Bearing the brunt

The impact of COVID-19 on older people in low- and middle-income countries – insights from 2020

HelpAge International

Syrian Expatriate Medical Association

Acknowledgements Funding support for this report was provided by UNFPA. Thanks also go to HelpAge country office colleagues and Network Members in Ethiopia, Kenya, Malawi, Moldova, Pakistan and Ukraine for facilitating country case studies, and to regional office colleagues in Amman and Nairobi, for sourcing secondary data and evidence.

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 low- and middle-income countries – 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 Sleap and Aidan Timlin / HelpAge International

Edited by Angela Burton
Design by TRUE www.truedesign.co.uk

Front cover photo: 78-year-old Abdul Baser at Rohingya Refugee Camp, Cox's Bazar, Bangladesh. Fabeha Monir/Age International

@HelpAge HelpAge International

ISBN 978-1-910743-81-2

Fabeha Monir/Age International

Contents

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 those most directly at risk of COVID-19-related serious illness and death. 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. This is especially true for those who have already experienced a lifetime of poverty, exclusion, and inequality.

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 it enables them to meaningfully participate as agents of change in our work to build forward better.

Kwa Wazee

Key findings from our insight reports

Official data

Despite the impact of the pandemic on older people globally, older women and men remain chronically invisible in efforts to monitor the impacts of COVID-19. 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. Meanwhile, broader attempts to understand the ways in which the pandemic is affecting older age groups (including by collecting evidence on older people's own experiences during COVID-19) are limited and fragmented. 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.

Health and care

Older people are the age group most at risk of serious illness and death from COVID-19, but the broader impacts of the pandemic and responses to it on the health and wellbeing of older women and men are also severe and will likely go far beyond the immediate effects of the virus. Older people's pre-existing challenges in accessing health and care services and support, disruptions to health provision and reduced demand from older people due to fear, anxiety and restrictions on their movement, will likely have long lasting impacts that must be addressed. Older people in need of long-term care and support, particularly those living in residential care facilities, also appear to be more at risk. Data from these settings is limited, but in contexts where residential care is more common and where some data is available, the challenges appear to be acute, with high rates of infection and deaths among residents and staff. The pandemic highlights once again, the importance of health system strengthening and achieving age-inclusive Universal Health Coverage (UHC).

Older people face high levels of fear, anxiety, and depression during COVID-19. Concerns have been raised worldwide about the potential mental health impact of the pandemic. HelpAge's assessments and other studies point to a particular concern for older people for whom social isolation poses significant challenges and anxiety associated with COVID-19 have been acute.

Violence, abuse, and neglect

The report draws attention to experiences of Violence, Abuse, and Neglect (VAN) among older people, how the risks of older people experiencing VAN have been exacerbated during the pandemic, and how significant gaps in the collection and analysis of data hamper more effective prevention and response. Without data we cannot hope to understand the prevalence, risk factors, types, and consequences of VAN that older people experience in a differentiated way from other age groups and challenge the assumption that older people do not experience VAN. This is essential for designing and implementing effective response mechanisms to the current crisis and for preparing for future challenges.

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 people accumulate over the life course mean some groups of older people will face heightened challenges in recovering from the pandemic. The risk of the virus to older people, the barriers older people experience finding employment, livelihood risks, and higher existing level of poverty among some groups in later life, highlight the critical importance of ensuring that older people's needs and rights are addressed in recovery efforts – including through the adoption of universal pension coverage where this does not exist and the inclusion of older people in income and employment generating programmes. The learning from the pandemic is clear: universal social protection can protect older people during COVID-19 and help to safeguard them from the risks of future crises.

Older people in humanitarian and conflict settings

Even before the COVID-19 pandemic, the humanitarian system was failing to support older people according to the standards it set itself, and the pandemic has placed highly vulnerable communities at even greater risk. The death rates among older people in these settings are even higher than in other contexts and the indirect impacts are equally severe. The report highlights the urgent need to address the risks older people in humanitarian crises face and their ongoing exclusion in humanitarian responses at local and global levels.

Voice, dignity, and rights

Public health responses to the pandemic have discriminated against older persons, denied their rights, and limited their ability to exercise their voice. A human rights perspective was missing at the outset of the pandemic when the emphasis was on dealing with a life-threatening health emergency. This has shifted over time with recognition from different quarters on the need to act in accordance with international human rights standards and principles. However, there were and continue to be significant challenges in older people being recognised as rights holders.

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.[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.

Ben Small/HelpAge International

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 since the start of the pandemic, with total recorded deaths numbering 1.7 million.[2] 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.

Governments in every region face the burden of managing a major public health crisis, including preparing for vaccination procurement, prioritisation and roll-out, while seeking to minimise the far-reaching social and economic impacts of the pandemic. In many countries, ongoing humanitarian and conflict situations are being exacerbated by the virus, exposing highly vulnerable populations to even further risk.

Older people are clearly 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 to an overall rate of 2.3 per cent across the population.[3] 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 limiting the extent to which older people's voices are 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.[4] 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. Meanwhile, broader attempts to understand the ways in which the pandemic is affecting older age groups (including by collecting evidence on older people's own experiences during COVID-19) are limited and fragmented.[5] 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 the United Nations Population Fund (UNFPA) are working together to highlight the impact of COVID-19 on older people. As part of a Memorandum of Understanding between the two organisations signed in 2020, HelpAge has, with funding from UNFPA, gathered evidence on how COVID-19 is directly and indirectly affecting older people.

This report presents an overview of emerging insights on the impact of COVID-19 on older people from low- and middle-income countries during 2020.[6] It builds on reports on emerging insights into the impact of COVID-19 on older people in sub-Saharan Africa (SSA) and Eurasia and the Middle East (EME),[7] 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. It is also informed by a separate HelpAge/UNFPA project that monitored the impact of COVID-19 on older people in the Asia Pacific region from July to November 2020,[8] and broader evidence emerging from HelpAge and other actors' activity throughout the year. This includes the results of HelpAge COVID-19 Rapid Needs Assessments for Older People (RNA-OPs) between May and August 2020 to understand the needs of older people in a cross-section of lower- and middle-income countries, including both development and humanitarian settings.[9]

As the report is not based on systematic country- and regional-level reviews, the absence of evidence in some areas does not necessarily mean that data or evidence is not available, but rather that it was not identified by the review. This also means that the report is not able to offer comparisons between settings, countries, and regions. Rather, the report draws together insights from secondary data, alongside evidence and anecdotal insights from HelpAge's work, bringing attention to some of the ways in which older people are being affected by the pandemic, and highlighting gaps and key questions.

To highlight the significant data challenges in monitoring the situation of older people during COVID-19, the report also includes an assessment of 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 the produced data to support COVID-19 response and recovery in relation to 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. The review highlights some of the key knowledge gaps and barriers to production of timely and detailed data on older women and men in the development and humanitarian contexts during the pandemic.

The personal experiences of individual older people during COVID-19 are shared throughout the report, through quotes and short case studies. These come from HelpAge and partners' engagement with older people during the pandemic, as well as the findings of small-scale country case studies conducted as part of this project, including on health and care in Ethiopia, Kenya, Moldova, and Ukraine; and on violence, abuse, and neglect in Malawi, Moldova, and Pakistan.

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.

HelpAge International

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

The historical exclusion of older people from data systems has contributed to their invisibility in official COVID-19 statistics.

Even prior to the pandemic the availability of good quality disaggregated data on older women and men in development and humanitarian contexts was limited. Now the current crisis has disrupted the day-to-day operation of National Statistical Offices (NSOs), including the scheduled production and release of statistics, and increased pressure on NSOs to deliver faster, new, and varied types of information for pandemic preparedness, response and recovery. Despite this, NSOs and their partners have continued to produce data during COVID-19, but older population groups have been largely invisible within this, sometimes due to deep-rooted systemic barriers that exist at every stage of the of the data production cycle – collection, analysis, reporting, dissemination, and use.

COVID-19 cases and mortality data on older people

Across all regions, few low- and lower-middle income countries have published COVID-19 case and mortality data disaggregated by sex, and even fewer have disaggregated it by sex and age. A review of data on COVID-19 cases and deaths across low- and middle-income countries shows that all countries have been monitoring the pandemic and reporting aggregate figures (see Table 1 below). However, across all regions fewer countries have published case and mortality data by sex, and even fewer have reported it by sex and age. Additionally, there have been significant differences between case and death reporting. For example, it is possible to gauge cases among different cohorts of older women and men for a quarter of low-income countries in Africa, but mortality statistics for the same group is only available for one-ninth of the countries. It was not possible to assess whether data on disability status of COVID-19 cases and deaths was collected at all by countries.

Table 1: Number of low- and lower-middle-income countries reporting and disaggregating data on COVID-19 cases and mortality, by region

	Total cases	Cases reported by sex	Cases reported by sex and age	Total deaths	Deaths reported by sex	Deaths reported by sex and age
Africa[11]	23	17	6	23	5	2
Asia and the Pacific[12]	20	11	7	20	11	8
Eurasia and the Middle East[13]	10	7	3	10	6	2
Latin America and the Caribbean[14]	5	3	1	5	1	1

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/ (13 November and 19 January 2021). WHO, Coronavirus disease dashboard, https://covid19.who.int/ (19 January 2021)

Despite the global emergency and the need for good quality, near real-time information, sharing of detailed data with public and international partners remains a sensitive issue for many countries across all regions. The situation with the Case Report Forms (CRF) – the World Health Organization's mechanism for country reporting of individual-level data on COVID-19 – further demonstrates the challenges with international monitoring. CRF data is only available for 135 countries, as some choose not to share it.[10] In addition, the completeness of the CRF is low as they only capture 36 per cent of global cases. Additionally, while countries provide age and sex information for 99 and 98 per cent of CRFs respectively, other relevant data such as patient outcome status, presence of co-morbidities, and travel history are completed for less than half of CRFs (42, 36 and 17 per cent, respectively).

National Statistical Offices' approaches to data collection during the pandemic

A global survey of National Statistical Offices conducted by UNDP and World Bank, found that during the pandemic, nearly half of NSOs in low- and middle-income countries (47 per cent) adapted their data-collection methods to continue collecting data for pre-planned surveys. This included, among others, surveys on household income, employment, prices, and agriculture. Fifty-six per cent of all NSOs interviewed as part of the survey changed their data collection mode or used alternative data sources. The predominant change was the switch to phone surveys (82 per cent), followed by web surveys (37 per cent), administrative data (27 per cent), and modelled estimates (14 per cent).[15] Overall, all regions relied on traditional data sources – surveys and administrative records (see Table 2 below). Across Latin America, Asia and the Pacific, and sub-Saharan Africa, more countries used surveys than administrative records. NSOs in North Africa and Western Asia were able to draw on surveys and administrative data in equal measures. It is interesting to note the use of mobile phone data in Africa and credit card and earth observation data in Asia, which highlights the growing role of non-traditional data sources but also a technological divide across regions.

However, older people may be excluded by adaptations made to enable continued data collection during COVID-19. Older women and men have higher levels of disability that may be related to sight, hearing and communicating, alongside physical impairments. Older people also generally have lower levels of access to technology and limited digital literacy.[16] However, it is not clear what considerations for inclusion of older people, as a population of interest, were made by NSOs within new methodologies, sample designs, and non-traditional modes of data collection and surveillance, and what the potential biases might be.

Table 2: Percentage of NSOs collecting data on COVID-19 and its impacts, by data sources and method

	Adding questions to existing surveys	New surveys	Use of administrative data	Use of mobile phone data	Use of scanner data	Use of credit card data	Use of earth observation data	Use of geospatial referencing of information[17]	Other
Sub-Saharan Africa	31	62	38	52	0	3	0	7	7
Asia[18]	55	45	18	27	9	9	18	18	9
Northern Africa and West Asia	47	47	53	13	0	7	0	7	7
Latin America	80	53	40	7	0	0	0	7	0

Source: UNSD and World Bank, June 2020, Monitoring the state of statistical operations under the COVID-19 pandemic. Highlights from a global COVID-19 survey of National Statistical Offices. Report and data file for the round 3, https://covid-19-response.unstatshub.org/statistical-programmes/covid19-nso-survey/ (18 March 2021)

Understanding the social and economic impact of COVID-19 on older people

The majority of NSOs in low- and middle-income countries planned to collect information on the COVID-19 impact on the population and the economy, with fewer NSOs collecting information on other thematic areas relevant to understanding the impact of COVID-19 on older people. Ninety-seven per cent of countries collected information on socio-economic impacts on households, followed by the impacts on the private sector (86 per cent), healthcare services (40 per cent), and at-risk population groups (26 per cent).[19, 20]

A similar pattern is observed across the four regions (see Table 3 below). Fewer NSOs collected information on access to healthcare services, physical and mental health of the population or the situation of at-risk groups. This partially explains the paucity of data on older women and men as an at-risk group, and specific thematic data gaps identified throughout this report.

Limited accessibility of microdata highlights importance of open data during emergencies

While support and cooperation has enabled low- and middle-income countries to continue data collection during the pandemic, limited availability of microdata significantly hampers understanding of the impact of COVID-19 on older people.[21] Eighty-two per cent of low- and middle-income countries needed external support to operate and collect data during the pandemic, with the greatest need in Latin America and the Caribbean, and sub-Saharan Africa.[22] Partnerships with non-governmental sectors (including the private sector) enabled countries to overcome some challenges and to address information gaps. More than half of NSOs interviewed established new partnerships or networking arrangements during the pandemic.[23] The UNSD Task Force on COVID-19 and household surveys is one example of such cooperation. The initiative includes a wide range of surveys administered by NSOs and UN agencies, and covers a high number of countries. However, collected microdata is openly available for only a small number of surveys and countries.[24] This significantly limits our understanding of the situation of older people during the pandemic, and highlights the importance of open data in times of emergency.

Table 3: Percentage of NSOs collecting data on COVID-19 and its impacts by specific topic and region

	Monitoring COVID-19 infections, fatalities, and recovery	Access to COVID-19 testing	Availability / access to health infrastructure and services	Identification of at-risk populations	General physical and mental health impacts on the population	Socio-economic impact at household level	Socio-economic impact on businesses
Sub-Saharan Africa	17	21	38	17	14	97	83
Asia	9	9	18	27	0	82	82
North Africa and Western Asia	27	7	40	27	20	67	60
Latin America and the Caribbean	0	0	20	20	20	87	67

Source: UNSD and World Bank, June 2020, Monitoring the state of statistical operations under the COVID-19 pandemic. Highlights from a global COVID-19 survey of National Statistical Offices. Report and data file for the round 3, https://covid-19-response.unstatshub.org/statistical-programmes/covid19-nso-survey/ (18 March 2021)

Fabeha Monir/Age International

In addition to primary data collection efforts, use of secondary data collected pre-pandemic offered an opportunity to identify at-risk population groups and predict systems' capacity to respond. National and international dashboards such as UNFPA's COVID-19 Population Vulnerability Dashboard played an important role in disseminating information and raising awareness about situation of marginalised groups. However, some of the dashboards rely on data from census and survey data that might not be recent. This highlights a need for countries to publish and share more granular and timely data with inter-governmental organisations (such as the UN) and the public.

Making ageing-inclusive data systems part of the recovery

The challenge faced in the production of data on older people during COVID-19 highlights the importance of making ageing-inclusive data systems a central part of the recovery. The pandemic has caused significant immediate disruption to NSOs in low- and middle-income countries, resulting in limited availability of information on older people. However, it is also reshaping how official statistics will be collected and disseminated post-COVID-19, and there is a risk that older women and men, especially from more marginalised communities, will be further excluded from data. Countries and international partners need to assess and reflect on the production of statistics on older women and men during the pandemic, especially as we are now in the UN Decade of Healthy Ageing 2021–2030.

Recommendations

NSOs and international partners must:

- Assess the collection and dissemination of data on older people during the pandemic, and the adequacy of data produced to support COVID-19 response and recovery, with a view to strengthening future preparedness of NSOs and national data systems to rapidly produce minimum information on older people during emergencies.
- Raise greater awareness among member states about the importance of age-, sex-, and disability-disaggregated data for policy and programmes and build commitment for dissemination of this data.
- Build greater understanding of considerations for including older people as a population of interest within new methodologies, sample designs, and non-traditional modes of data collection and surveillance, and potential biases.
- In partnership with donor agencies increase financing to build NSOs' resilience and capacity to produce statistics on older populations, with special focus on improving international reporting and sharing of microdata for the public good.
- In partnership with academia and civil society, close knowledge gaps on health and socio-economic impacts of COVID-19 on older people in low- and middle-income countries by conducting in-depth studies.
- Develop mechanisms for better coordination of stakeholders and resources within national data ecosystems during emergencies, ensuring meaningful and transparent participation of older people and civil society in data production efforts.

HelpAge International

Fabeha Monir/Age International

The impact of COVID-19 on older people

There is limited evidence and analysis on the impact of COVID-19 on older people across the thematic areas addressed in this report. Because of this, much of the analysis in this report relies on information gathered by HelpAge and partners during the pandemic. This includes the results of COVID-19 RNA-OPs carried out by HelpAge and partners in a cross-section of low- and middle-income countries (in development and humanitarian settings); small thematic surveys conducted among HelpAge staff, network members and partner organisations; and interviews conducted with older people and service deliverers in selected locations to explore their personal experiences during COVID-19. Quotes and case studies are included throughout the report to share some of the experiences of older people during COVID-19, in their own words.

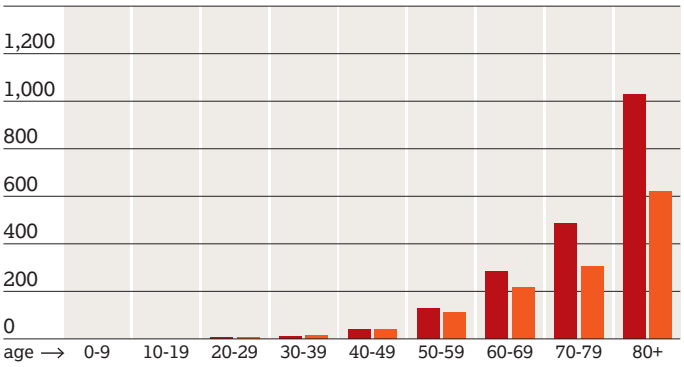
Health and care

Older people are at greatest risk

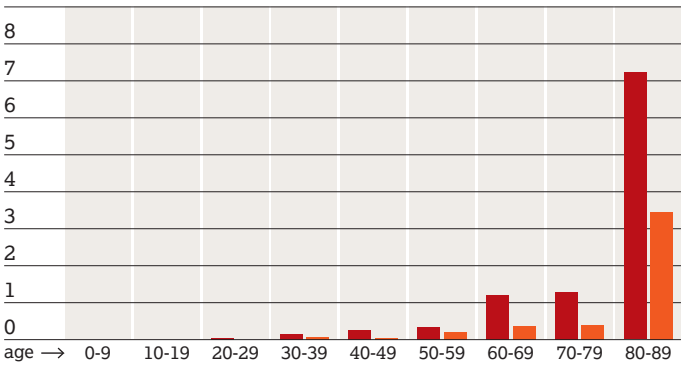
Older people are among those most at risk of serious illness and death from COVID-19. The immediate health and care impacts of COVID-19 on older people were evident early on in the pandemic and continue to be seen in evidence from diverse settings where age-disaggregated data is available. Data from a large-scale study in 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. The study found a fatality rate of close to 15 per cent in people aged 80 years and over, compared to an overall rate of 2.3 per cent across the population.[25] Data from all regions of the world have supported this early finding, showing that older people are most likely to die because of COVID-19 (see Figure 1 on next page).

