Official statistics and COVID-19

Capturing evidence on older people for inclusive response and recovery

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COVID-19 has disrupted the scheduled production and release of policy-relevant data and evidence undertaken by National Statistical Offices (NSOs). This poses new challenges in the day-to-day operation of NSOs, as well as their capacity to

deliver faster, new, and varied types of information required for preparedness, response and recovery from the pandemic. The low capacity of NSOs in low- and middle-income countries (LMICs) adds a layer of complexity to their ability to adapt to these challenges. Eighty percent of surveyed NSOs in LMICs are struggling to operate during the pandemic due to financial constraints.[1]

Even before the pandemic many NSOs struggled to produce good quality age-disaggregated data on older women and men in development and humanitarian contexts.[2] Now the crisis threatens the inclusion of older men and women, especially from marginalised communities, in data collected during the pandemic, especially under lockdown.

The Secretary-General of the United Nations has highlighted concerns about the disproportionate impact of the pandemic on older population, and the paucity of good quality evidence on the spread and impact of COVID-19 on older individuals.[3] Governments and NSOs, UN bodies, development agencies, data initiatives and donors must act.

As state institutions, NSOs have a responsibility to respect and protect rights of all individuals. To fulfil this mandate, and to ensure that governments, communities and individuals have the evidence to respond effectively and to foster accountability, NSOs must secure collection of data on older women and men during the pandemic. Data production must consider its methodologies and approaches in relation to older people and their issues, identify ways for individuals' to inform data processes, and adhere to a human rights-based approach to data[4] and to Fundamental Principles of Official Statistics[5].

This brief provides recommendations for NSOs and relevant stakeholders to ensure the inclusion of older people in the production and reporting of data on COVID-19.

1. Granular data on older women and men for age-inclusive preparedness, response and recovery[6]

The pandemic is rapidly spreading across communities and countries. Older people are at risk of serious illness from COVID-19 and are experiencing higher case fatality rates. The ability to slowdown transmission and reduce mortality relies on fast detection, treatment, and the availability of near-real time good quality data.

Even before the pandemic only six per cent of deaths in Africa and 10 per cent in South-East Asia were registered by the Civil Registration and Vital Statistics (CRVS) system. The quality of data on the cause of death in the majority of countries in Africa (91%) and South-East Asia (72%) is very low due to missing, incomplete or incorrect information.[7] The proportion of unreliable cause-of-death statistics increases sharply for older populations.[8]

Current COVID-19 reporting varies considerably from country-to-country. While many countries are reporting the number of cases and fatalities, the level of disaggregation is not consistent and some countries are failing to report data by sex and age.

An initiative set up to track gender analysis within official COVID-19 reporting shows that only half (35) of 69 countries disaggregated data on cases and mortality by sex. The rest of the countries published data either partially

disaggregated by sex (20) or no disaggregation at all (14). Only 17 countries, primarily high income, reported disaggregated data by sex and age.[9]

Additionally, there is a paucity of open and disaggregated data on the scale and outcome of testing as, for many countries, reported data is either incomplete or not available.[10]

As part of the global response to the COVID-19 pandemic, countries share national data on rates of infection and mortality with WHO on a weekly basis. WHO guidance[11] provides countries with two reporting options – case-based reporting or aggregate reporting identifying the latter as 'a temporary stop-gap measure only when individual case reporting is not possible'. However limited technical advice is given regarding when to implement one or the other mechanism.

To improve quality of reported data on deaths due to COVID-19, WHO provides technical advice on identifying and accurately coding mortality and comorbidities.[12] Additionally, to support national production of data on all deaths associated with COVID-19 in countries with weak Civil Registration and Vital Statistics (CRVS) systems, WHO and global partners developed guidance for the Rapid Mortality Surveillance[13] (RMS). The RMS aims to close the data gap on unregistered deaths occurring outside of health facilities by introducing community-based reporting from official and non-official sources. Additionally, it strives to produce data faster by focusing on reduced number of identifiers (i.e. age, sex, place of residence, date and place of death).

The RMS is an important and needed initiative. However, it relies on integration with existing health surveillance mechanisms, and availability of good quality baseline data on weekly mortality from a previous year. While the RMS monitors mortality, it provides limited insight on impact of COVID-19 on individuals with underlying conditions or those from marginalised population groups. Additionally, it is not clear how communities with poor baseline data or those with significant flow of population (e.g. due to humanitarian or emergency situations) can utilise the RMS in a meaningful way.

