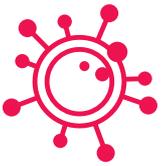


Asia Pacific – July 2020



COVID-19 rapid needs assessment of older people

Context

As the COVID-19 virus spreads across Asia-Pacific, governments have started taking drastic public health measures to protect their citizens. While the threat of COVID-19 remains high across the region, we are witnessing a faster spread of the virus in countries such as Bangladesh, India, Indonesia, Pakistan and the Philippines. Key factors influencing this regional variation include:

- population density
- communication and the extent to which people practise prevention techniques
- socioeconomic conditions
- government capacity to communicate prevention messages effectively
- government capacity to isolate and quarantine
- mitigation measures taken by government
- the rate of COVID-19 testing.

HelpAge International works to promote the rights of older people to lead dignified, healthy and secure lives. HelpAge Global Network members are supporting older people during the COVID-19 pandemic worldwide. Studies have shown that older people and those with pre-existing health conditions are more susceptible to serious complications and death from COVID-19¹ and older people have been recognised as among those most affected and at risk in the pandemic.² In many countries, the data shows that over 50% of older people are affected by multimorbidity³, the prevalence of which rises sharply with age, disability and levels of poverty. Initial research in China based on over 44,000 cases of COVID-19, showed a mortality rate of 2.3% for the general population, rising to 8% in those aged 70-79 and nearly 15% in those 80 and over. According to India's Ministry of Health and Family Welfare data from June 2020, people aged above 60 accounted for over 50% of the country's coronavirus-related deaths.⁴ By 29 July 2020, Myanmar had recorded 351 COVID-19 positive cases and 6 fatalities, 5 of whom were over the age of 60. As of the end of July 2020, 26% of all cases in Pakistan were older people and people aged 60 and above accounted for 60% of deaths.⁵ To better understand the impact of COVID-19 to help inform inclusive programming and policy advocacy, we conducted rapid needs assessments (RNAs) of older people in seven countries.⁶

"Older persons have become highly visible in the COVID-19 outbreak but their voices, opinions and concerns have not been heard. Instead, the deep-rooted ageism in our societies has become even more apparent."

*Rosa Kornfeld-Matte (Chile),
Independent Expert on the enjoyment
of all human rights by older
persons, Office of the United Nations
High Commissioner on Human Rights*

¹ Jordan R et al., 'COVID-19: risk factors for severe disease and death', The BMJ, 2020
Fai Zhou MD et al., 'Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study', The Lancet, 2020

² OCHA, COVID-19 Global Humanitarian Response Plan – GHRP May Update

³ defined as the presence of multiple diseases or conditions

⁴ COVID-19 in India: "Focus should be to save elderly", Ahmad Adil, 10 July 2020, <https://www.aa.com.tr/en/asia-pacific/covid-19-in-india-focus-should-be-to-save-elderly-/1906060>

⁵ OCHA Pakistan: COVID - 19 Portal. UNOCHA, Pak response, 27 July 2020.

⁶ This was a joint undertaking between the Global Humanitarian Team of HelpAge, HelpAge Asia-Pacific Regional Office, HelpAge country offices in Bangladesh, Myanmar and Pakistan, and network members HelpAge Cambodia, GRAVIS in India, Coalition of the Services of the Elderly in the Philippines and HelpAge Sri Lanka.

Key findings

Health and disability

- 77% have some form of disability, with mobility, vision, and remembering and concentrating difficulties most common.
- 67% have one or more health conditions including, joint pain, hypertension and gastro-intestinal problems.
- 56% of people with regular healthcare needs feel their access to health services has been impacted by COVID-19.
- 46% of older people said their access to medicine has reduced.



Food and livelihood

- 41% have less than two weeks' supply of food at home.
- 61% are either eating less or are consuming food of poorer quality.
- 44% are active and earn their livelihood either from regular employment or through running their own business, agricultural activity or petty trading.
- 81% of the respondents who earn a livelihood said their income has been impacted.
- 77% stated their top priorities were 1) food 2) income and 3) health and wellbeing.



Wellbeing

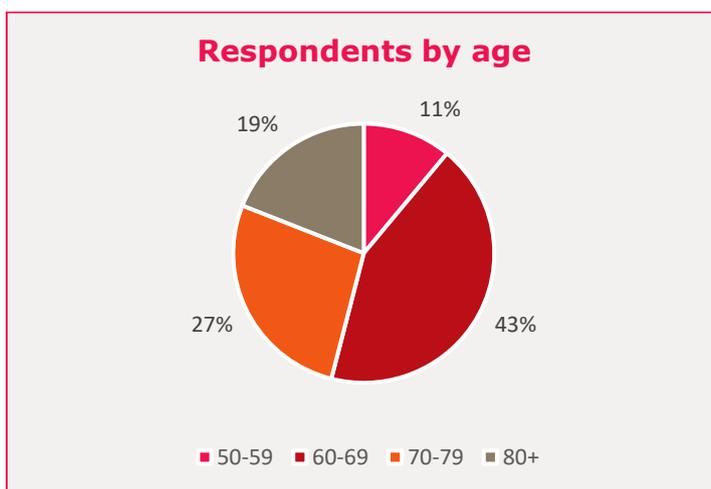
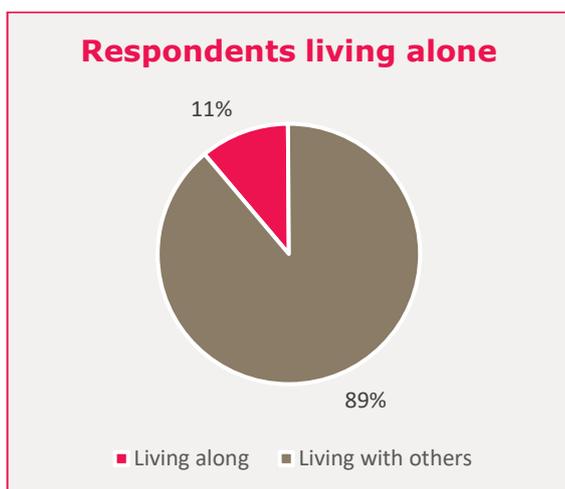
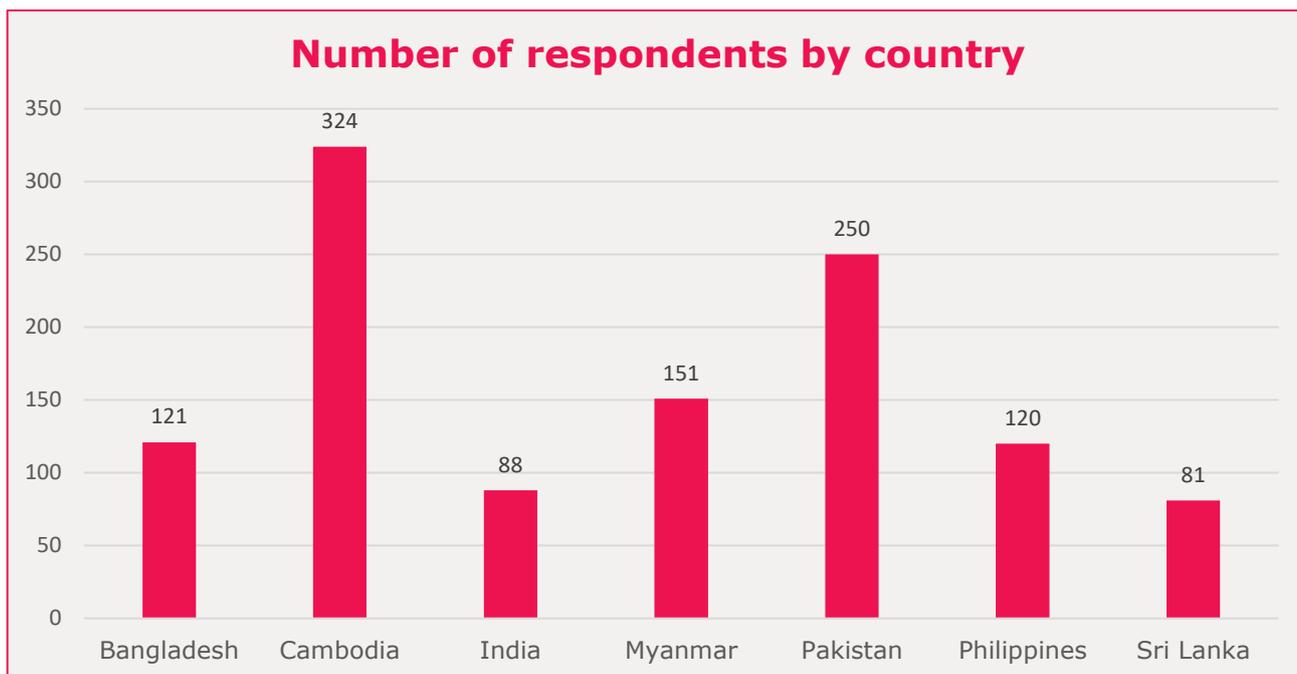
- 97% had to restrict their movement because of social or government-imposed restrictions, causing loss of income and isolation.
- 85% confirmed they feel depressed, citing loss of income, insecurity and isolation as causes.
- Both older men and women reported that they feel the risk of abuse (verbal, financial, emotional, physical, psychological and sexual) has increased as a result of COVID-19.



