access services than displaced older women and men, with water, sanitation and hygiene (WASH), health and PPE services all being far more difficult for them to reach. This was also reported to be leading to higher levels of anxiety. More generally, WASH facilities were reported as either insufficient, inaccessible, or people were too afraid to use them for fear of COVID-19 transmission.

**Protection risks and violence, abuse, and neglect were concerns reported by older people in many settings, alongside high levels of anxiety.** As many as 92 per cent of older women and men in Borena, Ethiopia reported that they were concerned about their safety when accessing humanitarian aid. Neglect was also raised as a common concern in several countries. Men were thought to be at higher risk of financial abuse, neglect, and isolation, while older women were seen to be more at risk of physical abuse. The studies revealed extremely high levels of anxiety among the older population. In Juba, 57 per cent reported being anxious all or most of the time. In Uganda, 83 per cent of older people were anxious, and in Gambella, Ethiopia, only three per cent of older women and men said they felt able to cope.

**In addition to HelpAge's COVID-19 RNA-OPs, the Stakeholder Group on Ageing Africa survey on the impact of COVID-19 on older people highlights the combined impacts of conflict and the pandemic on older women and men in Cameroon.** A case study included within the survey report details increased numbers of older people with dementia and other mental or cognitive challenges in a context of weak healthcare systems, shortages of health workers, and lack of trust in government. It notes that there are no special containment and mitigation measures tailored to older people's needs and that older people are equally likely to experience food insecurity, lack of care, and inadequate sensitisation about COVID-19 as younger age groups. Due to the insecurity in the country, older people are often reported to be abandoned, including because of increased rural to urban migration of family members who provided care. An absence of healthcare facilities in rural communities, lack of direct government social protection and absence of basic social amenities to support healthy ageing are reported to have further eroded older people's human rights.<sup>173</sup>

**The Stakeholder Group on Ageing Africa survey notes that the impact of COVID-19 must be understood in a context of the pre-existing neglect of older people's needs in humanitarian settings during emergencies.** It also highlights that because of misinformation on COVID-19, IDPs, refugees and migrant workers may be assumed to be spreaders of the virus, which has led to discrimination in some contexts.<sup>174</sup>

## Recommendations

Governments and humanitarian actors should:

- Ensure consistent use of the Humanitarian Inclusion Standards for older people and people with disabilities, and the Inter-Agency Standing Committee (IASC) Guidelines, Inclusion of People with Disabilities in Humanitarian Action, to design inclusive activities that respond to the needs and rights of older people, including those with disabilities.
- Consult and actively engage with older people, including those with disabilities, to ensure they are involved in the design, implementation, and evaluation of all activities, including those specifically concerned with COVID-19 prevention and response.
- Strengthen sex-, age- and disability-disaggregated data systems to capture COVID-19 cases, check whether responses are inclusive or not, and analyse data to address the needs of older internally displaced persons and their families.
- Ensure essential services are available and accessible to all older people.
- Ensure health services have sufficient stocks of medicines – including for NCDs and chronic conditions that many older people face – through strengthening multisectoral efforts to ensure the availability of holistic health services in each facility in each camp.
- Establish WASH committees to address the safe access, privacy, and distance issues relating to facilities. Older women, men and older people with disabilities should be well-represented on these committees.
- Include older people in livelihood recovery programmes and encourage humanitarian actors to work together to collect and share real-time data on the impact of COVID-19 on markets and livelihoods, and on the vulnerability of refugees, internally displaced persons, asylum seekers, host communities, older people, and people with disabilities.
- Implement initiatives to reduce anxiety, provide psychosocial support and prevent isolation and neglect, as these are an essential as measures to control transmission are rolled out.
- Consider ways to align humanitarian interventions designed to increase resilience in the context of COVID-19 with existing and new systemic interventions to enable displaced older persons to access social protection and health systems in the long term.



## Voice, dignity, and rights



**Evidence and data on the impact of COVID-19 on the voice, dignity, and rights of older people is extremely limited**, meaning there is little analysis of how older people's rights have been affected by discriminatory age-based measures imposed during the pandemic. Unlike other sections of this report that are based on published studies, and government documents and data, this section of the report is based on information primarily from HelpAge's consultations with older people, and from media articles. A human rights perspective was missing from the overall response at the outset. This shifted over time with leadership from different quarters on the need to act in accordance with international rights standards and principles.

**Responses to the COVID-19 pandemic have had a significant impact on the voice, dignity, and rights of older people, exposing and exacerbating existing challenges older people face and giving rise to new ones.** At HelpAge, the term 'voice' is often used as an umbrella term to capture the areas of participation, empowerment, agency, autonomy, and accountability. At its core, voice aims to ensure that older people can influence decisions that affect their lives, claim, and enjoy their rights, and challenge ageism and inequality. Human rights instruments set out the minimum standards necessary for everyone to live a life of dignity. Consultations with older people carried out by HelpAge have shown that older people's understanding of their rights varies. Some feel that governments are unaware of them.

***“The local leaders and service providers do not know about older people's rights. They cater for children, the youth, women and others, but older people are left behind.”***

**Older man, Rwanda<sup>175</sup>**



Anteneh Teshome/HelpAge International

**However, there were – and continue to be – huge challenges in recognising older people as full rights-holders.** These include the persistent framing of older people as a 'vulnerable group' and the narrow focus on health and social protection responses – necessary though these are. Virtually no attention is paid to the impact of public health measures on rights such as access to justice, autonomy and independence, or participation as equal members of society. Equally, there is little available data or analysis on the impact the pandemic has had on older people's ability to exercise their voice. Reports that do focus on older people do not focus on their empowerment and agency or on their access to accountability mechanisms. In this context, activity carried out by HelpAge and partners during the pandemic, including a voice survey of global staff, network members and partners conducted by HelpAge between June and July 2020, and consultation with older people on their rights during COVID-19 in 10 countries<sup>176</sup> together provide important insights on the impact of the pandemic.

### Access to information

**A key concern is the extent to which older people have access to information and guidance on COVID-19 and response measures, and about their rights and entitlements in the context of the pandemic.** Access to information is critical not only to enable older people to protect themselves from the virus but also to enable them to access services, make decisions about their lives, claim their rights and to effectively monitor and hold governments to account.

**Older people have struggled to access information during the pandemic.** A HelpAge voice survey of regional and country-level staff and network members in 2020 found that older people have had little access to information on the pandemic in some African countries. This was also reflected in HelpAge's COVID-19 RNA-OPs, in which an average of 30 per cent of older women and men reported having no access to information. In Kenya and Uganda, older women were less likely to report being able to access information than older men, and older people with disabilities reported significant challenges in access to information in Mozambique and Uganda, particularly those with visual impairments. People over the age of 80 years also reported barriers to information in numerous settings.

**The challenges faced by older people to accessing information include longstanding barriers that have been exacerbated by COVID-19, as well as new challenges.** Key barriers highlighted across settings included materials not being tailored to the communication needs of different groups of older people; literacy issues; little information being provided in local languages; and information not being targeted specifically at older people (i.e. no focus on the particular risks they face or the links with chronic underlying health conditions). Information only being available online is another key challenge older people are facing. Only 25 per cent of the population in Africa use the internet, compared to 55 per cent globally,<sup>177</sup> and older people, especially older women, are consistently less likely to be online.<sup>178</sup> This corresponds with the findings of HelpAge’s COVID-19 RNA-OPs from Kenya, Mozambique, Rwanda, South Sudan, Tanzania, and Uganda, where only two per cent of respondents aged 50 and older identified the internet as a preferred method of receiving information compared to 70 per cent who reported relying on radio, 34 per cent on word of mouth and 33 per cent on community meetings.<sup>179</sup>

*“Many elderly persons in rural communities were not fully informed about the pandemic and how they could protect themselves.”*

NGO representative, Nigeria<sup>180</sup>

*“Many older people also lack cash to purchase batteries for radios, electricity or data for internet.”*

NGO representative, Uganda<sup>181</sup>

**Challenges related to misinformation have also been reported in numerous settings.** In HelpAge’s COVID-19 RNA-OPs, misinformation was reported in Mozambique, Rwanda, South Sudan and Zimbabwe, where older people had heard that COVID-19 was being spread through Chinese-made mobile phones. In South Sudan, older people said they were reluctant to wear masks as they had heard they were being deliberately infected with the virus. The spread of misinformation in this context may be linked, at least in part, to a reliance on, and sometimes a preference for, receiving pandemic information by word of mouth. Almost half (49 per cent) of older people in Mozambique reported preferring to receive information by word of mouth and in Zimbabwe older people were reliant on peers and family members for information. Misinformation and ‘distorted’ information through word-of-mouth communication was also reported in the HelpAge voice survey.