Figure 1: Death rate per 100,000 population by age and sex

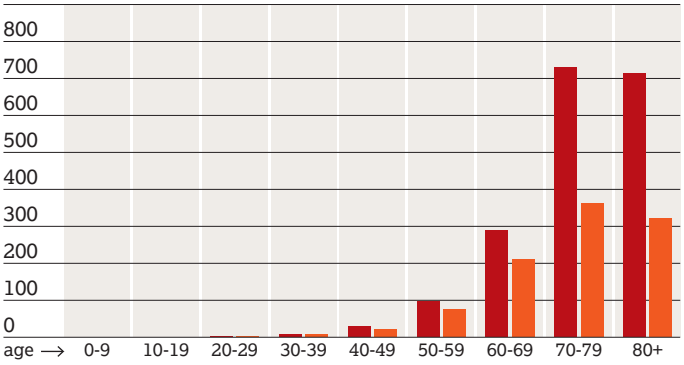
South Africa



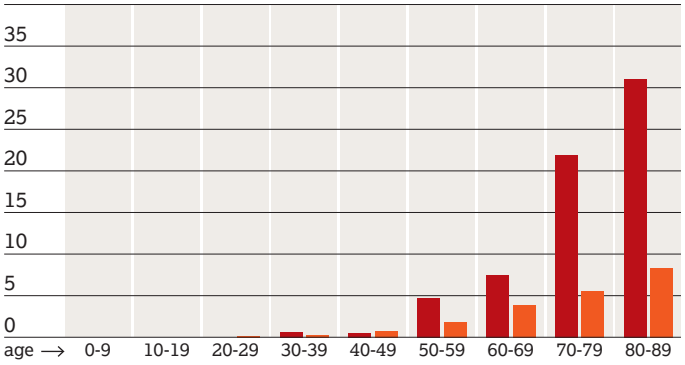
Uganda



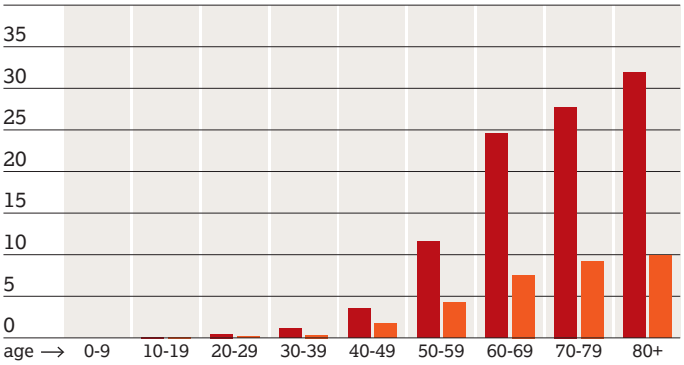
Moldova



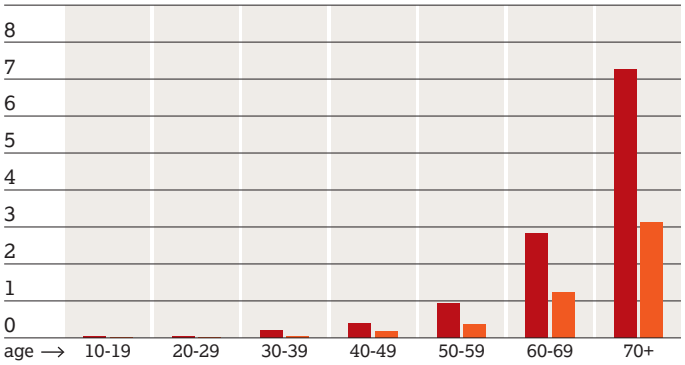
Kyrgyzstan



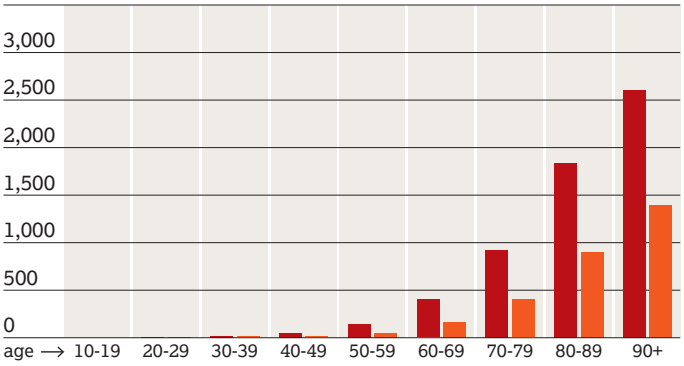
Pakistan



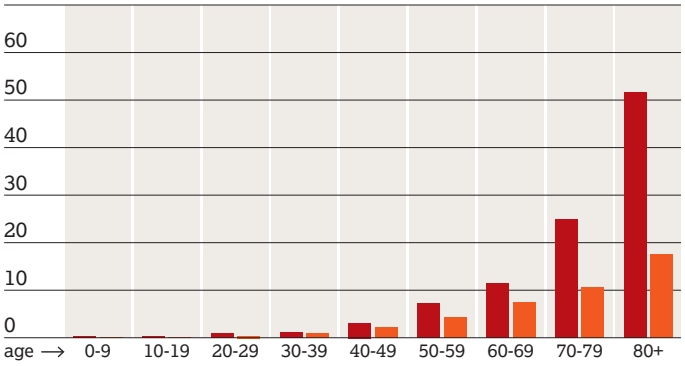
Myanmar



Colombia



Haiti



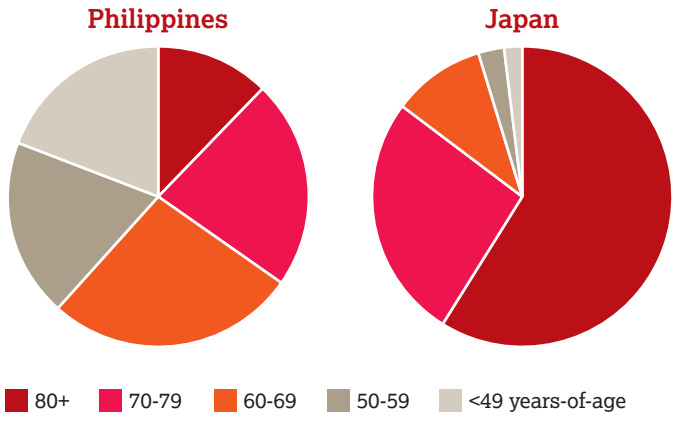
Key for all graphs: Male deaths per 100,000 Female deaths per 100,000

Source: Global Health 50/50. Accessed 20 January 2021.

Other trends highlight additional risk factors for severe illness and death from COVID-19, including a person's sex and the presence of underlying health conditions. Higher death rates are found in men than in women, often with large differences recorded. Suggested reasons for this include potentially stronger immune responses in women and higher prevalence of relevant risk behaviours (for example, smoking) in men.[26] Differences in the age-based distribution of deaths are seen when comparing countries where age- and sex-disaggregated data is available (see, for example, Figure 2 below). There are numerous possible contributing factors for this, including demographic profile and levels of poverty. Another consistent factor associated with risk of death from COVID-19 is having one or more underlying health conditions. Data disaggregated by condition is not widely available but from the small number of countries with data, hypertension, diabetes, cardiovascular disease, lung conditions and dementia have been linked to poor outcomes. In Europe, diabetes has been a factor in 61 per cent of deaths due to COVID-19.[27] A study conducted in the Western Cape region of South Africa found that diabetes was a contributing factor in 52 per cent of deaths.[28] When comparing countries and regions, the impact of differing burdens of disease can also be seen. For example, in South Africa (the country with the largest number of people living with HIV), HIV was a factor in 12 per cent of deaths from COVID-19.

Evidence shows that fragile countries affected by humanitarian crises have experienced higher death rates from the pandemic. For example, in Yemen, over 25 per cent of confirmed COVID-19 cases have died. This is the highest case fatality rate in the Arab States region.[29]

Figure 2: Percentage of COVID-19 deaths by age



Source: Detailed case information COVID-19 tracker, Department of Health, Government of Philippines, https://ncovtracker.doh.gov.ph/ (accessed 19 November 2020); Patients profile of coronavirus disease (COVID-19) cases in Japan as of 30 October 2020, by age group, Statista, https://www.statista.com/statistics/1105162/japan-patients-detail-novel-coronavirus-covid-19-cases-by-age-and-gender/ (accessed 20 November 2020)

COVID-19 in long-term care settings

Older people in need of long-term care and support, particularly those living in residential care facilities, also appear to be more at risk. Data from these settings is limited, leading to challenges in determining the impact of the pandemic in residential care, and making comparison between countries difficult. However, in contexts where residential care is more common and where 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 been among care-home residents.[30] 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 due to absent or weak care and support systems. Latin American countries have faced critical supply and staff shortages both in the health system and in long-term care facilities[31] which may partly explain the high fatality rates seen in these facilities in the region. Estimates suggest a COVID-19 fatality rate of over 23 per cent among older people in care facilities in Brazil,[32] and in Rosario in Argentina, care homes account for around half of all deaths from COVID-19.[33]

The situation in Asia appears to be different, with Singapore and Japan leading the world in measures to protect people receiving community-based or residential care. In these countries only 11 and 14 per cent of deaths respectively were linked with long-term care facilities. In Singapore, 2.8 per cent of older people live in residential care facilities, and 4.7 per cent in Japan, but outbreaks in care homes have been relatively rare. This success has been due to strict precautionary measures early on, including locking down facilities, following comprehensive safety procedures, providing PPE and training for staff, requiring universal regular COVID-19 testing for staff and residents, segregating staff, reducing the number of staff in contact with residents, and quarantining any residents returning from a hospital stay. Alongside these measures, additional services were provided to support older people at home, reducing reliance on day-care centres and other external support. The existence of well-established, universal long-term care and support systems with strong governance and quality management has played a critical role in this process.

Given the lack of data on the impacts of COVID-19 on older people on residential care settings, and the fact that their voices are very rarely heard, HelpAge undertook small-scale case studies in eastern Ukraine and Moldova to explore potential impacts of the pandemic on this population group. These studies aimed to explore the following research questions:

- 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 the day-to-day lives of older people living in residential care facilities?

In both countries 24 interviews were conducted (15 in Ukraine and nine in Moldova) with residents and staff at eight care homes (five in Ukraine, three in Moldova). Due to the small numbers and the limitations of interviewing people in these settings during COVID-19, the findings presented in Boxes 1 and 2 should not be interpreted as representative of older people's situation in such settings. Rather, the interviews offer insights into the experiences of a small group of individual older people whose voices have not been heard during the pandemic.

Box 1

Experiences in care homes in Moldova and Ukraine during COVID-19: residents' views

In residential homes in Moldova and Ukraine, discussions with residents and their responses to questions were limited. In the settings in Ukraine, residents often gave one-word answers and did not appear willing or comfortable to elaborate. While some of the residents in homes in Moldova spoke in more detail, this lack of engagement raises concerns about residents' sense of empowerment and autonomy and the extent to which they felt able to share their views and raise concerns. The presence of care home staff in interviews in some places and the necessity of relying on telecommunications is likely to have been a significant factor in this.

However, staff at facilities in Moldova shared some of the dissatisfaction being expressed by residents about the restrictions on movement. In some cases, residents also chose to share their concerns informally after the interviews were concluded. For example, residents in one facility raised specific questions about their human rights and how these were being violated during the pandemic.

"We may go out subject only to the consent of the director. The gate is closed and guarded."

Care home resident, Moldova

"Nothing has changed much, only control, masks are worn, if we are taken to the hospital, they monitor so that we do not go anywhere else."

Care home resident, Ukraine

A difference was seen in terms of the perceived health impacts of the pandemic being reported by residents. The majority of residents at facilities in Ukraine said they were not experiencing particular changes to their health, in contrast with the views of residents of facilities in Moldova. This may be because two out of three facilities involved in the study in Moldova had experienced COVID-19 outbreaks, while there had been no cases of the virus among residents in any of the five homes in Ukraine.

Residents in Ukraine spoke about feeling protected and well cared for during the pandemic. In Moldova, numerous residents noted that the quality of care in their homes had improved. While this is positive, examples given by residents of increased access to hot water and improved nutrition raise concerns about the general standard of care.

"Things have changed for the better. It's not bad, it's good. They wash us, change our bedding. They cut our nails. The food is good for us. They disinfect us."

Care home resident, Moldova

Fewer residents than expected in both countries shared experiences of a significant change in their mood during the pandemic. However, the interviewer in Moldova observed quite high levels of anxiety and emotional distress among some residents.

"I don't recognise myself. I don't know how long I will withstand if we don't have freedom. It was very well before COVID. Since this fear appeared, I can't even read. Unintentionally, I have an extraordinary depression. My health has worsened and I'm no longer the human I used to be. Before the pandemic, I used to go for walks in the town and go to shops. It was another life. I knew I was somewhere, and I saw something."

Care home resident, Moldova

"Sometimes I was in a bad mood, I felt anxiety, the feeling of depression worsened. The worry of what will happen next…"

Care home resident, Ukraine

In Ukraine, low levels of loneliness and isolation were reported by residents, despite restrictions on visits. This issue should be explored further to understand if living in a care home and being able to communicate with fellow residents and staff on a daily basis (where possible during the pandemic) may be a protective factor in terms of the impacts of feelings of loneliness compared to older people living in other settings.

Box 2

Experiences in care homes in Moldova and Ukraine during COVID-19: the views of staff

Interviews with residential care home staff in both Moldova and Ukraine gave an insight into the impact of the pandemic on staff working in the care sector. Staff in both countries talked about the emotional distress they were experiencing. This was particularly pronounced in care homes in Moldova where the facilities included in the study had experienced COVID-19 outbreaks among both staff and residents. Staff in these homes became visibly upset during interviews and shared feelings of guilt, stress, and anxiety.

"Since the pandemic, I've been suffering from insomnia. Every time someone called me from the retirement home, I wondered if there were any cases. I felt like I was always on alert."

Care home employee, Moldova

"We are experiencing severe psychological discomfort, I have worked here for 25 years, everything here is dear to me."

Care home employee, Ukraine

Consistent across facilities in both Ukraine and Moldova was the lack of training provided to staff to ensure they were equipped to respond to the pandemic. In both countries it was clear that a systematic government-led approach to staff training in the long-term care and support sector was lacking. Training was ad hoc and had been organised by the facilities, either working with non-governmental organisations (NGOs) or finding information online.

"No, we had no training during the pandemic. It would be very welcomed for some medical specialists to give us such training."

Care home employee, Moldova

The lack of training for staff likely explains inconsistencies in approaches taken in different facilities. The interviews suggested varying prevention and protection measures had been put in place to manage COVID-19.

A further area of inconsistency and concern was how facilities were able to engage with the health system and the support they were receiving to look after their residents. One staff member in a facility in Moldova reported that residents in their facility were not tested and diagnosed with COVID-19, and that some may have died as a result of the virus because of a denial of care by health facilities.

"Hospitals, as you know, are not free now, and many people do not have money on hand. … A medical institution may refuse to treat a patient if he has no money. Any operation or examination is paid. I have not come across this, but I doubt that the hospital would take an elderly person with COVID-19 for treatment, so we will have to keep such a patient in an isolator and treat them on our own… the hospitals are not very welcoming for the elderly."

Care home employee, Ukraine

Knowledge and awareness

Evidence highlights differences in the levels of awareness about COVID-19 among different groups of older people. Data collected by HelpAge and other actors shows differences in older people's awareness of COVID-19, how people access information, and differences between population groups. General awareness of the pandemic is high, but specific knowledge on risks and where to access services is much more mixed. In sub-Saharan Africa, older people's knowledge on where to access COVID-19 services, including testing, is generally low. This lack of awareness could be linked to low levels of testing available and/or insufficient communication targeted at older people. A few months into the pandemic it was found that 10 countries in Africa accounted for 80 per cent of all testing in the region.[34] Even in some of those 10 countries, COVID-19 testing rates (relative to the population size) remains low, ranging from 9.9 tests per 1,000 population in South Sudan, 13.5 in Mozambique and 18.6 in Ethiopia, to a high of 77.9 in Rwanda.[35]

HelpAge's RNA-OPs in Mozambique, Rwanda, South Sudan, and Zimbabwe have highlighted misinformation as a particular challenge. In Zimbabwe, older people stated that COVID-19 is being spread through Chinese-made mobile phones and in South Sudan older respondents said masks were being deliberately infected with the virus. Specific issues related to awareness were seen among people living with disabilities, refugees, and internally displaced people in sub-Saharan Africa.

An RNA-OP conducted by HelpAge in Haiti, meanwhile, found that 98 per cent of older people do not know where to find their nearest COVID-19 testing facility. It also found that older people in rural areas had poorer knowledge of the pandemic than those in urban centres.[36] In the Eurasia and Middle East (EME) region, data suggests women of all ages face greater challenges in accessing information and have lower levels of awareness than men. HelpAge's RNA-OPs in Asia consistently point to lower levels of awareness of COVID-19 among the oldest age groups (over 70 or 80 years) and those living with disabilities.

Differences are also found in older people's preferred methods for receiving information on COVID-19. RNA-OPs in sub-Saharan Africa found that older people preferred, and were reliant on, information from family, friends, and the community. In the EME region, older people generally received information from health workers. Less consistency was seen in the Asia region, where older people in the Philippines[37] and Cambodia[38] preferred to receive information via the TV, while in Myanmar[39] and Bangladesh[40] older people wanted information delivered at the community level via loudspeaker. This was a particular preference for people living with disabilities.

