

Older people and COVID-19 in low- and middle-income countries and humanitarian settings

As the Coronavirus pandemic sweeps the globe and dominates news headlines, humanitarian and development organisations are facing an unprecedented challenge to prepare and respond. We ask all those responding to the pandemic to consider explicitly its impact on older people. This Age International and HelpAge International briefing paper provides advice on how to respond to the specific needs and rights of older people, keeping the communities we work with as protected as possible from the impacts of the disease.

This advice is underpinned by the principles of the Humanitarian Inclusion Standards for older people and people with disabilities. As our programmatic response evolves, we will share more advice and resources on how best to include older people in the response to COVID-19.

COVID-19 and Older Age

COVID-19 is a new disease that causes respiratory infection, which can be fatal, particularly in older age. It is essential that preparation for and response to the COVID-19 pandemic explicitly addresses the heightened risk of the disease for all older people.

Initial research in China based on over 44,000 cases of COVID-19, shows a mortality rate of 2.3% for the general population who contract the virus, rising to 8% in those aged 70-79 and jumping to nearly 15% for those aged 80 and over.¹

The situation is evolving quickly and all countries will be affected. There are concerns about the potential for widespread outbreaks in low- and middle- income countries, particularly in those contexts where already weak health systems are ill-equipped to cope, such as sub-Saharan Africa. The situation threatens to become particularly acute in conflict-ridden and fragile states, as well as contexts where people are living in displacement.

While information and advice are now being disseminated, existing guidance is not explicit on the management and mitigation of the risks and challenges faced by older people in the context of COVID-19. This is despite evidence that the risk of serious illness and death from the disease increases with age.² Women and men of all ages with chronic health conditions such as hypertension, diabetes and heart disease have a higher risk of serious impacts from the virus. These conditions are most prevalent in older people, however, and together with frailty put them at greater risk of having severe complications due to the virus. This means that older people are the most likely to become seriously ill or to die from the virus.

¹ <https://jamanetwork.com/journals/jama/fullarticle/2762130>

² <https://jamanetwork.com/journals/jama/fullarticle/2762130> and [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

Social isolation

Although necessary to reduce the spread of the disease, measures to respond to the pandemic, such as social distancing and self-isolation, could have adverse impacts for older people if not implemented correctly. Being kept away from family members and others could have a devastating impact on the lives of those older people and other high-risk groups, such as people living with disabilities, who already experience marginalisation in society. Fear of infection from the virus, coupled with over-stretched health and social care services, could have catastrophic consequences for the health and wellbeing (physical and mental) of those who are already isolated.

The impact of COVID-19 extends far beyond the individual lives of those who will die because of the virus. This is a social and economic crisis, as much as a medical one. Many parents in developing countries are working at a distance from their families and rely on childcare from grandparents who are most at risk from COVID-19. Many older people themselves are working out of economic necessity and may not feel able to self-isolate. Many households include multiple generations and economies are sustained by the unpaid care contributions of women of all ages. Measures must be taken to minimise older people's exposure to COVID-19 in the knowledge that infection can be fatal to them, without disconnecting them from their loved ones and the wider community at a time when they may most need support.

Displacement and COVID-19

Refugee and IDP populations are particularly at risk of the worst impacts of the disease, due to overcrowding, under-resourced services, and lack of access to national health services. When the virus reaches these populations, it will hit at highest risk the hardest and push the delivery of health and social services to breaking point. Water and sanitation facilities may not be available to enable people to follow advice on hygiene.

Already within humanitarian relief settings, older people face unacceptable barriers to accessing the support they need. Of 100 countries reporting local transmission of COVID-19, more than a third have refugee populations exceeding 20,000.³ UNHCR has warned that forcibly displaced older people face the highest risk.⁴ In the context of COVID-19, it has never been more urgent to deliver appropriate services for older people.

While all UNHCR operations have been advised to put in place contingency measures for COVID-19 in collaboration with governments and partners, explicit guidance on responding to the risks and challenges faced by older people in refugee camps has not yet been published.

Intergenerational solidarity

Regardless of what part of the world we live in, or what social group we belong to, we are all threatened by COVID-19. This pandemic can be controlled, but only in so far as people act in solidarity with each other. In this context of mutual solidarity, between people of all ages and backgrounds, Age International and HelpAge International strongly uphold older people's right to health, including access to information, care, support and medical services on an equal basis with everyone else. Education and information about the disease and how it is transmitted must be provided across generations, to ensure responsibility is taken by all

³ <https://www.unhcr.org/uk/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html>

⁴ Ibid

to reduce the spread of the virus, and to ensure older people do not experience discrimination or neglect.

Recognising the strength of ageist norms and behaviours globally, actions that stigmatise or devalue older people in responses to COVID-19 must be called out by all development and humanitarian actors.

Six key messages

This advice centres around six key messages. Please consider using these in your advocacy with national government, decision makers and other opinion formers, to ensure that those older people most affected are included in preparedness planning and ongoing responses.