*“The information about COVID-19 is fragmented and worries older people. Many do not have access to information and third-person information is sometimes distorted.”*

NGO representative, Kenya<sup>182</sup>

**However, examples of accessible and quality information reaching older people have also been found.** Responses to the HelpAge voice survey highlighted that accessible and quality information was being provided by a range of sources including government, civil society organisations, friends, families, communities, and Older People’s Associations, or through partnerships and joint working between different groups.<sup>183</sup>

*“Radio jingles have been developed targeting the rights and safety of the older persons and the society as a whole.”*

NGO representative, Nigeria<sup>184</sup>

*“Messages are being translated into local language to be aired in the community radios, posters are also printed out in local languages and some of them are directly targeting older people.”*

NGO representative, Uganda

**Access to information must be seen in a context of declining freedom of information and freedom of expression in some settings.** For example, in Tanzania the media were barred from covering the pandemic, while there have been reports of journalists being detained in Ethiopia and Nigeria.<sup>185</sup> Such examples pose serious threats to people’s health during the COVID-19 pandemic and their right to information.

## **Older people’s voices not being heard**

**Lockdowns and other restrictions on movement and gatherings have impacted older people’s access to convening spaces and their ability to engage in voice-related activity.** HelpAge’s voice survey found that opportunities for older people to come together with others and to share their experiences and form a collective voice were limited by the pandemic.<sup>186</sup> While this has forced some to engage online and through different media, for those who lack access to and/or knowledge and confidence in using digital technology, the shift has resulted in them being cut-off from convening spaces altogether. In Mozambique it was reported that not being able to come together with others has meant that some groups of older people have lost their ability to raise their voices at all as they rely on the presence of their peers to give them the confidence to speak.<sup>187</sup>

*“Older women usually sit together in community gatherings as a way of mutual support to voice issues... without peer support lonely women cannot voice grievances or issues in a ‘differently’ set-up environment.”*

NGO representative, Mozambique<sup>188</sup>

**HelpAge’s voice survey highlighted that older people have had limited opportunities to participate and have influence in decision making processes during the pandemic.** This was reported to be related to governments and others adopting top-down, centralised approaches that do not allow consultation with key stakeholders.<sup>189</sup> In some settings, there were reports that older people had no access at all to decision makers, even at the local level.

*“Everything about older people is being said and done without their inclusion.”*

**NGO representative, Kenya**

**Multiple reports have been received that highlight that older people are denied their right to participation in the design and implementation of public health responses, and there are some examples where older people have actually lost their existing rights to participate in local structures during the pandemic.**

This is the case, for example in Ghana and Liberia,<sup>190, 191</sup> and in Uganda, where before the pandemic, older people were part of local council structures and had a voice in local decision making. However, information from HelpAge network member, Uganda Reach the Aged Association highlights that older people have been left out of district and national COVID-19 taskforces.<sup>192</sup> In Rwanda, lack of consultation with older people was attributed to the lack of a national strategy on ageing and accompanying mechanisms for engagement. In a recent consultation with older people, HelpAge found that knowing the right people or having access to certain resources allowed some older people to enjoy their rights more than others during the pandemic.<sup>193</sup> For example, in Kenya, one older person said that only older people in privileged positions has access to decision makers.

*“[It would be good to] have an older persons’ representative to talk to decision makers about how older people can get direct help. The government should reach out to older people everywhere and not just in the capital. Our elected leaders should be accessible to all members of society during a pandemic, not just privileged ones.”*

**64-year-old man living alone in an urban area, Kenya<sup>194</sup>**

## **Discriminatory age-based public health measures**

**Some governments across the region have introduced age-based public health measures to restrict the movement of older people at different stages of the pandemic.** In South Africa, older people were required to stay at home while the rest of the population came out of national lockdown.<sup>195</sup> In Cote d’Ivoire, older people were subject to compulsory home confinement.<sup>196</sup> In Cabo Verde, the government recommended that people over the age of 65 years wore face masks when outside of the home.<sup>197</sup> In Mauritius, older people were only allowed to go shopping between 9am and 10am,<sup>198</sup> while in Kenya, public servants and those in the private sector over the age of 58 were asked to take paid leave.<sup>199</sup>

Under international law, public health measures may restrict some human rights, but they are not allowed to discriminate (see Box 6).<sup>200</sup> Discrimination is treating people differently, based either directly or indirectly on any characteristic such as age, gender or disability, with the intention or result of denying them their human rights on an equal basis with others. Although age-based public health measures have been introduced to stop the spread of the virus, protect health services and reduce the death rates amongst the older population, they fail to take into account the diversity among older people and the negative impact that long periods of isolation have on older people’s physical, mental and cognitive wellbeing. Based on age alone, age-based public health measures have restricted older people’s rights more than those of people in other age groups and as such, they have been discriminatory.

### **Box 6**

#### **Rights-based public health measures**

Public-health measures that restrict our rights must be based on scientific and medical evidence. They must be temporary and regularly reviewed so they are used only when strictly necessary and in accordance with the law. They should be proportionate and cause the least possible harm to our wellbeing. They should not discriminate.

## **Denial of rights**

**Public health measures and other policy decisions made during the pandemic have limited older people’s right to equal access to services and denied their rights to freedom of movement and participation as equal members of society in social, religious, and economic life.** In some contexts, they have also affected their access to justice, and to accountability and redress mechanisms.

*“Older people should be allowed to continue operating [their businesses] when restrictions are put in place, as we depend only on what we have, compared with young people who can adapt and do other things.”*

**65-year-old man, mechanic living alone in an urban area, Kenya<sup>201</sup>**

*“COVID-19 has separated the older people as rights holders from the rights providers. The rights providers rarely engage the older people in their homes, the older people have no means of transport in case there is need to move to courts [...] This prevailing condition has hindered rights access by older people [...] Their land has been grabbed, property sold and their health unattended to.”*

**NGO representative, Uganda**

**Older people's right to health has been denied.** As described in the section on Health and care, starting on page 20, decisions to suspend or reduce non-COVID-19 related health services for some non-communicable diseases such as diabetes and heart disease to free up capacity have left older people who are disproportionately affected by NCDs with unmet health needs.<sup>202</sup> In addition, in some contexts, age has been used as a criterion to deny older people access to scarce medical resources, as in South Africa.<sup>203</sup> Governments have a duty to uphold older people's right to health, including their access to healthcare, medical services and information on an equal basis with others and without discrimination. As demand on health services increases, everyone must be guaranteed equal access to the life-saving treatment they need. As with public health measures, protocols on the allocation of scarce medical resources ('triage') must be based on clinical assessment, medical need, scientific evidence and ethical principles, and not on non-medical characteristics such as age or disability.

**Public health measures and system failures have diminished older people's enjoyment of their right to social security and social protection.** Older people's right to social security and social protection has been denied where they have not been able to access emergency social protection and cash transfer programmes, as described in the Income security section, starting on page 35. Many have also reported that payment of regular entitlements has been interrupted or suspended during the pandemic. This is the case in Uganda.<sup>204</sup> This situation has compounded older people's income and food insecurity, as well as their access to essential services. In Ghana, older people have been excluded from social intervention programmes<sup>205</sup> and in Nigeria, older people on low incomes who have been unable to work have not received the government subsistence cash transfer.<sup>206</sup> And in Kenya, not being able to work meant services were no longer affordable to some older people.

*"I have no finances to access basic services any longer."*

**70-year-old man working in the informal sector, living alone in an urban area, Kenya<sup>207</sup>**

**A shift to accessing services digitally or online has been a barrier to equal access for some older people.** In some settings this has affected older people's access to information, as well as affecting their access to services, including justice, where these have been moved online.<sup>208, 209, 210</sup>

*"Service providers did not want to help us to avoid getting the Corona, telling us to do everything online. We have no clue how to do that."*

**63-year-old retired government worker living with her children in an urban area, Rwanda<sup>211</sup>**

**Older people's right to care and support to enable them to live autonomous and dignified lives has been denied where older people's access to care and support has been affected.** This has been the case in Kenya, where access to day care services has been reduced,<sup>212</sup> and in settings where bans on public transport significantly reduced the informal care and support older people received in their homes from relatives, friends, and civil society organisations. This left them isolated and without access to adequate food, as in Uganda.<sup>213</sup> Bans on visitors to care homes, for example in South Africa, have also denied older people their right to a family life and had a significant impact on older people's mental health and wellbeing.<sup>214</sup>

## **Ageism and stigma**

**The categorisation of COVID-19 as an older person's disease, ageist language used during the pandemic, and the use of age-based measures in some contexts, have led to stigmatization and discrimination towards older people, and fear among them.**<sup>215</sup> In Tanzania, where the Minister of Health advised social distancing with older people as far as possible, older people said relatives denied them food or reduced their food portions and would not allow them to leave the house.<sup>216</sup> This was also reported in Ethiopia, where older people were reported to be confined to the house by their families. In Kenya, while older members of the National Assembly were mocked by the House Minority Whip,<sup>217</sup> older people said they felt discriminated against and stigmatised, worrying that young people think that COVID-19 is a good thing as it is "getting rid of older people".<sup>218</sup> In Rwanda, older people have reported that service providers did not wish to serve them for fear of infection.