WSCR

Access to health services and support

Despite limited data on older people's access to COVID-19 related services and support, including testing and care, anecdotal information and data collected by HelpAge highlight the barriers faced by older people. With older people reporting limited access to information on COVID-19 and knowledge of where to go for COVID-19 testing and care, it is likely that many are not accessing services. Cost is another barrier. During focus group discussions with older people in Nairobi, participants shared that a COVID-19 test costs 8000 Kenyan shillings (around US$ 73), making it unaffordable for many older people. Participants also highlighted their experience of not being able to access hospital care because they could not afford to enrol in the national health insurance fund (NHIF).[41] Similar concerns about affordability of services were raised by residential care-home staff in Ukraine during interviews conducted by HelpAge. One respondent suggested health facilities would not be willing to admit older people suspected to have COVID-19 if they were not able to pay for their care.[42] In Brazil, one study found that only 33.6 per cent of older people who had experienced COVID-19 symptoms in the 30 days leading up to the interview had accessed testing or care.[43] The study outlined a number of reasons for this, including lack of knowledge of where to access services, respondents not feeling their symptoms were sufficiently severe, and lack of available health care.

"I didn't get any help for poor people. [...] We were last on their list. Nothing's changed. We have a problem of care in hospitals and other institutions. They don't cater for the old and the disabled."

Older man, Rwanda[44]

In countries around the world, concerns have been raised about the denial of COVID-19 related care and other intensive care services, based on age. Tools to support decision making on the allocation of care in Italy, Spain, Sweden and the United Kingdom have led to younger people being prioritised over those in older age.[45] 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 deciding factor. This means the older the patient, the lower they rank in priority for intensive care admission.[46] In contexts where intensive care capacity is limited, older people are likely to face challenges accessing services for any health condition.

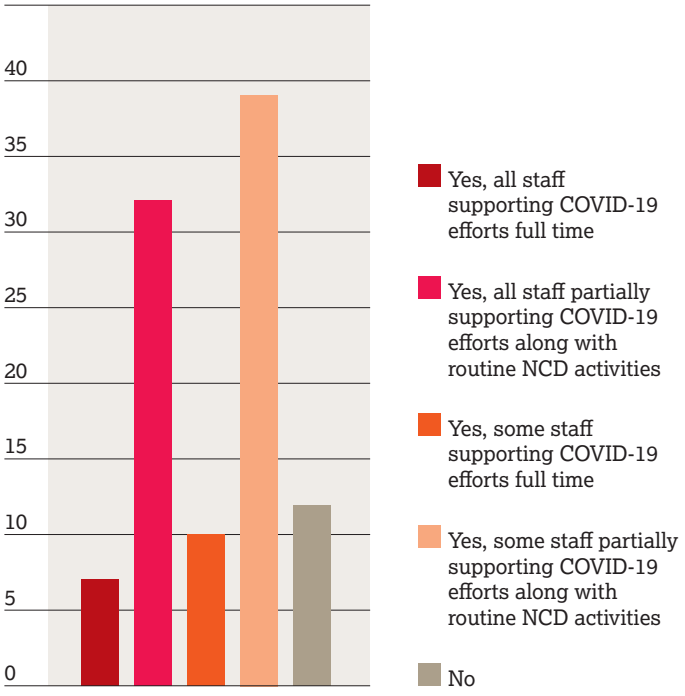
WHO indicates 10 African countries have no working ventilators and several countries also face oxygen and oxygen equipment shortages.[47, 48] During interviews with staff working at residential care facilities in Moldova, concerns were raised about older people's access to COVID-19 services and support. One staff member said they suspected residents had been infected with and died from COVID-19 but had not been diagnosed due to a denial of care by health facilities.

"One patient has recently died of a stroke. She had diabetes and a very high level of blood sugar. In addition, she had signs of pneumonia. I think COVID caused all these. The medical nurses called the ambulance, but I can't explain why she remained here. They said it was due to age, as she was 87, and had complications caused by diabetes. This was at the start of the pandemic. The hospital said she would get COVID if she was taken there."

Staff member, residential care facility, Moldova[49]

The pandemic has also significantly disrupted non-COVID-19 related services. WHO data shows services for non-communicable diseases (NCDs) have been widely disrupted around the world.[50] As many as 85 per cent of countries in Asia have experienced disruption to NCD services and in sub-Saharan Africa, 71 per cent of countries have experienced a partial or complete disruption to rehabilitation services and widespread redeployment of NCD health workers to focus on the pandemic (see Figure 3 below).[51] In both regions older people constitute the majority of those affected by NCDs.

Figure 3: Redeployment of NCDs health staff in sub-Saharan Africa by percentage of countries



In sub-Saharan Africa and Central Asia, health systems have also struggled to provide continued services for communicable diseases. Decreases in tuberculosis (TB) case notification have been observed in Central Asia since April 2020,[52] and it has been estimated 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.[53] WHO has warned that disruptions to malaria services could result in a doubling of malaria deaths in sub-Saharan by 2020.[54] In many Latin American countries health systems were precarious before the pandemic with a per capita expenditure of US$ 949 a year,[55] constituting a quarter of the average rate for countries in the Organisation for Economic Cooperation and Development (OECD). About 30 per cent of the region's population lacks regular access to health services and the number of hospital beds is low – 2.7 per 1000 population compared to the OECD average of 4.7.[56] Alongside weak health systems, Latin America has an ageing population, increasing inequality and high rates of NCDs, particularly dementia. People living with dementia face particular risks from COVID-19, linked to a reduced ability to take preventive measures and high rates of co-morbidity through cardiovascular disease. It is also thought that COVID-19 infection may lead to further neurodegeneration in people with dementia.[57] Disruptions to dementia-related services have been seen in the region, raising concerns for the long-term health and wellbeing of those affected.[58]

"As for my medication, I struggled a lot to get it, due to the drug shortage in the hospitals. We also had difficulty booking appointments. It took too long to get one. How could they give someone who has suffered a stroke a check-up appointment after three months?"

Older woman, Jordan[59]

Alongside disruptions to the supply of health services, many countries are seeing a decline in demand. This is due to movement restrictions, higher levels of income insecurity are making health care unaffordable, and people's increased anxiety about going to health facilities where they fear they may be exposed to COVID-19. Asia, for example, has seen major declines in health care uptake.[60]

"Because of COVID-19, all my children lost their jobs. They are all now out of work. Yet I am living with pre-existing conditions, diabetes, and a weak heart. It is a struggle to get money to buy medicine for the conditions I live with."

Older woman, Kenya[61]

HelpAge International

Excess mortality data is likely to show us the wider impact of the pandemic on older people's health, though this data is unavailable for the majority of low- and middle-income countries. Excess 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.[62] 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. Where data is available, countries have recorded significant numbers of excess deaths since the pandemic began. Data collected from 24 mainly European countries has shown significant spikes in excess deaths between March and May 2020, the vast majority of which were among people aged 65 years and over.[63] In Asia, from March to July, Thailand recorded 58 deaths from COVID-19 and 13,000 excess deaths,[64] and in India, studies show an increase in deaths among dialysis patients unable to receive treatment. Limited information beyond this is available on the long-term and secondary health impacts of the pandemic, including for older people. More research is needed in this area, including to understand the long-term impacts for those who have recovered from COVID-19 ('long COVID').

Peter Caton/Age International

Given the lack of data on the specific impacts of COVID-19 on older people people's health and access to health and care services, and the fact that older people's voices have very rarely been heard during the pandemic, HelpAge undertook small-scale case studies in Nairobi, Kenya and Borena, Ethiopia to explore these issues. These studies aimed to explore 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 were held with 39 older women and men (16 in Kenya and 23 in Ethiopia). In Kenya the Focus Group Discussions (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 3, on the next page, should not be interpreted as representative of older people's situation in such 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 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. The findings are presented in Box 4 on page 24.

Box 3

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 years 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 peoples falling in fear and depression moods when they heard during awareness creations that older peoples were the first vulnerable groups to 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.

"[If] you can go to Aga Khan, where there is a specialist… they will cater for everything. And there, 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 the two contexts. 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.

Box 4

Delivering health and care during COVID-19: health workers' experiences

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… 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 faced 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 organisations. But when we compare to our human resource, around 80 per cent have not had the opportunity to be trained."

Health worker, Ethiopia

Mental health and psychosocial support

Older people face high levels of fear, anxiety, and depression during COVID-19. Concerns have been raised worldwide about the potential mental health impact of the pandemic. HelpAge's assessments and other studies point to a particular concern for older people for whom social isolation poses significant challenges and fears and anxiety associated with COVID-19 have been acute. Despite knowledge of how previous epidemics, including Ebola Virus Disease, have affected mental health in sub-Saharan Africa, there are significant concerns about the disruption to mental health services. While some countries have been proactive in highlighting the need for mental health to be included in pandemic response plans, funding has not been allocated. Similarly, in the EME region, there is some evidence of countries incorporating mental health and psycho-social support (MHPSS) services into COVID-19 responses, but these services rarely target older people. Only two of 13 countries across the MENA region (Egypt and Qatar) have established a task force for geriatric mental health during COVID-19.[66]

HelpAge's RNA-OPs from Iraq, Jordan, Lebanon and Syria demonstrate the mental health impacts older people are experiencing as a result of the pandemic. The situation appears to be particularly acute in Iraq, where 74 per cent of older people report feeling worried or anxious all or most of the time, and 68 per cent report feeling depressed. Rates are higher in older women than men (80 per cent for anxiety and 72 per cent for depression).[67] In Jordan 45 per cent of respondents report feeling worried or anxious all or most of the time, with rates significantly higher for Syrian refugees (67 per cent).[68] Similar issues were seen in Asia: in the Philippines, Bangladesh and India,[69] over two-thirds of older people reported feeling anxious or worried all of most of the time.

"The measures the government has taken regarding older persons have done more harm than good. It doesn't make sense for me, as an older person, to be quarantined alone in my house without being allowed to see my children and grandchildren. The psychological harm has been much greater than that caused by coronavirus."

Older woman, Jordan[70]

Achieving universal health coverage and strengthening global health security

The impact of the pandemic demonstrates the necessity of achieving universal health coverage (UHC) and strengthening global health security (GHS). In the immediate term, the widespread disruption to health services across the world, even in countries that have not experienced significant outbreaks of COVID-19, highlights the need for governments to put in place measures to ensure the continuation of essential health services. This is particularly important in relation to NCDs and other chronic conditions for which people require ongoing care. More broadly, the extent of disruptions to health services, health systems being overwhelmed and significant ongoing barriers to access, including those linked to affordability, all demonstrate the critical importance of achieving UHC and strengthening GHS. As ministries of health and other actors tackle the pandemic, continued efforts must be made towards the achievement of UHC, including care that is free at the point of use and a comprehensive package of basic health services that include those most commonly needed in older age. UHC and GHS are both crucial to addressing the long-term health impacts of this pandemic and building resilience against future disease outbreaks.

Syrian Expatriate Medical Association

Peter Caton/Age International

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 must conduct research to understand the short- and long-term health impacts of COVID-19 for older people; and to provide an evidence base to inform truly age-inclusive health-system strengthening efforts, and the achievement of UHC. This must include research on the long-term health implications for older people who survive COVID-19, including 'long COVID'.
- Ministries of Health must prioritise older people and those with underlying health conditions who face the highest fatality rates in prevention, treatment, and care efforts, including risk communication and vaccine roll out. Additional targeting is needed that takes account of local context, risk factors and population dynamics at national and subnational levels.
- Ministries of health must put measures in place to protect older people's right to health, including through ensuring essential health services are maintained during COVID-19 outbreaks and that older people have continued access. This must include diagnosis, treatment, and care for NCDs, including mental health conditions, and communicable disease services. UN agencies and donors should support the continuation of these services.
- Ministries of health must ensure transparency in their responses 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 redouble their efforts towards the achievement of universal health coverage, strengthening health systems to protect against future pandemics and shocks, and ensuring the long-term health impacts of COVID-19 for older people are addressed and older people's right to health is met.
- Long-term care and support systems must be developed and strengthened that are able to provide quality care for older people, including during COVID-19 and any future pandemics, while ensuring the autonomy, dignity, and rights of older people. Systems strengthening should be informed by the COVID-19 experience in different contexts.
- Local risk communications and community engagement strategies must be developed that target those most difficult to reach through trusted channels and in formats accessible to them, including older people, people living with disabilities, and those in fragile contexts. Information needs accurately report the risks for people in older age and not be alarmist, with clear communication on the importance of seeking health services when needed.

Violence, abuse, and neglect

Evidence on violence, abuse, and neglect of older people

Prevalence data on violence, abuse, and neglect of older people during the COVID-19 pandemic is extremely limited. These data limitations highlight both the challenges faced with safe and ethical population-based data collection during the acute phase of the pandemic,[71] as well as the continued exclusion of older people from datasets. Despite several initiatives that challenge this systematic exclusion,[72] few countries have gender- and age-disaggregated data systems in place for monitoring, recording, and reporting on violence, abuse, and neglect. According to the COVID-19 Global Gender Response Tracker, a minority of countries report measures to collect, analyse and use data to inform policies to counter violence against women and girls (VAWG) in the current context (41 measures across 36 countries).[73] Improvements in relation to the collection, analysis and use of age-disaggregated data are not explicitly mentioned. Yet, even before the pandemic, WHO estimates that as many as one in six persons aged 60 years and older have experienced some form of abuse.[74]

Beyond this, where evidence has been collected on older age groups, disaggregation or analysis is limited. A few studies have measured an increase in violence against women, specifically domestic violence, and intimate partner violence, since the start of the pandemic, though rigorous studies remain scarce.[75, 76, 77] The situation for older women is unclear.

In this context, COVID-19 RNA-OPs conducted by HelpAge and partners provide important insights and highlight older people's fears of increased abuse during the pandemic. The RNA-OPs carried out in selected development and humanitarian settings across four regions reveal that older men and women feel at increased risk of several protection issues since the beginning of the pandemic.[78, 79] When older women were asked what they felt were the increased risks for older women in general during this time, the top three responses were: neglect (35 per cent); isolation (28 per cent); and financial abuse (25 per cent). When older men were asked what they felt were the increased risks for older men in general during COVID-19 they identified the same top three risks: financial abuse (32 per cent); neglect (30 per cent); and isolation (24 per cent). This risk of financial abuse was perceived to be more pronounced for older men living with disabilities (37 per cent). However, it is important to note that the question asks 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. Evidence from Asia also highlights increases in older people's risk of abuse during the pandemic. In an online survey of 5,000 older people in India by Agewell Foundation in June 2020, 71 per cent of respondents said they perceived that cases of elder abuse had increased for older people during the lockdown.[80]

"Because of the crisis, we're living in tents. Some people are even sleeping under trees. I worry because where I live is very insecure."

Older woman, South Sudan[81]

Changes in risk factors during the pandemic

Restrictive measures introduced globally in response to COVID-19 have created conditions likely to increase the risk of violence, abuse, and neglect of older people – particularly for those who were already experiencing this before the pandemic. Measures such as quarantines, isolation, and stay-at-home orders that were implemented following the spread of COVID-19 resulted in many people spending more time with their families and partners, raising concerns about the potential unintended consequences that these policies could have on the level of family violence.[82]

The inability of older people to escape their abuser during the pandemic has created more opportunities for the perpetration of violence, abuse, and neglect. For example, in the Arab States, Civil Society Organisations (CSOs) surveyed by UN Women reported an increase in domestic violence.[83] Unable to leave the house they share with their abusers or reach out to families for support, women have been forced to endure violence. One study in Argentina found that for women placed in quarantine along with their partner there is a higher prevalence of intimate partner violence (emotional, sexual, and physical). 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, and neglect.[84] Overcrowded or precarious living spaces, including refugee camps, and conditions lacking adequate access to protection are likely to increase exposure to violence.[85] Perpetrators may use the pandemic to exert greater power and control over those they are abusing.[86]

Measures leading to social isolation are likely to contribute to violence, abuse, and neglect. Isolation limits the monitoring of an abusive situation and makes it more difficult to seek help.[87] Reduced or no access to social support networks such as family, friends, relatives, neighbours, and support services due to restrictive measures may contribute to isolation and an increased risk of violence, abuse, and neglect. In the Arab States and Africa there have been reports of a discontinuation of services and support systems for women.[88] Changes in the way support services are delivered, including shifts to remote, mobile, and online provision,[89] present challenges for older people who face barriers using newer technologies[90] or do not have consistent access to a phone or the internet.[91] The suspension of family visits in long-term care facilities coupled with staffing shortages may increase the isolation of older people and further heighten the risk of violence, abuse and neglect.[92] Social isolation is also associated with anxiety and various mental health disorders, which may trigger violence, or behaviours potentially related to violence, such as increased alcohol consumption.[93]

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 and poverty-related stress related to a fall in income, sudden unemployment, or increased economic uncertainty,[94] health related worries,[95] and a lack of social support for those providing care.[96] One study in Argentina, found evidence that the quarantine decreased family and partner's income, increasing economic-related stress or tension regarding contributions to the family income.[97]

"During quarantine, my son and daughter-in-law began to neglect my needs. Previously, I did not notice their behaviour, but since all family members must stay home, I started feeling their bad attitude to me. They don't give me food and medicine on time, and they don't even talk to me. Sometimes my daughter-in-law yells at me. I feel like a burden to my family."

Older woman, Kyrgyzstan

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.[98] For those women already in abusive situations before the pandemic, gender inequalities and continued exposure to their abusers increase the risks of gender-based violence against older women.[99]

"[W]ith the coronavirus crisis, we have found many cases of bullying against older people. Social media users are disregarding the feelings of older people."

Older man, Amman[100]

Older people most at risk

While little data is available on who is most at risk of violence, abuse, and neglect during the pandemic, we know characteristics such as age, gender and disability, and their intersection, put some groups of older people at heightened risk, especially during times of crisis.[101] UNFPA states that both women and men with disabilities can be up to three times more likely to experience violence,[102] while women with disabilities are often more likely to face challenges when seeking services, lose their support mechanisms as well as their access to caregivers, and experience violence.[103] With the closure of special care centres, these women have also been stigmatised as 'dependents' and as representing an additional burden for households during the pandemic. In addition, these groups can be further constrained in seeking services as they may rely on their abuser for mobility.

Older people's help-seeking behaviour

The pandemic may have further created challenges for older survivors to seek help. For older people, reporting rates and help-seeking is impacted by the lack of prioritisation of violence, abuse, and neglect of older people; the surrounding shame and stigma; and the lack of adequate services.[104] WHO estimates that only four per cent of cases of elder abuse were reported before the pandemic.[105] A lack of effective reporting mechanisms in rural areas may have contributed to underreporting during the pandemic.[106] Information about where to access support services can be a major barrier to help-seeking during the pandemic. In Kyrgyzstan, for example, 46 per cent of men and 59 per cent of women said they did not know where to find help (such as hotlines, psychological support, or the police) if they experienced domestic violence.[107] However, 33 per cent of women and 30 per cent of men said they would not seek help if they experienced or witnessed domestic violence, perhaps indicating that people do not expect any real support in cases of domestic violence.

"The reported numbers of older people affected by abuse during the COVID-19 pandemic do not reflect the reality as many don't know how to report incidents or even if they do, they may not have a telephone and they are scared. Often abuse is perpetrated by family members that they are dependent on; they have no means to support themselves and they fear they would be threatened, or worse, if they asked for help."