We have provided more detail on each of these key areas below. Please refer also to the HelpAge International guide: COVID-19 – advice for older people. Further sources of information and resources are at the end of the document.

1. Equality and non-discrimination

Older people have the right to health including access to information, care, support and medical services on an equal basis with everyone else. The risk of discrimination in accessing medical services is one that should be monitored for all high-risk groups, including older people.

Containment measures and pressure on health systems may lead governments in affected countries to take drastic action. Decisions about reducing the risk of infection and effective allocation of resources must be in line with human rights standards and principles.

Key messages

- Preparedness and response should always be carried out in accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.
- Older people have the right to health, including the right to access healthcare and information. The risk of discrimination in access to medical services or of facing non-consensual medical treatment is one that should be monitored for all high-risk groups, including older people.
- Older people affected by COVID-19 should have access to health services regardless of legal status, for example older refugees.
- Where cases of discrimination against or stigmatization 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. Preparedness and planning

Preparedness and planning should take account of the additional risks to older people. Countries are advised to act in line with WHO's global Strategic Preparedness and Response Plan, which outlines how to implement public health measures to manage COVID-19.

Preparing for an outbreak is essential to contain and delay the spread of COVID-19 and reduce the risk to older people. All countries must prepare and respond, and each has been

encouraged to implement public health measures in line with WHO's global Strategic Preparedness and Response Plan.⁵ Preparedness planning by all actors must take into account the additional risks posed to older people.

Key messages

- Development actors should engage in preparedness planning in case of an outbreak and consider the specific actions needed to reduce the risk to older women and men, including targeted information and advice, collaboration with older people's organisations, access to health services, social support and solidarity
- Humanitarian actors should undertake appropriate preparedness actions to protect older people in existing humanitarian responses, as well as readying themselves to respond in the event that an international response is required, for example awareness-raising among staff of the risks and support measures for older people, collaboration with older people's organisations, contingency planning at global and country levels.
- Humanitarian and development actors must hold governments to account to ensure that their preparedness planning, community response, and public engagement campaigns include specific measures to reach older people. This includes practical information to reduce their exposure to the virus, in line with the 'Public awareness and information' section below.
- Preparedness planning by all actors must include consultation with older people and their representative organisations.

3. Public information – reaching older people

Regular communications with the public and at-risk populations is one of the most important steps to help prevent infections, save lives and minimise adverse outcomes. Information must be provided in multiple formats and local languages to address the barriers which older people often face, related to literacy, language and disability.

One of the most important interventions in a public health response is to communicate effectively and regularly with the public, particularly with at-risk populations and carers. This should help to prevent infections, save lives and minimise adverse outcomes. It is important to stress here that while older people must be targeted and reached by information, the response can only be effective if all members of the community understand and take steps to reduce the risk to older people.

Older people face significant additional barriers accessing information which may prevent them from knowing the risks and protecting themselves.

- Older people, particularly older women, have lower literacy levels than younger age groups⁶.
- Older people may be more likely to speak only local languages. This is particularly relevant if the international community is requested to respond, or if an outbreak occurs in an existing humanitarian response setting such as a

⁵ <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

⁶ The Humanitarian Inclusion Standards for Older People and People with Disabilities provides further practical guidance on accessible communications activities: <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

refugee camp where an accepted common language is used. Reliance on materials in English or French, for example, and failure to provide information in local languages will disadvantage older people.

- Higher levels of disability among older people present additional barriers to accessing information. These may be disabilities related to sight, hearing and communicating, or physical disabilities that prevent them accessing community spaces where information is shared. Older people are more likely to have cognitive impairment and may therefore face additional challenges in understanding and acting on information provided.⁷
- Those caring for older people have a particular role in providing the most appropriate care and face the challenge of ensuring their own risk of infection is managed.

Key messages

- Public awareness and outreach strategies by all actors must include actions to reach older people and carers.
- Consult older people, their representative organisations and their carers on effective communication strategies for the context.
- Engage organisations representing older people in delivering information to older people.
- Provide information through a range of communication channels, languages and in different formats so that it is accessible to everyone, empowering women and men of all ages to take relevant measures to protect themselves and others.
- Specific formats to consider include: universal or local sign language interpretation, live captioning, easy-to-read formats (combining simple text with images), or braille.

4. Access and support

Specific measures to support older people must be implemented during an outbreak. These include access to alcohol-based hand rubs where there is poor access to water; access to social support and essential supplies for older people in quarantine or self-isolating; and a proportionate and non-discriminatory approach to restrictions on freedom of movement. Communities must work together to ensure everyone's wellbeing during the response.