National reporting on COVID-19

- Ministries of Health and NSOs must ensure that data collected on the number of COVID-19 cases and their outcomes includes age, sex, disability, ethnicity, existence of chronic conditions like hypertension, diabetes, heart or lung disease, and type of setting (e.g. home, hospital, informal settlement, care home, prison, refugee or IDP camp or other) and place of death.

- Collected data must be reported at national and subnational levels, including age, sex, disability, ethnicity and type of settings. Age should be reported in 5-year cohorts (if not possible, in 10-year cohorts)

- Ministries of Health and NSOs should ensure that any collected but unpublished information on causes of death and testing is made publicly available on an impartial basis along with documentation describing the data.

- Ministries of Health and NSOs should maximise resources and efforts across different sectors by partnering with national and international research centres that are developing relevant COVID-19 projection models.

Global reporting on COVID-19

- Case-based reporting is a preferred option of reporting given the breadth and granularity of information it provides on the disproportionate impact of COVID-19 on older people, especially those with underlying conditions.

- WHO must work closely with Ministries of Health and NSOs to develop country-tailored technical guidance on data disaggregation and reporting, and provide support to enable more countries to undertake case-based reporting across all settings.

- NSOs and Ministries of Health of refugee host countries must engage with their national humanitarian cluster to support the effective monitoring of the impact of COVID-19 on older refugees.

2. Understanding social and economic impact on older people, their households, and communities

Government responses to the pandemic have directly or indirectly impacted individuals irrespective of age, gender, disability or level of income affecting all aspects of life at once.

However, experiences have not been identical. Before the pandemic older women and men in LMICs and humanitarian settings already faced numerous barriers ranging from poor physical access to services, to poverty and gender- and age-based discrimination in access to health, education and transport. Now the pandemic is disproportionately affecting their wellbeing.

NSOs must ensure data collection goes beyond counting cases and builds a picture of older peoples' experiences during lockdown and the outbreak and the realisation of their rights. Specifically, NSOs must consider:

- **how older people's issues and representation are addressed within current data collection efforts**

- **how high risk groups are identified within the older population**

Restrictions on movement imposed in response to COVID-19 mean that face-to-face interviewing - a primary mode of data collection for many NSOs especially in LMICs - is not currently feasible. This means that offices need to find alternative ways to gather data. New approaches must consider how to ensure the inclusion of older men and women who may be missing from existing data sets or may not have access to mobile phones or other technology suggested for use in remote data collection.

Face-to-face data collection before the pandemic

80% of surveyed countries collect labour force statistics through face-to-face interviewing

ILO, Covid-19 impact on the collection of labour market statistics.
https://ilostat.ilo.org/topics/covid-19/covid-19-impact-on-labour-market-statistics/

Alternative approaches might not be appropriate for collecting data on highly sensitive topics like health and violence, abuse and neglect of older men and women, including gender based violence (GBV) in older age, as they must ensure personal rapport and trust with a respondent. This includes creating a safe and confidential reporting environment, and ethical considerations such as ability to refer victims to available support services normally applied to face-to-face interviews.

Further resources on production of official statistics during the pandemic

UNSD and UNECE provide guidance on production of official statistics during the pandemic and collate information about NSOs' responses to COVID-19 to facilitate knowledge sharing.

For more details visit:

https://covid-19-response.unstatshub.org
https://statswiki.unece.org/display/COV/Home

Ensuring continuity

- NSO must ensure the production of vital data on the needs and wellbeing of their population, even during lockdown. This should include older men and women, even if at a significantly reduced scale, with less indicators.

- Monitoring of social indicators should be given equal priority and resources as other key areas like business and the economy. This should include measuring the ability to self-isolate, changes in status e.g. employment, care responsibilities, financial security, access to health and social services, physical and emotional wellbeing, experience of violence, abuse or neglect, etc.

Approaches to data collection

- Data should be collected and reported at higher frequency, possibly weekly, to reflect the rapid changes in the situation.[14]

- In low resource settings 'non-traditional' data sources should be explored to close some of the knowledge gaps. These can include relevant studies by UN, INGOs and research institutes, media reporting, virtual interviews with key informants, data collected by CSOs as part of their response.