*"They only cater for the youth. There are few workers, and they don't interact with many people due to the fear of Corona. A lot stopped. They only like working with younger people, neglecting older people."*

**60-year-old retired hotel worker living with his spouse in an urban area, Rwanda<sup>219</sup>**

Living in a state of fear, stress, and anxiety alongside a loss of autonomy and increased dependency on others has threatened older people's dignity in some places.

*"Dependency has increased. I live with grandchildren who used to go to school and are now forced to be with me throughout. I have to borrow for them to have a meal."*

**81-year-old woman living with her grandchildren in a rural area, Kenya<sup>220</sup>**

## Recommendations

- Governments should ensure all age-based public health measures that deny older people their rights on an equal basis with others are withdrawn. Alternative public health measures should be introduced that minimise the risk of infection for everyone, including older people. They should be informed by gerontological knowledge and lessons learned from the current pandemic on wellbeing and mental health. They should also recognise older people's own judgement when provided with information and advice.
- Governments must regularly assess all public health measures to ensure they are necessary, in line with human rights principles,<sup>221</sup> the law, and do not have a disproportionate impact on older people. If they do, amendments must be made to ensure older people's enjoyment of their rights on an equal basis with others.
- States should adopt a UN convention on the rights of older persons that would provide a definitive, universal position that age discrimination is morally and legally unacceptable; that would clarify how human rights apply in older age; and guide governments on how to meet their responsibilities to uphold those rights.
- Governments should ensure that as they build back better and respond to possible future pandemics, they consult and listen to older people's views and create accountability mechanisms that are appropriate and can be accessed by different groups of older people in different contexts with different needs.
- Governments must recognise older people's own agency and decision-making competencies and ensure they receive health messaging and information in formats that are appropriate for them so they can weigh up risks and benefits in their specific circumstances.
- Policy and other measures to respond to the social and economic impact of the pandemic should ensure older people enjoy their rights on an equal basis with others.



Peter Caton/Age International



Peter Cator/Age International

## Conclusion

**COVID-19 has starkly exposed the inadequacy of systems at local, national and international level to meet the needs and uphold the rights of older people, and to effectively promote their resilience and support them during crises.**

The pandemic has shone a light on the quality, coverage, adequacy, and flexibility of systems and highlighted their failures in many places. It has also exposed and exacerbated deep rooted ageism in our societies.

The shocking numbers of deaths of people in older ages that we have witnessed have, in too many settings, been accepted, and the human rights of older people ignored and violated.

**COVID-19 is a clarion call.** The pandemic illustrates the importance of financing and implementing the Sustainable Development Goals to build resilient and equitable systems and societies for everyone, including older people. This is essential to ensuring we all have the opportunity to recover successfully from COVID-19, that we can build back better and that we are prepared for the future in an ageing world.

# Annex 1:

## Country governments with humanitarian and socio-economic response plans in Africa

Response plans	Countries adopting
Humanitarian response plans (HRPs)	Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Libya, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan
	<b>Countries added to May 2020 update of Global HRP:</b> Benin, Djibouti (part of Regional Migrant Response Plan (RMRP) for Horn of Africa), Liberia, Mozambique, Sierra Leone, Togo, Zimbabwe
	<b>Countries part of regional Refugee Response Plans (RRPs):</b> Angola, Burundi, Cameroon, Chad, DRC, Egypt, Kenya, Niger, Nigeria, Republic of Congo, Rwanda, South Sudan, Uganda, Tanzania, Zambia
Socio-economic response plans <sup>222</sup> (SERPs)	Algeria (draft, undated), Angola (April 2020), Benin (draft, June 2020), Botswana (April 2020), Burkina Faso (draft, April 2020), Burundi (undated), Cameroon (July 2020), Cape Verde (March 2020), Central African Republic (July 2020), Chad (draft, May 2020), Comoros (June 2020), Republic of Congo (July 2020), Cote D'Ivoire (April 2020), Djibouti (draft, June 2020), DRC (July 2020), Egypt (July 2020), Equatorial Guinea (draft, undated), Eritrea (final, undated), eSwatini (draft, May 2020), Ethiopia (July 2020), Gabon (final, undated), Gambia (draft, April 2020), Ghana (April 2020), Guinea (April 2020), Kenya (draft, June 2020), Lesotho (draft, April 2020), Liberia (Sept 2020), Libya (draft, undated), Madagascar (July 2020), Malawi (undated), Mali (July 2020), Mauritania (undated), Mauritius (Jan 2020), Morocco (April 2020), Mozambique (Aug 2020), Namibia (undated), Nigeria (undated), Rwanda (Sept 2020), Senegal (draft, April 2020), Seychelles (Jan 2020), Sierra Leone (draft, undated), South Africa (May 2020), South Sudan (April 2020), Sudan (undated), Togo (July 2020), Tunisia (May 2020), Tanzania (July 2020), Uganda (draft, April 2020), Zambia (July 2020), Zimbabwe (July 2020)

# Annex 2:

## Inclusion of older people in COVID-19 surveys by UN agencies and NSOs

The table below presents data collection efforts by UN agencies and National Statistical Offices to assess impact of COVID-19 on populations and their inclusion of older people. For a discussion on the information

included in this table, see the section of this report starting on page 17, Official data on older people during COVID-19.

	FAO Food Insecurity Experience Scale					ILO					NSO					UN Women Rapid Gender Assessment					UNDP Household Social Economic Impact Survey					WFP					World Bank									
	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A	S	C	O	D	A
BFA	P										C+	1	1	1	0	T																				C+				
BDI																																								
CAF	T															P																								
TCD	T															T					O										C	1	1	1	0					
COD	T															T																								
ERI																																								
ETH	P															P															C	1	1	1	0					
GMB																P															I									
GIN	P															P																								
GNB																T																								
LBR	P																				P										I									
MDG																					P																			
MWI	O															P															C	1	1	1	0					
MLI	P															P															C	1	1	1	0					
MOZ																T																								
NE	T															P																								
RWA											C	1	0	1	1	P																								
SLE	P										C	ni	ni	ni	ni						P										I									
SOM	P																																							
SSD	O																														I	ni	0	1	0					
SDN	T					P																									I									
TGO	P															T															I									
UGA	P															P															C	1	1	1	0					

Source: Task force on COVID-19 and household surveys, COVID-19 impact surveys updated 5 November 2020, <https://unstats.un.org/iswghs/task-forces/covid-19-and-household-surveys/COVID-19-impact-surveys/> (18 November 2020)

### Key:

ni – no information

+ – Survey conducted in partnership with NSO/WB

Survey status (S): P – in preparation, I – implementation started, C – completed, T – tentative, O – ongoing.

Sample coverage (C): 1 – older people were interviewed, 0 – older people were not interviewed.

Open data (O): 1 – dataset available to public for further analysis, 0 – data is not available.

Dissemination (D): 1 – summary report of findings is available, 0 – summary report of findings is not available.

Analysis (A): 1 – analysis of data on older people is consistently presented throughout the summary report, 0 – the summary report either doesn't include or has very limited analysis of data on older people.

# Annex 3:

## COVID-19 surveys – collected data relevant to older people

The table below highlights the data collected and gaps in available questionnaires and summary reports outlined in Annex 2. This evidence is for illustrative purposes as some of the surveys, both those that have been completed and those that are still planned or are ongoing,

have limited accessible documentation. For a discussion on the information included in this table, see the section of this report starting on page 17, Official data on older people during COVID-19.

		Demographic characteristics of the respondent			Household roster		Health and care						Personal experience or perception of violence, abuse and neglect	Income security and livelihood				Voice, dignity, rights	
		Age	Disability	Sex	Older people	Other members of household	C19 impact on physical health	C19 impact on psychological, mental health	Underlying conditions	Health insurance coverage	Access to health services	Access to medication		Employment	Government benefits, pension	Income, savings, loans	Access, consumption, expenditure on food & goods	Knowledge of C19	Sources of information on C19
BFA	FAO																		
	NSO	•		•	•	•	•		•	•	•		•		•	•	•		
	UNW*																		
	WB	•		•	•	•	•			•	•	•	•	•	•	•	•		
BDI																			
CAF	FAO															•			
	UNW*																		
TCD	FAO															•			
	UNW*																		
	UNDP*																		
	WB	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•
COD	FAO																•		
	UNW*																		
ERI																			
ETH	FAO																•		
	UNW*																		
	WB	•		•	•	•				•	•		•	•	•	•	•	•	
GMB	UNW*																		
	WB*																		
GIN	FAO																•		
	UNW*																		
GNB	UNW*																		

continued over

		Demographic characteristics of the respondent			Household roster		Health and care						Personal experience or perception of violence, abuse and neglect	Income security and livelihood				Voice, dignity, rights	
		Age	Disability	Sex	Older people	Other members of household	C19 impact on physical health	C19 impact on psychological, mental health	Underlying conditions	Health insurance coverage	Access to health services	Access to medication		Employment	Government benefits, pension	Income, savings, loans	Access, consumption, expenditure on food & goods	Knowledge of C19	Sources of information on C19
LBR	FAO																		
	UNDP*																		
	WB*																		
MDG	UNDP*																		
MWI	FAO*																		
	UNW*																		
	WB	•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	•
MLI	FAO																		
	UNW*																		
	WB	•		•	•	•				•	•		•	•	•	•	•	•	•
MOZ	UNW*																		
NER	FAO																		
	UNW*																		
RWA	NSO	•		•										•		•			
	UNW*																		
SLE	FAO																		
	NSO°																		
	UNDP*																		
	WB*																		
SOM	FAO																		
SSD	FAO																		
	WB*									•			•		•	•	•		
SDN	FAO																		
	ILO*																		
	WB*																		
TGO	FAO																		
	UNW*																		
	WB*																		
UGA	FAO																		
	UNW*																		
	WB	•		•	•	•			•	•	•		•	•	•	•	•	•	•

**Key:**

\* Surveys that are either tentatively planned or ongoing and where limited information is available.