"Older people have the same rights to life and death as everyone else. Difficult decisions around life-saving medical care must respect the human rights and dignity of all. Let's not treat older people as invisible or powerless. Their voices and leadership count."

António Guterres, United Nations Secretary-General

Demographics of respondents



67% of older people have at least one health condition

- Joint aches and pains: 26%
- Hypertension: 21%
- Heart problems: 8%
- Diabetes: 7%
- Respiratory issues: 6%

77% of older people have at least one disability

- Walking: 48%
- Sight: 43%
- Remembering and concentrating: 40%
- Hearing: 28%
- Self-care: 26%
- Communication: 21%

Methodology

Data on adults over the age of 50 was collected through phone surveys and safely conducted in-person interviews. These assessments were conducted by community members across seven countries in the Asia-Pacific region: Bangladesh, Cambodia, India, Myanmar, Pakistan, the Philippines and Sri Lanka.

There were modifications in the data collection format based on social-cultural variations and country-specific data collection requirements. HelpAge mainly relied on its existing beneficiary database for this exercise as remote data collection required an established beneficiary list with active phone numbers. A total of 1,135 older people (562 women, 573 men, and including 798 people with disabilities) were interviewed between May and June 2020.

This report highlights trends across HelpAge's COVID-19 RNAs. It should not be interpreted as conclusive information of the needs of all older people within each country, nor the entire region. Furthermore, the data represents the needs of older people in a specific period. All people consented to being interviewed. Data was collected or entered directly in Kobo Toolbox, an online survey platform. The data was subsequently disaggregated by gender, age cohorts and disabilities. The results of this disaggregation are only reported where the differences are significant.

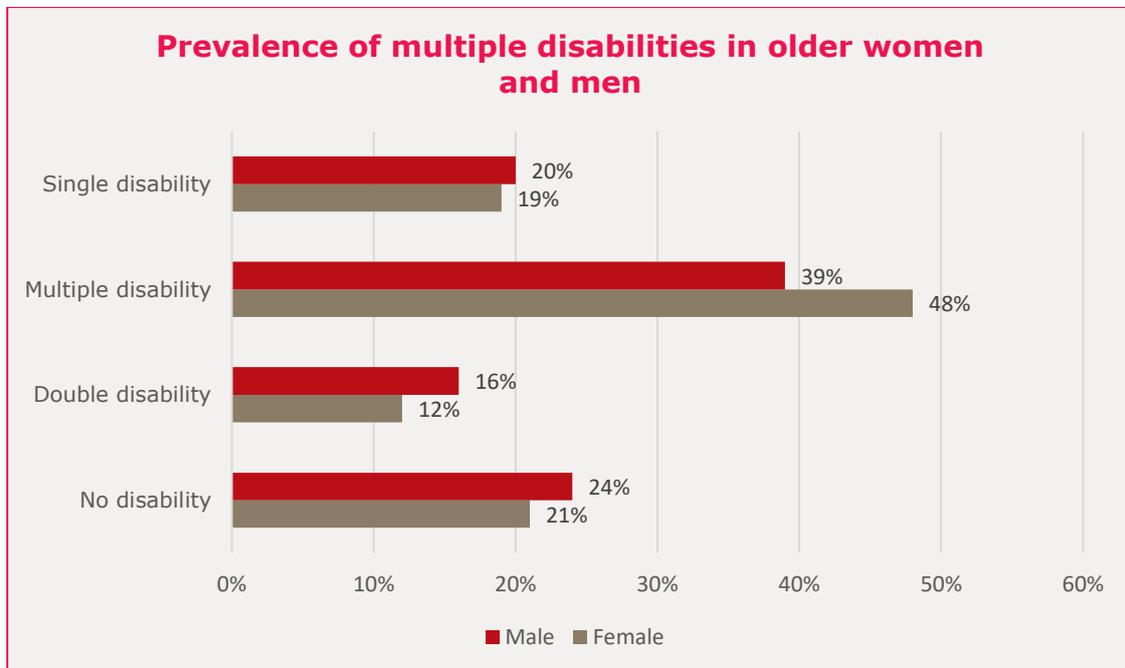
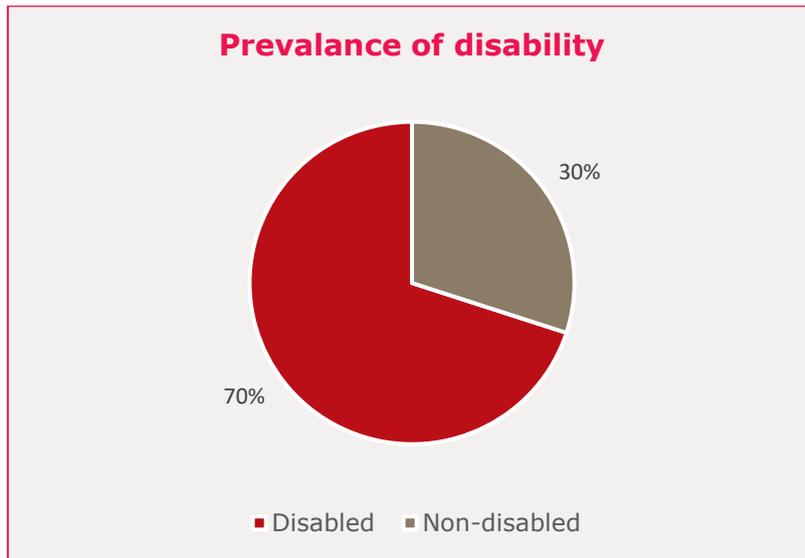
Disability

Out of the total number of respondents, 70% have some form of disability or impairment based on Washington Group Questions.⁷ Impairment is loss of physiological or psychological function, such as the ability to walk, see or hear, due to an injury, illness or congenital condition. An impairment becomes a disability when the environment limits an individual's opportunity to function or take part in society on an equal level with others. Disabilities can impact people's ability to access healthcare, information and earn an income, which may be exacerbated during an emergency like COVID-19.

The data was gathered on different functions of people, but possible solutions for reducing or eliminating the disability were not explored. For those who have difficulty seeing, the solution may be, for example medicine, glasses or better lighting. The problem might be either provision of assistive products or making the environment more accessible.

The most prevalent disability reported is mobility, followed by vision and remembering or concentrating. Some respondents have multiple disabilities. The prevalence and number of disabilities increases with age. The data raises concerns that significantly more older women than older men have multiple disabilities (48% female and 39% male). This means responses must be gender-sensitive.