Older people may face barriers to accessing appropriate support and complying with advice aimed at reducing risk. These include:

- Older people living in areas with poor access to water who face additional challenges in maintaining good hygiene practices.
- Older people living in remote areas where health services are inaccessible
- Older people who have care and support needs that may not be met under quarantine or self-isolation conditions
- In extreme cases, older people denied access to potentially life-saving assistance because of pressure on health systems and decisions to prioritise younger age groups for treatment
- Disease outbreaks which cause community support systems to break down, isolating those most dependent on others for support, including older people.

Key messages

- Treatment must be offered solely on the basis of clinical assessment.
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- In areas with poor access to water, people most at risk, including older people, should be provided with alcohol-based hand rubs and information on how to use it to reduce their risk.
- In quarantine or self-isolation situations, systems must be put in place to ensure isolated older people, and those who need care and support, are not made more vulnerable and can continue to access essential supplies and support, including food and water.
- The mental health impacts of self-isolation must also be assessed and addressed. Communities must be provided with information about staying connected even when in-person contact is not an option, for example being encouraged to help by bringing items to the person's house and leaving it outside, and to write to or speak to the older person through the door.
- Restrictions on the right to freedom of movement imposed by government or other actors must be proportionate, safe, respectful and must not discriminate on the basis of age.
- Communities must work together to ensure everyone's wellbeing during the response. Disease outbreaks can cause community support systems to break down, isolating those most dependent on others for support, including older people. Measures must be taken to prevent older people from becoming isolated. This includes supporting older people who may have been recommended to self-isolate to stay in touch with others and to have access to essential supplies.

5. Conflict and displacement settings

Contingency planning by governments and humanitarian agencies must address the high risks faced by older refugees and displaced people, including those living in ongoing conflicts, and provide for access to health treatment and care, including ensuring access to national health systems and hospitals, regardless of legal status.

Particular attention is needed to prevent outbreaks in ongoing conflict and refugee or IDP camp settings where access to water and other infrastructure is constrained, health services are fragile and ill-equipped, and older people's access to information is more limited. Capacity to invest in preparedness is likely to be low in affected countries.

Humanitarian agencies and governments must put contingency plans in place to ensure continuity of access to supports in the event of an outbreak. Contingency plans should be proactive about older people's access to support and services as a high-risk group.

Key messages

- National preparedness plans must include contingency planning for refugee and IDP camps where necessary and make provisions for affected older people to access appropriate treatment regardless of their legal status.
- Active clusters (e.g. health, protection) must begin preparedness planning, paying specific attention to risks faced by older people and the increased likelihood of acute health needs.
- Older people must be reached with clear, accurate information, health care and support – see the 'Public awareness and information' section above.
- Older refugees affected by the virus must have access to national health systems and hospitals.

6. Development and humanitarian funding

Older people are frequently overlooked in development and humanitarian strategy development and funding. In the context of COVID-19 and the risk posed to older people, they must be explicitly identified and considered in funding applications and decisions at all levels and in all settings.

Development and humanitarian financing will play a vital role in the global response to COVID-19. Older people are frequently overlooked in development and humanitarian strategy development and funding.

Key messages

- In the context of COVID-19, due to their increased risk older people must be explicitly identified and considered in funding allocations and decisions at all levels and in all settings.
- Donors must ensure that any funded projects directly target those most at risk, including older people, in prevention and response measures.
- Funding must be made available to stakeholders with the right expertise, to ensure responses are targeted and meet the needs of those most affected. For example, the USD15m released by the UN Central Emergencies Relief Fund (CERF) allocated to WHO and UNICEF, must include allocations to fund preventative actions at the community level targeted at older people and those with pre-existing conditions.
- Donors providing funding to support the development of a vaccine for COVID-19 must ensure clinical trials include older people.

Where to go for further information

HelpAge International – Coronavirus: <https://www.helpage.org/what-we-do/coronavirus-covid19/>

Coronavirus and older people website with Information, data and policy insights on COVID-19 and older people in developing countries <https://www.corona-older.com/>

Humanitarian Inclusion Standards – minimum standards for age and disability-inclusive humanitarian responses <https://www.helpage.org/newsroom/latest-news/age-and-disabilityinclusive-humanitarian-response-minimum-standards-launched/>

WHO Strategic Preparedness and Response Plan for the new coronavirus – public health measures for the international community, including accessible communications activities: <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

WHO Guidance on risk communication and Community Engagement Action Plans for COVID-19 [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)

Mind – Coronavirus and your wellbeing <https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>

Alzheimer’s Disease International – advice and support for people with dementia <https://www.alz.co.uk/news/adi-offers-advice-and-support-during-covid-19>

About Age International

Age International is the international arm of Age UK and is the UK member of the HelpAge global network. Our mission is to promote the wellbeing, rights and inclusion of older people so we can all enjoy a future free from poverty, inequality and discrimination.

About HelpAge International

The HelpAge Global Network fights for older people's rights in 85 countries around the world. From small grassroots groups to large international bodies, the Global Network is a diverse group of 154 like-minded organisations which supports millions of older people to live safe, dignified and healthy lives.

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18 March 2020