CEO of Sisterhood is Global Institute, Jordan

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.[108] An UN Women survey in the Arab States found that 39 per cent of women's Civil Society Organisations (CSOs) reported that legal services were affected by the pandemic, with courts being closed and several procedures for legal redress put on hold.[109] This has forced police and other actors to resort to informal justice mechanisms to ensure the protection of women survivors. Thirty-five per cent indicated that during the pandemic it had been easier to access informal or traditional justice mechanisms such as community mediation, or alternative dispute resolution through family or traditional leaders.[110] The potential lack of privacy and confidentiality of informal justice systems may present a barrier for older people reporting violence, abuse, and neglect perpetrated by family and caregivers during the pandemic, and it has the potential to put their safety and wellbeing at risk.

The same report found 15 per cent of women's CSOs indicated that shelters for women survivors have been impacted by the pandemic.[111] In Africa, shelters for women survivors have been inundated and overcrowding has limited their ability to adhere to COVID-19 prevention guidelines,[112] while access to testing is expensive and often not affordable for shelters.[113] This is worrying for older women survivors who are at higher risk of serious illness and death from COVID-19.[114] Almost one-third (29 per cent) of participating women's CSOs in the Arab States, meanwhile, indicated that hotlines have been affected.[115] Hotlines, key services during the pandemic, have faced a higher number of calls and have had to adapt to provide remote counselling services.

Syrian Expatriate Medical Association

According to one report on hotlines in West Africa, these services have been overwhelmed by calls but have been found to be 'unreliable'.[116] 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.

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.[117] As many as 84 per cent of participating women's CSOs in the Arab States reported that the COVID-19 pandemic had impacted them either negatively or very negatively, and 67 per cent of stated that if their organisation did not receive necessary funding they would remain only partially operational, while another six per cent noted that they would have to close down.[118] This could have significant consequences as, in several contexts, these organisations are the sole providers of direct support to women, including older women, facing violence. While governments have widely adopted measures to strengthen services for women survivors of violence during the pandemic, they have lagged behind in making prevention and redress of violence against women and girls (VAWG) an essential part of national and local response plans.[119] Only 48 countries have treated services to respond to and prevent VAWG as essential services and as an integral part of national and local COVID-19 response plans, with 55 measures recorded and very few adequately funded.[120] This is concerning, since the pandemic will have long-lasting consequences that increase the risk of violence for women and girls. Commitments as part of governments' sustained and long-term policies and plans are critical to address these risks.

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 Pakistan to explore the potential impacts the pandemic is having on older survivors. The study aimed to explore the impact of COVID-19 on 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 four older survivors. Due to the small numbers of interviews, the findings presented in Box 5 on the next page, 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 four individual older people that have not been heard during the pandemic.

Box 5

Violence, abuse, and neglect during COVID-19: older people's experience in Pakistan

COVID-19 and the response to prevent it triggered a series of adverse consequences for individuals and communities in Pakistan, including creating the conditions for increased risk of violence, abuse, and neglect of older people. Restrictions created circumstances where older people were spending more time with their families and partners, which put them at risk of violence and abuse. In March, HelpAge carried a COVID-19 RNA-OP in Sindh and Khyber Pakhtunkhwa (KPK) during the lockdown.[121]

"Yes COVID-19 really affected us. Mostly it affected my social circle. Now in the current scenario, I don't get the chance of meeting my relatives frequently. I can't go to the mosque to offer my prayers."

Older man, Pakistan[122]

HelpAge also reported that both public and private care homes in Pakistan restricted the movements of residents outside the care home and did not allow visitors, as part of their COVID-19 prevention measures.

"Since most of our residents were abandoned by their families, or have no one left in the world, we don't have many visitors as such. However, we used to have volunteers come in to spend time with the older people. We have stopped that now. In cases where there is family, we have asked them to remain in contact by telephone or social media."

Government front-line service provider, Pakistan[123]

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. Social isolation can also contribute to stress, anxiety, and mental health issues, which may have been a trigger for violence or behaviours that might be related to violence. Older people interviewed in HelpAge's RNA-OP in Sindh and KPK during the lockdown reported feelings of stress, anxiety, and depression.[124]

"I have to stay at home most of the time and it tends to get depressing."

Older man, Pakistan[125]

The physical isolation of older people may have been accentuated by their digital isolation in Pakistan. Older people have found it more difficult to access critical information and services since the activities of institutions and authorities went online. One older woman reported not being able to apply for a government cash stipend as she did not have a mobile phone and did not understand how to apply through SMS.[126] A review of the Ehsaas Emergency Cash Programme by HelpAge also found that many older people, especially older women, did not know how to register, either due to illiteracy or because they did not have a mobile phone.[127]

Stresses on households caused or aggregated by the pandemic may increase the risk of violence, abuse, and neglect. During the pandemic stressors may include increased economic insecurity and a lack of social support for those providing care. This may be particularly true for families who were living in a precarious situation before the pandemic with limited access to social protection. A person's economic insecurity is also an individual risk factor in experiencing violence. All four older people interviewed as part of the case study struggled to cope with the economic impact of the pandemic.

"My son works for a private company. He had a 15 per cent pay cut. … My pension is not enough. It has been difficult to manage."

Older man, Pakistan[128]

"See this, this is cornmeal. Somebody I visited gave this to me. It is enough for me for my one meal a day. When I couldn't leave the house during the lockdown, I couldn't get this. It was difficult, I was scared I might have to go hungry. And we might have if our neighbours hadn't shared and it wasn't the holy month of Ramzan[129] when people made special arrangements to get people like me food and ration. … To cope, instead of two meals I had only one meal a day."

Older women, Pakistan[130]

During the COVID-19 pandemic, an increase in discriminatory and prejudicial attitudes towards older people was observed in Pakistan. A survey by The Social Protection Resource Centre with older people found that 50 per cent of older women reported feeling discriminated against (compared to 32 per cent of older men). They are also stereotyped more (68 per cent compared to 63 per cent respectively). Discrimination and ageism have been identified as risk factors for VAN against older people.

"…sometimes it is easy to assume that older people… have no right to be happy, they've lived their life. So even in the best of conditions older family members may be getting adequate food, nutrition, medicine but there is no consideration of old people needing deserving anything beyond the basics."

Service provider, Pakistan

"The reasons for bringing older people to the shelters is either they do not have any close family to look after them or that they are causing disruption in the household – they are always spoiling for a fight."

Service provider, Pakistan

Internalised ageism and an older person's implicit belief that they are not important and must forego their wellbeing for the sake of the younger generation, may result in older people being less likely to demand for their rights.[131]

"At a certain age, one cannot expect to be a priority. I am at that age too. So I keep to myself."

Older woman, Pakistan[132]

Interviews with older survivors revealed examples of the economic, psychological, and verbal abuse they had experienced. Physical and economic abuse cases were also highlighted by a local government representative. Interviews with older survivors suggested that the COVID-19 pandemic may have increased the intentional and unintentional neglect of older people because children, grandchildren and other caregivers who support older people found it difficult to fulfil their caregiving role.

"The elderly are quite invisible. We consider families taking care of them but quite often when economic conditions deteriorate, appropriating resources from needs of the elderly is a coping mechanism within households. Sometimes this is also with the consent of the older person as they too consider their need secondary to other younger people in the household."

NGO frontline service provider, Pakistan[133]

Interviews with older people and service providers suggested that, in Pakistan, older people's agency is unrecognised, and their voices excluded in the COVID-19 response. Older people are not involved in decision-making processes, nor represented in implementation bodies involved in the pandemic response. Interviewees reported that older people's concerns and perspectives are not fully integrated in COVID-19 response efforts at the national, provincial and district levels. There are no specific policies or measures explicitly targeted at older people.

"Older people for the most part remain uncounted, unheard, unseen. They just exist."

Representative of local government support services, Pakistan[134]

"The government's approach is not proactive; at best, the elderly are viewed as passive victims of a socio-economic and healthcare disaster."

Representative of local government support services, Pakistan[135]

In relation to gender-based violence support services, all key informants emphasised that older people would not be stopped from using these, but agreed they were not the target group. As one civil society service provider acknowledged, they had not considered older people as a vulnerable group and upon reflection this was an omission.

"We don't think about older people. That is neglect, whether at home or in our projects."

NGO frontline service provider, Pakistan[136]

Discussions with key informants confirmed that there were no specific COVID-19 related protocols announced by the government for old age homes.[137] The government did not help care homes and these facilities had to use their own resources to cope with the lockdown.[138]

Pakistan's official guidelines for the care of older patients during the pandemic includes the provision of mental health and psychosocial support by caregivers and family members to older people.[139] However, there is no guidance on service provision or referral mechanisms if such support is not forthcoming from caregivers and/or family members. Older people are not explicitly part of joint UN-government psychosocial support efforts. Discussions with service providers revealed that no dedicated effort has been made to inform older people about the available support services through community platforms and other means of communication.[140] For instance, there has been no concerted effort to inform older people about the police helpline which is universal across provinces.

WSCR

Recommendations

- Data producers including governments, National Statistical Offices, UN agencies, multilateral agencies, service providers and donors must collect, analyse, report, and publicly disseminate 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 being at risk of violence, abuse, and neglect during the pandemic, and prevention and response measures for older survivors must be included and adequately resourced in national COVID-19 response plans and risk mitigation communication.
- Governments, UN agencies and donors must ensure that the capacity of key service providers to identify and respond to cases of violence, abuse, and neglect is enhanced, and that coordination of support to older survivors is 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 PPE 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 ensure the sustainable support for those that already exist. 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 trained to recognise the signs of violence, abuse, or neglect during emergencies such as the COVID-19 pandemic, 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, because perpetrators of abuse 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 future prevention and response measures. Consultation processes that support older survivors' 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

Many older people were struggling financially before the pandemic, and – directly and indirectly – COVID-19 has made this situation worse. While 67 per cent of older people globally have a pension, this figure stands at 22 per cent in sub-Saharan Africa, 23 per cent in south Asia and 27 per cent in the Arab States.[141] In most countries, women are less likely to have a pension, and if they do, their benefits are often lower. In this context, many older people rely on work and support from family members who may already be poor or slipping into poverty because of the economic impact of the pandemic.

While age-disaggregated poverty data on the pandemic is lacking, the loss of income from work and family, alongside the limitations of pension systems, mean that many older people will be among the 119 to 124 million estimated to have been pushed into extreme poverty (less than US$ 1.90 a day) in 2020 (see Table 4 below).[142]

In addition, the World Bank estimates that between 201 and 210 million extra people will be pushed below the middle-income poverty line of US$ 5.50 per day poor by COVID-19 – an increase of 50 per cent.[143] However, the international poverty lines do not capture wellbeing, and this becomes apparent when looking at food security and nutrition. The Food and Agriculture Organization (FAO) finds that a healthy diet alone is much costlier than the international poverty line. In fact, the cost of a healthy diet exceeds average food expenditures in most countries in low- and middle-income countries, and more than 57 per cent of people in sub-Saharan Africa and South Asia cannot afford a healthy diet. On average, the cost of a healthy diet ranges from about US$ 4 a day in Asia, Latin America and the Caribbean, to around US$ 3 in Oceania, North America, and Europe, and US$ 3.8 in Africa.[144]

"The vast majority of older people in Kyrgyzstan have low pensions and worry about being able to afford food. Even those who can leave their homes and can take care of themselves, are panicking because the price of food has increased."

Older woman, Kyrgyzstan[145]

Table 4: Poverty levels by selected region and in older age before COVID-19 (2018)[146, 147]

	East Asia and the Pacific	Europe and Central Asia	Latin America and the Caribbean	Middle East and North Africa	South Asia (2014)	Sub-Saharan Africa	World
US$ 1.90-a-day poverty line	1.2	1.1	3.8	7.2	15.2	40.2	9.2
US$ 5.50-a-day poverty line	25.0	11.9	22.6	45.0	83.4	86.0	43.6
% of extreme poor aged 60 years and over	11.7	6.6	5.5	–	6.1	4	

Additional millions of people pushed into poverty by COVID-19 in 2020[148]

US$ 1.90-a-day poverty line	8	1	3	3	72-74	32-34	119-124
US$ 5.50-a-day poverty line	43-47	5	20	13	104-107	16-17	201-210

Anteneh Teshome\HelpAge International

Older people work mainly in the informal sector, which provides little protection against income shocks and has been hit particularly hard by COVID-19. The International Labour Organization (ILO) estimates that globally, 28 per cent of men and 13 per cent of women aged 65 years and older are working. However, this varies by region, rising to 44 per cent of older men and 34 per cent of older women in Africa.[149] The ILO also estimates that globally, 78 per cent of older people's work takes place in the informal economy, ranging from 40 per cent in Europe and Central Asia to 96 per cent in Africa.[150] Informal employment tends to provide lower and more irregular incomes. For many, no work means no income. Furthermore, informal businesses and workers are often excluded from crisis-related financial assistance, and informal employment rarely ensures access to social protection and healthcare.

"Coronavirus is difficult for us who do daily labour to get by. We don't have any savings; we're not able to buy plenty of food, especially as food prices have gone up. If the quarantine remains, we don't know how we will get food."

Older man, 62 years, Bangladesh[151]

Where older people are included in nationally representative surveys, they reveal widespread anxiety about household finances and significant reductions in income from work for themselves and their families. In Pakistan, about 30 per cent of older people (50+) in a representative survey conducted in April 2020 reported needing to borrow food, seeking support from friends or relatives, or relying on their savings to meet their basic needs. This was a higher percentage than reported by younger people.[152] In India, a survey conducted by HelpAge India in June 2020 found that the crisis has negatively impacted the livelihoods of 65 per cent of India's older people. Their family support systems are also under stress, with 71 per cent of older people reporting that the livelihood of the main income earner in their household had been affected.[153] Age-disaggregated analyses of nationally representative phone surveys in other settings conveys a similar picture.[154]

In Malawi, 96 per cent of older respondents reported worrying about their household's finances, and 83 per cent of households with older people had experienced falls in income since the start of the pandemic. In Uganda, 86 per cent of older people reported worrying about their household's income and 36 per cent of those living in urban areas saw their incomes from (non-agricultural) businesses decline – a higher percentage than for younger people. In Nigeria, 89 per cent of older people were worried about the pandemic's impact on household finances and 26 per cent reported having to stop their work in the first quarter of 2020, while 79 per cent of older business owners reported no or lower revenues, rising to 88 per cent of female-headed households. Economic simulations in Bangladesh suggest that older people's income deficit – consumption minus income – has increased by 13 per cent as a result of the pandemic.[155]

"I'm thankful because I was able to save some money from my income, so at least we still have supplies, but I'm not sure if we can survive until the end of the month."

Older man, the Philippines[156]

In-depth panel surveys in Kenya and Nepal conducted from October to December 2020 shed further light on how the virus and lockdowns have negatively affected older people's economic wellbeing. In HelpAge-supported research by the Oversees Development Institute (ODI), all respondents reported some decrease in their household's income and the need to reduce expenditures due to lost income or increased costs for staple goods and services. Many older respondents report relying on a relative within or outside their household for part of their livelihoods. Loss of employment among these relatives has had a knock-on effect on older relatives. Casual day labourers, workers in the informal economy, and migrant labourers were also linked to lost livelihoods through unemployment or lower earnings. At the same time, respondents in rural and urban areas reported increased costs of food and other staple goods, such as soap.

"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, Kenya[157]

"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, Kenya[158]

"I am involved in an organisation where we collect money every month and provide loans, but we have stopped doing so due to lockdown. Even after the lockdown is lifted, things are still not fully on track. It is the same environment of unemployment and fear."

Older man, Nepal[159]

Older people's access to social protection during COVID-19

Social protection has been an integral component of governments' responses to COVID-19 and is vital to older people's income security. Between March and December 2020, 215 countries and territories undertook 1,414 measures to improve and expand their social protection systems to protect livelihoods, people's wellbeing and economies from the impact of the pandemic.[160] Governments are providing higher transfers, scaling-up coverage through new schemes or expanding existing ones, or adapting implementation systems to reduce risk of infection. Some of these interventions target households while others are designed for specific groups such as older people. While older people should be reached by transfers targeted at households in need, 80 countries/territories have implemented measures specifically targeting older people.

Table 5: Social protection responses to COVID-19 targeting older people between March and December 2020[161]

Higher pensions (36)	Expansion of pension coverage (9)	Advance of pensions (13)	Access to pension savings (9)	Cash transfers to older people (14)	In-kind support to older people (17)
Albania	Bangladesh	Barbados	Australia	Bolivia	Albania
Argentina	Brazil	Brazil	Brazil	Canada	Antigua and Barbuda
Australia	Costa Rica	Belize	Chile	Israel	Armenia
Brazil	Guatemala	Costa Rica	Fiji	Jamaica	British Virgin Islands
Bahrain	Lesotho	Guyana	Iceland	Mauritania	Bosnia and Herzegovina
Cameroon	Mongolia	Jamaica	India	Nepal	Jordan
Colombia	Myanmar	Kosovo*	Malaysia	Philippines	Bulgaria
Cook Islands	Sri Lanka	Kyrgyzstan	Samoa	Russia	Republic of Congo
Egypt	Kenya	Mexico	USA	Singapore	Jamaica
Hong Kong		Paraguay		South Sudan	Jordan
Hungary		Peru		Tunisia	Malaysia
Lithuania		Saint Vincent and the Grenadines		Ukraine	Myanmar
India		South Africa		Uzbekistan	Nepal
Kenya				West Bank and Gaza	Russia
Kosovo*					Sint Maarten
Malaysia					Spain
Montenegro					Uzbekistan
Mongolia					
Myanmar					
Russia					
Samoa					
São Tomé and Principe					
Serbia					
Slovenia					
South Africa					
Suriname					
Tanzania (Zanzibar)					
Tonga					
Tunisia					
Turkey					
Turkmenistan					
Thailand					
Ukraine					
Uzbekistan					
Zambia					
Zimbabwe					

* UN Security Council resolution 1244.

In the context of rapidly increasing poverty and underdeveloped social protection systems, the response in most low- and middle-income countries is wholly inadequate. Before the crisis, just 22 per cent of older people in sub-Saharan Africa, 23 per cent in South Asia and 27 per in the Arab States had some level of income security through a pension.[162] Against this backdrop, governments' COVID-19-related social protection spending in most low- and middle-income countries is woefully inadequate. While high-income countries were spending US$ 525 per capita on crisis-related social protection by December 2020, low- and middle-income countries were spending just US$26 and low-income countries a mere US$6.[163]

Lessons from previous crises, alongside evidence emerging during COVID-19, confirms that countries with effective and universal social protection systems are better prepared to protect their people and recover faster.[164] 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.[165] In contrast, countries 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".[166] COVID-19 has exposed the inadequacy of many social protection systems but will not be the last crisis. With the number of older people 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 comprehensive social protection systems – including pensions – in response to COVID-19 is particularly important as many older people face difficulties accessing emergency cash transfers. A survey of HelpAge network members in Asia, Africa and Latin America found that older people face significant challenges in accessing emergency social protection and cash transfer programmes.[167] 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 persons with disabilities. These are often compounded by the reliance on ineffective and exclusive 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. In some contexts, COVID-19 response measures (such as travel restrictions) have also limited older people's access to social protection.

