Bearing the brunt

The impact of COVID-19 on older people in Eurasia and the Middle East – insights from 2020

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

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Front cover photo: Umm Imad, an older refugee living in the Gaza strip.
WSCR

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Executive summary

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

HelpAge and UNFPA are working to expose the impacts of COVID-19 on older people. As part of a global 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. UNFPA’s Regional Office for Europe and Central Asia has also jointly initiated with WHO Europe, UNECE, OHCHR and HelpAge a three-year Joint Programme on Ageing to guide collaborative action over 2020–23 among UN agencies and civil society stakeholders at regional and national levels, working with governments across Eastern Europe and Central Asia to enhance preparedness and response to mitigate the risks for older persons during the COVID-19 pandemic, support delivery of health and care for older people beyond the pandemic, and promote their human rights.

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

The report presents research undertaken on the impact of COVID-19 on older people in the Eurasia and Middle East (EME) region. It presents the context and responses to the pandemic in the region, and presents findings across key thematic areas, including official COVID-19 data in the region; health and care; violence, abuse, and neglect; income and social protection; older people in humanitarian and conflict settings; and voice, dignity, and rights.
Limited data and evidence on the impact of COVID-19 on older people is available in the region and globally, including the impact on older women, older men, and older people with a disability. Despite the risk that COVID-19 disproportionately poses to older people, data and evidence on the impact of COVID-19 on older people are only available for a few countries or is anecdotal. The brief review of national data systems and the availability and adequacy of official data to inform COVID-19 response and recovery for older people across 10 low- and lower-middle income EME countries highlights these gaps. While all countries in the region publish the total number of COVID-19 cases and deaths, only two-thirds publish sex-disaggregated data and one-third publishes sex- and age-disaggregated data.

Evidence has emerged globally over the course of the pandemic to demonstrate the risks of severe illness and death for both older people and those with underlying health conditions, though limited data is available in the region. A study conducted across the Middle East and North Africa (MENA) region has shown that prior to COVID-19, health systems ignored the needs of older people. This existing disease burden, coupled with a lack of services and the stresses associated with COVID-19, may account for the high rates of mental ill health among older people. The situation appears to be particularly acute in Iraq with 74 per cent of older people reporting feeling worried or anxious all or most of the time. In addition, many older people in the region have limited awareness of where to access health services for COVID-19.

While rigorous studies in the EME region on Violence, Abuse, and Neglect (VAN) remain scarce, it is clear that the inability of older people to escape their abuser during the pandemic has created more opportunities for the perpetration of this treatment. In the Arab States, Civil Society Organisations (CSOs) surveyed by UN Women reported an increase in domestic violence, and there are reports of a discontinuation of services and support systems for women. As many as 84 per cent of the women’s CSOs participating in the survey reported that the COVID-19 pandemic had affected them either negatively or very negatively.

Older people’s income security is impacted directly and indirectly by the COVID-19 economic crisis. While 95 per cent of older people in Europe and Central Asia (ECA) have a pension, this is the case for only 27 per cent of older people in the Arab States. Even before the pandemic many families struggled financially, and millions more are being pushed into poverty by COVID-19. Without adequate social protection, losses of working hours, jobs, and income is particularly concerning for households with only limited labour capacity. In the context of rising poverty, vulnerability and underdeveloped social protection systems, the regional response is wholly inadequate.

Despite the pandemic impeding data collection in humanitarian and displacement settings, it is clear that it has heightened the vulnerability of people in these settings. Some control measures have discriminated against refugees and led to adverse outcomes – for example, Syrian refugees were required to observe longer curfews and faced tighter restrictions than other residents in some municipalities in Lebanon to “prevent the aggravation and spread of COVID-19”. Approximately 30 per cent of older women and men reported being unable to access their regular medication, with local variations highlighting existing inequalities in health access. Access to pensions or cash transfers in humanitarian settings has been affected by the pandemic.

Evidence and data on the impact of COVID-19 on the voice, dignity, and rights of older people is extremely limited, and there is little analysis of how older people’s rights have been affected by discriminatory age-based measures imposed during the pandemic. 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. Governments across the region have introduced age-based public health measures to restrict the movement of older people at different stages of the pandemic. Mechanisms and spaces for older people to convene have been inaccessible in many places due to lockdown restrictions, impacting on the extent to which older people can engage in voice-related activity.
Conclusion and overall recommendations

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

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

Governments, international partners, and other actors must:

- **Focus on data systems** at local, regional, and international levels, to ensure they are ageing-inclusive. Each stakeholder must independently assess its ability to successfully produce vital information on older people during the pandemic, and jointly – with other stakeholders – commit to improving the conceptualisation, collection, analysis, reporting, and public dissemination of timely data, disaggregated by age, sex and disability.

- **Conduct research and data analysis** to understand the short- and long-term health impacts of COVID-19 for older people, and to provide an evidence base to inform efforts towards health systems strengthening and the achievement of truly age-inclusive UHC.

- **Collect, analyse and use data on violence, abuse, and neglect of older people** to inform prevention and response measures. An agreed and comprehensive framework and guidance on data collection on violence, abuse, and neglect 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.

- **Engage with media and opinion formers to transform societal perceptions of ageing and older people within their families and communities.**

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