Policy Brief:

The Impact of COVID-19 on older persons

MAY 2020

United Nations

Executive Summary

The COVID-19 pandemic is causing untold fear and suffering for older people across the world. As of 26 April, the virus itself has already taken the lives of some 193,710 people[1], and fatality rates for those over 80 years of age is five times the global average.[2] As the virus spreads rapidly to developing countries, likely overwhelming health and social protection systems, the mortality rate for older persons could climb even higher.

Less visible but no less worrisome are the broader effects: health care denied for conditions unrelated to COVID-19; neglect and abuse in institutions and care facilities; an increase in poverty and unemployment; the dramatic impact on well-being and mental health; and the trauma of stigma and discrimination.

Efforts to protect older persons should not overlook the many variations within this category, their incredible resilience and positivity, and the multiple roles they have in society, including as caregivers, volunteers and community leaders. We must see the full diversity of people within the older persons category[3]. Women, for instance, are over-represented among both older persons and among the paid and unpaid care workers who look after them. We must also recognize the important contribution of older persons to the crisis response, including as health workers and caregivers. Each of us – States, businesses, international organizations, companies, communities, friends and family – need to step up our effort to support older persons. We must do everything possible to preserve their rights and dignity at all times.

Across society, COVID-19 presents a range of particular risks for older persons.

- **Life and death:** Although all age groups are at risk of contracting COVID-19, older persons are at a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five times the average rate. An estimated 66% of people aged 70 and over have at least one underlying condition, placing them at increased risk of severe impact from COVID-19.[4] Older persons may also face age discrimination in decisions on medical care, triage, and

1 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200426-sitrep-97-covid-19.pdf?sfvrsn=d1c3e800_6

2 COVID-19 Strategy Update, 14 April 2020. World Health Organization. https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020

3 There is no internationally agreed definition of older persons. A number of UN entities define older persons as persons aged 60 years and older. The issue is currently being discussed at the Titchfield Group on Ageing-related Statistics and Age-disaggregated Data.

4 https://cmmid.github.io/topics/covid19/Global_risk_factors.html

life-saving therapies. Global inequalities mean that, already pre-COVID-19, as many as half of older persons in some developing countries did not have access to essential health services.[5] The pandemic may also lead to a scaling back of critical services unrelated to COVID-19, further increasing risks to the lives of older persons.

- **Vulnerability and neglect:** Some older people face additional vulnerabilities at this time. The spread of COVID-19 in care homes and institutions is taking a devastating toll on older people's lives, with distressing reports indicating instances of neglect or mistreatment. Older persons who are quarantined or locked down with family members or caregivers may also face higher risks of violence, abuse, and neglect. Older persons living in precarious conditions – such as refugee camps, informal settlements and prisons – are particularly at risk, due to overcrowded conditions, limited access to health services, water and sanitation facilities, as well as potential challenges accessing humanitarian support and assistance. Furthermore, older persons are also often among the caregivers responding to the pandemic, increasing their risk of exposure to the virus. This is particularly true of older home-based carers, the vast majority of them women, who provide care for older persons, especially in contexts where health systems and long-term care provision are weak.

- **Social and economic well-being:** The virus is not just threatening the lives and safety of older persons, it is also threatening their social networks, their access to health services, their jobs and their pensions. Those who normally receive care at home and in the community – such as women over 80 years of age who are more than twice as likely to live alone as men – risk being disproportionately affected by physical distancing measures. Prolonged periods of isolation could have a serious effect on the mental health of older persons, with older persons less likely to be digitally included. The income and unemployment impacts will also be considerable given that, at a global level, the share of older persons in the labour force has increased by almost 10 per cent in the past three decades.[6] Social protection can provide a safety net, but the coverage gaps in some developing countries are sizeable, with less than 20% of older persons of retirement age receiving a pension.

This policy brief elaborates on these impacts and identifies both immediate and longer-term policy and programmatic responses needed across four **key priorities for action**:

1. **Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health.** Health care is a human right, and every life has equal value. Particular risks faced by older persons in accessing health care, including age discrimination, neglect, maltreatment and violence, in residential institutions, need to be properly monitored and fully addressed.

2. **Strengthen social inclusion and solidarity during physical distancing.** Restrictions on freedom of movement and physical distancing can lead to a disruption of essential care and support for older persons. "Physical distancing" is crucial but needs to be accompanied by social support measures and targeted care for older persons, including by increasing their access to digital technologies.

5 World Health Organization. (2015). World report on ageing and health. World Health Organization. **https://apps.who.int/iris/handle/10665/186463**