The precarious nature of older people's work and family support during COVID-19 highlights the importance of achieving universal coverage of pensions with adequate benefits. Tax-financed social pensions have been crucial in expanding pension coverage and have played a vital role in protecting older people's income security during COVID-19. However, coverage gaps remain, and many social pensions are too low to provide adequate protection. COVID-19 has made this inadequacy apparent in many countries and, to protect older people from unusual and unpredictable shocks, government should prioritise the expansion of high-quality social pensions.

Evidence from past economic crises suggests that older people can find it difficult to re-enter the labour market after spells of unemployment, highlighting the importance of ensuring older people are included in related government schemes. Following the 2008 global recession, younger workers in OECD countries were more likely to lose employment, but older workers faced lower likelihoods of finding new work and experienced longer spells of unemployment.[168] Older workers were also more likely to face declines in job quality after re-employment, which were more persistent than for younger workers.[169] A similar pattern emerged in 2020. Despite this, older workers are often forgotten in employment or economic recovery policies. Governments must ensure that older people are included in all relevant employment and income-generating initiatives or receive targeted support.

Lack of data and methodological challenges in estimating individual poverty likely understate 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 survey data collected at the household level, 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*,[170] which estimates that COVID-19 will push up to 115 million more people into extreme poverty, relies on household surveys, as do the World Bank's COVID-19 phone surveys analysed by HelpAge International. While household surveys can be insightful, especially in the absence of other data, methodological assumptions and diversity of living arrangements among older people across Africa, however, mean that analyses of household survey data may underestimate poverty in older age.[171] 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 the *Reversals of Fortune* report 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".[172] Where resources are not shared equally with older people, or their households are relatively small, such approaches are likely underestimating older people's poverty. Policy makers should therefore 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.

Peter Caton/Age International

Recommendations

- Governments should prioritise investment in social protection as a crucial mechanism to mitigate the impacts of the crisis on people's wellbeing and poverty, while also enabling an inclusive and speedy economic recovery. Research and experiences show that a basic level of social protection throughout the life-course is affordable for almost all countries[173] and international support should be provided to countries unable to fully finance sufficient levels. Governments should recognize the **cost of underinvesting** in social protection, which will lead to slower and more unequal recoveries, permanent loss of businesses and human capital, as well as more widespread and deep poverty.
- In the short term, governments should expand the coverage of existing social protection schemes, including cash transfers to poor and vulnerable populations. Responses should be tailored to reach those most vulnerable to COVID-19 and its socio-economic impact, including persons with disabilities, older women and men, and those experiencing increased levels of violence and abuse as a result of the crisis. This includes expanding existing benefits, such as social pensions, disability and child grants, and working with grassroots Civil Society Organisations that have been crucial in ensuring access of vulnerable populations to COVID-19 social protection benefits.[174]
- Governments should further ensure the safe and continued access to pensions and other forms of social protection, including for older women and men.
- Older women should be targeted in longer-term efforts to improve women's incomes, livelihoods, and access to social protection, including pensions, and to recognise, reduce and redistribute their unpaid care work.
- Governments should integrate response measures in overall social protection reforms as part of a new post-COVID-19 social contract that leaves no one behind, promotes inclusion and social equality, and helps realise social and economic rights for all. As part of these reforms, social pension coverage should be rapidly expanded with adequate transfer levels to ensure income security for all older women and men. Furthermore, governments need to expand social protection coverage for the informal sector, which employs the vast majority of economically active older people and has been hardest hit by the pandemic.

Older people in humanitarian and conflict settings

Facing a pandemic in humanitarian and conflict settings

COVID-19 is having a devastating impact in humanitarian and conflict settings, exposing highly vulnerable populations to even further risk. By mid-November 2020 there were more than 15.7 million confirmed cases of COVID-19 in the 52 countries with a Global Humanitarian Response Plan in place and 518,000 deaths. This represents more than 31 per cent of global cases and more than 41 per cent of global deaths.[175] The pandemic has exacerbated pre-existing and ongoing drivers of humanitarian need, causing economic activities to decline, reducing household purchasing power and causing a multitude of food-system shocks. The UN estimates a 40 per cent increase in need between 2020–2021 almost entirely from COVID-19.[176] Meanwhile, despite calls for a ceasefire by the UN Secretary General in March, conflict and insecurity has increased. Conflict continued in Yemen and Colombia, and increased in the Sahel region, Nigeria, and Mozambique. In India, the pandemic exacerbated intercommunal tensions and led to violence, and in Myanmar the United Nations High Commissioner for Refugees reported an upward trend in civilian casualties since the COVID-19 outbreak began.

Older people are among the most vulnerable groups in humanitarian emergencies and the COVID pandemic has multiplied hardship for older refugees who comprise four per cent of the forcibly displaced population worldwide.[177] While older people have often been invisible in humanitarian action, the pandemic has exposed their exclusion and highlighted their needs and concerns.[178] The Global Humanitarian Response Plan for COVID-19, updated in July 2020, highlights the significant challenges that faced older people before the pandemic, including: overcrowding in camp settings; limited access to healthcare, water and sanitation; high levels of income insecurity and borrowing; and food insecurity – all of which are likely to be exacerbated by COVID-19. However, it is notable that older people were not included among the groups most affected and at risk from COVID-19 when the first version of the plan was released, despite overwhelming evidence that age was the main determinant of serious illness and death. This reflects the underlying neglect of older people in humanitarian responses and the lack of attention to their rights and needs.

In areas where COVID-19 may be fuelling a rise in conflict, older people face heightened risks, including: ability to flee a military advance, either due to limited mobility or connection to their home and land; particular risk of illness, injury and death when fleeing, including from the psychosocial impacts of being exiled; and humanitarian responses and services not being designed to meet their needs.[179] Humanitarian assistance is often provided on the assumption that older people live with and will be supported by other household members; this is not always true, and isolation can compound other factors such as limited mobility to create greater risks. In 2020, 20 per cent of older people in humanitarian crisis were found to be living alone.[180]

"The amount of food given to us by WFP [World Food Programme] has been reduced, it makes us older people vulnerable to COVID-19 as we will have to go outside POCs [camps for 'Persons of Concern'] to look for food."

Older man, Internal Displaced Persons Camp, South Sudan[181]

HelpAge International

Response measures affecting the humanitarian community

The pandemic has presented humanitarian actors and the communities they serve with unfamiliar access constraints. COVID-19 has affected people's access to both essential and non-essential aid and services due to containment measures, such as country-wide lockdowns, border closures and social distancing measures. COVID-19 has exacerbated protection challenges, particularly for migrants, refugees and displaced persons and more vulnerable groups, including older people. Approximately 149 countries have fully or partially closed borders.[182] Due to border closures, durable solutions such as resettlement and voluntary repatriation are severely limited, and those in need of international protection are unable to access territory and safety as a result of growing political and security consequences of the pandemic worldwide.[183]

The impacts for older people are likely to include challenges to family reunification, to livelihoods, to receiving care and support, and to accessing essential services such as pensions, health or financial services that may have previously been accessed across a border or checkpoint. Refugee registration, an essential protection activity at the core of refugee statistics, dropped significantly despite efforts by some countries to resort to remote registration and documentation. As a result, global refugee and asylum statistics may under-represent the true magnitude of the number of people seeking international protection during the pandemic. Older people may be disproportionately affected by remote registration processes and being out of reach to humanitarian actors, though analysis of 2020 registration data by age, gender and disability is not included in public reports.

Movement restrictions are likely to have a disproportionate impact on older people. Research conducted by Amnesty International prior to COVID-19 found that food and medicine shortages are likely to affect older people more than other groups due to their specific medical and nutritional needs, and their lower likelihood of being able to pursue work.[184] This is borne out by HelpAge and partners' RNA-OPs in 12 countries across four regions, which showed that older people were most concerned about high levels of food insecurity, lack of access to health services and medicine, as well as the increased numbers of older people feeling anxious and depressed.[185]

"I sell food and other items, such as dried fish, soap, tomatoes, onion, cooking oil, salt, and charcoal. The business wasn't bad because I was able to buy soap and pay school fees for my grandchildren. But now, I am unable to go to town to buy goods for my business."

Older woman, Internally Displaced Persons Camp, South Sudan[186]

Income and food security

Older people in humanitarian and conflict settings face severe food and income insecurity. As income-generating opportunities disappear and savings dry up due to the ripple effect of the pandemic, refugees and asylum-seekers face increasing difficulties to cover their basic needs and are resorting to negative coping mechanisms. Many who have earned self-reliance over the years, particularly in urban settings, risk losing it, and some are resorting to premature returns.[187] RNA-OPs consistently highlight the widespread food and income insecurity experienced by older people. In Ethiopia, 71 per cent of respondents from the Borena region reported that their businesses and livelihoods have been reduced, and for 60 per cent the main priority was accessing food.[188] In the country's Gambella region, food security was the priority for over half of interviewed older people.[189] In Mozambique, 73 per cent of older women and men and older people with disabilities reported not having enough food.[190] In 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.[191] Likewise, 57 per cent of older refugees in Uganda's Adjumani refugee settlement told HelpAge that since the COVID-19 outbreak they had reduced the quantity of food they consumed.[192] In Iraq, 70 per cent of interviewed older people reported being unable to access sufficient food and 64 per cent had lost their livelihoods due to COVID-19.[193]

Almost half of older Jordanians reported having insecure incomes, and 29 per cent of older people reported difficulties in accessing food, especially older women (35 per cent) compared to older men (17 per cent).[194] Following food, the most important concern for older people in Lebanon was the loss of livelihoods and income.[195] In Syria, older people were most concerned with accessing medicines and income,[196] and 53 per cent reported having less than two days' worth of food in the house.[197] In Haiti, 92 per cent of interviewed older people reported having to reduce the quantity and quality of food they consume and 87 per cent had less than less than two days' worth of food at home.[198] In projects implemented by HelpAge partners in Venezuela, 77 per cent of older people reported insufficient access to food with three in four having to borrow money to buy it.

"This coronavirus has affected my livelihood. I used to go outside the POCs [camps for 'Persons of Concern'] to do some labour work, constructing local shelters, but now I am unable to do so."

Older man, Internally Displaced Persons Camp, South Sudan[199]

Health and care

As in other settings, COVID-19 is directly and indirectly affecting older people's health in humanitarian and conflict contexts. In July 2020, the proportion of COVID-19 fatalities among those aged 80 years and above was reported to be rising to over 25 per cent in countries included in the Global Humanitarian Response Plan, compared to less than one per cent in all age groups below 35 years. In Niger, 67 per cent of deaths due to COVID-19 have occurred among older people, many of whom have seen their treatment for chronic diseases interrupted.[200] In South Sudan, 45 per cent of older persons reported that their access to health services had changed due to COVID-19, due to the combined effect of transport costs, fear of contracting the virus at a health facility, and pre-existing difficulties in accessing services, with nine per cent of older adults surveyed stating they never had access to health services before the pandemic. In Venezuela, various Health Cluster partners have responded by providing remote services to patients, including remote consultations, monitoring and management of chronic conditions, health education and prevention, and epidemiological surveillance. These adaptations have helped maintain health services despite COVID-19 restrictions.

"My main fear is that this camp is so congested and crowded that if Coronavirus reaches here, we will all die helplessly. Here in the POCs [camps for 'Persons of Concern'] we rely on temporary facilities as clinics, and they cannot manage all of us. We are scared."

Older woman, Internally Displaced Persons Camp, South Sudan[201]

COVID-19 is taking its toll on older people's mental health, with many feeling unable to cope. HelpAge's COVID-19 RNA-OPs have confirmed mental health and psychosocial support (MHPSS) as one the top three concerns of older people. In informal settlements hosting displaced persons in Juba, South Sudan, 57 per cent of older people reported being anxious all or most of the time, while in refugee camps in Uganda, 83 per cent of older people were anxious. In Gambella Camp in Ethiopia, only three per cent of older women and men feel able to cope. In conflict zones, one person in five (22 per cent) has some form of mental disorder, ranging from mild depression to anxiety and psychosis. This is more than double the figure for the general population, and COVID-19 has exacerbated the mental health threat.[202] While WHO reports 117 countries have included MHPSS within their COVID-19 response plans, funding for implementation and delivery is insufficient.

"As older people we like to move around and visit our friends to chat with them. But now we are being told to minimise and stop our movements. … It's making us isolated and traumatised."

Older woman, Internally Displaced Persons Camp, South Sudan[203]

Syrian Expatriate Medical Association

Shelter, and water, sanitation, and hygiene

Limited access to shelter and water, sanitation and hygiene facilities is putting older people at heightened risk of contracting COVID-19. Older internally displaced people in Myanmar's Rakhine State live far from water sources, and available toilets and bathing facilities are rarely adapted to their needs.[204] This makes it difficult for older people to prevent the spread of COVID-19, for example through regular handwashing. In the Arab region, 74 million people, including 31 million in Sudan, lack access to hand-washing facilities. In South Asia, preparation and response to Cyclone Amphan was hindered by the COVID-19 pandemic. Emergency shelters in India have reportedly been converted to COVID-19 isolation centres, decreasing the capacity for evacuation shelters in affected areas. Additionally, the emergency shelters open to cyclone evacuees hosted only 50 per cent of their capacity to comply with social distancing measures.[205]

"My family and others in the camp fear an outbreak of coronavirus here. We have information from NGOs, but I don't feel we can fully protect ourselves due to the overcrowding and issues with water and sanitation in the camp."

Older man, Internally Displaced Persons Camp, northern Syria[206]

Access to information on COVID-19

Older people in humanitarian face significant barriers to accessing accurate information on COVID-19. In HelpAge's RNA-OPs, an average of 30 per cent of older women and men reported having no access to information. In South Sudan, myths circulated about the power of tea to prevent COVID-19, alongside rumours that people should not wear face masks as they were infected by COVID-19. The UN reported that the COVID-19 outbreak in Occupied Palestinian Territories has been accompanied by an 'infodemic', with widespread misinformation online. UN agencies and NGOs are working with the Ministry of Health on risk communications and community engagement to ensure that all messages are technically and substantively cleared for dissemination to the Palestinian public or specific target audiences, including particularly vulnerable groups. According to HelpAge's consolidated RNA-OPs, older people's preferred means of communication for information about COVID-19 are TV (51 per cent) and radio (40 per cent). In Jordan, activists spoke by telephone to older people on a regular basis, providing accurate information and an opportunity to directly address misinformation and respond to questions. Assistive products and digital technology are increasingly recognised as essential services in humanitarian crises to provide protection, mitigate risk and build resilience. However, significant barriers to access and use of internet and mobile devices remain for many older people, including those related to literacy skills, costs, and network coverage. Lack of appropriate assistive products can also exacerbate exclusion, poverty and dependency and the threat of insecurity, abuse, and violence in humanitarian crises.[207]

"I don't know anything about that virus, just people are saying something about a virus on the megaphone, but I don't hear well, that's why I don't know anything… I'm always thinking, what are they saying on the microphone?"

Older woman, Rohingya refugee camp, Bangladesh

HelpAge International

Box 6

UNFPA and HelpAge Moldova: An intergenerational approach to digital inclusion

In Moldova, COVID-19 restrictions have limited older people's ability to move around and have face-to-face meetings with other older people. While other age groups have turned to online communication to prevent loneliness and isolation, only three per cent of older people in Moldova use digital devices and information technologies. This compares to 40 per cent across all European Union countries.

In response, HelpAge Moldova launched the project 'Hack Your Age! Creating digital and social connections between young and old in Moldova', funded by UNFPA in Moldova and Moldcell Foundation. Fifty younger volunteers from 10 communities were trained to support older people to use a smartphone and 200 older men and women received free mobile phones with monthly credit included. Using tailored approaches that responded to older people's needs, older women and men have learned how to use online communication tools and to use the internet to access information, books, and videos. Some have also started accessing online public services and making online payments.

"My daughter lives abroad. I can rarely talk to her, as international phone conversations are costly. Some years ago, my daughter gave me a simple mobile phone, to have it, but it cannot connect to internet. Now I received a smartphone. I like that the screen is larger and it has colours, it is easy to read. I can talk to my daughter whenever I want to and even see her."

Elena Andries, 67-years-old, Basarabeasca, Moldova

"Most important for me is to talk to my friends, even if virtually and of course to read news and find out what is going on in the country."

Valentina Rotari, 85-years-old

"I felt really sorry for some older people in our village who could not communicate with their relatives who live and work abroad and could not travel due to the pandemics […] I have some free time and I want to help older people learn to use the mobile phone, so they can see their children and grandchildren, exchange pictures and just keep in contact. It is very important for them."

Young volunteer, Moldova

Recommendations

- All humanitarian actors and agencies should 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.[208]
- Governments and humanitarian actors should integrate analysis and monitoring of the pandemic's direct and indirect impacts on older people, including older women, men, and older people with a disability, into humanitarian, health, and socio-economic recovery plans.
- All actors must collect, analyse, report, and publicly disseminate age-, sex- and disability-disaggregated data on the impact of COVID-19 on older people in humanitarian settings.
- Governments should address ongoing systemic issues that create barriers for older people in humanitarian and conflict settings to access essential services in plans to build forward better, recognising the changing needs of an ageing population sensitive to gender, disability and other risk factors.
- All actors must ensure access to protective materials such as masks, soap, hand sanitiser, and safe water for all older people.
- Governments must ensure vaccines are available for widespread distribution in the most fragile humanitarian settings. This includes vaccines for the most vulnerable populations, including refugees, internally displaced persons, and asylum-seekers, who must be fully incorporated into national planning processes.

Fabeha Monir/Age International

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.

Responses to the COVID-19 pandemic have exposed and exacerbated existing failures to respect older people's voice, dignity, and rights. In HelpAge, '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 the older people can influence decisions that affect their lives, claim, and enjoy their rights and challenge ageism and inequality. HelpAge's understanding of dignity in older age is centred around older people's autonomy and independence and the full enjoyment of their human rights.

A human rights perspective was missing at the outset of the pandemic when the emphasis was on dealing with a life-threatening health emergency. This has shifted over time with recognition of the need to act in accordance with international human rights standards and principles. However, there were, and continue to be, significant challenges in older people being recognised as 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. In this context, there has been limited analysis of available data on the extent to which older people's rights have been affected by the pandemic. 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 of the pandemic on older people's ability to exercise their voice. Reports that do focus on older people do not address their empowerment and agency or their access to accountability mechanisms. Consultations with older people and a voice survey of global staff, network members and partners conducted by HelpAge provide some of the information presented here.