° Survey has been completed (or where applicable, at least one survey round has been completed) and no questionnaire or extensive methodology information is available.

# Endnotes

- <https://spherestandards.org/coronavirus/>
- World Health Organization (WHO), *COVID-19 Weekly Epidemiological Update*, data as received by WHO from national authorities, as of 27 December 2020, 10 am CET.
- British Broadcasting Company, 'Coronavirus: Largest study suggests elderly and sick are most at risk', February 18, 2020, [www.bbc.com/news/world-asia-china-51540981](http://www.bbc.com/news/world-asia-china-51540981)
- Office of the High Commissioner of Human Rights (OHCHR), *Older persons remain chronically invisible despite pandemic spotlight, says UN expert*, September 30, 2020; [www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26319&LangID=E](http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26319&LangID=E)
- Office of the High Commissioner of Human Rights (OHCHR), 2020
- HelpAge adopts the World Bank definition of low- and middle-income countries. See: The World Bank, World Bank Country and Lending Groups, 2020, <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
- The report does not consider information beyond December 2020.
- HelpAge used its organisational regions, which include Sub-Saharan Africa (SSA) and Eastern Europe, Central Asia and the Middle East (EME) for this project in order to draw upon learning and knowledge from its regional and country offices, network members and partners.
- HelpAge uses the EME region for its work, which includes Eastern Europe, Central Asia and the Middle East. The EME region was used in the report to enable HelpAge to draw on learning and knowledge from its regional and country offices.
- Microdata is a statistical term for individual response data from surveys and censuses.
- Excess deaths or mortality is a term used to refer to the number of deaths from all causes during a given period above and beyond what we would have expected to see under 'normal' conditions. During the pandemic, excess mortality data has compared the number of deaths that have been recorded with the average number of deaths over the same period in previous years.
- Gentilini U. et al., *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*, Washington DC, World Bank, September 18 2020, <http://documents1.worldbank.org/curated/en/295321600473897712/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-September-18-2020.pdf>
- Africa Centres for Disease Control and Prevention, *Latest updates on the COVID-19 crisis from Africa CDC*, Coronavirus Disease 2019 (COVID-19) – Africa CDC
- World Health Organization (WHO), *COVID-19 Explorer*, <https://worldhealthorg.shinyapps.io/covid/>
- Africa Centres for Disease Control and Prevention, *Latest updates on the COVID-19 crisis from Africa CDC*, Coronavirus Disease 2019 (COVID-19) – Africa CDC
- Umvilighozo G et al, 'Sub-Saharan Africa preparedness and response to the COVID-19 pandemic: A perspective of early career African scientists', Wellcome Open Research, 2020, <https://wellcomeopenresearch.org/articles/5-163>
- <https://covid19.who.int/table>
- COVID-19 South African Resource Portal, <https://sacoronavirus.co.za/> (November 30, 2020)
- World Health Organization (WHO), *COVID-19 Strategic Preparedness and Response Plan Country Preparedness and Response Status for COVID-19 as of 9 June 2020*, 2020, [www.who.int/docs/default-source/coronavirus/covid-19-sprp-country-status-9june2020.pdf?sfvrsn=ee8ac2e2\\_1&download=true](http://www.who.int/docs/default-source/coronavirus/covid-19-sprp-country-status-9june2020.pdf?sfvrsn=ee8ac2e2_1&download=true)
- United Nations Population Fund (UNFPA), *COVID-19 Population Vulnerability Dashboard*, <https://unfpapdp.maps.arcgis.com/>
- United Nations Population Fund (UNFPA), *COVID-19 Population Vulnerability Dashboard*
- Njenga M et al., 'Why is There Low Morbidity and Mortality of COVID-19 in Africa?', *The American Journal of Tropical Medicine and Hygiene*, 103:2, June 2020, [www.ajtmh.org/view/journals/tjpm/103/2/article-p564.xml](http://www.ajtmh.org/view/journals/tjpm/103/2/article-p564.xml)
- Bearak M et al., 'The coronavirus is ravaging the world. But life looks almost normal in much of Africa', *The Washington Post*, December 11, 2020, [www.washingtonpost.com/world/africa/africa-coronavirus-low-cases-deaths/2020/12/10/e907a1c2-3899-11eb-aad9-8959227280c4\\_story.html](http://www.washingtonpost.com/world/africa/africa-coronavirus-low-cases-deaths/2020/12/10/e907a1c2-3899-11eb-aad9-8959227280c4_story.html)
- Chitungo I et al., 'COVID-19: Unpacking the low number of cases in Africa', *Public Health in Practice*, 1: 100038, November 1, 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7485446/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7485446/)
- Africa Renewal, 'WHO: How the lessons from Ebola are helping Africa's COVID-19 response', April 3, 2020, [www.un.org/africarenewal/magazine/who-how-lessons-ebola-are-helping-africa%E2%80%99s-covid-19-response](http://www.un.org/africarenewal/magazine/who-how-lessons-ebola-are-helping-africa%E2%80%99s-covid-19-response)
- Umvilighozo G et al, 'Sub-Saharan Africa preparedness and response to the COVID-19 pandemic: A perspective of early career African scientists', Wellcome Open Research, 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7499400/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7499400/)
- Foreign Policy, *The Covid-19 Global Response Index*, <https://globalresponseindex.foreignpolicy.com>
- Chakamba R, 'How Senegal has set the standard on COVID-19', *Devex*, October 8, 2020, [www.devex.com/news/how-senegal-has-set-the-standard-on-covid-19-98266](http://www.devex.com/news/how-senegal-has-set-the-standard-on-covid-19-98266)
- Africanews, 'Protests erupt in Senegal over new Covid-19 measures', 2020, [www.africanews.com/2021/01/07/protests-erupt-in-senegal-over-new-covid-19-measures/](http://www.africanews.com/2021/01/07/protests-erupt-in-senegal-over-new-covid-19-measures/)
- United Nations, *Policy Brief: Impact of COVID-19 in Africa*, May 20 2020, [www.un.org/sites/un2.un.org/files/sg\\_policy\\_brief\\_on\\_covid-19\\_impact\\_on\\_africa\\_may\\_2020.pdf](http://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_covid-19_impact_on_africa_may_2020.pdf)
- i.e. over \$200 billion for an effective response and foundations for recovery.
- United Nations, *United Nations Comprehensive Response to COVID-19*, September 2020, p.57, [https://unsdg.un.org/sites/default/files/2020-09/un\\_comprehensive\\_response\\_to\\_covid-16\\_Sep\\_2020.pdf](https://unsdg.un.org/sites/default/files/2020-09/un_comprehensive_response_to_covid-16_Sep_2020.pdf)
- [www.bbc.co.uk/news/world-africa-55900680](http://www.bbc.co.uk/news/world-africa-55900680), 22 March 2021
- ACAPS, *Covid-19 Government Measures Dataset*, [www.acaps.org/covid-19-government-measures-dataset](http://www.acaps.org/covid-19-government-measures-dataset)
- UN Habitat, 'COVID-19: Socioeconomic Impact on Africa: Health, Economy and Planning', April 2 2020, [https://unhabitat.org/sites/default/files/2020/04/2020apr02\\_un-habitat\\_covid19\\_economy\\_health\\_and\\_planning\\_in\\_africa.pdf](https://unhabitat.org/sites/default/files/2020/04/2020apr02_un-habitat_covid19_economy_health_and_planning_in_africa.pdf)
- International Organization for Migration, *Regional Strategic Preparedness and Response Plan Covid-19*, 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19%20Appeal%20-%20IOM%20East%20and%20Horn%20of%20Africa.pdf>
- Zeufack A et al., 'An Analysis of Issues Shaping Africa's Economic Future', *Africa's Pulse*, No. 22, World Bank, October 2020, <https://openknowledge.worldbank.org/handle/10986/34587>
- International Labour Organization, *ILO Monitor: COVID-19 and the world of work. Sixth edition*, September 23, 2020, [www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_755910.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_755910.pdf)
- Steel I et al., 'Covid-19 economic recovery: fiscal stimulus choices for lower-income countries', Overseas Development Institute (ODI), October 2020, [https://cdn.odi.org/media/documents/fiscalstimulus\\_covid\\_final.pdf](https://cdn.odi.org/media/documents/fiscalstimulus_covid_final.pdf)
- Madden P, 'Figures of the week: Africa's fiscal response to COVID-19', *Brookings*, May 2020, [www.brookings.edu/blog/africa-in-focus/2020/05/13/figures-of-the-week-african-fiscal-response-to-covid-19/](http://www.brookings.edu/blog/africa-in-focus/2020/05/13/figures-of-the-week-african-fiscal-response-to-covid-19/)
- Gondwe G, 'Assessing the Impact of COVID-19 on Africa's Economic Development', *United Nations Conference on Trade and Development (UNCTAD)*, May 2020, [https://unctad.org/system/files/official-document/aldmisc2020d3\\_en.pdf](https://unctad.org/system/files/official-document/aldmisc2020d3_en.pdf)
- Sub-Saharan Africa, Population by age and sex (per thousand), 2020, medium variant. See: United Nations, Department of Economic and Social Affairs, *World Population Prospects 2019*, <https://population.un.org/wpp/DataQuery/>
- Wan He et al., *Africa Aging: 2020, International Population Reports*, U.S. Census Bureau, Washington DC, 2020, [www.census.gov/content/dam/Census/library/publications/2020/demo/p95\\_20-1.pdf](http://www.census.gov/content/dam/Census/library/publications/2020/demo/p95_20-1.pdf)
- Amegah A K et al., 'Improving handwashing habits and household air quality in Africa after COVID-19', *The Lancet Global Health*, September 2020, [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30353-3/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30353-3/fulltext)
- Amegah A K et al.
- Amegah A K et al.
- Amegah A K et al.
- Wan He et al., *Africa Aging: 2020, International Population Reports*
- 30 SSA Statistical Agencies took part in the 1st wave in May 2020. See: *The COVID-19 survey of NSO*, 2020, <https://storymaps.arcgis.com/stories/ea8f835689744f88a7a8bebb7fed00a4> (November 19, 2020)
- 30 SSA Statistical Agencies took part in the 1st wave in May 2020. See: *The COVID-19 survey of NSO*, 2020, <https://storymaps.arcgis.com/stories/ea8f835689744f88a7a8bebb7fed00a4> (November 19, 2020)
- United Nations and World Bank, *Monitoring the State of Statistical Operations under the COVID-19 Pandemic*, August 2020, <http://documents1.worldbank.org/curated/en/297221597442670485/pdf/Monitoring-the-State-of-Statistical-Operations-under-the-COVID-19-Pandemic-Highlights-from-the-Second-Round-of-a-Global-COVID-19-Survey-of-National-Statistical-Offices.pdf> (November 18 2020)
- UNSD, *The Global SDG Indicators Database*, SDG17.19.2: 'Countries with death registration data that are at least 75 per cent complete 2018, updated November 3, 2020', <https://unstats.un.org/sdgs/indicators/database/> (November 16, 2020)

