

Bearing the brunt

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

Executive summary





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

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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.



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Key findings from our insight reports

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 \square



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

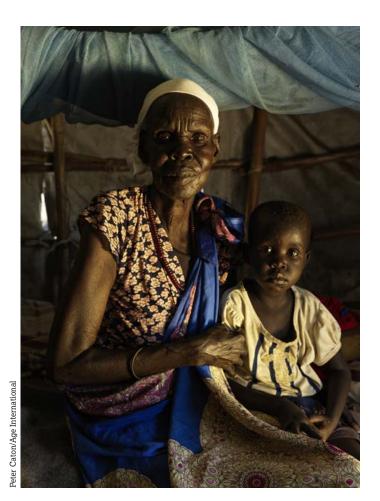


Responses to the COVID-19 pandemic have had a significant impact on the voice, dignity, and rights of older people, exposing and exacerbating existing challenges older people face and giving rise to **new ones.** A key concern is the extent to which older people have access to information and guidance 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.



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.1
- 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.

^{1.} https://spherestandards.org/coronavirus/



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