Discrimination against older people on the basis of age

Older people have been discriminated against on the basis of their age in responses to the virus. In a time of public emergency, international human rights law allows governments to introduce public health measures that may, to some extent, restrict people's rights.

Fedaa Qatatshah/HelpAge Jordan

Such measures must be based on scientific and medical evidence, be temporary, and be regularly reviewed, so that they are used only when strictly necessary and in accordance with national law. They should be proportionate and cause the least possible harm to people's wellbeing. They are not allowed to discriminate.[209] Discrimination occurs when people are treated differently with the intention or result of denying them their human rights on an equal basis with others.[210]

While many people's rights have been restricted by public health measures affecting the whole population, governments across every region have introduced age-based public health measures that further restrict the rights of older people. The age criteria in these restrictions appear to be arbitrary, ranging from, for example, over the age of 58 years in Kenya,[211] over 60 years in the Philippines,[212] over 63 years in Moldova,[213] over 65 years in Switzerland,[214] over 67 years in North Macedonia,[215] over 70 years in Serbia,[216] over 75 years in the Bahamas,[217] and over 80 years in Chile.[218] The majority have imposed a restriction on all movement, while some have restricted specific activities including work,[219] religious worship,[220] use of public transport,[221] shopping, and going to restaurants.[222] They have been introduced in low-, middle- and high-income countries. Some have been mandatory,[223] while others have been advisory.[224] Despite being introduced for public health reasons, they have resulted in older people's rights being denied in a way that younger people's rights have not, and as such they are discriminatory and do not comply with international human rights law.

"Our movements have been restricted. It seems like we're caged. It's like we're imprisoned. Even though we are able and healthy, someone questions us if they see us outside the house."

Older man, the Philippines[225]

Denial of older people's equal enjoyment of rights

Older people's right to equal access to healthcare has been denied. This is the case where age-based restrictions on movement have prevented older people from accessing health services, or (as in Ukraine), where age-based restrictions on COVID-19 related health care have been put on health insurance policies.[226] Older people's right to health has also been denied when non-COVID-19 related health services have been suspended to free up health service capacity, leaving them with unmet health needs.[227] Some older people have reported being turned away from health facilities because they are older and age has been included as the basis for deciding who has access to scarce COVID-19 treatment.[228]

"There were only three ventilators in the hospital and they were in great demand. Five minutes later, my grandfather died. I reported this to the staff and one of them told me that they had to give the ventilator to a younger man who had been admitted as it is their policy to prioritise younger patients."

Older woman, Democratic Republic of Congo[229]

Peter Caton/Age International

Older people's right to work has been denied. This is the case where specific measures requiring employees over a certain age to stop working have been introduced and where age-based quarantine and confinement measures have prevented older people exercising their right to work.

"Our income is greatly affected, we had to stop working. I know that this measure helps to prevent COVID-19, but unlike before, now we cannot buy what we want to eat."

Older man, the Philippines[230]

Older people's right to care and support to enable them to live autonomous and dignified lives has been denied. Restrictions on movement have prevented older people's access to day services,[231] and bans on the use of public transport have reduced the informal care and support they received in their homes from relatives, friends and Civil Society Organisations (CSOs).[232] Bans on visitors to care homes have denied older people their right to a private and family life and have had a significant impact on older people's mental health and wellbeing.[233]

"I'm very concerned about people in nursing homes. I know of people who have been isolated from their families. A camera is not the same as a presence. They are two totally different situations."

Older man, Argentina[234]

As discussed above, older people's right to freedom from violence, abuse and neglect has also been under threat. Older people have been subject to abuse and neglect in care homes. Poor standards have been exposed and restrictive visitor policies have increased residents' isolation and their risk of abuse and neglect. In some cases, older residents have been abandoned and left to die.[235] Long periods of home confinement have also increased the risk of violence, abuse, and neglect.

Older people's right to social security has been restricted and denied. Older people's access to their entitlements has been prevented by the closure of banks,[236] travel restrictions,[237] the interruption or suspension of payment,[238] and where there has been a shift to accessing services digitally or online. Older people have been excluded from social protection programmes,[239] and while many countries have expanded their social protection systems to mitigate the impact of lockdown measures,[240] only a small proportion have adapted or expanded old age social protection measures.[241]

Fabeha Monir/Age International

Ageism

The categorisation of COVID-19 as an older person's disease and the stereotypical language used throughout the pandemic have led to stigmatisation, discrimination, and fear among some older people. We have witnessed instances of hate speech, where the pandemic has been called an opportunity to "cull older people",[242] and the pitting of one generation against another in claims that responses to the pandemic are harming the young to "save the old".[243] Elsewhere the lives and deaths of older persons have not been afforded the same value as those of younger persons,[244] and older people have been ridiculed.[245] Ageism is itself a risk factor for violence, abuse and neglect and examples of this during the pandemic have emerged.[246] 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.[247] This was also reported in Ethiopia. In Kenya, where older members of the National Assembly were mocked by the House Minority Whip,[248] older people said they felt discriminated against and stigmatised, worrying that young people think that coronavirus is a good thing as it is "getting rid of older people".[249] 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."

Older man, Rwanda[250]

"Disturbing rumours, gossips, unverified information are being spread like a virus, including by my friends. The media speak of older people as a risk group. They try to warn, explain, scare us. But apparently younger people get sick too."

Older woman, Russia[251]

In Serbia, a UNFPA report on the impact of COVID-19 highlights how the paternalism that accompanied the narrative on protecting older people's lives reduced them to objects of protection and overlooked the role they could play in the response, including providing support to others.[252] Responses from Kyrgyzstan to the HelpAge voice survey highlighted that older people were seen as "passive, frail and dependent". Not only is this discriminatory and denies older people autonomy and dignity, but it can also lead to self-stigma which reduces self-esteem and is likely to have an impact on older people's confidence to exercise their voice and claim their rights.[253] For example, HelpAge's voice survey in June–July 2020 found that older people's motivation to engage in voice activities has been affected by their fear of the virus and the way it has been communicated by the media.

"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 from them to have a meal."

Older woman, Kenya[254]

Ben Small/HelpAge International

Access to information

A key concern during the pandemic is the extent to which older people have access to information and guidance related to the virus (and response measures) but also the extent to which they have information about their rights and entitlements in the context of COVID-19. Access to information is critical for enabling older people to be able to exercise their voice and claim their rights.

As discussed in relation to health and care, and violence, abuse and neglect, above, in many settings, older people are facing numerous barriers to accessing information. The HelpAge voice survey in July-August 2020 and RNA-OPs carried out by HelpAge and partners found that older people in numerous locations had limited access to reliable information on COVID-19 and their rights. Often, information was reported to only be available online or through radio or television. Limited access to, and knowledge of, digital technology among older people were frequently reported to be hampering access to information and the extent to which they can make their voices heard and claim their rights. Many older people were reported as facing language and/or literacy barriers, or challenged by information not being tailored to their communication needs.[255] Isolation measures and movement restrictions have also been a barrier to older people accessing information. In countries where women have more limited access to public spaces, men were reported to have more access to official communications. In Iraq, movement restrictions were reported to be higher for older women (80 per cent) compared with older men (71 per cent),[256] while older women in Lebanon were more likely to report using informal social networks to receive information.[257] This raises questions about the reliability of the information being received.

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

NGO representative, Nigeria[258]

"One of the obstacles that most affects awareness and capacity is gaps in access and management of new communication and information technologies. Access to digital tools, when it is not scarce, it is at least limited."

NGO representative, Venezuela[259]

"Technology is becoming extremely important in information and programmes. But there are serious limitations, especially in remote areas. This includes both literacy issues/challenges and infrastructure challenges."

NGO representative, India[260]

However, in other settings there were reports of older people having good access to information on COVID-19, and efforts to meet the communication needs of different groups. In Georgia, government briefings have been translated into sign language, and brochures and posters have been distributed in minority languages. COVID-19 information has been adapted for older people, people with disabilities and residents of care institutions.[261] In Uganda and Nigeria, health messages have been translated into local languages and use communication channels aimed at older people.[262]

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

NGO representative, Nigeria

It should be noted that although older people may be receiving information about COVID-19 and how to protect themselves (and other health messaging), it is unlikely they receive information about their rights, how to make complaints, or how to seek redress. This is critical to ensuring older people are empowered to use the information they receive so they can exercise their voice and claim their rights.

"The ability of older people to acquire information and knowledge on their rights and entitlements continues to be set back. ... It is an aspect that urgently needs to be invested in. Where older people are aware, they have been able to demand change, but this needs to be at a large scale to bring returns for older people."

NGO representative, Africa region[263]

OPAs

Channels for older people's voices to raise their voice and be heard

Mechanisms and spaces for older people to convene have been inaccessible due to lockdown restrictions; with limited non-physical alternatives, many older people do not have opportunities to share their experiences and form a collective voice.[264] Lockdown and physical distancing measures have severely affected older people's access to convening spaces, on which they traditionally rely for physically coming together for voice activity. 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 voice-related spaces and opportunities altogether.

"Older people have limited ability to express their needs, identify solutions, or form a collective, legitimate and representative voice."

NGO representative, Myanmar

"Neither men nor women have spaces to express their claims, desires and demands."

NGO representative, Venezuela

However, in some places the pandemic has offered an opportunity for older people to engage in digital technologies. The work of HelpAge and network members in different settings during the pandemic has found examples of older people using Messenger, Facebook, Skype and other social networks to come together and raise their voices. This is the case in the Philippines, where a group of older persons decided to open a Facebook page to come together and raise their voices during the pandemic. In June 2020, the page had almost 27,000 members. They have regular/weekly programmes via Facebook Live, discussing older person's issues.

In other contexts, older people are building their collective voice so they can express their needs and concerns to decision makers during the pandemic. In a refugee camp in Kibodo, Tanzania, structures have been set up which enable older people to form a collective voice.[265] In Ethiopia, leaders of older people's associations have been working with the government to ensure older people's issues are taken up.[266] In Argentina, where Buenos Aires' city government ruled that people over the age of 70 years had to ask permission to leave their homes,[267] older people and civil society combined their voices and lobbied for the discriminatory restriction to be removed. A judge declared the measure unconstitutional and removed it.

Despite these examples, CSOs responding to HelpAge's voice survey reported that in many places, there were no, or limited, opportunities for older people to participate and have influence in decision-making processes during the pandemic, with governments and others adopting top-down, centralised approaches that do not allow consultation with key stakeholders, including older people. A HelpAge network member from Russia reported that the government was not considering older people's voices in response planning. In Ghana and Liberia it was reported that older people were excluded from decision-making processes on the design and implementation of public health responses.[268, 269] In Uganda, before the pandemic, older people had been a part of local council structures and had a voice in local decision-making. However, they have been left out of district and national COVID-19 taskforces.[270]

"It does not seem that current government policies take into account the voice of the elderly."

NGO representative, Russia[271]

"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, and older people have no means of transport if they have to get to court, to health centres or to social service centres. … 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

"There are various levels of committees that are being initiated by government from grassroots to top-level but there are no older people representatives on them."

NGO representative, India

COVID-19 is increasing the marginalisation of some groups

Evidence from HelpAge's voice survey shows how the COVID-19 pandemic is exposing, and in many places exacerbating, the deep-rooted power and structural imbalances, inequalities, and discriminatory attitudes that older people face. Older people who were already excluded are being further marginalised and disenfranchised by the pandemic and the way in which governments and other power-holders are responding to it.[272] In many countries it is not clear what actions are being implemented to include people already experiencing marginalisation in pandemic response initiatives or how health messages are being adapted. More needs to be done to include older people living with disability, older women, ethnic and indigenous communities, older people living in rural areas, those who do not have access to online communications, are illiterate or speak native or local languages.

"Some older indigenous women had no idea of what COVID is about. There was no information or educational materials about COVID written in a language and mechanism easily understood by them."

Excerpt from a statement of a representative of an indigenous people's community, the Philippines[273]

Peter Caton/Age International

Recommendations

- Governments should withdraw all age-based public health measures that deny older people their rights on an equal basis with others. 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 acknowledge 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 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.
- Governments should ensure that as they build back better and respond to possible future pandemics, they consult and listen to the views of older people. They must also create accountability mechanisms that are appropriate and can be accessed by different groups of older people in different contexts with different needs, including older people living with disability, older women, ethnic and indigenous communities, older people living in rural areas, and those who do not have access to online communications, are illiterate or speak native or local languages.
- Civil society and governments should invest in creating platforms and structures that support older people's participation in decision making. These could include older people's associations or older people's councils embedded at the local, regional, and national levels that are consulted so they can inform policy decisions.
- Governments and civil society should support older people's empowerment and voice activities in this new context – particularly where there may be barriers to people physically coming together. This includes supporting older people's digital inclusion.
- States should support calls for a UN convention on the rights of older people and implement the recommendation of the UN Secretary General to "build stronger legal frameworks at both national and international levels to protect the human rights of older persons, including by accelerating the efforts of the General Assembly's working group to develop proposals for an international legal instrument to promote and protect the rights and dignity of older persons".[274]

YAKKUM Emergency Unit/HelpAge International

Dorcas Aid 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.

Endnotes

1. https://spherestandards.org/coronavirus/

2. World Health Organization (WHO), 'COVID-19 Weekly Epidemiological Update'. Data as received by WHO from national authorities, as of 27 December 2020, 10am CET.

3. British Broadcasting Company, 'Coronavirus: Largest study suggests elderly and sick are most at risk', 18 February 2020, www.bbc.co.uk/news/world-asia-china-51540981

4. Office of the High Commissioner of Human Rights (OHCHR), 'Older persons remain chronically invisible despite pandemic spotlight, says UN expert', September 2020, www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26319&LangID=E

5. OHCHR

6. The report does not consider information beyond December 2020.

7. HelpAge used its operational regions for the research, which include sub-Saharan Africa (SSA) and Eastern Europe, Central Asia and the Middle East (EME) in order to draw upon learning and knowledge from its regional and country offices, network members and partners.

8. HelpAge Asia, *Monitoring the impact of COVID-19 on older people,* https://ageingasia.org/monitoring-covid-19-impact/ (December 2020)

9. See HelpAge International, *COVID-19 Rapid Needs Assessments,* London, www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/ (10 January 2021). The RNA-OPs are based on small sample sizes which should be taken into consideration when interpreting the findings presented, recognising that they are not representative of the needs of older people within each setting. Nevertheless, they provide a snapshot of the needs of older people interviewed which, once triangulated with other findings, help to signal potential trends within this population group. Further methodological limitations are included within each RNA-OP, linked above.

10. Pavlin B, 'Obtaining age-disaggregated data on COVID-19 – WHO perspective'. Presentation from the UN World Data Forum, October 2020, www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/10/Boris-Pavlin.pdf

11. Covers 23 low income countries

12. Covers 20 low and lower middle income countries

13. Covers 10 low and lower middle income countries

14. Covers five low and lower middle income countries

15. United Nations Statistical Division (UNSD) and World Bank, *Monitoring the state of statistical operations under the Covid-19 pandemic: Highlights from a global Covid-19 survey of National Statistical Offices,* Report and data file for the round 1, June 2020, https://covid-19-response.unstatshub.org/statistical-programmes/covid19-nso-survey/

16. International Telecommunication Union (ITU), *Measuring the information society report 2018, volume 1,* pp.39 and 41, www.itu.int/en/ITU-D/Statistics/Documents/events/wtis2018/MISR-2018-Vol-1-E.PDF

17. A spatial reference system (SRS) or coordinate reference system (CRS) is a coordinate-based local, regional or global system used to locate geographical entities.

18. Includes Central and Southern Asia, and Eastern and South-Eastern Asia

19. UNSD and World Bank, *Monitoring the state of statistical operations under the Covid-19 pandemic: Highlights from a global Covid-19 survey of National Statistical Offices,* Report and data file for the round 3, December 2020, https://covid-19-response.unstatshub.org/statistical-programmes/covid19-nso-survey/

20. It was not possible to confirm the exact definition of 'at-risk population' used by the survey. However, even if older people were not identified as an at-risk population, older women and men are part of marginalised groups such as refugees, people with disabilities, homeless, etc., and HelpAge advocates for greater efforts to collect data on these hard-to-reach groups.

21. Microdata is a statistical term for individual response data from surveys and censuses.

22. A total of 77 per cent require technical assistance, 74 per cent seek funding, and 68 per cent lack software for remote data collection. Across the regions the greatest need was in Latin America and sub-Saharan Africa (94 and 90 per cent respectively, compared with 59 per cent of NSOs in Asia and 71 per cent in Northern Africa and West Asia) see: UNSD and World Bank, *Monitoring the state of statistical operations under the Covid-19 pandemic. Highlights from a global Covid-19 survey of National Statistical Offices.* Report and data file for round 1, https://covid-19-response.unstatshub.org/statistical-programmes/covid19-nso-survey/

23. This ranges from 64 per cent in sub-Saharan Africa and 60 per cent in Northern Africa and West Asia, to 56 per cent and 50 per cent in Asia and Latin America respectively

24. See HelpAge and UNFPA companion reports for Africa and EME

25. BBC 2020

26. Dehingia N, 'Sex differences in COVID-19 case fatality: do we know enough?' *The Lancet Global Health,* Volume 9, Issue 1, E14-E15, January 01, 2021, https://doi.org/10.1016/S2214-109X(20)30464-2

27. World Health Organization (WHO), *COVID-19 weekly surveillance report,* 16-22 November, 2020, www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/previous-weekly-surveillance-reports/previous-weekly-surveillance-reports-2020 (Accessed 25 Nov)

28. Davies M-A, 'Western Cape: COVID-19 and HIV / Tuberculosis', Presentation made on behalf of the Western Cape Department of Health, Republic of South Africa, June 9, 2020, https://storage.googleapis.com/stateless-bhekisisa-website/wordpress-uploads/2020/06/94d3ea42-covid_update_bhekisisa_wc_3.pdf (Accessed 28 November 2020)

29. www.unfpa.org/sites/default/files/resource-pdf/ASRO_COVID-19_Regional_Sitrep_5_June_2020.pdf (25 November 2020)

30. Comas-Herrera A et al, 'Mortality associated with COVID-19 in care homes: international evidence', International Long Term Care Policy Network, 14 October 2020, https://ltccovid.org/wp-content/uploads/2020/10/Mortality-associated-with-COVID-among-people-living-in-care-homes-14-October-2020-3.pdf

31. Rubin, R et al, 'Latin America and its global partners toil to procure medical supplies as COVID-19 pushes the region to its limit'. *JAMA.* 2020;324(3): pp.217–219.