⁷ Washington Group Question, Short set of questions on disability, <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

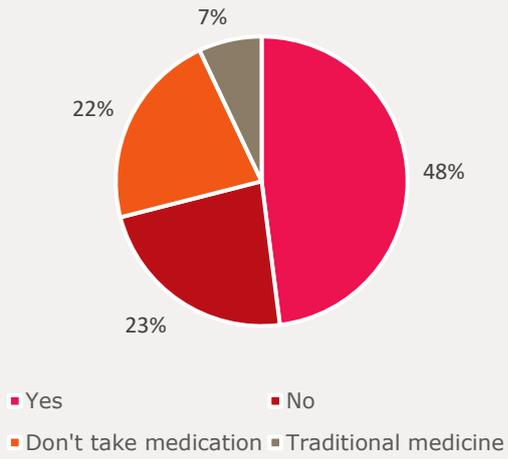


Health access

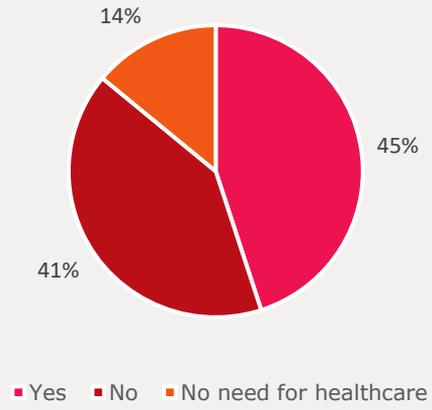
Sixty-seven per cent of the respondents self-reported at least one health condition. The main health condition reported by older people were joint pains and hypertension, followed by gastrointestinal problems, heart issues and diabetes.

Older people's health has been severely affected by COVID-19, with almost half of respondents saying they are unable to access their regular medication. Many older people indicate that local medicine stocks are running out, which is increasing their worries about their health. Travel restrictions have further suppressed access to limited existing health services. There are concerns this could cause increased morbidity.

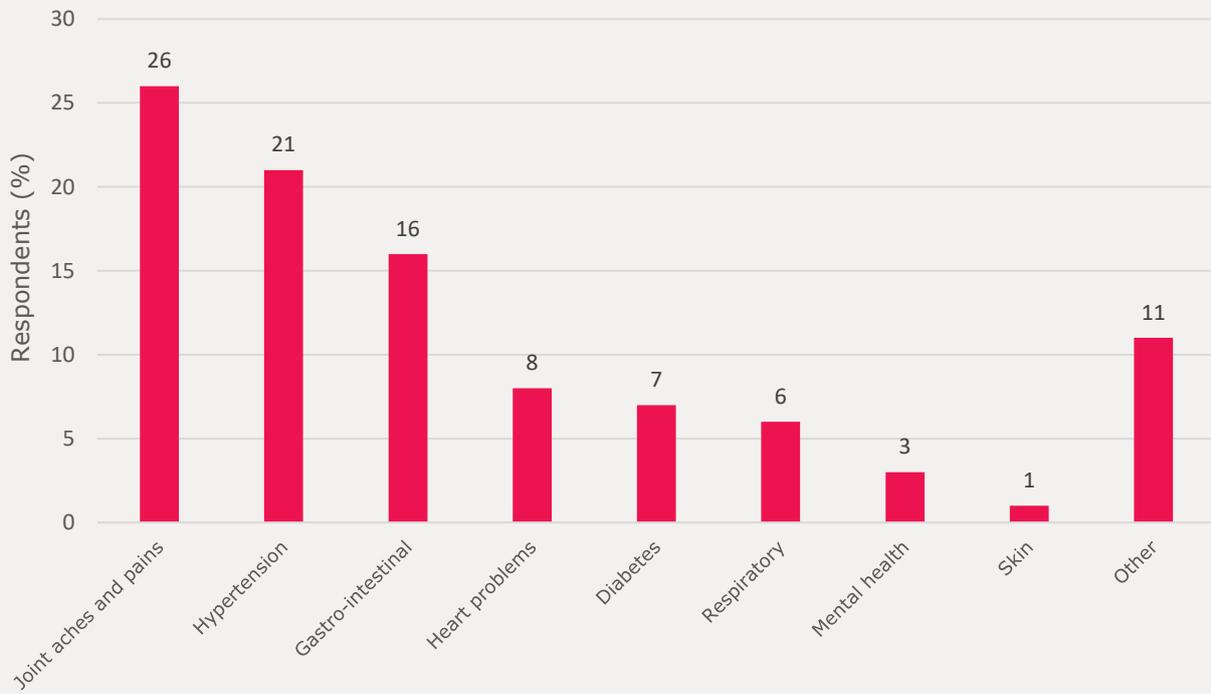
Access to medication



Change in accessibility to healthcare services



Older people's health conditions



Case study: India

The first lockdown brought severe difficulties for older people, especially those with disabilities who require extensive support. Anjee Agarwal, International Accessibility Specialist and founder of Samarthyam – National Centre for Accessible Environments, uses a wheelchair because of muscular dystrophy and lives with her mother, who is in her 80s and suffers from heart problems. She suddenly lost access to their caregiver after the lockdown was announced and could not get an essential services pass to arrange help.

"I was denied the curfew pass as I was 'disabled' and was asked to call 'relatives' to seek help during the lockdown," she said.

The essential services guidelines first issued by the Government of India did not mention any special passes for caregivers. Anjee actively reached out to the respective government authorities in Delhi to create awareness about the challenges faced by older people and people with disabilities without caregivers. Due to Anjee's efforts, the Ministry of Home Affairs and Ministry of Social Justice and Empowerment issued directives to state chief secretaries to exempt caregivers of persons with disabilities from any travel restrictions.

Source:

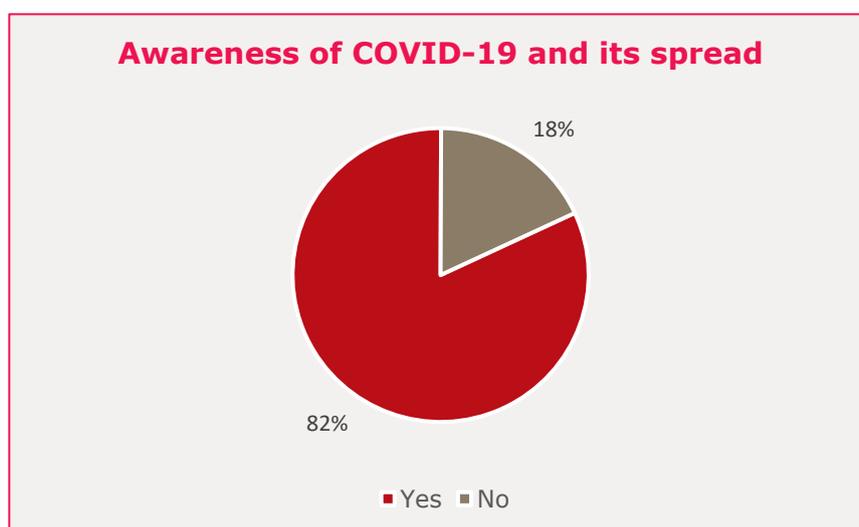
The Impacts of COVID-19 on People with Disabilities - Disability Inclusive Response and Considerations (April, 2020) <https://globalaction2030.blogspot.com/2020/04/the-impacts-of-covid-19-on-people-with.html>

Lockdown Woes for Senior Citizens and Persons with Disabilities (March 2020) <https://www.patientsengage.com/news-and-views/lockdown-woes-senior-citizens-persons-disabilities-1>

Awareness of COVID-19

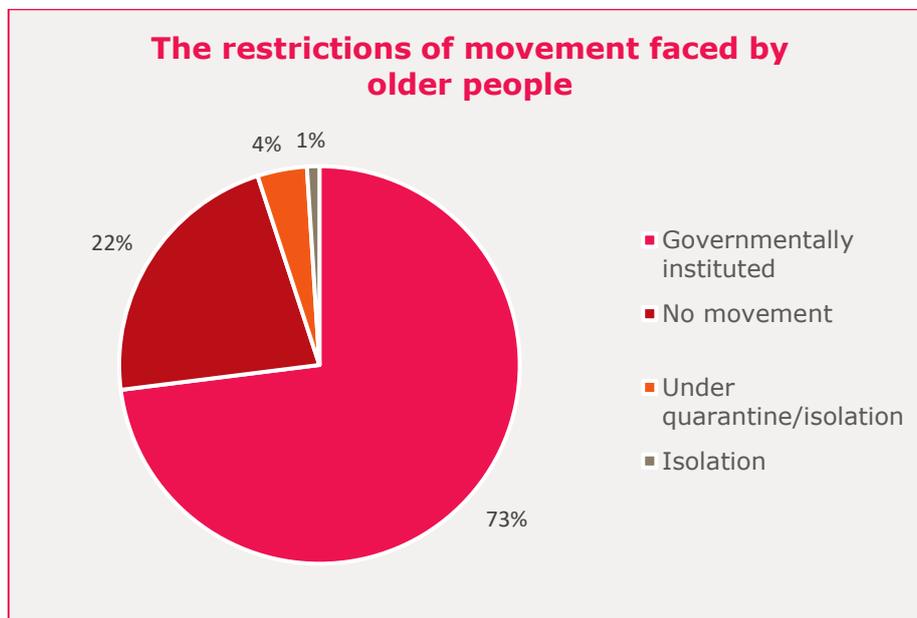
It was found that a majority (82%) of respondents were aware about COVID-19 and its spread. The table below shows that the most preferred way to receive information about COVID-19 was via TV, followed by radio and word-of-mouth.

