

Data gaps and ageing in the COVID-19 pandemic



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Older people: “Chronically invisible” in data

COVID-19 has disproportionately affected older people, but it has also highlighted how little evidence we have about their lives. Even before the pandemic, there was a dearth of quality data on older people.¹ The pre-existing evidence gap is partly due to the lack of age-specific research, including national surveys of older people. In addition, most population-wide data collection and household surveys also overlook older people. This exclusion may result from the lack of age disaggregation or from age caps in survey design that exclude older people.

Data limitations are being magnified in the COVID-19 pandemic. The UN Independent Expert on the enjoyment of all human rights by older persons recently noted that despite the current “involuntary focus” on older persons because of health risks from the virus, they are “chronically invisible”.² Particularly in low- and middle-income countries, the generation of data by National Statistical Offices and academic researchers often relies heavily on traditional face-to-face methods, which have been cut short by infection risks associated with COVID-19.³ To compensate, researchers are considering how best to use technology to gather information in pandemic conditions. But the digital divide may compound pre-existing weaknesses by excluding older people from electronic data collection efforts, particularly older women and others who typically have less information technology experience and access.⁴

1 Official statistics and COVID-19: Capturing evidence on older people for inclusive response and recovery. HelpAge International, 2020.

2 Older persons remain chronically invisible despite pandemic spotlight, says UN expert. Office of the High Commissioner for Human Rights, 1 October 2020.

3 Official statistics and COVID-19: Capturing evidence on older people for inclusive response and recovery. HelpAge International, 2020.

4 8 charts on internet use around the world as countries grapple with COVID-19. Pew Research Center, 2 April 2020.



Gaps in age-disaggregated data, analysis and reporting have limited our ability to clearly answer even the most basic questions about direct risks from COVID-19 by age. For example, what is the case fatality rate for each country by age and sex, and what are the reasons for differences? Do older people have a heightened risk of contracting COVID-19, or just becoming very ill or dying if they catch it? Are older people under or overrepresented in hospitalised cases? To what extent is COVID-19 the cause of death in long-term care facilities? Where available, age- and sex-disaggregated data show that older people are clearly at heightened risk for severe COVID-19 impact and death. Many countries collect age-disaggregated data on cases and deaths, but do not always make it available to the public and researchers. There is no complete source of national age-disaggregated COVID-19 surveillance data at regional or global levels.

The indirect health impacts of COVID-19 on older people are even harder to assess. In some contexts, the indirect impacts of the pandemic – for example, resulting from disrupted access to health services – have arguably been even greater than the direct health impacts of the virus itself. But information on the indirect impacts of the pandemic is limited, even without considering age. Until robust surveys are completed, much of what we presume about the pandemic’s indirect health impacts comes from extrapolation of pre-COVID-19 research, along with smaller studies. The World Health Organization has conducted rapid assessments of secondary impacts of COVID-19 on certain health services, such as for non-communicable diseases. Given higher prevalence of these diseases among older people, it might be assumed they have been disproportionately harmed by service disruptions. But such assessments do not capture the number, much less the age, of people affected. Small-scale surveys by HelpAge and others hint at major disruptions in health services, reduced ability to afford medicine and health care, and an increase in stress, anxiety and depression among older people.⁵

Household survey data may underestimate poverty among older people.

Measurement of monetary poverty typically relies on survey data collected on households as collective units. Much of the limited data from the pandemic period also comes from household surveys. However, the diversity of living arrangements of older people in Asia Pacific means that analyses of household survey data may underestimate poverty in older age. A growing body of research has found that poverty metrics rely heavily on methodological assumptions that influence the relative welfare status of different subgroups within society. For example, a commonly used rule to measure poverty at the individual level implicitly assumes that resources are distributed equally among all household members. A variation is assigning a different weight to household members in proportion to their needs (“equivalence scales”). Such per capita approaches are highly sensitive to the assumptions behind them. But the relative poverty rates derived from household surveys are then used to prioritise or deprioritise policy interventions for different subgroups of the population. In a highly dynamic and unclear context such as the pandemic, this means that household surveys may not illuminate the situation of older people or point to responses that address their needs.⁶

The number of older people who benefitted from social protection during COVID-19 is not known. With the global expansion of social protection systems in response to COVID-19, programme trackers such as the “living paper” by the World Bank and UNICEF⁷ and the International Labour Organization’s dashboard⁸ have provided valuable details on social protection costs, timeframes, target groups and benefits. However, they do not include information on the age of recipients. The nature of the intervention (for instance, an increase of pension benefits) sometimes implies the age of the recipients. But that is not always the case, and for example, only 30 of the 724 social assistance measures recorded globally directly relate to social pensions.⁹ Without the age profile of cash transfer recipients, researchers have only a partial picture of older people’s inclusion in the global social protection response to COVID-19.