32. Wachholz P A et al, 'Updated report: COVID-19 situation in Brazilian care homes and actions taken to mitigate infection and reduce mortality', *International Long Term Care Policy Network,* September 14 2020, https://ltccovid.org/2020/09/14/updated-report-covid-19-situation-in-brazilian-care-homes-and-actions-taken-to-mitigate-infection-and-reduce-mortality/

33. Lloyd-Sherlock P, 'Care homes and COVID-19 in an Argentine provincial city', Corona-Older, October 13 2020, https://corona-older.com/2020/10/13/care-homes-and-covid-19-in-an-argentine-provincial-city/

34. Reuters, '10 countries account for 80% of Africa COVID-19 testing: Africa CDC', Health News, August 6 2020, https://www.reuters.com/article/us-health-coronavirus-africa-testing-idUKKCN2521QZ

35. Our World In Data, *Coronavirus (COVID-19) Testing,* https://ourworldindata.org/coronavirus-testing#world-map-total-tests-performed-relative-to-the-size-of-population (12 January 2020)

36. HelpAge International, *COVID-19 Rapid needs assessment of older people: Haiti,* September 2020, www.helpage.org/download/5f8427e580099

37. HelpAge International, *COVID-19 Rapid needs assessment of older people: The Philippines,* August 2020, www.helpage.org/download/5f44eabebad33/

38. HelpAge International, *COVID-19 Rapid needs assessment of older people: Cambodia,* August 2020, www.helpage.org/download/5f31603d5aaad/

39. HelpAge International, *COVID-19 Rapid needs assessment of older people: Myanmar,* June 2020, www.helpage.org/download/5efc464991ae6/

40. HelpAge International, *COVID-19 Rapid needs assessment of older people: Cox's Bazar, Bangladesh,* July 2020, www.helpage.org/download/5f21a59d7f9f7/

41. HelpAge International, *Impact of COVID-19 on older people's health and care: Kenya country case study,* February 2021, unpublished.

42. HelpAge International, *Impact of COVID-19 on older people's health and care: Ukraine country case study,* February 2021, unpublished.

43. Macinko J et al, 'Health care seeking due to COVID-19 related symptoms and health care cancellations among older Brazilian adults: the ELSI-COVID-19 initiative', Cad. Saúde Pública vol.36 supl.3 Rio de Janeiro 2020, Epub Oct 12 2020, www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2020001505001&lng=en&nrm=iso&tlng=en

44. HelpAge International, *Unequal treatment: what older people say about their rights during the COVID-19 pandemic,* January 2021, www.helpage.org/what-we-do/un-convention/unequal-treatment-report/

45. Popesco D et al, 'Coronavirus: allocating ICU beds and ventilators based on age is discriminatory', The Conversation, 22 April 2020, https://theconversation.com/coronavirus-allocating-icu-beds-and-ventilators-based-on-age-is-discriminatory-136459

46. 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,* Vol 110, No 12, 2020, www.samj.org.za/index.php/samj/article/view/13139/9586

47. Stein F, 'Oxygen provision to fight COVID-19 in sub-Saharan Africa', *British Medical Journal Global Health,* Volume 5, Issue 6, June 11 2020, https://gh.bmj.com/content/5/6/e002786

48. Macnamara K, ''Suffering, Gasping': Experts Warn Of Oxygen Shortages In Poorer Virus-threatened Nations', *AFP news, Baron's,* April 21 2020, www.barrons.com/news/suffering-gasping-experts-warn-of-oxygen-shortages-in-poorer-virus-threatened-nations-01587527706

49. HelpAge International, *Impact of COVID-19 on older people's health and care: Moldova country case study,* February 2021, unpublished.

50. WHO, *Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report,* 27 August 2020, www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1

51. WHO, *The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment,* September 2020, www.who.int/teams/noncommunicable-diseases/covid-19

52. Stein F

53. United Nations AIDS (UNAIDS), *Seizing the Moment: Tackling entrenched inequalities to end epidemics,* Global Aids Update, July 2020, www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

54. WHO, *The potential impact of health service disruptions on the burden of malaria: A modelling analysis for countries in sub-Saharan Africa,* April 23, 2020, www.who.int/publications/i/item/the-potential-impact-of-health-service-disruptions-on-the-burden-of-malaria

55. Office Economic Cooperation and Development (OECD) and World Bank, *Health at a Glance: Latin America and the Caribbean 2020,* OECD Publishing, Paris, 10.1787/6089164f-en

56. OECD and World Bank

57. De Felice FG et al, 'Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the central nervous system'. *Trends Neuroscience.* 43(6), pp.355–357.

58. Ibanez A et al, 'The impact of SARS-CoV-2 in dementia across Latin America: A call for an urgent regional plan and coordinated response', *Alzheimer's & dementia* (N Y). 2020 Nov 23;6(1):e12092. doi: 10.1002/trc2.12092. PMID: 33283036; PMCID: PMC7683959.

59. HelpAge International, *Unequal treatment: what older people say about their rights during the COVID-19 pandemic*

60. HelpAge Asia, *Monitoring the impact of COVID-19 on older people*

61. HelpAge International, *Impact of COVID-19 on older people's health and care: Kenya country case study*

62. Giattino C, 'Excess mortality during the Coronavirus pandemic (COVID-19)', https://ourworldindata.org/excess-mortality-covid (accessed November 25 2020)

63. EuroMOMO, *Graphs and maps: Pooled number of deaths by age group,* www.euromomo.eu/graphs-and-maps (accessed 25 November 2020)

64. HelpAge Asia, *Monitoring the impact of COVID-19 on older people*

65. HelpAge Asia, *Monitoring the impact of COVID-19 on older people*

66. El Hayek S, 'Geriatric Mental Health and COVID19: An Eye-Opener to the Situation of the Arab Countries in the Middle East and North Africa Region', *American Journal of Geriatric Psychiatry,* 28:10, October 2020, www.ajgponline.org/action/showPdf?pii=S1064-7481%2820%2930338-9

67. HelpAge International and Oxfam, *COVID-19 rapid needs assessment of older people: Iraq,* August 2020, www.helpage.org/download/5f44ee01bd645/

68. HelpAge International, *COVID-19 rapid needs assessment of older people: Jordan,* June 2020, www.helpage.org/download/5f21a33151eef/

69. HelpAge International and GRAVIS, *COVID-19 rapid needs assessment of older people: Rajasthan, India,* August 2020, www.helpage.org/download/5f2c1a3f8c977/

70. HelpAge International, *Unequal treatment: what older people say about their rights during the COVID-19 pandemic*

71. United Nations (UN) Women and WHO, *Violence Against Women and Girls: Data Collection during COVID-19,* 17 April 2020, www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339

72. 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

73. United Nations Development Programme (UNDP), *COVID-19 Global Gender Response Tracker Fact Sheets,* Sep 28, 2020, www.undp.org/content/undp/en/home/librarypage/womens-empowerment/COVID-19-Global-Gender-Response-Tracker.html

74. WHO, *Elder Abuse Factsheet,* June 2017: www.who.int/mediacentre/factsheets/fs357/en/

75. Centre for Global Development, *COVID-19 and Violence against Women and Children: A Second Research Round,* September 2020, www.cgdev.org/sites/default/files/covid-19-and-violence-against-women-and-children-second-research-round.pdf; www.adansilveriomurillo.com/uploads/6/9/2/9/69299595/ipv_covid_19.pdf; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3608577

76. Silverio-Murillo A et al, 'Families under Confinement: COVID-19, Domestic Violence, and Alcohol Consumption: Abstract', *Andrew Young School of Policy Studies Research Paper Series,* Forthcoming, May 2020, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3688384

77. Rashid Faiz S et al, 'Fault-Lines in the Public Health Approach to Covid-19: Recognizing Inequities and Ground Realities of Poor Residents Lives in the Slums of Dhaka City, Bangladesh', *Social Sciences & Humanities Open,* 15 June 2020, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3608577

78. HelpAge International, *COVID-19 Rapid Needs Assessments*

79. HelpAge International, *Consolidated COVID-19 Rapid Needs Assessments: Dashboard,* www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/ (January 9 2021)

80. The survey asked about people's perceptions of cases of elder abuse among other older people (i.e. not people's personal experiences). See: HelpAge Asia, *Monitoring the impact of COVID-19 on older people*

81. HelpAge International, *If not now, when? Keeping promises to older people affected by humanitarian crises,* 2021, www.ageinternational.org.uk/policy-research/humanitarian-response/if-not-now-when/

82. Perez Vincent SM et al, *COVID-19 Lockdowns and Domestic Violence Evidence from Two Studies in Argentina,* July 2020, Inter-American Development Bank, https://publications.iadb.org/publications/english/document/COVID-19-Lockdowns-and-Domestic-Violence-Evidence-from-Two-Studies-in-Argentina.pdf

83. UN Women Arab States, *Impact of COVID-19 on Violence against Women and Girls in the Arab States through the Lens of Women's Civil Society Organizations,* 2020, https://arabstates.unwomen.org/en/digital-library/publications/2020/08/brief-impact-of-covid19-on-vaw-in-the-arab-states-through-the-lens-of-women-csos#view

84. Sleap B, *Age-based measures coming out of lockdown,* HelpAge International, May 2020, www.helpage.org/what-we-do/covid19-agebased-measures-coming-out-of-lockdown/

85. Peterman A et al, *Pandemics and Violence against Women and Children,* Working Paper 528, Washington DC: Center for Global Development, April 2020, www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

86. UN Women Africa, *Ending violence against women and girls in the COVID-19 response,* 2020, https://africa.unwomen.org/en/digital-library/publications/2020/05/ending-violence-against-women-and-girls-in-covid---19-response

87. Perez Vincent SM et al

88. UN Women Arab States and UN Women Africa

89. UNFPA, *Arab States Region: COVID-19 Situation Report No. 5,* 5 June 2020, www.unfpa.org/sites/default/files/resource-pdf/ASRO_COVID-19_Regional_Sitrep_5_June_2020.pdf

90. WHO, *COVID-19 and violence against older people,* 14 June 2020, www.who.int/publications/m/item/covid-19-and-violence-against-older-people

91. United Nations Kyrgyz Republic, *Gender Rapid Assessment Impact of COVID-19 in the Kyrgyz Republic,* 15 May 2020, https://kyrgyzstan.un.org/en/48888-gender-rapid-assessment-impact-covid-19-kyrgyz-republic

92. WHO, *Addressing violence against children, women and older people during the covid-19 pandemic: Key actions,* 18 June 2020, www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1

93. Perez Vincent SM et al

94. Perez Vincent SM et al; UN Women Arab States

95. UN Women Africa

96. Jacobs R, *COVID-19 and elder abuse, a perspective from South Africa,* LTCcovid, June 15 2020, https://ltccovid.org/2020/06/15/covid-19-and-elder-abuse-a-perspective-from-south-africa/

97. Perez Vincent SM et al

98. Han SD et al, 'Elder abuse in the COVID-19 era'. *Journal of the American Geriatrics Society,* 3 April 2020.

99. WHO, *COVID-19 and violence against older people*

100. HelpAge International, 'Mr. Ahmed Al-Dahir, Jordan', *Older people's stories,* www.helpage.org/newsroom/covid19-older-peoples-stories/mr-ahmed-aldahir-jordan/

101. HelpAge International, *Violence against older women,* www.helpage.org/what-we-do/rights/violence-against-older-women/ (January 10 2020)

102. UNFPA, Caecid and We Decide, *Persons with Disabilities Key Messages,* www.unfpa.org/sites/default/files/resource-pdf/UF_COVID_infographic.pdf

103. UN Women Arab States

104. HelpAge International, *Violence against older women*

105. WHO, *Elder Abuse Factsheet*

106. https://www2.unwomen.org/-/media/field%20office%20untf/publications/2020/external%20brief/impact%20of%20covid-19_v08_single%20page-compressed.pdf?la=en&vs=2705

107. United Nations Kyrgyz Republic

108. Anderson K, *Research Query: COVID-19 Impact on Women and Girls in West and Central Africa,* August 2020, www.sddirect.org.uk/media/2072/gbv-aor-hd-impact-of-covid-on-gbv-in-west-and-central-africa-english-28082020.pdf and UN Women Arab States

109. UN Women Arab States

110. UN Women Arab States

111. UN Women Arab States

112. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006

113. UN Women Arab States

114. www.researchgate.net/publication/340092652

115. UN Women Arab States

116. Anderson K

117. Equipop.org, *Droits et santé des femmes à l'épreuve du Covid-19,* July 2020, https://equipop.org/wp-content/uploads/2020/07/Rapport-Enquete-Covid19.pdf

118. UN Women Arab States

119. UNDP, *COVID-19 Global Gender Response Tracker Fact Sheets*

120. UNDP, *COVID-19 Global Gender Response Tracker Fact Sheets*

121. HelpAge, 2020b. *Impact of COVID-19 on the lives of older people in Pakistan,* https://reliefweb.int/sites/reliefweb.int/files/resources/Needs%20Assessment%20for%20OP%20-%20COVID19.pdf

122. Male 72, case study interview. Living with spouse, children and grandchildren, (peri urban – the village is close to an urban area)

123. Government frontline service provider

124. HelpAge, 2020b. *Impact of COVID-19 on the lives of older people in Pakistan,* https://reliefweb.int/sites/reliefweb.int/files/resources/Needs%20Assessment%20for%20OP%20-%20COVID19.pdf

125. Male 72, case study interview. Living with spouse, children and grandchildren (peri urban – the village is close to an urban area)

126. Female 73, case Study Interview, Living with children and grandchildren (rural)

127. HelpAge. 2020d, *Review of Inclusion of Older People in Ehsaas Emergency Cash Programme.* https://socialprotection.org/sites/default/files/publications_files/Review%20of%20Inclusion%20of%20Older%20People%20in%20Ehsaas%20Emergency%20Cash%20Programme.pdf

128. Male 72, Case Study Interview living with spouse, children and grandchildren (peri urban – the village is close to an urban area)

129. Out of the 6 weeks of lockdown in Pakistan, one month was Islamic month of Ramzan which is considered a very auspicious month for charity.

130. Female 73, Case Study Interview living with children and grandchildren (rural)

131. D'cruz M, Banerjee D. 'An invisible human rights crisis': the marginalization of older adults during the COVID-19 pandemic – An advocacy review. Psychiatry Res 2020 292:113369.

132. Case study interview, female 67 living with children and grandchildren (rural)

133. NGO frontline service provider

134. Representative of local government support services

135. Representative of local government support services

136. NGO frontline service provider

137. Government frontline service provider

138. HelpAge, 2020b. *Impact of COVID-19 on the lives of older people in Pakistan.* https://reliefweb.int/sites/reliefweb.int/files/resources/Needs%20Assessment%20for%20OP%20-%20COVID19.pdf

139. http://covid.gov.pk/new_guidelines/07June2020_20200602_Guidelines_for_Care_of_Old_Patients_in_Wake_of_COVID_19_3501.pdf

140. Representative of local government support services; NGO frontline service provider; NGO frontline service provider

141. International Labour Organization, *Social protection for older persons: Policy trends and statistics 2017-19,* Geneva, 2020, www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_645692.pdf

142. Lakner C et al, *Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021,* The World Bank, Washington, DC, https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-looking-back-2020-and-outlook-2021

143. Schoch M et al, 'Monitoring poverty at the US$3.20 and US$5.50 lines: differences and similarities with extreme poverty trends', World Bank Blogs, 19 November 2020, https://blogs.worldbank.org/opendata/monitoring-poverty-us320-and-us550-lines-differences-and-similarities-extreme-poverty#:~:text=In%202018%20the%20World%20Bank,(US%245.50%20a%20day)

144. The Food and Agriculture Organization (FAO), *The State of Food Security and Nutrition in the World 2020,* 2020, www.fao.org/documents/card/en/c/ca9692en

145. HelpAge International, 'Zinaida Lebedeva, 70, Krgyzstan', *Older people's stories,* www.helpage.org/newsroom/covid19-older-peoples-stories/zinaida-lebedeva-70-kyrgyzstan/ (10 January 2021)

146. World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune,* Washington, 2020 https://openknowledge.worldbank.org/bitstream/handle/10986/34496/9781464816024.pdf

147. Munoz Boudet AN et al, *Gender Differences in Poverty and Household Composition through the Life-cycle,* Policy Research Working Paper 8360, The World Bank, Washington, DC, 2018 http://documents1.worldbank.org/curated/en/135731520343670750/pdf/WPS8360.pdf

148. Lakner C et al

149. ILO, *Statistics on the working-age population and labour force,* Geneva, https://ilostat.ilo.org/topics/population-and-labour-force/

150. ILO, *Women and men in the informal economy: A statistical picture,* Geneva, 2018, www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

151. Mohammed Dedar S, 'Bad days ahead for daily wage earners', COVID-19 older people's stories, HelpAge Bangladesh, www.helpage.org/newsroom/covid19-older-peoples-stories/bad-days-ahead-for-daily-wage-earners/ (15 January 2020)

152. Gallup Pakistan, *Economic Impact of COVID-19 Lockdown on Pakistani Households,* https://gallup.com.pk/post/29499 (15 January 2021)

153. HelpAge India, *The Elder Story: Ground Reality During COVID-19: Impact & Challenges,* June 2020, www.helpageindia.org/wp-content/uploads/2020/06/The-Elder-Story-Ground.pdf

154. HelpAge International, *Analysis of World Bank COVID-19 high-frequency phone surveys,* forthcoming.

155. HelpAge International, *Income security for all older people in Bangladesh during COVID-19 and beyond,* 2020, https://socialprotection.org/discover/publications/income-security-all-older-people-bangladesh-during-covid-19-and-beyond

156. HelpAge International, 'Lolo (Grandpa) Mario, 64, Punta, Sta. Ana, Manila, The Philippines', *Older people's stories,* www.helpage.org/newsroom/covid19-older-peoples-stories/lolo-grandpa-mario-64-punta-sta-ana-manila-the-philippines/ (16 January 2021)

157. Chronic Poverty Advisory Network, *Kenya Covid-19 Poverty Monitor: October 2020,* www.chronicpovertynetwork.org/covid19-poverty-monitor/kenya-october

158. Chronic Poverty Advisory Network

159. Chronic Poverty Advisory Network

160. Gentilini U et al, *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures,* "Living paper" version 14, December 2020, The World Bank, Washington DC, http://documents1.worldbank.org/curated/en/467521607723220511/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-December-11-2020.pdf

161. HelpAge International, *Responding to COVID-19 with improved social protection for older people,* December 2020 update, https://socialprotection.org/discover/publications/responding-covid-19-improved-social-protection-older-people-december-2020

162. International Labour Organization, *Social protection for older persons: Policy trends and statistics 2017-19*

163. Gentilini U et al, *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures,* World Bank, Washington DC, 2020, https://documents.worldbank.org/en/publication/documents-reports/documentdetail/467521607723220511/social-protection-and-jobs-responses-to-covid-19-a-real-time-review-of-country-measures-december-11-2020