Sources of information	Preferred way to receive information (%)
TV	58
Radio	46
Word of mouth	32
Poster	21
Phone call	17
Community meeting	15
SMS	12
Other	5



Movement restrictions

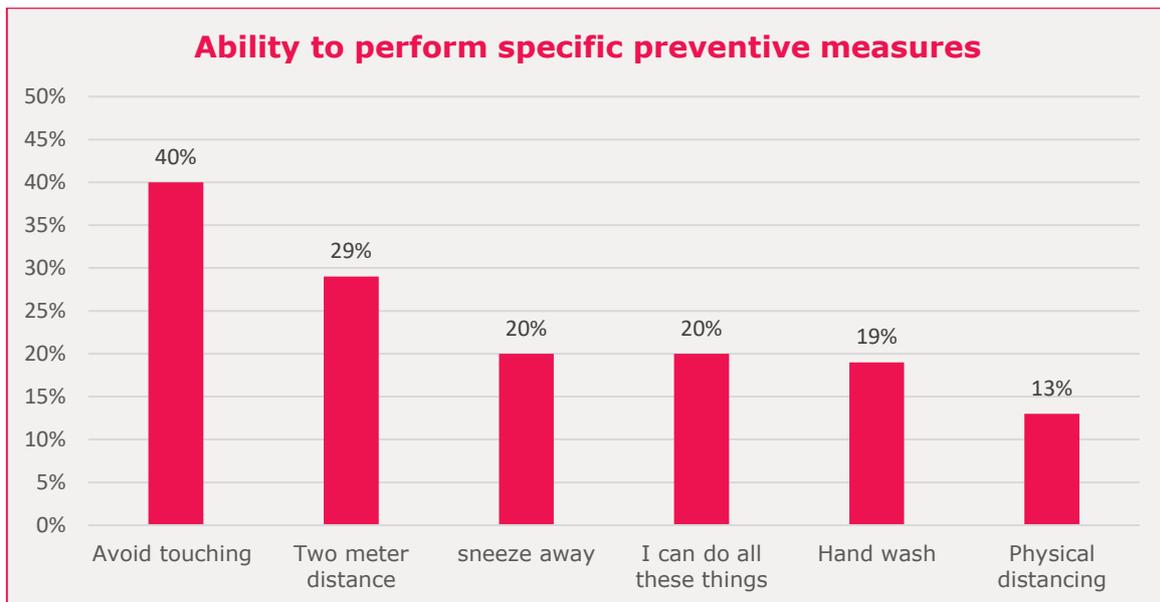
Across the region, a majority of respondents mentioned they are experiencing government-imposed movement restrictions, as well as those imposed by family, friends and wider society, such as pressure to not leave the house or do business. Most of the people agree restrictions should be in place. However, this is having a negative impact on the psychosocial health and livelihoods of older people, which is explored later in the report.



Prevention methods

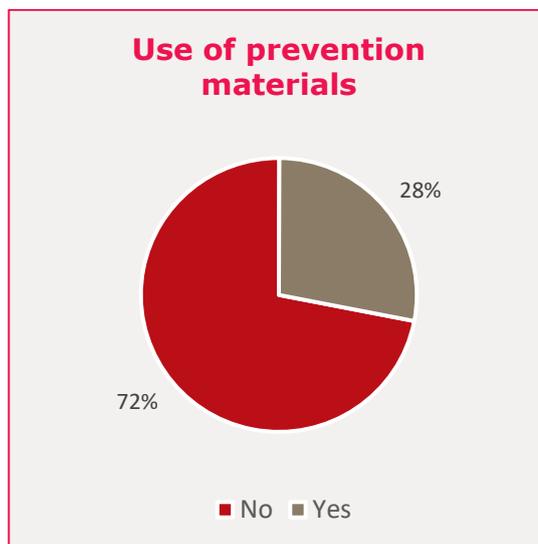
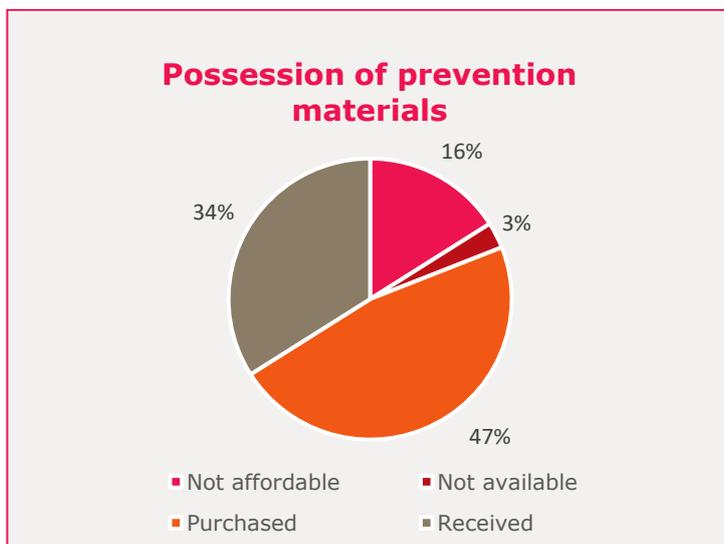
The majority of people surveyed (87%) know that hand washing is one of the most important ways of protecting themselves from COVID-19. However only 20% admit that they know all the prevention guidelines, which include avoiding touching their face, sneezing into a tissue or elbow, and physical distancing. Avoiding touching their face was cited as the most difficult to follow (40%), followed by keeping a distance of two metres from other people (29%), demonstrating how habits are hard to break, even when people know they prevent COVID-19.

Prevention methods	Knowledge (%)
Washing hands	87
Physical distancing	65
Sneeze into a tissue or elbow	53
Two-metre distance from people	52



Availability of prevention materials

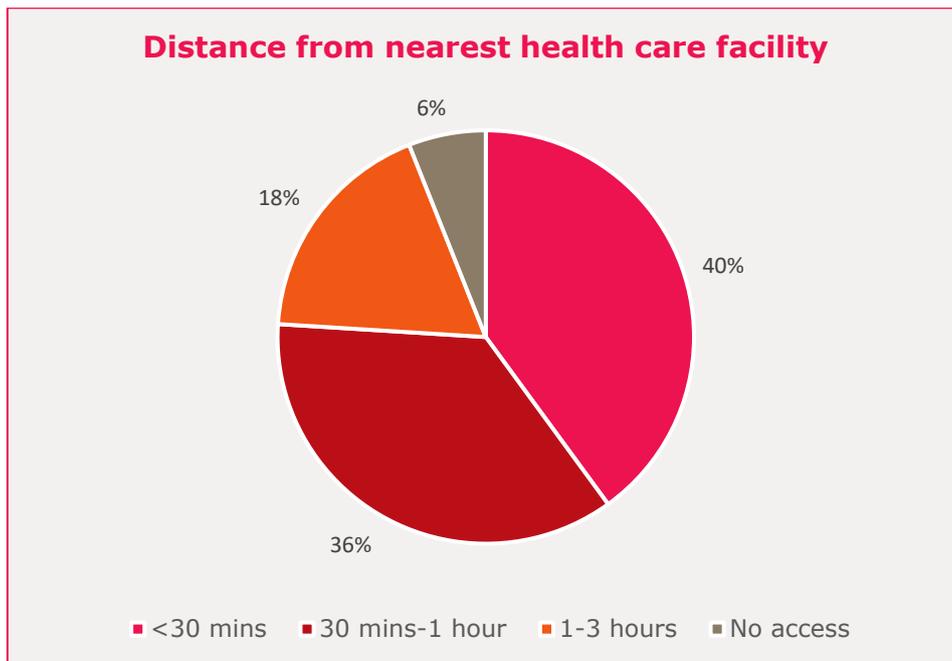
Although a large proportion of older people confirm possessing prevention materials, such as soap, sanitisers and masks, nearly three-quarters are not using them properly. About one-fifth of respondents are unable to procure the materials because they cannot afford them, although many still have soap at home.