53. Burkina Faso, Central African Republic, Chad, Ethiopia, Gambia, Guinea, Liberia, Malawi, Mali, Mozambique, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Togo, Uganda
54. Central African Republic, Chad, Malawi, Mozambique, Sierra Leone, Uganda
55. Burkina Faso, Chad, Liberia, Malawi, Uganda
56. Chad and Uganda
57. BFA, COD, GMB, MDG, MOZ, RWA, SLE
58. UN Legal Identity Agenda, *Impact of COVID-19 on maintaining Civil Registration and Vital Statistics during the COVID-19 pandemic*, August 13, 2020, <https://unstats.un.org/legal-identity-agenda/covid-19> (November 19, 2020)
59. ITU, ICT data portal, *Individuals using the internet*, [www.itu.int/net4/ITU-D/ict/ict/#/topics/2001](http://www.itu.int/net4/ITU-D/ict/ict/ict/#/topics/2001) (November 19, 2020)
60. ITU, *Measuring the information society report*, 2018, [www.itu.int/pub/D-IND-ICTOI-2018](http://www.itu.int/pub/D-IND-ICTOI-2018) (November 19, 2020)
61. This information is collated by the Task force on COVID-19 and household surveys at the Intersecretariat Working Group on Household Surveys (IWGHS). It is possible that the initiative does not capture all COVID-19 surveys conducted by NSOs and their partners.
62. BFA, CAR, TCD, ETH, GMB, GIN, LBR, MDG, MLI, MWI, NER, RWA, SOM, SLE, SSD, SDN, TGO, UGA
63. BFA, ETH, LBR, MWI, MLI, SLE, UGA
64. UN framework for the immediate socio-economic response to COVID-19
65. BFA, TCD, ETH, MWI, MLI, UGA, RWA
66. UNFPA, *COVID-19 Population Vulnerability Dashboard*, <https://covid19-map.unfpa.org/>
67. United Nations Department of Economic and Social Affairs, Population Division, *World Population Ageing 2020 Highlights: Living arrangements of older persons*, 2020.
68. Eritrea, Somalia, CAF, COD, Burundi, Madagascar, Chad, Niger, Gambia, Guinea-Bissau
69. African Population and Health Research Center, *The COVID-19 Sex-Disaggregated Data Tracker*, <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/> (November 27, 2020)
70. African Population and Health Research Center
71. African Population and Health Research Center
72. Our World in Data, *Daily tests per thousand people*, <https://ourworldindata.org/grapher/daily-tests-per-thousand-people-smoothed-7-day?stackMode=absolute&region=World>
73. HelpAge International, *Covid-19 Rapid Needs Assessment*, [www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/](http://www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/)
74. World Health Organization (WHO), *COVID-19 weekly surveillance report*, [www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/weekly-surveillance-report](http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/weekly-surveillance-report) (November 25, 2020)
75. Davies M, Western Cape: COVID-19 and HIV/ Tuberculosis, Western Cape Department of Health, June 9, 2020, [https://storage.googleapis.com/stateless-bhekisisa-website/wordpress-uploads/2020/06/94d3ea42-covid\\_update\\_bhekisisa\\_wc\\_3.pdf](https://storage.googleapis.com/stateless-bhekisisa-website/wordpress-uploads/2020/06/94d3ea42-covid_update_bhekisisa_wc_3.pdf) (November 28, 2020)
76. Davies M
77. VizHub, *GBD compare for South Africa*, <https://vizhub.healthdata.org/gbd-compare/>
78. The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability
79. Devermont J et al., *A Wake-up Call, What Covid-19 reveals about elderly and NCD care in Sub-Saharan Africa*, Center for Strategic and International Studies (CSIS), [https://csis-website-prod.s3.amazonaws.com/s3fs-public/publication/200930\\_Devermont\\_Covid19\\_Elderly\\_NCD\\_Care.pdf](https://csis-website-prod.s3.amazonaws.com/s3fs-public/publication/200930_Devermont_Covid19_Elderly_NCD_Care.pdf) (November 28, 2020)
80. United Nations Economic and Social Commission for Western Asia (UNESWCW), World Health Organization (WHO), *The Impact of COVID-19 on Older Persons in the Arab Region*, 2020, [www.unescwa.org/sites/www.unescwa.org/files/uploads/impact-covid-19-older-persons-arab-region-english.pdf](http://www.unescwa.org/sites/www.unescwa.org/files/uploads/impact-covid-19-older-persons-arab-region-english.pdf) (November 25 2020)
81. Comas-Herrera A et al., *Mortality associated with COVID-19 in carehomes: international evidence*, International Long-term Care Policy Network (ILPN), October 14 2020, <https://ltccovid.org/wp-content/uploads/2020/10/Mortality-associated-with-COVID-among-people-living-in-care-homes-14-October-2020-3.pdf>
82. Popescu D et al., 'Coronavirus: allocating ICU beds and ventilators based on age is discriminatory', *The Conversation*, April 22 2020, <https://theconversation.com/coronavirus-allocating-icu-beds-and-ventilators-based-on-age-is-discriminatory-136459> (November 30 2020)
83. Erasmus N, 'Age discrimination in critical care triage in South Africa: The law and the allocation of scarce health resources in the COVID-19 pandemic', *South African Medical Journal* 110 (12):1172-1175, 2020, <http://www.samj.org.za/index.php/samj/article/view/13139/9586>
84. Stein F et al., 'Oxygen provision to fight COVID-19 in sub-Saharan Africa', *BMJ Global Health*, 2020, <https://gh.bmj.com/content/5/6/e002786>
85. Macnamara K, "Suffering, Gasping": Experts Warn Of Oxygen Shortages In Poorer Virus-threatened Nations', *Barron's*, April 21 2020, [www.barrons.com/news/suffering-gasping-experts-warn-of-oxygen-shortages-in-poorer-virus-threatened-nations-01587527706](http://www.barrons.com/news/suffering-gasping-experts-warn-of-oxygen-shortages-in-poorer-virus-threatened-nations-01587527706)