164. ILO, *Social protection responses to the COVID-19 crisis: Country responses and policy considerations,* Geneva, 23 April 2020, https://reliefweb.int/sites/reliefweb.int/files/resources/wcms_742337.pdf

165. Dafuleya G, 'Social and Emergency Assistance Ex-Ante and During COVID-19 in the SADC Region', *The International Journal of Community and Social Development,* 2020;2(2):251-268, https://journals.sagepub.com/doi/10.1177/2516602620936028

166. Rohwerder B, *Social impacts and responses related to COVID-19 in low- and middle-income countries,* Brighton, Institute of Development Studies, 2020, https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15625/Emerging%20Issues%20report_Covid-19%20and%20Social%20Development_FINAL_24.9.2020%20edits.pdf?sequence=5&isAllowed=y

167. 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

168. Junankar R, *The Global Economic Crisis: Long-Term Unemployment in the OECD,* IZA, 2011, http://ftp.iza.org/dp6057.pdf

169. OECD, *Employment Outlook 2020,* 7 July 2020, www.oecd-ilibrary.org/docserver/1686c758-en.pdf?expires=1597050721&id=id&accname=guest&checksum=772D521CAE8ECFBA582B31E0F2484146

170. World Bank, *Poverty and Shared Prosperity 2020: Reversals of Fortune*

171. Development Pathways and HelpAge International, *Challenges in measuring individual poverty among older people using household surveys,* 2020, www.developmentpathways.co.uk/wp-content/uploads/2021/02/Helpage_Challenges-in-measuring-poverty-Feb24.pdf

172. Development Pathways and HelpAge International

173. International Labour Organization, *Universal Social Protection Floors: Costing Estimates and Affordability in 57 Lower Income Countries, ESS* – Working Paper No. 58, Geneva, 2017, www.social-protection.org/gimi/gess/RessourcePDF.action;jsessionid=CT9otvqfUsNPAhbK32Ctfih0mm-GU4r196E4q2Lxm7VKOSPKPNxO!539423187?id=54915

174. Alfers et al, 'Informal Workers and the Social Protection Response to COVID-19: Who got relief? How? And did it make a difference? COVID-19 Crisis and the Informal Economy', Policy Insights No. 2, WIEGO, 2020, www.wiego.org/sites/default/files/publications/file/PI2English_0.pdf

175. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), *Global humanitarian response plan: COVID-19: Progress report,* Fourth edition, 17 November 2020, www.unocha.org/sites/unocha/files/GHRP_ProgressReport_17NOV.pdf

176. UNOCHA, *Global Humanitarian Overview 2021,* https://gho.unocha.org/

177. United Nations High Commission for Refugees (UNHCR), 'Hardships multiply for older refugees amid COVID-19 pandemic', October 1 2020, News, www.unhcr.org/uk/news/stories/2020/10/5f757f054/hardships-multiply-older-refugees-amid-covid-19-pandemic.html?query=covid%2019%20and%20older%20persons

178. HelpAge International, *More at risk: How older people are excluded in humanitarian data,* 2019, https://ageingasia.org/how-older-people-are-excluded-in-humanitarian-data/

179. Amnesty International, *"Fleeing my Whole Life" Older People's Experience of Conflict and Displacement in Myanmar,* Amnesty International, 2019 (28 September 2020)

180. HelpAge International and Age International, *If Not Now, When?*

181. HelpAge International, 'John Maliah Bakiam', *Older people's stories,* www.helpage.org/newsroom/covid19-older-peoples-stories/john-maliah-bakiam/ (13 January 2021)

182. UNOCHA, *Global humanitarian response plan: COVID-19: Progress report*

183. UNOCHA, *Global Humanitarian Response Plan,* July 2020

184. Amnesty International

185. HelpAge International, *COVID-19 Rapid Needs Assessments*

186. HelpAge International, 'Martha Daniel Lul', *Older people's stories,* www.helpage.org/newsroom/covid19-older-peoples-stories/martha-daniel-lul-/ (14 February 2021)

187. UNHCR, *Global COVID-19 Emergency Response Global COVID-19 emergency report,* October 2020, https://reliefweb.int/report/world/unhcr-global-covid-19-emergency-response-28-october-2020

188. HelpAge International, *COVID-19 rapid needs assessment of older people: Borena, Ethiopia,* August 2020, www.helpage.org/download/5f2c192f39481/

189. HelpAge International, *COVID-19 rapid needs assessment of older people: Gambella, Ethiopia,* August 2020, www.helpage.org/download/5f2c17520b479/

190. HelpAge International, *COVID-19 rapid needs assessment of older people: Mozambique,* September 2020, www.helpage.org/download/5f5f84d783684/

191. HelpAge International, *COVID-19 rapid needs assessment of older people: South Sudan,* July 2020, www.helpage.org/download/5f21a40e2e83a/

192. HelpAge International, *COVID-19 rapid needs assessment of older people: Uganda,* August 2020, www.helpage.org/download/5f4e26c21d333/

193. HelpAge International and Oxfam, *COVID-19 rapid needs assessment of older people: Iraq,* August 2020, www.helpage.org/download/5f44ee01bd645/

194. HelpAge International, *COVID-19 rapid needs assessment of older people: Jordan,* June 2020, www.helpage.org/download/5f21a33151eef/

195. HelpAge International, *COVID-19 rapid needs assessment of older people: Lebanon,* June 2020, www.helpage.org/download/5f107f9aca845/

196. HelpAge International, *COVID-19 rapid needs assessment of older people, Syria,* July 2020, www.helpage.org/download/5f21a64f39366/

197. HelpAge International, *COVID-19 rapid needs assessments*

198. HelpAge International, *COVID-19 rapid needs assessment of older people: Haiti*

199. HelpAge International, 'John Maliah Bakiam'

200. UNOCHA, *Global Humanitarian Response Plan,* July 2020

201. HelpAge International, 'Martha Daniel Lul'

202. Charlson, VO et al, 'New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis', *The Lancet,* 11 June 2019, cited in UNOCHA, *Global Humanitarian Overview 2021*

203. HelpAge International, 'Martha Daniel Lul'

204. Mra KK, 'Fighting on two fronts: the women facing conflict and COVID-19 in Rakhine state', News Mandala, 20 May 2020, www.newmandala.org/fighting-on-two-fronts-the-women-facing-conflict-and-covid-19-in-rakhine-state/

205. United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 'Protecting the most vulnerable amid COVID-19 and cyclone Amphan', Blog, May 2020, www.unescap.org/blog/protecting-most-vulnerable-amidst-covid-19-and-cyclone-amphan

206. HelpAge International and Age International, *If Not Now, When?*

207. UNHCR, *Working with Older Persons in Forced Displacement: Need to Know Guidance 5,* www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4ee72aaf2&skip=0&query=need%20to%20know%20guidance%20older%20people

208. Sphere, *COVID-19 guidance based on humanitarian standards,* https://spherestandards.org/coronavirus/ (14 January 2021)

209. See Article 4 of the International Covenant on Civil and Political Rights, 1966, and Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, 1985

210. HelpAge International, *FAIR Guidelines,* 2019

211. Kenya Medical Research Institute (Kemri), *Health and Socio-Economic Impacts of Physical Distancing for COVID-19 in Africa,* May 2020

212. GMA News Online, 'CHR urges relaxation of community quarantine rules on elderly', News article, 27 April 2020, www.gmanetwork.com/news/news/nation/735791/urges-relaxation-of-community-quarantine-rules-on-elderly/story/ (22 January 2021)

213. Extraordinary National Commission for Public Health Moldova, *Decision no. 35 of 27 November 2020,* 27 November 2020 https://msmps.gov.md/wp-content/uploads/2020/11/hotarirea_cnesp_nr.35_27.11.2020.pdf (22 January 2021)

214. Miller J, 'Swiss coronavirus cases surge, canton orders seniors to stay home', *Reuters,* 21 March 2020, www.reuters.com/article/us-health-coronavirus-swiss/swiss-coronavirus-cases-surge-canton-orders-seniors-to-stay-home-idUKKBN2180MI?edition-redirect=uk (22 January 2021)

215. WHO, *COVID-19 Health System Response Monitor, North Macedonia,* 2020, https://www.covid19healthsystem.org/countries/northmacedonia/livinghit.aspx?Section=1.5%20per%20cent20Testing&Type=Chapter (24 November 2020)

216. Vasovic A, 'Serbia imposes night curfew, orders elderly indoors', *Reuters,* 17 March 2020, www.reuters.com/article/us-health-coronavirus-serbia/serbia-imposes-night-curfew-orders-elderly-indoors-idUSKBN2143XR (22 January 2021)

217. Government of Bahamas, 'Prime Minister announces three new cases of COVID-19 and plans to extend state of emergency for eight days', 29 March 2020, Prime Minister announces three new cases of COVID-19 and plans to extend state of emergency for eight days – Government – News (bahamas.gov.bs) (22 January 2021)

218. L&E Global, 'Chile: COVID-19 Sanitary Governmental Measures', 7 May 2020, https://knowledge.leglobal.org/corona/country/chile/chile-covid-19-sanitary-governmental-measures/ (22 January 2021)

219. For example in Kenya and El Salvador, see Kemri and Charles J, 'COVID-19 is hitting Caribbean and Latin American economies hard. Can they survive?', *Miami Herald,* 27 March 2021, www.miamiherald.com/news/nation-world/world/americas/haiti/article241525961.html (22 January 2021)

220. Hashim A, 'Pakistan records highest number of coronavirus deaths in a day', *Aljazeera,* 21 April 2020, www.aljazeera.com/news/2020/04/pakistan-records-highest-number-coronavirus-deaths-day-200421082118654.html (22 January 2021)

221. Subsingsubring K, 'LRT, MRT ban for elderly, moms-to-be under GCQ', *Inquirer Mobile,* 7 May 2020, http://inqm.news/ycin (22 January 2021)

222. Jackson J, 'UN Chief: Discrimination of older people during pandemic must stop', *Sierra Leone Times,* 2 May 2020, www.sierraleonetimes.com/news/264911308/un-chief-discrimination-of-older-people-during-pandemic-must-stop (24 November 2020)

223. See for example: Extraordinary National Commission for Public Health in Moldova and Hadzic J, 'Egypt and Tunisia prepare for co-existence with coronavirus', *VoiceIslam,* 1 May 2020, https://golosislama.com/news.php?id=38510 (24 November 2020)

224. See for example: Henley J, 'Swedish PM warned over 'Russian roulette-style' Covid-19 strategy', *The Guardian,* 23 March 2020, www.theguardian.com/world/2020/mar/23/swedish-pm-warned-russian-roulette-covid-19-strategy-herd-immunity (22 January 2021); and Khaliq R, 'Thailand declares emergency to combat COVID-19 spread', AA.com, 25 March 2020, www.aa.com.tr/en/asia-pacific/thailand-declares-emergency-to-combat-covid-19-spread/1779178 (22 January 2021)

225. HelpAge International, *Unequal treatment, What older people say about their rights during the COVID-19 pandemic, Country profile, The Philippines,* 2021

226. For example, in Ukraine. See: Newsmir, 'Coronavirus insurance: what to know and where the catch is', 15 April 2020, https://newsmir.info/2053364 (24 November 2020)

227. Rupiya M, 'The impact of the COVID-19 pandemic on the elderly in Africa', Livelihood Insecurity & Economic Impact, Accord, June 17, 2020, www.accord.org.za/analysis/the-impact-of-the-covid-19-pandemic-on-the-elderly-in-africa/

228. For example in Switzerland, see Michalowski S, 'The Use of Age as a Triage Criterion', http://repository.essex.ac.uk/28027/1/013.pdf; in South Africa see: Erasmus M

229. HelpAge International, 'Abuse and neglect of older people intensified by COVID-19', 15 June 2020, www.helpage.org/newsroom/latest-news/neglect-and-abuse-of-older-people-around-the-world-intensified-by-covid19/ (22 January 2021)

230. HelpAge International, 'Lolo (Grandpa) Mario, 64, Punta, Sta. Ana, Manila, The Philippines'

231. Ajiambo D, 'A look at a home for the elderly in Kenya during pandemic: Franciscan Missionary Sisters for Africa balance caution with prevention', 11 June 2020, www.globalsistersreport.org/news/people/look-home-elderly-kenya-during-pandemic (22 January 2021)

232. For example in Uganda, see: Uganda Reach the Aged Association, *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 (22 January 2021)

233. For example in Serbia, see: Todorovic N, *Older persons in the Republic of Serbia and COVID-19 Pandemic,* UNFPA, 2020, p.9

234. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*

235. Amrose R, 'Seniors' care-home neglect is our national shame', *The Globe and Mail,* 13 April 2020, www.theglobeandmail.com/opinion/article-seniors-care-home-neglect-is-our-national-shame/ (22 January 2021)

236. Polonskaya G, 'Coronavirus lockdown in Moscow: Elderly struggling to cope with COVID-19 restrictions', Euronews, 21 April 2020, www.euronews.com/2020/04/21/coronavirus-lockdown-in-moscow-elderly-struggling-to-cope-with-covid-19-restrictions (24 November 2020)

237. Human Rights Watch, 'Ukraine COVID-19 rules blocked access to pensions', 3 August 2020, www.hrw.org/news/2020/08/03/ukraine-covid-19-rules-blocked-access-pensions (24 November 2020)

238. Uganda Reach the Aged Association, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*

239. Alagbe J, 'We're old, poor and hungry, yet we've received no cash from FG – Lagos' vulnerable persons', Punch, 25 April 2020, https://punchng.com/were-old-poor-and-hungry-yet-weve-received-no-cash-from-fg-lagos-vulnerable-persons/ (22 January 2021)

240. HelpAge International, *Responding to COVID-19 with improved social protection for older people*

241. HelpAge International, 'We might die of hunger before coronavirus, so how are we meant to stay alive?', 14 May 2020, www.helpage.org/newsroom/latest-news/we-might-die-of-hunger-before-coronavirus-so-how-are-we-meant-to-stay-alive/ (22 January 2021)

242. Greater Manchester Combined Authority, 'Open Letter: Call for UK Media to be responsible in its language and portrayal of older people in coverage of COVID-19', 13 March 2020, https://twitter.com/greatermcr/status/1238501622919114753?s=20 (22 January 2021)

243. Le Soir, 'Un économiste belge propose une «taxe corona» uniquement pour les personnes âgées' (A Belgian economist proposes a corona tax just for older people), 14 April 2020, www.lesoir.be/300796/article/2020-05-14/un-economiste-belge-propose-une-taxe-corona-uniquement-pour-les-personnes-agees (22 January 2021)

244. Der Tagesspiegeil, 'Boris Palmer provoziert in Coronavirus-Krise "Wir retten möglicherweise Menschen, die in einem halben Jahr sowieso tot wären"' (Boris Palmer provokes in coronavirus crisis "We may save people who would be dead in six months anyway"), 28 April 2020, https://m.tagesspiegel.de/politik/boris-palmer-provoziert-in-coronavirus-krise-wir-retten-moeglicherweise-menschen-die-in-einem-halben-jahr-sowieso-tot-waeren/25782926.html (22 January 2021)

245. Mwanza E., 'Junet Leaves Parliament in Stitches With 'Advice' to Elderly MP', Kenyans.co.ke, 14 May 2020 www.kenyans.co.ke/news/52063-junet-leaves-parliament-stitches-advice-elderly-mp-video (22 January 2021)

246. Halliday J, 'Teenagers held for allegedly coughing at and assaulting elderly couple', *The Guardian,* 23 March 2020, www.theguardian.com/uk-news/2020/mar/23/three-teenagers-held-for-allegedly-coughing-at-elderly-couple-hertfordshire?CMP=share_btn_link (22 January 2021)

247. HelpAge International, *Tanzania: COVID-19 Working Brief,* 2020, unpublished.

248. Mwanza E

249. HelpAge International, 'Coronavirus: Older people in low- and middle-income countries must be protected to prevent global humanitarian catastrophe', 26 April 2020 www.helpage.org/newsroom/press-room/press-releases/coronavirus-older-people-in-low-and-middleincome-countries-must-be-protected-to-prevent-global-humanitarian-catastrophe/ (25 November 2020)

250. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*

251. HelpAge International, 'Olga Agapova, St Petersburg, Russia', HelpAge International, 2020, www.helpage.org/newsroom/covid19-older-peoples-stories/olga-agapova-saintpetersburg-russia/ Visited 24 November 2020

252. Todorovic N, p.17

253. Tehrani H, 'Mental health stigma related to novel coronavirus disease (COVID-19) in older adults', Geriatrics & Gerontology International, Volume 20, Issue 8, https://doi.org/10.1111/ggi.13985

254. HelpAge International, *Unequal treatment: What older people say about their rights in the COVID-19 pandemic*

255. HelpAge International, *Are older people being heard? The impact of COVID-10 on older people's ability to exercise their voice,* 2021, www.helpage.org/download/6006c7bbc1d1f/

256. HelpAge International, *COVID-19 rapid needs assessment of older people: Iraq*

257. HelpAge International, *COVID-19 rapid needs assessment of older people: Lebanon*

258. Egbuna N, 'Wise Caring or Caring for the Wise? Elderly care during Covid-19', *VOICE GLOBAL,* 2020, https://voice.global/blog/wise-caring-or-caring-for-the-wise/

259. HelpAge International, *Are older people being heard?*

260. HelpAge International, *Are older people being heard?*

261. United Nations Georgia, *Building Back Better in Georgia: The United Nations COVID-19 Response and Recovery Offer,* 2020, https://unsdg.un.org/sites/default/files/2020-09/GEO_Socioeconomic-Response-Plan_2020.pdf

262. HelpAge International, *Are older people being heard?*

263. HelpAge International, *Are older people being heard?*

264. HelpAge International, *Are older people being heard?*

265. HelpAge International, *Are older people being heard?*

266. HelpAge International, *Are older people being heard?*

267. Parravani E, 'How civil society overturned Buenos Aires' age-based isolation policy', HelpAge International, 13 October 2020, www.helpage.org/blogs/ellie-parravani-30707/how-civil-society-overturned-buenos-aires-agebased-isolation-policy-1123/

268. 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

269. 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

270. Uganda Reach the Aged Association, *Protecting Human Rights During and After COVID-19, Response to Joint Questionnaire of Special Procedures*

271. All these quotes are from HelpAge International, *Are older people being heard?*

272. HelpAge International, *Are older people being heard?*

273. HelpAge International, *Are older people being heard?*

274. United Nations Department of Economic and Social Affairs (UNDESA), *Secretary-General's Policy Brief: The Impact of COVID-19 on older persons,* May 2020, www.un.org/development/desa/ageing/news/2020/05/covid-19-older-persons/

Kwa Wazee

Find out more:

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

@HelpAge HelpAge International