Knowledge about healthcare centres

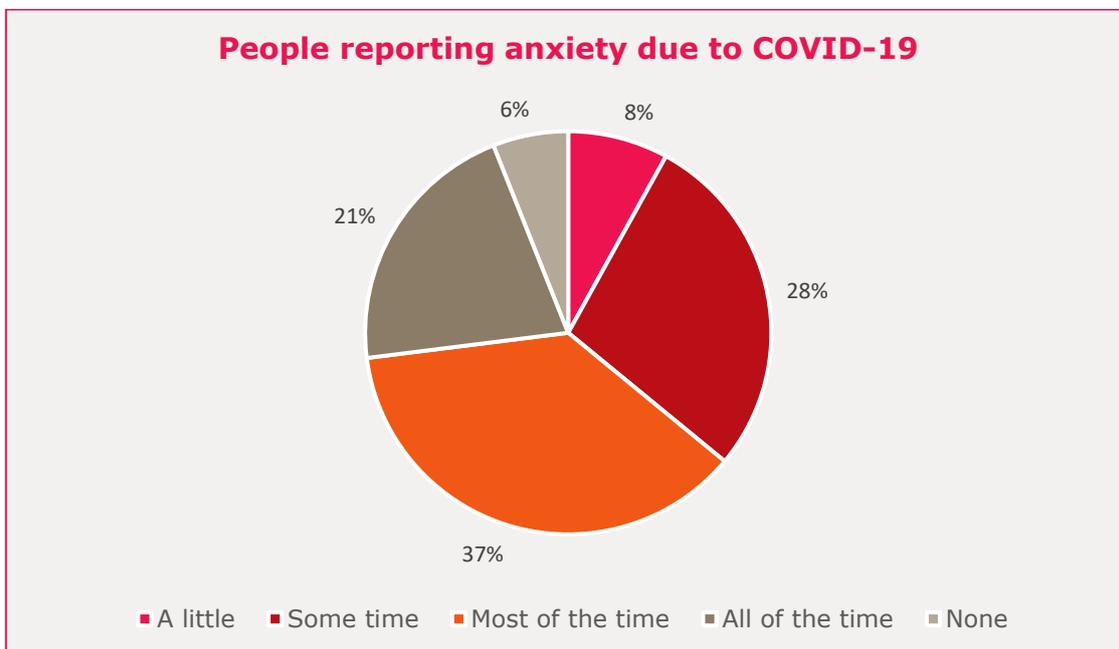
One-in-three older people do not know where their nearest testing and treatment facility is.

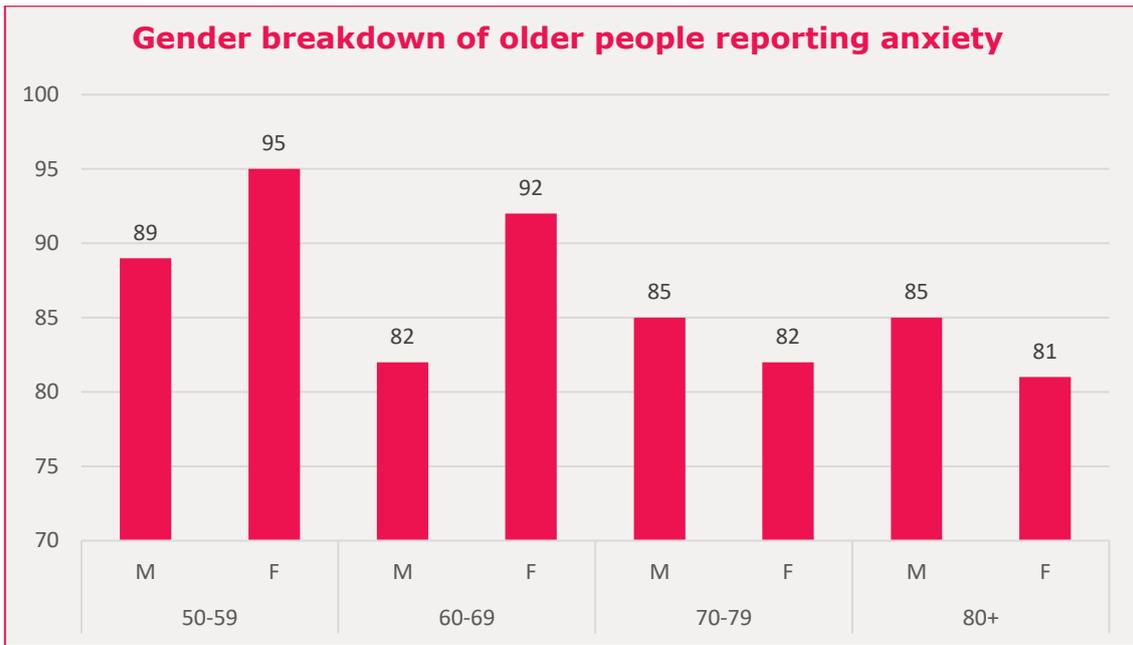
Forty per cent of respondents said health facilities for testing or treating COVID-19 are less than 30 minutes from their residence, 36% reported they were 30 minutes to one hour, and 18% said one to three hours. Six per cent reported that they don't have any access to health facility for COVID-19 testing.



Anxiety

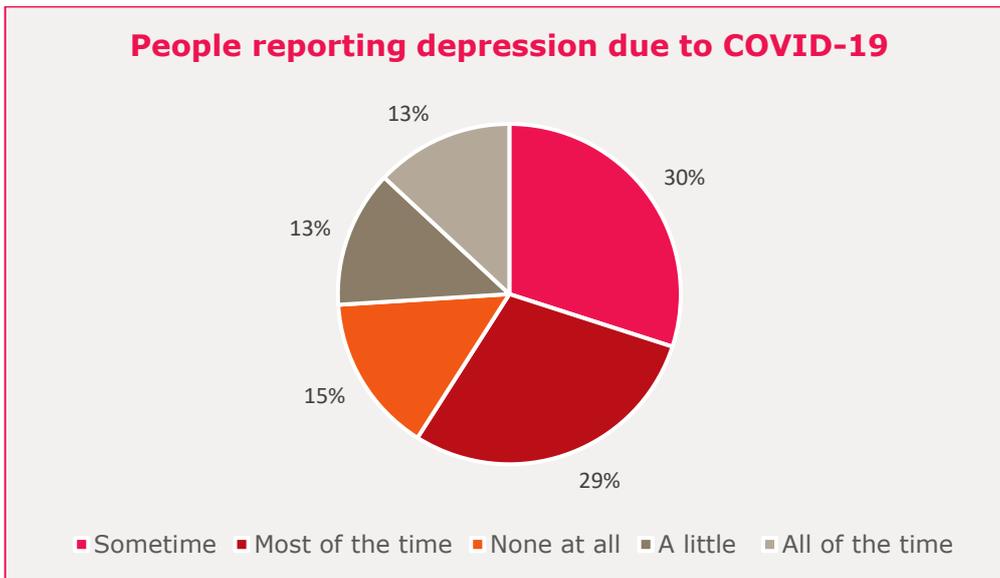
Fifty-eight per cent of respondents feel worried and anxious about the COVID-19 situation all or most of the time, 28% sometimes and only 6% said they are never worried or concerned. It was found that more older women than older men are worried or anxious in every age group besides 80+.