- The measurement of sensitive issues such as health and violence, abuse and neglect, including GBV in older age, may require existing surveys to be revised, along with the development of new surveys and indicators, and adaptations to the practices and modes of operation. Non-traditional data sources such as key informant interviews with service providers and front-line workers, rapid assessments of services that are inclusive of older women and men, administrative data from police, judicial, health, and social services could be utilised to provide important insights.[15]

- Sample design for data collection must cover older women and men, including those residing outside 'traditional' households – homeless, in informal settlements, care homes, refugee camps, prisons and other settings. Including 'hard-to-reach' groups might require a specialised methodology to be

developed, such as oversampling or targeted sampling[16], a stand-alone survey, or incentives for the target population to participate.

Data disaggregation

- In order to measure inequality and identify individuals and households, including older women and men, whose income security, health and wellbeing are at risk requires data to be disaggregated in intersections of sex, age, disability, location and living arrangements, ethnicity, levels of income and other characteristics. As a minimum data should be reported in five-year cohorts (if not possible, 10-year cohorts) across sex, disability and location.

3. Older people's voices and experiences inform data production

Older people are frequently overlooked in development and humanitarian strategy development, implementation and funding; they are rarely consulted about their needs, and services fail to respond to their age-related conditions.[17]

- NSOs must provide opportunities for older people, their representative organisations[18] and national focal points on ageing within their respective institutions and across ministries, to advise on what data is needed to deliver an age-inclusive response and recovery.

- Research and data collection methodologies must be designed to understand the situation of older people, including marginalised groups.

- If it is not possible to consult with older people directly or government focal points are not available, representatives from relevant UN agencies, human rights institutions or civil society organisations may advise on the inclusion of the older population throughout the data production process.

4. Reaching older people through public awareness and information

NSOs are part of the information system '… serving the government, the economy and the public with data about the economic, demographic, social and environmental situation'.[19] However the disruption of usual modes of communication make dissemination of information about the impact of the outbreak a challenge. Only 49 of 151 NSOs have published COVID-19-related information on their website.[20]

Older people already face significant additional barriers to information due to low literacy rates, particularly among women, higher levels of disability that may be related to sight, hearing and communicating, or physical impairments, ability to speak only local languages, and low levels of access to technology. Those who routinely rely on personal and social interaction may find themselves in an information vacuum due to self-isolation and physical distancing.

Transparency

- NSOs should make publicly available information on ongoing and planned data collection and digital monitoring, specifying how these initiatives consider older women and men, and people with disabilities.

- NSOs have to ensure transparency about how they are adapting their data production processes during the outbreak. Specifically, clarity on how the older population and other marginalised groups are considered in relation to decisions made on methodology, sample design, development of new indicators, data collection and analysis.

Dissemination

- NSOs should make data, analysis and findings open and accessible to all with special consideration for reducing the time lag between collection and reporting. This respects individuals' right to access findings and information collected from them; fosters transparency and challenges misinformation.[21]

- Older people should be provided regular situation updates through a range of communication channels, languages and in different formats making it accessible to everyone. To identify effective communication strategies to reach different population groups, NSOs should consult relevant service providers, including civil society organisations representing older people or human rights institutions.

5. Respect and protection of individuals' right to privacy

The urgent need to identify individuals potentially infected with COVID-19, trace their contacts, and enforce control measures such as restriction of movement has prompted governments[22], private sector and non-profit organisations[23] to explore the potential use of citizens' mobile devices for surveillance. This has raised questions about consent, data use, and trust.

Similarly, as NSO staff try to produce and release data from their homes, questions have been raised about the use of appropriate technology and equipment to secure and protect information. 63 per cent of surveyed NSOs in LMICs said that their personnel were not equipped to work from home.[24]

Governments, NSOs, and private sector data partners supporting production of official statistics must protect personal data and confidentiality throughout the data production process.

- Any intrusion into personal privacy must be necessary and proportionate.

- The collection of personal information as part of population wide surveillance and associated processes must be deemed necessary and appropriate by public health experts.[25]

- Development of technologies for public health surveillance should be informed by ethical principles outlined in the WHO guidance.[26]

- Access to personal data, its storage, use, sharing, and accountability standards should be guided by legal frameworks.