86. Bandu A, 'DRC has seen epidemics before, but Covid-19's toll on older people leaves me sleepless', *The Guardian*, May 18, 2020, [www.theguardian.com/global-development/2020/may/18/drc-has-seen-epidemics-before-but-covid-19s-toll-on-older-people-leaves-me-sleepless?CMP=share\\_btn\\_tw](http://www.theguardian.com/global-development/2020/may/18/drc-has-seen-epidemics-before-but-covid-19s-toll-on-older-people-leaves-me-sleepless?CMP=share_btn_tw) (November 25 2020)
87. Euromomo, *Graphs and Maps*, 2020, [www.euromomo.eu/graphs-and-maps](http://www.euromomo.eu/graphs-and-maps) (November 25, 2020)
88. World Health Organization (WHO), *Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report*, August 27, 2020, [www.who.int/publications/i/item/WHO-2019-nCoV-EHS\\_continuity-survey-2020.1](http://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1) (November 25, 2020)
89. NCDs rising while communicable diseases continue to be a significant contributor to mortality and morbidity.
90. [www.samrc.ac.za/media-release/special-report-over-125000-excess-deaths-during-covid-19-pandemic](http://www.samrc.ac.za/media-release/special-report-over-125000-excess-deaths-during-covid-19-pandemic)
91. World Health Organization (WHO), 'COVID-19 AND NCDs', 2020, [www.who.int/docs/default-source/ncds/ncd-covid-19-for-web---rapid-assessment---30-june-2020-\(cleared\).pdf?sfvrsn=6296324c\\_20&download=true](http://www.who.int/docs/default-source/ncds/ncd-covid-19-for-web---rapid-assessment---30-june-2020-(cleared).pdf?sfvrsn=6296324c_20&download=true)
92. World Health Organization (WHO), *NCDs and COVID-19*, 2020, [www.who.int/teams/noncommunicable-diseases/covid-19](http://www.who.int/teams/noncommunicable-diseases/covid-19)
93. Bandu A
94. NSINDAGIZA, *Response to Joint Questionnaire of Special Procedures, Protecting human rights during and after COVID-19*, [www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/callCovid19.aspx](http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/callCovid19.aspx), 2020
95. Viz Hub, *GBD Compare*, <https://vizhub.healthdata.org/gbd-compare/> (November 30, 2020)
96. Slep B, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, HelpAge International, 2020, [www.helpage.org/what-we-do/un-convention/unequal-treatment-report/](http://www.helpage.org/what-we-do/un-convention/unequal-treatment-report/)
97. Global Aids Update, *Seizing the Moment: Tackling entrenched inequalities to end epidemics*, UNAIDS, July 2020, [www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)
98. Cascas A, 'Coronavirus hampers Africa's fight against malaria, TB', *Deutsche Welle*, May 27 2020, [www.dw.com/en/coronavirus-hampers-africas-fight-against-malaria-tb/a-53587160](http://www.dw.com/en/coronavirus-hampers-africas-fight-against-malaria-tb/a-53587160), Antonio Cascas, "Coronavirus hampers Africa's fight against malaria, TB," *Deutsche Welle*, May 27, 2020,
99. World Health Organization (WHO), *The potential impact of health service disruptions on the burden of malaria*, April 23, 2020, [www.who.int/publications/i/item/9789240004641](http://www.who.int/publications/i/item/9789240004641)
100. UNAIDS, *People living with HIV receiving ART*, 2020, <http://aidsinfo.unaids.org/> (November 30, 2020)
101. DRC, Ethiopia, Kenya, Mozambique, Tanzania, Zambia and Zimbabwe
102. Viz Hub, *GBD Compare*, <https://vizhub.healthdata.org/gbd-compare/>
103. Geldsetzer P et al., 'Mapping physical access to health care for older adults in sub-Saharan Africa and implications for the COVID-19 response: a cross-sectional analysis', *The Lancet*, 1: e32-42, 2020, [www.thelancet.com/action/showPdf?pii=S2666-7568%2820%2930010-6](http://www.thelancet.com/action/showPdf?pii=S2666-7568%2820%2930010-6)
104. Geldsetzer P et al.
105. Laouan F Z, *Rapid Gender Analysis - COVID-19 West Africa - April 2020*, CARE, 2020, <https://insights.careinternational.org.uk/media/k2/attachments/CARE-West-Africa-Rapid-Gender-Analysis-COVID-19-May-2020.pdf>
106. Wang C, 'Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China', *International Journal of Environmental Research and Public Health*, 17(5): 1729, March 6 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7084952/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7084952/) (November 26 2020)
107. Gyasi R, 'COVID-19 and mental health of older Africans: an urgency for public health policy and response strategy', *International Psychogeriatrics*, 32(10), 1187-1192, August 24, 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7520632/pdf/S1041610220003312a.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7520632/pdf/S1041610220003312a.pdf)
108. World Health Organization (WHO), *Mental health of older adults*, 2017, [www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults](http://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults)
109. World Health Organization (WHO), *The impact of COVID-19 on mental, neurological and substance use services*, 2020, [www.who.int/publications/i/item/978924012455](http://www.who.int/publications/i/item/978924012455)
110. World Health Organization (WHO), *The impact of COVID-19 on mental, neurological and substance use services*
111. Gyasi R
112. Semo B et al., 'The Mental Health Impact of the COVID-19 Pandemic: Implications for Sub-Saharan Africa', *Psychology Research and Behavior Management*, 13:713-720, 2020, [www.dovepress.com/the-mental-health-impact-of-the-covid-19-pandemic-implications-for-sub-peer-reviewed-fulltext-article-PRBM](http://www.dovepress.com/the-mental-health-impact-of-the-covid-19-pandemic-implications-for-sub-peer-reviewed-fulltext-article-PRBM)
113. For some people, coronavirus (COVID-19) can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or 'long COVID'.