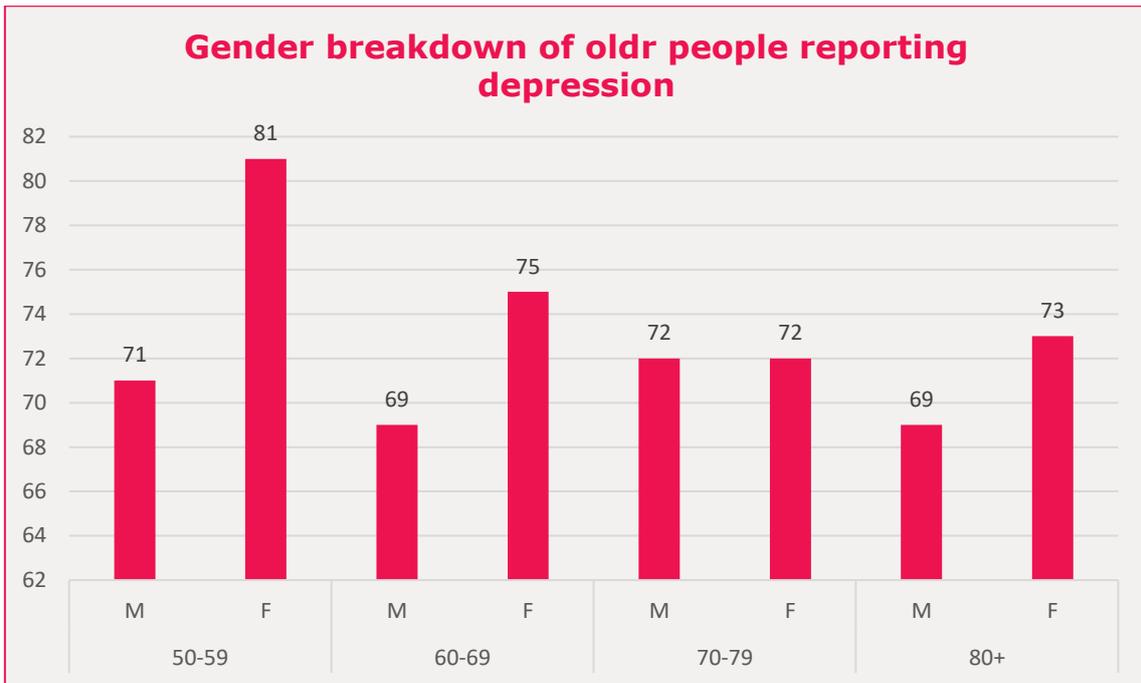




Depression

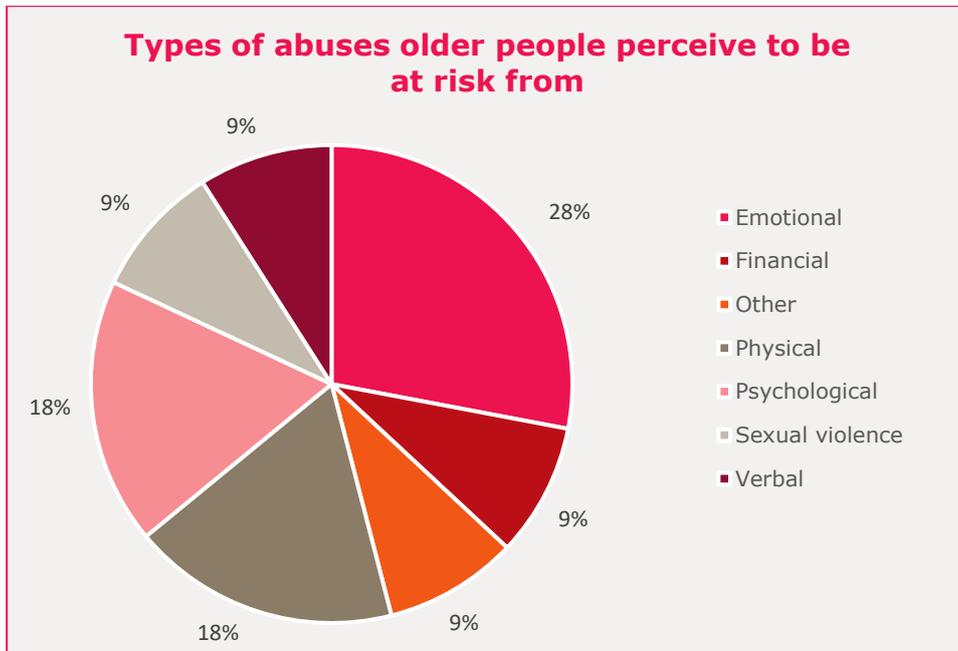
Forty-two per cent of respondents reported that they are depressed either all or most of the time about COVID-19 and 43% said it affects them sometimes. Only 15% reported never feeling depressed due to the pandemic. More women felt depressed when compared with men.





Elder abuse risk

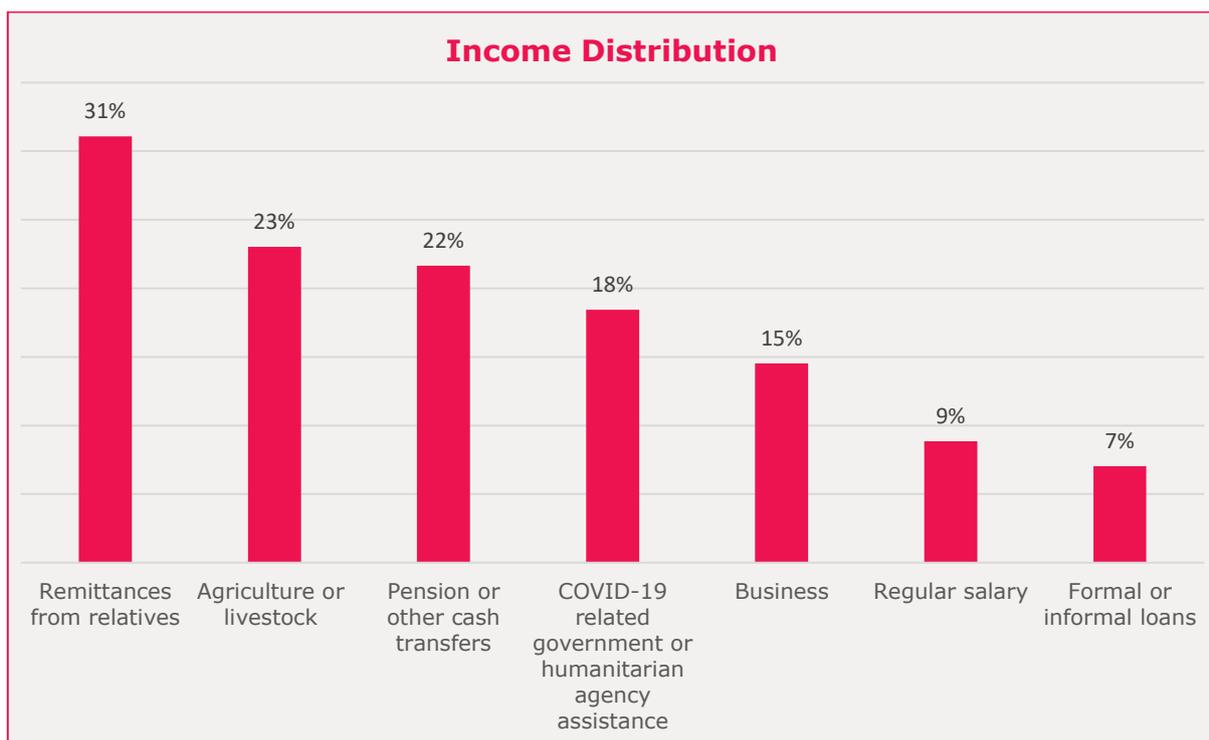
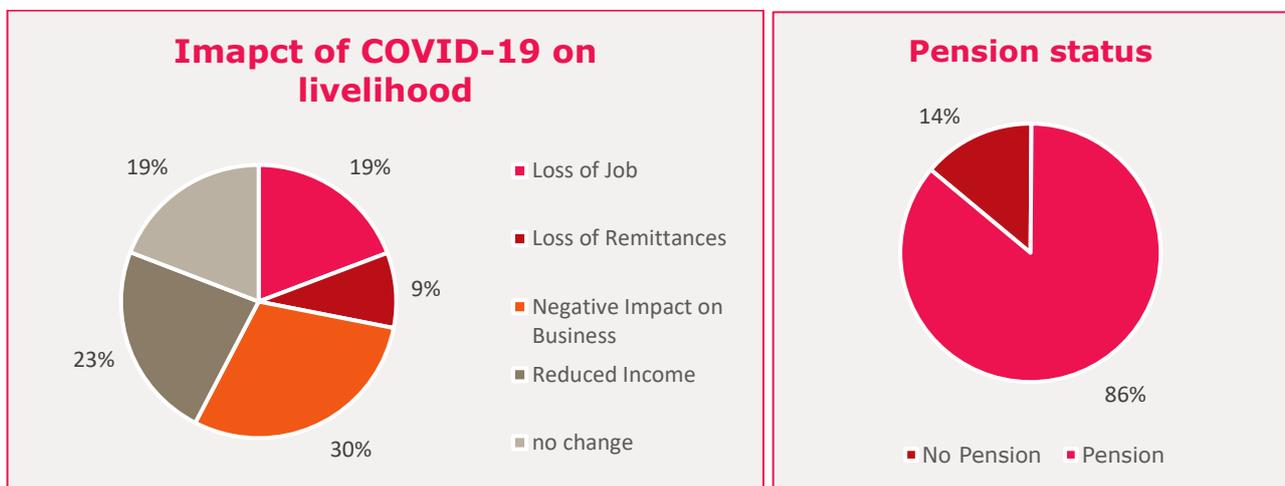
Almost all older people believe the risk of abuse, including financial, physical, psychological, sexual and verbal abuse, has increased. Both women and men said emotional and psychological abuse was their biggest concern. Fifty-one per cent of men believed they are more at risk of emotional abuse, compared to 32% of women. Isolation, neglect, denial of resources and physical abuse have also been found to be a major concern. In one example from Bangladesh, an older woman was abandoned by family members for two days in a hospital when they suspected she had COVID-19.



