COVID-19 has highlighted the brutal consequences of infectious diseases for older people and other at risk populations, with those in low- and middle-income countries among the most affected. The World Health Organization (WHO) estimates that 85% of excess mortality during 2020 and 2021 was in low-and middle-income countries, totalling 12.7 million deaths. Over three quarters of these deaths (83%) were among older people.¹

The broader economic and social impacts of the pandemic have also presented critical challenges for older women and men, affecting their wellbeing, dignity and voice.² This is especially true for those who have experienced a lifetime of poverty, exclusion and inequality, the accumulated impact of which have put them at greater risk.

Yet, despite the disproportionate impact of COVID-19 on older people, they have all too often been left behind in responses. Governments have failed to engage and empower older people and those working with them, while ageism and age discrimination have exacerbated the risks they face. In some settings, this has led to violations of older people’s most basic human rights – including their right to health and to life.³ Meanwhile, failures to collect, analyse, report and use sex, age and disability disaggregated data mean many of those who lost their lives were not even counted.

Today, three years into the pandemic, vaccine apartheid continues. Only 34% of populations in low-income countries have received a vaccine, compared to 73% of people in high income countries.⁴ An estimated 52.2 million older people live in sub-Saharan Africa, but available WHO data shows less than 10% of people aged 60 and over are fully vaccinated in some countries in the sub-region.⁵

Looking to the future, we must ensure this inequity ends and is never repeated. Human rights must guide pandemic prevention, preparedness and response (PPPR) at all levels, with those most at risk placed front and centre.
Key calls for governments for the High-Level Meeting (HLM) on PPPR:

- Affirm global solidarity and commitment to advancing equity between and among countries within PPPR.
- Champion a multisectoral approach that safeguards and strengthens economic, social and cultural rights. This should include commitments to respect, protect and fulfil fundamental human rights within PPPR, prioritizing those at higher risk or in vulnerable situations, whether related to age, gender, disability, health status, care and support need, socio-economic status, race, ethnicity, legal or other status, setting or context.
- Reaffirm commitments to ensuring non-discrimination in PPPR, including by explicitly prohibiting discrimination on the grounds of age in health emergencies and in any future pandemic instrument.
- Commit to removing discriminatory upper age caps and collecting, analysing, reporting and using sex, age and disability disaggregated data to inform inclusive and equitable PPPR.
- Emphasise the importance of ensuring essential health and long-term care and support services continue during health emergencies, recognising their critical role in meeting the needs and upholding the rights of older people with physical, mental and/or cognitive health conditions, disabilities and/or care and support needs.
- Champion the meaningful engagement and empowerment of all groups of older people at all levels, with a specific focus on those who are most at risk or in vulnerable situations.
- Commit to invest in and accelerate progress towards Universal Health Coverage fit for an ageing world, recognising that UHC, founded upon a strong primary health care system, is essential to PPPR and to building resilient and equitable societies that respond effectively in times of crisis.

Endnotes

3 Bridget Sleap et al, Time for a UN Convention on the rights of older persons: How the COVID-19 pandemic has shown the need to protect our rights in older age. August 2020

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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