6. Making ageing-inclusive data systems part of the recovery

Ninety per cent of polled NSOs in LMICs said that the pandemic is affecting their ability to meet international reporting requirement.[27] Building resilient and ageing-inclusive data systems at national and international levels requires leadership from NSOs, members of the wider data community and donor agencies, including close cooperation between stakeholders.

Role of NSOs

In partnership with relevant stakeholders NSOs must strengthen health information systems and data production in relation to CRVS and administrative data, expand analytical potentials by combining data sources and different types of data, and implement dedicated surveys on ageing.

Civil Registration and Vital Statistics (CRVS)

- CRVS must be extended by registering all deaths across all types of health facilities, including care homes, both private and public

- The quality of CRVS data must be improved by including mortality-by-cause, including individual or small area identifiers and at least one socio-economic characteristic (e.g. level of education)[28]

- Disease surveillance data should include age, sex, disability, underlying conditions, ethnicity and other socio-economic characteristics to enable monitoring of inequalities in health outcomes

- Improve timeliness and frequency of reporting of data by shortening lags between when an event occurs (e.g. death), when it is registered and subsequently reported to national authorities and WHO

Linking data across different data sources

- Case-based disease surveillance data should be linked with capacity indicators of local health systems (e.g. number of hospital beds, ICUs, ventilators, doctors, etc.) and other context-relevant information

- Strengthen the digital identification system to ensure every individual has a legal personal identification number, and integrate the system with civil registries to enable near-real time information on individual's access to social protection, health services, education and labour market, financial inclusion during emergencies.

Specialised survey on ageing and older people

- NSOs together with Ministries of Health and other partners must conduct a specialised survey or longitudinal study to understand a longer-term impact of COVID-19 and government response measures on older peoples.

Role of the international community

Eighty-two per cent of NSOs in LMICs need external support to operate and collect data during the pandemic as 77 per cent require technical assistance and 74 per cent seek funding.[29]

UN agencies, the Titchfield City Group on ageing and age-disaggregated data, and relevant data partnerships have a responsibility to provide technical support to NSOs and relevant ministries in LMICs in relation to standards and good practices for production of statistics on ageing and the inclusion of older people in data processes.

Standards for producing ageing-related data during emergencies

Guidance, methodologies, and tools for producing data during emergencies should be developed with specific focus on statistics on older people and should cover:

- A minimum set of indicators required to understand the situation of older men and women in different settings

- Appropriate methodologies for measuring these indicators, taking into account disruption to traditional modes of data collection, and challenges associated with measuring 'sensitive' information (i.e. income, health, violence, abuse and neglect of older people, including GBV in older age)

- Considerations for inclusion of older people, as a population of interest, within new methodologies, sample designs, and non-traditional modes of data collection and surveillance, and potential biases[30]

- Standardisation of definitions, analysis and reporting approaches

- Minimum levels of data disaggregation

- Preparedness of NSOs and national data systems to rapidly produce minimum information on older adults during emergencies, and monitoring and evaluation of their effectiveness

Participation of older women and men in data processes

- Develop guidelines for data producers on meaningful and transparent participation of older people, including marginalised groups, in data production efforts during emergencies

- Undertake public advocacy and data literacy outreach especially targeting older women and men across different settings to provide insights on COVID-19 from national and sub-national data, raise awareness about individuals' rights to health and accountability mechanisms, and collate evidence of discrimination against older people.

Financing age-inclusive data

Multilateral and donor agencies must ensure their pandemic response includes funding and support to NSOs in LMICs, prioritising those with low capacity to adapt and sustain collection, analysis and reporting of high-frequency, timely, and comprehensive data during emergencies.

- Donor guidelines to NSOs must explicitly identify production of statistics on older people in development and humanitarian contexts as a priority area.