Abuse risks for older women	Percentage of respondents	Abuse risks for older men	Percentage of respondents
Emotional	29	Emotional	51
Psychological	24	Psychological	46
Physical	15	Financial	32
No issues	14	No issues	31
Financial	13	Physical	24
Sexual	3	Verbal	5
Verbal	1	Sexual	4

Food and livelihoods

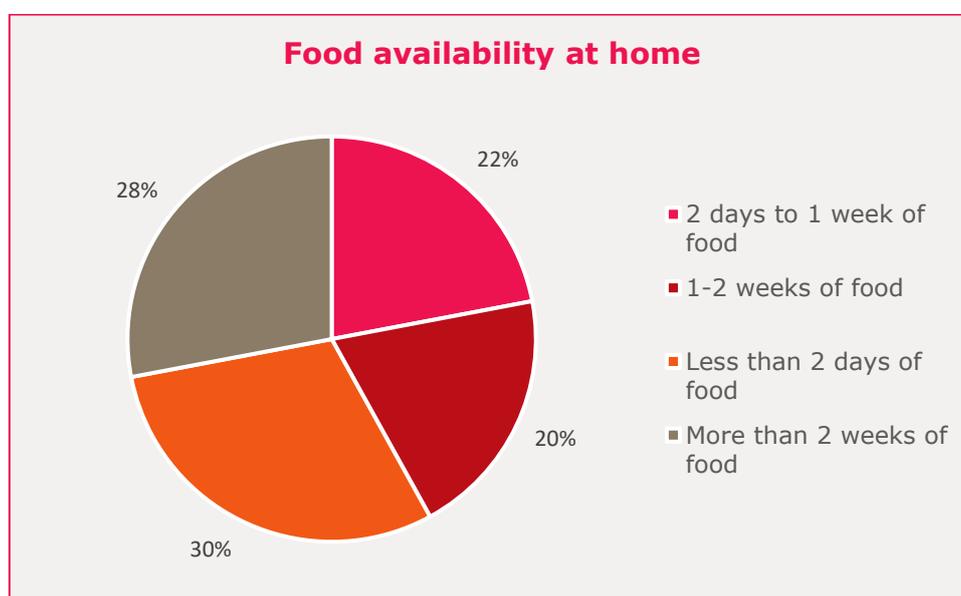
Only 14% of older people surveyed receive a regular pension. Otherwise, older people depend on remittances, COVID-19 related support from governments or organisations, loans or working.



Lockdowns and restrictions on movement caused people to lose their jobs, reduced business and affected remittances, leading to less income for older people. One-fifth of older people said their income has not changed.

Half of older people surveyed had food for less than a week. Nearly two-thirds said they had either reduced the quantity or change in the quality of their food. Older people's priorities reflected their changes in income and access to food.

Impact on income		
Type	Women (%)	Men (%)
Loss of job	20	18
Loss of remittances	9	9
Negative impact on business	26	33
Reduced income	23	23
No change	22	17



Priorities of respondents			
Priority	Choice 1	Choice 2	Choice 3
Food	46%	22%	12%
Health and wellbeing	11%	32%	22%
Income and livelihood	20%	20%	21%
Getting sick from COVID-19	14%	8%	12%
Protection and safety	5%	9%	12%
Drinking water	3%	3%	7%
Toilet	0%	2%	6%
Other	1%	2%	4%
Shelter	0%	1%	3%
Handwashing	0%	1%	2%

Case study: Pakistan

Allah Bux Khaskheli, 76, is resident of a small town in Khairpur, Pakistan. He has two children who are married and he lives with his wife, son and grandchildren.

Allah Bux used to earn a living as labourer on a mango farm on a monthly salary of 8,000 rupees (US\$48), but since last year ill-health has prevented him from working. His wife cares for their landlord's children, earning 5,000 rupees (US\$30) a month, which is often insufficient to meet household expenses. His son, who is in his 30s, also works as a daily wager in city area.

The lockdown implemented due to COVID-19 meant his son lost his job and all the responsibility fell on Allah Bux's wife.

"When I stopped working, I had nothing saved [...] I feel depressed to see my wife having to work at this age and that my son lost his job," he said.

In Khairpur, the summer is very hot and humid. Allah Bux added: "During the lockdown, staying home was very tough, especially laying on *charpai* [a traditional woven] bed all day. We have regular electricity shutdowns every two hours and scorching summer days in our area. It was very difficult for me to bear the heat."

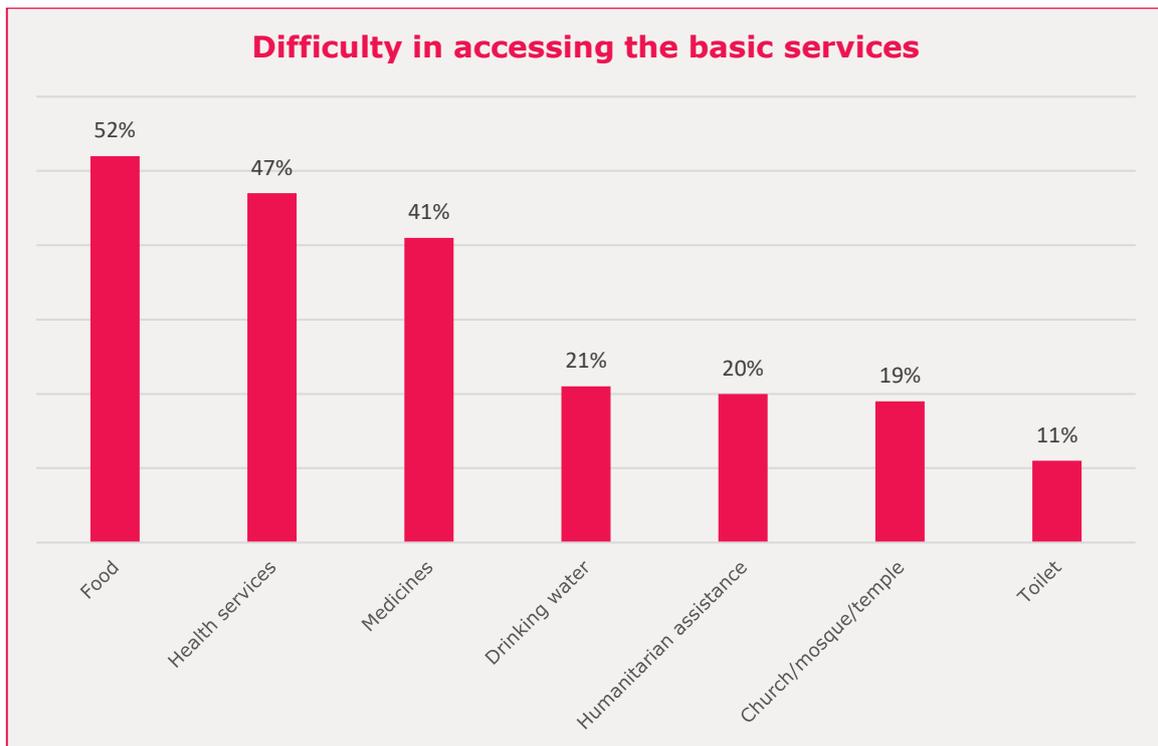
Older people like Allah Bux used to sit outside their houses in the nearby community areas, where trees are available to provide shade and cope with summer days. However, due to COVID-19 and his health condition, he was confined to stay at home.