- 5 COVID-19 rapid needs assessment of older people: Asia Pacific. HelpAge International, July 2020. <https://www.helpage.org/silo/files/covid19-rapid-needs-assessment-asia-pacific-region.pdf>
- 6 From a forthcoming paper, “Challenges in measuring individual poverty of older people using household surveys” by Development Pathways on behalf of HelpAge International.
- 7 Social protection and jobs responses to COVID-19: A real-time review of country measures, “Living paper” version 13. World Bank, 18 September 2020. <http://documents1.worldbank.org/curated/en/295321600473897712/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-September-18-2020.pdf>
- 8 Social protection responses to COVID-19 Crisis around the world, ILO. <https://www.social-protection.org/gimi/ShowWiki.action?id=3417>
- 9 Social protection and jobs responses to COVID-19: A real-time review of country measures, “Living paper” version 13. World Bank, 18 September 2020. <http://documents1.worldbank.org/curated/en/295321600473897712/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-September-18-2020.pdf>

Violence, abuse and neglect against older women and men remains hidden.

The risk of violence, abuse and neglect against older people has risen during the pandemic, but evidence of impact remains patchy and largely anecdotal. Such evidence may come from administrative data or surveys, but both approaches are compromised in the pandemic. Older people themselves seem aware of the heightened risks.¹⁰ Historical evidence shows that crises, especially those that involve quarantine, escalate risks of violence against women in particular.¹¹ Yet related gender-focused evidence tends to focus on girls and women of reproductive age. This often leads to data collection being capped at age 49,^{12,13} although women aged 50 and older are more than a quarter of the global female population.¹⁴

Impressions about social isolation in Asia during the pandemic are shaped mostly by conjecture.

It is often suggested that one of the greatest impacts of the pandemic on older people is social isolation. But such blanket statements hint at the lack of deeper and more nuanced evidence in the COVID era, especially from Asia. One evidence gap is about how older people's breaks in contact with family, friends or regular community activities have been shaped by diverse living arrangements or other dynamics. A second gap is the extent to which the steps that isolate older people have been voluntary or forced – for example, by family or governments. A third evidence gap is the impacts of social isolation on older people's wellbeing specifically during COVID-19 and whether they have suffered exceptionally from social isolation, in comparison to other groups in society. And while many government and civil society actors have found creative responses to address social isolation during the pandemic, an assessment of emerging good practice is yet to come.

Older people in crisis situations are often an afterthought in the pandemic response.

Older people in high-risk settings such as those affected by humanitarian crises face significant barriers in COVID-19. Where pandemic assistance is channeled through national health or social protection systems, entire displaced and refugee populations may be left behind. Within humanitarian contexts, older people historically have been neglected in data collection. Pre-pandemic, for example, HelpAge found that only one in three surveyed agencies collected age-inclusive data in all of their emergency responses. Where they are counted, they are often lumped into a single category of “over 60”. Older people are often mentioned only as part of a “household”, “vulnerable group” or “affected population” and overlooked as an important resource for the response effort.¹⁵

10 The HelpAge network's rapid needs assessments in seven countries found that almost all the older respondents feared that abuse had increased during the pandemic. See COVID-19 rapid needs assessment of older people: Asia Pacific. HelpAge International, July 2020. <https://www.helpage.org/what-we-do/coronavirus-covid19/covid19-rapid-needs-assessment-rnas/>

11 Lesson never learned: Crisis and gender-based violence. *Developing World Bioethics*, 25 March 2020. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/dewb.12261>

12 How data systems leave older people behind. HelpAge International, 2017. <https://www.helpage.org/download/5900aaa8b07da>

13 For example, truncating assessments such as this: “UN Women estimates that globally in the past 12 months, 243 million women and girls aged 15–49 years were subjected to sexual and/or physical violence perpetrated by an intimate partner, while older women were also experiencing violence” [emphasis added]. Global Humanitarian Response Plan: COVID-19 (April – December 2020) GHRP July update [EN/AR]. UNOCHA, 17 July 2020. <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-july-update-enar>

14 World population prospects 2019. UNDESA, data accessed 15 November 2020. <https://population.un.org/wpp/>

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





Four basic steps to help address the gaps

Various initiatives in place may gradually improve data related to ageing. For example, the Titchfield Group on Ageing, established by the United Nations Statistical Commission, aims to develop standardised tools and methods for producing both data disaggregated by age and ageing-related data, and encourage countries to do so.¹⁶ A wider commitment to its principles needs to be threaded into evidence gathering to ensure older people are no longer chronically invisible. Here are four recommendations:

1. **Disaggregate data collection and data analysis by age and sex, particularly in COVID-19 research.** This may mean revising survey designs to ensure older people are adequately represented in the sample and ensuring that age-disaggregated data is analysed and disseminated after collection.
2. **Conduct surveys specifically on older people.** Age-specific surveys can add nuance to broad population surveys and amplify the voice of older people. Some countries have dedicated national surveys on ageing, but many do not, or repeat them infrequently. The coverage of COVID-19 related surveys of older people is limited.
3. **Reconsider upper age cut-offs in data collection, as recommended by the UN Secretary-General.**¹⁷ This includes age caps on surveys on violence and other issues that are of relevance to older people, particularly older women.
4. **Use caution in inferring poverty rates of older individuals based on household surveys.** The true distribution of income and in-kind transfers within households is opaque in most household surveys. Statistical assumptions behind individual poverty measurements may lead to underestimating poverty in later life.

¹⁶ Titchfield Group on Ageing-related Statistics and Age-disaggregated Data. UN Department of Economic and Social Affairs, Statistics Division, accessed 24 November 2020. <https://unstats.un.org/unsd/methodology/citygroups/Titchfield.cshtml>

¹⁷ Policy brief: The impact of COVID-19 on older persons. UN, May 2020. <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

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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