Endnotes

1 UNSD and World Bank, The global COVID-19 survey of National Statistical Offices, preview of main results presented at Open virtual meeting of the IAEG-SDG, Covid-19 impacts and resources on data collection, SDG monitoring and on vulnerable groups, 2 June 2020, https://unstats.un.org/sdgs/meetings/virtual-2jun2020/

2 UNDESA, 2018, Report of the United Kingdom of Great Britain and Northern Ireland on ageing-related statistics and age-disaggregated data, https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2018/03/Report-of-the-United-Kingdom-of-Great-Britain-and-Northern-Ireland-on-ageing-related-statistics-and-age-disaggregated-data.pdf

3 United Nations, 2020, The impact of COVID-19 on older persons, https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

4 OHCHR, A human rights-based approach to data, 2018. https://www.ohchr.org/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf

5 United Nations, Fundamental principles of official statistics, 2014. https://unstats.un.org/unsd/dnss/hb/E-fundamental%20principles_A4-WEB.pdf

6 Granular data refers to data disaggregated by sex, age, disability, geographic location and other characteristics, and reported in intersection of these dimensions. Unlike national averages, disaggregated data presents a more detailed picture of situations of different population groups within a country.

7 WHO World Health Statistics 2017, Table 1.3, p.8

8 Ibid, p. 7

9 Global Health 50/50, Live data tracker: sex-disaggregated COVID-19 data and Age and sex-disaggregated data, http://globalhealth5050.org/covid19/#1586352650173-d9a8b64b-670a (Accessed 06 May 2020)

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13 Vital Strategies, World Health Organization (2020). Revealing the Toll of COVID-19: A Technical Package for Rapid Mortality Surveillance and Epidemic Response. New York: Vital Strategies. https://www.who.int/publications-detail/revealing-the-toll-of-covid-19

14 For example, ONS' response includes increased frequency and/or timeliness of existing indicators; production of new indicators drawn across different data sources; development of new surveys, https://www.ons.gov.uk/news/statementsandletters/ensuringthebestpossibleinformationduringcovid19throughsafedatacollection (Accessed 28 April 2020);

UNESCAP brief Survey under lockdown; a pandemic lesson examines how household surveys might be administered during lockdown, https://www.unescap.org/sites/default/files/Stats_Brief_Issue23_Apr2020_Surveys_Under_Lockdown.pdf

15 UNODC, Coronavirus Disease (COVID-19) response – UNODC Thematic Brief on gender-based violence against women and girls, https://www.unodc.org/documents/Advocacy-Section/GBVAW_and_UNODC_in_COVID19_final_7Apr2020.pdf (Accessed 07 May 2020)

16 https://www.ohchr.org/Documents/Issues/HRIndicators/GuidanceNoteonApproachtoData.pdf

17 HelpAge International, Older voices in humanitarian crises: calling for change, p.1, http://www.helpage.org/download/5730c4e01a6c7

18 HelpAge International is working with older people's associations to ensure needs of older women and men are heard and reflected in the COVID-19 response. The organisation can provide guidance on ways to engage with older people during the lockdown and the outbreak.

19 Principle 1 of the Fundamental Principles of the Official Statistics, UN. https://unstats.un.org/unsd/dnss/hb/E-fundamental%20principles_A4-WEB.pdf (Accessed 04 May 2020)

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22 https://www.stat.ee/news-release-2020-037, https://www.adalovelaceinstitute.org/data-driven-responses-to-coronavirus-are-only-as-good-as-the-trust-we-place-in-them/ (Accessed 28 April 2020)

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24 UNSD and World Bank, The global COVID-19 survey of National Statistical Offices, preview of main results presented at Open virtual meeting of the IAEG-SDG, Covid-19 impacts and resources on data collection, SDG monitoring and on vulnerable groups, 2 June 2020, https://unstats.un.org/sdgs/meetings/virtual-2jun2020/

25 Electronic Frontier Foundation, Protecting civil liberties during a public health crisis, https://www.eff.org/deeplinks/2020/03/protecting-civil-liberties-during-public-health-crisis (Accessed 30 April 2020)

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28 WHO World Health Statistics 2017, Table 1.5, p.14.

29 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. https://unstats.un.org/unsd/covid19-response/covid19-nso-survey-report.pdf

30 For example, World Bank is conducting a monthly Living Standards Measurement Survey in five African countries, and a survey on impact of COVID-19 on population, including marginalised groups in 27 LMICs. Similarly, UN Women conducting rapid assessments of impact of Covid-19 on women and girls in LMICs. However, the available information does not provide information about how older people or households with older people are considered within sampling methodology.

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UN Women, https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters#response