"During the lockdown, we received 12,000 rupees (US\$72) from the government and the first thing I did was to ask my son to buy a solar panel and fan. I could not see my little grandchildren feeling restless day and night due to the electricity breakdown. Now at least we can sleep well at night using solar panel and fan."



Access to services

Accessing health services and medicine were cited as the main challenges for older people, with fear of contracting the virus the biggest deterrent. There is a high population of older people which require regular health check-ups and medicines. Inaccessibility of the services increase their vulnerability. Older people also face difficulties in accessing drinking water, sanitation and hygiene facilities and humanitarian assistance.



Case study: Vietnam



Pham Thi Cai is a street food seller in Ho Chi Minh City, Vietnam.

She is eligible for COVID-19 support as she has a low income. If successfully registered, she would receive three million dong (US\$134). However, she must fill out forms, submit paperwork, and provide evidence proving her official residence and income. The process was not easy. Two weeks after she had sent all personal documents back to her hometown for

verification, her file was sent back due to some mistakes that she had to fix before resubmitting.

"I decided to give up applying for the COVID-19 support package. By the time I manage to prove myself eligible, it would probably have passed the deadline," said Cai.

Cai is not the only person in Ho Chi Minh City facing this problem. Many other informal workers such as motorbike taxi drivers, lottery sellers, garbage collectors have faced similar problems are unable to manage the paper work on their own and it is very time-consuming. Only 10% of informal workers in Ho Chi Minh city has received support.

Source: <https://vtv.vn/xa-hoi/tphcm-ly-do-nao-khien-gan-90-lao-dong-tu-do-chua-duoc-nhan-tien-ho-tro-covid-19-2020060312505711.htm>

Conclusions and recommendations

COVID-19 is an unprecedented health crisis and older people are disproportionately affected. The pandemic is spreading among people of all ages, but older people and those with chronic diseases and disabilities are at a higher risk of illness, disability and death from COVID-19. Governments and international relief agencies must recognise that older people have equal rights to health and humanitarian assistance.

"We need to work together to protect older people from the virus, and to ensure their needs are being met – for food, fuel, prescription medication and human interaction. Physical distance doesn't mean social distance. We all need to check in regularly on older parents, neighbours, friends or relatives who live alone or in care homes in whatever way is possible, so they know how much they are loved and valued."

Dr Tedros Adhanom Ghebreyesus, World Health Organization Director-General

Organisations need to plan for and implement rights-based, inclusive responses. HelpAge International recommends the following:

- 1. Uphold the principles of equality and non-discrimination.** Responses to the COVID-19 pandemic must be in line with international human rights standards and principles that apply to everyone, everywhere. This means governments must uphold older people's right to health, including their access to care, medical and social services, and information on an equal basis with others and without discrimination. Where cases of discrimination against or stigmatisation of any section of the community are reported, including older people, leaders at all levels must lead from the front in calling out negative behaviours and upholding community solidarity.
- 2. Promote the collection and use of sex, age and disability-disaggregated data.** The above assessment based on sex, age, disability-disaggregated data on disability, health, income and protection provides guidance on the diversity within the older population and provides immediate issues to consider in programme design and implementation. HelpAge and other humanitarian organisations, including governments need to ensure that for programme planning and implementation, data collection is presented and analysed in a disaggregated manner. HelpAge should advocate and provide technical support wherever needed.
- 3. Ensure responses are designed considering gender differences.** The data raises concerns that significantly more older women than older men have multiple disabilities (49% female and 39% male). Similarly, more older women feel anxious and depressed than older men. Designing responses to be gender-sensitive or transformative to reach both older women and men with a tailored response is important.
- 4. Provide outreach services.** The high prevalence of disability, inaccessibility of healthcare services and need for caregiver support suggests that a focus needs to be on providing outreach services designed to support older women and men with disabilities.
- 5. Ensure inclusion of people living with a disability.** A high percentage of older people have been found to have single or multiple functional problems. Older people with disabilities must be actively engaged at all stages in the development of the COVID-19 response to ensure that information, access to services and support provided meets their needs and is accessible and appropriate. Access to age-assistive products can help in reducing dependence and improving movement and sense of wellbeing. There is a need for recognition of the importance of age assistive products and governments and humanitarian organisations must strive to fulfil this.
- 6. Make public health information accessible and relevant to all.** Regular communication with the public is one of the most important steps to save lives and minimise adverse outcomes. Public awareness and outreach strategies by all actors must reach older people and older people with disabilities. Consult older people and their representative organisations on effective communication strategies for the context. Older

people must have access to all relevant information and be empowered to take care of their own health and to adopt relevant measures to protect themselves and their communities. People caring for older people and older people with disabilities must have access to all relevant information to provide the most appropriate care and to ensure their own risk of infection is managed.

- 7. *Ensure equitable access to prevention and support in all settings.*** Governments must be supported to implement a full package of measures in line with WHO guidance to suppress COVID-19 transmission and to ensure no one is left behind. Specific measures to support older people and older people with disabilities in all settings must be implemented by governments and humanitarian agencies during an outbreak. Systems should be put in place to ensure older people can continue to access care and support (health and homecare) if needed, and essential supplies, including food, clean water, and medicines. Care and support workers must have adequate personal protection equipment and clear guidance on how to protect themselves and the older people they support.
- 8. *Explicitly allocate funding to those most at risk in all settings.*** Older people and older people with disabilities are often overlooked in development and humanitarian strategy and funding. Money must be made available to stakeholders with the right expertise, including local communities and organisations, to ensure responses meet the needs of those most at risk and most affected. Funding should address health needs and the social and economic impacts of the virus both in the response and recovery stages.
- 9. *Ensure access to food and sufficient income.*** As a result of this pandemic, older people's incomes and living standards have declined, putting them at high risk of poor health and financial difficulties. It will be difficult for older people to undertake income generation activities over the coming months given their high vulnerability. It is important that systems are developed through community networks to identify older people, including those with disabilities, and their families at risk, to support those with a lack of food or poor diets. Governments must design programmes so food is accessible to all, and continue to pay pensions and expand social safety net programmes for all older people.
- 10. *Practice physical distancing and not social distancing.*** Measures such as social distancing and quarantine remain an effective tactic for protecting the most vulnerable people during this pandemic. However, it is important particularly among those living alone, that these measures are implemented in a way that guarantees older people's access to social and practical support. If possible, equip older people living alone with electronic means of communication to ensure access to information and to optimise communication with them to provide the necessary assistance.
- 11. *Provide equitable access to protection and support services against all forms of abuse.*** Older men and particularly older women face an increased risk of abuse - including physical, psychological, financial and sexual exploitation. Older people must be aware of protection mechanisms in emergency situations, with particular attention to the specific risks faced by women. Not only during this pandemic but also in the future, older people must be able to report incidences safely and access services. Governments and policy makers are required to ensure services to address violence and abuse are considered essential and included in preparedness and response plans for COVID-19, including alternatives to make them accessible during periods of isolation.