114. United Nations Women, *Violence Against Women and Girls Data Collection during COVID-19*, April 17, 2020, [www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339](http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339)
115. Most notably the Sustainable Development Goal Five indicator that commits to measuring violence against women from the age of 15, extending beyond the age cap of 49.
116. World Health Organization (WHO), *Elder abuse*, June 15, 2020, [www.who.int/en/news-room/fact-sheets/detail/elder-abuse](http://www.who.int/en/news-room/fact-sheets/detail/elder-abuse)
117. United Nations Women, *Ending violence against women and girls in covid-19 response*, 2020, <https://africa.unwomen.org/en/digital-library/publications/2020/05/ending-violence-against-women-and-girls-in-covid--19-response#view>
118. HelpAge International, *COVID-19 Rapid Needs Assessments*, [www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/](http://www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/)
119. HelpAge International, *Violence against older women*, 2020, [www.helpage.org/what-we-do/rights/violence-against-older-women/](http://www.helpage.org/what-we-do/rights/violence-against-older-women/)
120. United Nations Women, *Ending violence against women and girls in Covid-19*.
121. Sleep B, *Age-based measures coming out of lockdown*, HelpAge International, 2020
122. United Nations Office for the Coordination of Humanitarian Affairs, *Humanitarian Response Plan Ethiopia*, August 2020, [https://reliefweb.int/sites/reliefweb.int/files/resources/ethiopia\\_hrp\\_mid\\_year\\_review\\_2020\\_-\\_31\\_aug\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ethiopia_hrp_mid_year_review_2020_-_31_aug_final.pdf)
123. United Nations Women, *Ending violence against women and girls in Covid-19*.
124. Storey J, 'Risk factors for elder abuse and neglect: A review of the literature', *Aggression and Violent Behavior*, Volume 50, January–February 2020, [www.sciencedirect.com/science/article/abs/pii/S1359178918303471?viaper%20cent3Dihub](http://www.sciencedirect.com/science/article/abs/pii/S1359178918303471?viaper%20cent3Dihub)  
[www.sciencedirect.com/science/article/abs/pii/S1359178918303471?viaper%20cent3Dihub](http://www.sciencedirect.com/science/article/abs/pii/S1359178918303471?viaper%20cent3Dihub)
125. Anderson K, *COVID-19 Impact on Women and Girls in West and Central Africa*, Gender Based Violence AoR, August 2020, [www.sddirect.org.uk/media/2072/gbv-aor-hd-impact-of-covid-on-gbv-in-west-and-central-africa-english-28082020.pdf](http://www.sddirect.org.uk/media/2072/gbv-aor-hd-impact-of-covid-on-gbv-in-west-and-central-africa-english-28082020.pdf)
126. World Health Organization (WHO), *COVID-19 and violence against older people*, June 14, 2020, [www.who.int/publications/m/item/covid-19-and-violence-against-older-people](http://www.who.int/publications/m/item/covid-19-and-violence-against-older-people)
127. United Nations Women, *Ending violence against women and girls in Covid-19*.
128. Jacobs R, *COVID-19 and elder abuse, a perspective from South Africa*, LTCcovid, June 15, 2020, <https://lccovid.org/2020/06/15/covid-19-and-elder-abuse-a-perspective-from-south-africa/>
129. Han SD et al., 'Elder abuse in the COVID-19 era', *Journal of the American Geriatrics Society*, April 3, 2020
130. Anderson K
131. Peterman A et al., *Pandemics and Violence Against Women and Children*, Center for Global Development, April 1, 2020, [www.cgdev.org/publication/pandemics-and-violence-against-women-and-children](http://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children)
132. HelpAge International, *Violence against older women*
133. World Health Organization, *Elder Abuse*
134. [www2.unwomen.org/-/media/field%20office%20untf/publications/2020/external%20brief/impact%20of%20covid-19\\_v08\\_single%20page-compressed.pdf?la=en&vs=2705](http://www2.unwomen.org/-/media/field%20office%20untf/publications/2020/external%20brief/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=2705), March 2021
135. Anderson K
136. Anderson K
137. United Nations Women, *Ending violence against women and girls in Covid-19*.
138. Denaxas S et al., *Estimating excess 1-year mortality from COVID-19 according to underlying conditions and age in England: a rapid analysis using NHS health records in 3.8 million adults*, ResearchGate, March 20, 2020, [www.researchgate.net/publication/340092652](http://www.researchgate.net/publication/340092652)
139. Anderson K
140. Equipop, *Droits et santé des femmes à l'épreuve du Covid-19, Témoignages et perspectives féministes de la société civile ouest-africaine*, 2020, <https://equipop.org/wp-content/uploads/2020/07/Rapport-Enquete-Covid19.pdf>
141. [www2.unwomen.org/-/media/field%20office%20untf/publications/2020/external%20brief/impact%20of%20covid-19\\_v08\\_single%20page-compressed.pdf?la=en&vs=2705](http://www2.unwomen.org/-/media/field%20office%20untf/publications/2020/external%20brief/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=2705)
142. Interview with Chief Older Persons and Disability officer in the Department of Older Persons and Disability Affairs under the Ministry of Gender, Community Development and Social Welfare.
143. United Nations Development Programme, *COVID-19 Global Gender Response Tracker Fact Sheet*, September 28, 2020, <https://data.undp.org/gendertackler/>
144. United Nations Development Programme
145. International Labour Organization, *Social protection for older persons: Policy trends and statistics 2017-19*, 2018, [www.ilo.org/wcmsp5/groups/public/---ed\\_protect/--soc\\_sec/documents/publication/wcms\\_645692.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/--soc_sec/documents/publication/wcms_645692.pdf)
146. World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune*, 2020, <https://openknowledge.worldbank.org/bitstream/handle/10986/34496/9781464816024.pdf>
147. HelpAge International, *We might die of hunger before coronavirus, so how are we meant to stay alive?* 2020, [www.helpage.org/newsroom/latest-news/we-might-die-of-hunger-before-coronavirus-so-how-are-we-meant-to-stay-alive/](http://www.helpage.org/newsroom/latest-news/we-might-die-of-hunger-before-coronavirus-so-how-are-we-meant-to-stay-alive/)
148. Lakner C et al., *Updated estimates of the impact of Covid-19 on global poverty: the effect of new data*, The World Bank, 2020, <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-effect-new-data>
149. International Labour Organization, *Statistics on the working-age population and labour force*, 2019, <https://ilostat.ilo.org/topics/population-and-labour-force/>
150. International Labour Organization, *Women and men in the informal economy: a statistical picture (third edition)*, 2018, [www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_626831.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf)
151. HelpAge International, *Analysis of World Bank COVID-19 high-frequency phone surveys*, forthcoming
152. Chronic Poverty Advisory Network, *Kenya Covid-19 Poverty Monitor October 2020*, October 16, 2020, [www.chronicpoverty.com/covid19-poverty-monitor/kenya-october](http://www.chronicpoverty.com/covid19-poverty-monitor/kenya-october)
153. Development Pathways and HelpAge International, *Challenges in measuring individual poverty among older people using household surveys*, 2020, [www.developmentpathways.co.uk/publications/challenges-in-measuring-individual-poverty-among-older-people-using-household-surveys/](http://www.developmentpathways.co.uk/publications/challenges-in-measuring-individual-poverty-among-older-people-using-household-surveys/)
154. International Labour Organization, *Social Protection responses to COVID-19 crisis around the world*, [www.social-protection.org/gimi/ShowWiki.action?id=3417](http://www.social-protection.org/gimi/ShowWiki.action?id=3417) (November 27, 2020)
155. HelpAge International, *Responding to COVID-19 with improved social protection for older people*, September 2020, [www.pension-watch.net/knowledge-centre/?guid=5f79ac4290794&order=n](http://www.pension-watch.net/knowledge-centre/?guid=5f79ac4290794&order=n)
156. HelpAge International, *Responding to COVID-19 with improved social protection for older people*, September 2020, [www.pension-watch.net/knowledge-centre/?guid=5f79ac4290794&order=n](http://www.pension-watch.net/knowledge-centre/?guid=5f79ac4290794&order=n)
157. Gentilini U et al., *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*, World Bank, September 18 2020, <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/295321600473897712/social-protection-and-jobs-responses-to-covid-19-a-real-time-review-of-country-measures-september-18-2020>
158. International Labour Organization, *Social protection responses to the COVID-19 crisis: Country responses and policy considerations*, April 23, 2020, [https://reliefweb.int/sites/reliefweb.int/files/resources/wcms\\_742337.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/wcms_742337.pdf)
159. Gift D, 'Social and Emergency Assistance Ex-Ante and During COVID-19 in the SADC Region', *The International Journal of Community and Social Development*, 2(2):251-268, 2020, <https://journals.sagepub.com/doi/10.1177/2516602620936028>
160. Rohwerder B, *Social impacts and responses related to COVID-19 in low- and middle-income countries*, Institute of Development Studies, 2020, [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15625/Emergingper%20cent20issuesper%20cent20report\\_Covid-19per%20cent20andper%20cent20Socialper%20cent20Development\\_FINAL\\_24.9.2020per%20cent20edits.pdf?sequence=5&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15625/Emergingper%20cent20issuesper%20cent20report_Covid-19per%20cent20andper%20cent20Socialper%20cent20Development_FINAL_24.9.2020per%20cent20edits.pdf?sequence=5&isAllowed=y)
161. HelpAge International and Social Protection Approaches to COVID-19 – Expert Advice Helpline (SPACE), *Social protection for older people during COVID-19 and beyond*, 2020, <https://socialprotection.org/discover/publications/space-social-protection-older-people-during-covid-19-and-beyond>
162. United Nations Development Programme, *COVID-19 Global Gender Response Tracker Fact Sheets*
163. OECD, *Covid action map*, <https://oecd.github.io/OECD-covid-action-map/#Fiscalmeasures>
164. United Nations High Commissioner for Refugees (UNHCR), *Global COVID-19 Emergency Response*, October 2020
165. Al Jazeera, *Hundreds of migrants stuck in Niger amid coronavirus pandemic*, 9 April 2020, cited in IDMC Internal Displacement 2020: Mid-Year Update
166. International Foundation for Election Systems (IFES), *COVID-19 Briefing: Inclusion and Meaningful Political Participation*, 2020
167. United Nations High Commissioner for Refugees (UNHCR), *Regional Update Southern Africa*, September 2020
168. The ripple effect of COVID-19 on economic activities, livelihoods and food security in East Africa and the Great Lakes
169. HelpAge International, *COVID-19 rapid needs assessment of older people, Mozambique – Ethiopia*, September 2020, 2020, [www.helpage.org/download/5f5f84d783684/](http://www.helpage.org/download/5f5f84d783684/)
170. HelpAge International, *COVID-19 rapid needs assessment of older people, Gambella – Ethiopia*, August 2020, 2020, [www.helpage.org/download/5f2c17520b479/](http://www.helpage.org/download/5f2c17520b479/)
171. HelpAge International, *COVID-19 rapid needs assessment of older people, South Sudan – 2020*, 2020, [www.helpage.org/download/5f21a40e2e83a/](http://www.helpage.org/download/5f21a40e2e83a/)
172. HelpAge International, *COVID-19 rapid needs assessment of older people, Uganda – August 2020*, 2020, [www.helpage.org/download/5f4e26c21d333/](http://www.helpage.org/download/5f4e26c21d333/)
173. HelpAge International, *COVID-19 rapid needs assessment of older people, Uganda – August 2020*
174. HelpAge International, *COVID-19 rapid needs assessment of older people, Uganda – August 2020*
175. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic: Country profile Rwanda*, 2021

176. HelpAge International, *Unequal Treatment report, 2021*, [www.helpage.org/silo/files/unequal-treatment-report-and Coronavirus \(COVID-19\)](http://www.helpage.org/silo/files/unequal-treatment-report-and-Coronavirus-(COVID-19)), [www.helpage.org/what-we-do/coronavirus-covid19/](http://www.helpage.org/what-we-do/coronavirus-covid19/)
177. ITU, ICT data portal, *Individuals using the internet*.
178. ITU, *Measuring the Information Society Report, 2018*, [www.itu.int/pub/D-IND-ICTOI-2018](http://www.itu.int/pub/D-IND-ICTOI-2018) (November 19, 2020)
179. HelpAge International, *Consolidated COVID-19 Rapid Needs Assessments Dashboard*, forthcoming
180. Egbuna N, 'Wise Caring or Caring for the Wise? Elderly care during Covid-19', *Voice*, 2020, <https://voice.global/blog/wise-caring-or-caring-for-the-wise/>
181. HelpAge International, *Are older people being heard?* 2021, [www.helpage.org/what-we-do/coronavirus-covid19/](http://www.helpage.org/what-we-do/coronavirus-covid19/)
182. HelpAge International, *Are older people being heard?*
183. HelpAge International, *Are older people being heard?*
184. HelpAge International, *Are older people being heard?*
185. Human Rights Watch, *COVID-19: A Human Rights Checklist*, April 14, 2020, [www.hrw.org/news/2020/04/14/covid-19-human-rights-checklist](http://www.hrw.org/news/2020/04/14/covid-19-human-rights-checklist)
186. HelpAge International, *Are older people being heard?*
187. HelpAge International, *Are older people being heard?*
188. HelpAge International, *Are older people being heard?*
189. HelpAge International, *Are older people being heard?*
190. ACAMAGE, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*, 2020, [www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx](http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx)
191. CECAFE and COCAEL, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*, 2020, [www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx](http://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx)
192. Uganda Reach the Aged Association, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*, 2020, <https://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx>
193. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
194. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
195. South African Government, *President Cyril Ramaphosa: South Africa's response to Coronavirus COVID-19 pandemic*, [www.gov.za/speeches/president-cyril-ramaphosa-south-africas-response-coronavirus-covid-19-pandemic-23-apr-2020#](http://www.gov.za/speeches/president-cyril-ramaphosa-south-africas-response-coronavirus-covid-19-pandemic-23-apr-2020#) (25 November 2020)
196. Government of Ivory Coast, *Coronavirus; Mandatory wearing of the mask in Greater Abidjan*, April 9, 2020, [http://www.gouv.ci/\\_actualite-article.php?recordID=11024&d=2](http://www.gouv.ci/_actualite-article.php?recordID=11024&d=2) (November 25, 2020)
197. Government of Cabo Verde, *Prime Minister advances with mandatory use of masks and extensions of tests*, April 24 2020, [www.governo.cv/primeiro-ministro-avanca-com-obrigatoriedade-do-uso-de-mascaras-e-alargamento-de-testes/](http://www.governo.cv/primeiro-ministro-avanca-com-obrigatoriedade-do-uso-de-mascaras-e-alargamento-de-testes/) (November 25 2020)
198. Nairadoo V, *Pensions reaching older people's accounts and they have flexible time to shop*, HelpAge International, 2020, [www.helpage.org/newsroom/covid19-older-peoples-stories/vijay-nairadoo-mauritius/](http://www.helpage.org/newsroom/covid19-older-peoples-stories/vijay-nairadoo-mauritius/) (November 25, 2020)
199. Kenya Medical Research Institute (Kemri), *Health and Socio-Economic Impacts of Physical Distancing for COVID-19 in Africa*, May 2020
200. See Article 4 of the International Covenant on Civil and Political Rights, 1966
201. HelpAge International, Kenya: Country Spotlight, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
202. Rupiya M, *The impact of the COVID-19 pandemic on the elderly in Africa Livelihood Insecurity & Economic Impact*, June 17 2020, [www.accord.org.za/analysis/the-impact-of-the-covid-19-pandemic-on-the-elderly-in-africa/](http://www.accord.org.za/analysis/the-impact-of-the-covid-19-pandemic-on-the-elderly-in-africa/)
203. Erasmus N, 'Age discrimination in critical care triage in South Africa: The law and the allocation of scarce health resources in the COVID-19 pandemic', *The South African Medical Journal*, v.110, n.12, p.1172-1175, November 2020, [www.samj.org.za/index.php/samj/article/view/13139/9586](http://www.samj.org.za/index.php/samj/article/view/13139/9586)
204. Uganda Reach the Aged Association, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*, 2020.
205. Ghana Web, 'Ghana's elderly cry over neglect amid coronavirus pandemic', 6 April 2020, [www.ghanaweb.com/GhanaHomePage/NewsArchive/Ghana-s-elderly-cry-over-neglect-amid-coronavirus-pandemic-916180](http://www.ghanaweb.com/GhanaHomePage/NewsArchive/Ghana-s-elderly-cry-over-neglect-amid-coronavirus-pandemic-916180) (November 11 2020)
206. The Punch Newspaper, 'We're old, poor and hungry, yet we've received no cash from FG -Lagos' vulnerable persons', 25 April 2020, Lagos, Nigeria, <https://punchng.com/were-old-poor-and-hungry-yet-weve-received-no-cash-from-fg-lagos-vulnerable-persons/>
207. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
208. Muendo M, 'Kenya is struggling to deliver justice online: what needs to be done', *The Conversation*, August 9 2020, [www.theconversation.com/kenya-is-struggling-to-deliver-justice-online-what-needs-to-be-done-139675](http://www.theconversation.com/kenya-is-struggling-to-deliver-justice-online-what-needs-to-be-done-139675)
209. International Development Law Organisation (IDLO), *Rule of law in the time of COVID-19: Kenya*, July 30, 2020, [www.idlo.int/news/notes-from-the-field/rule-law-time-covid-19-kenya](http://www.idlo.int/news/notes-from-the-field/rule-law-time-covid-19-kenya) (November 19, 2020)
210. UNODC, *Guidance note: Ensuring Access to Justice in the Context of COVID-19*, May 2020, [www.unodc.org/documents/Advocacy-Section/Ensuring\\_Access\\_to\\_Justice\\_in\\_the\\_Context\\_of\\_COVID-191.pdf](http://www.unodc.org/documents/Advocacy-Section/Ensuring_Access_to_Justice_in_the_Context_of_COVID-191.pdf)
211. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
212. Ashwell A. et al, *The Impact of Covid-19 on Long-term Care Facilities in South Africa, with a specific focus on Dementia Care*, July 13 2020, <https://ltccovid.org/2020/07/13/the-impact-of-covid-19-on-long-term-care-facilities-in-south-africa-with-a-specific-focus-on-dementia-care/> (25 November 2020)
213. Uganda Reach the Aged Association, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*, 2020, <https://www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/CallCovid19.aspx>
214. Ajiambo D, *A look at a home for the elderly in Kenya during pandemic: Franciscan Missionary Sisters for Africa balance caution with prevention*, Global Sisters Report, June 11 2020, [www.globalsistersreport.org/news/people/look-home-elderly-kenya-during-pandemic](http://www.globalsistersreport.org/news/people/look-home-elderly-kenya-during-pandemic) (10 December 2020)
215. AGE Platform, *Time for a UN Convention on the rights of older persons - Discussion paper*, August 2020, [www.age-platform.eu/publications/time-un-convention-rights-older-persons-discussion-paper](http://www.age-platform.eu/publications/time-un-convention-rights-older-persons-discussion-paper)
216. HelpAge International, Tanzania: *COVID-19 Working Brief*, 2020
217. Mwanza E, 'Junet Leaves Parliament in Stitches With 'Advice' to Elderly MP', *Kenya's.co.ke*, April 14 2020, [www.kenyas.co.ke/news/52063-junet-leaves-parliament-stitches-advice-elderly-mp-video](http://www.kenyas.co.ke/news/52063-junet-leaves-parliament-stitches-advice-elderly-mp-video) (November 25 2020)
218. HelpAge International, *Coronavirus: Older people in low- and middle-income countries must be protected to prevent global humanitarian catastrophe*, April 26 2020, [www.helpage.org/newsroom/press-room/press-releases/coronavirus-older-people-in-low-and-middle-income-countries-must-be-protected-to-prevent-global-humanitarian-catastrophe/](http://www.helpage.org/newsroom/press-room/press-releases/coronavirus-older-people-in-low-and-middle-income-countries-must-be-protected-to-prevent-global-humanitarian-catastrophe/) (November 25 2020)
219. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
220. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*, 2021.
221. HelpAge International, *Seven principles for a rights-based public health response to COVID-19*, 2020
222. UNINFO COVID-19 data portal, [https://data.uninfo.org/Home/\\_ProcessIndicators](https://data.uninfo.org/Home/_ProcessIndicators), and UN Sustainable Development Group, *Online Resources*, [https://unsdg.un.org/resources?f%5B0%5D=region%3Aafrica&f%5B1%5D=type\\_of\\_document%3A416&search\\_api\\_fulltext=\(both accessed November 30 2020\).](https://unsdg.un.org/resources?f%5B0%5D=region%3Aafrica&f%5B1%5D=type_of_document%3A416&search_api_fulltext=(both accessed November 30 2020).)



Peter Caton/Age International

Find out more:

[www.helpage.org/bearing-the-brunt](http://www.helpage.org/bearing-the-brunt)

HelpAge International  
PO Box 70156, London WC1A 9GB, UK  
Tel +44 (0)20 7278 7778  
info@helpage.org  
[www.helpage.org](http://www.helpage.org)

 @HelpAge  HelpAge International