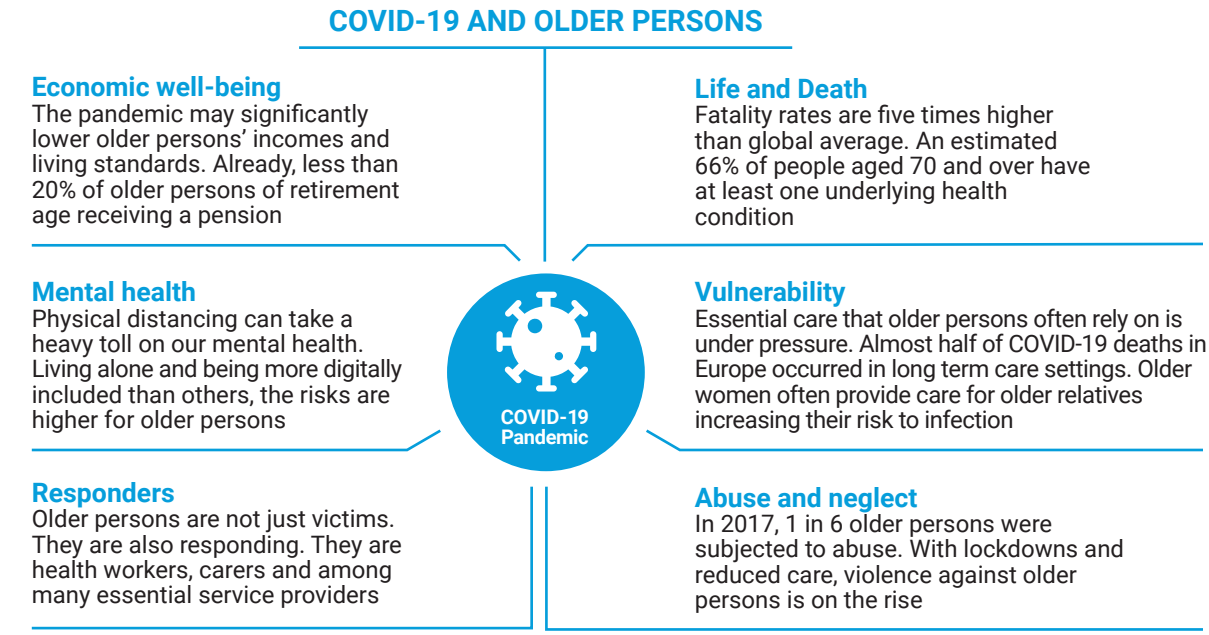
6 ILO Spotlight on work statistics, May 2018, **https://www.ilo.org/stat/Publications/WCMS_629567/lang--en/index.htm**

3. **Fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19.** The devastating social and economic impact of COVID-19 on older persons needs to be addressed in both the crisis and the recovery phase. A more urgent and ambitious response is needed to meet UN calls for financial support for developing countries and those in humanitarian crises, where the human and economic impact of pandemic could be devastating. In addition, the structural causes that have left older persons behind and vulnerable in this crisis need to be addressed if we are to recover better and ensure, care, support and opportunity across the life cycle, including by investing in universal health coverage, in social protection and by strengthening the national and international legal framework to protect the human rights of older persons.

4. **Expand participation by older persons, share good practices and harness knowledge and data.** We need to broaden our partnership with civil society and others and consult older persons to harness their knowledge and ensure their full inclusion in shaping the policies that affect their lives. We also need to tackle ageism and stigma against older persons head-on. The unprecedented nature of the crisis has highlighted the invisibility of older persons in public data analysis. Innovative approaches, backed by evidence and data disaggregated by age, but also sex and relevant socio-economic characteristics, are essential to effective public policy making that is inclusive of older persons.

COVID-19 is causing upheaval across the world. The value of respect for older persons is deeply ingrained in societies across the world, because of deeply held gratitude towards parents and mentors, the value and wisdom of experience, and because of their much-valued contributions to our communities. It is important to ensure proper planning and investment for societies and caring environments that foster healthy ageing and the human rights and dignity of older persons.

FIGURE 1: COVID-19 IMPACT ON OLDER PERSONS



1. The impact on health, rights and long-term care services for older persons

While the median age of confirmed COVID-19 cases is 51 (see figure 2), fatality rates for those over 80 years of age is five times the global average.[7] Over 95 per cent of fatalities due to COVID-19 in Europe have been of people 60 years or older.[8] In the United States, 80% of deaths were among adults 65 and over.[9] In China, approximately 80% of deaths occurred among adults aged 60 years or older.[10] This reality poses a series of direct and indirect challenges for older persons.

Access to health care: In the face of life-threatening pandemics, such as COVID-19, older persons face challenges in accessing medical treatments and health care. In developing countries, weak health systems or health-care requiring out- of-pocket expenditure leave millions of people, especially those in the poorest groups, without access to basic care.Lockdowns, and concentration of health resources on COVID-19 may marginalize older persons and create barriers to obtaining health services for their existing underlying conditions, some of which may increase their vulnerability to COVID-19. Workforce shortages disrupt the provision of care and directly impact older persons, causing further isolation. Older persons with disabilities and chronic conditions may experience further difficulties in accessing health-care and become more marginalised.

In the midst of the pandemic, overburdened hospitals and medical facilities face difficult decisions around the use of scarce resources. Human rights experts have noted with concern that decisions about the use of scarce medical resources, including ventilators, have in some cases been made based on age, or on generalised assumptions about the impact of a particular diagnosis, such as dementia, on overall health, life expectancy or chances of survival. It is important for triage protocols to ensure that medical decisions are based on medical need, ethical criteria and on the best available scientific evidence.

Everyone has the right to consent to, refuse or withdraw medical treatment, and to express their wishes in advance. However, during this pandemic, cases have been reported in which older persons have not had an opportunity to give consent to medical treatment or have been put under undue pressure to refuse medical treatment in advance, such as being asked to sign do-not-resuscitate orders before receiving treatment.

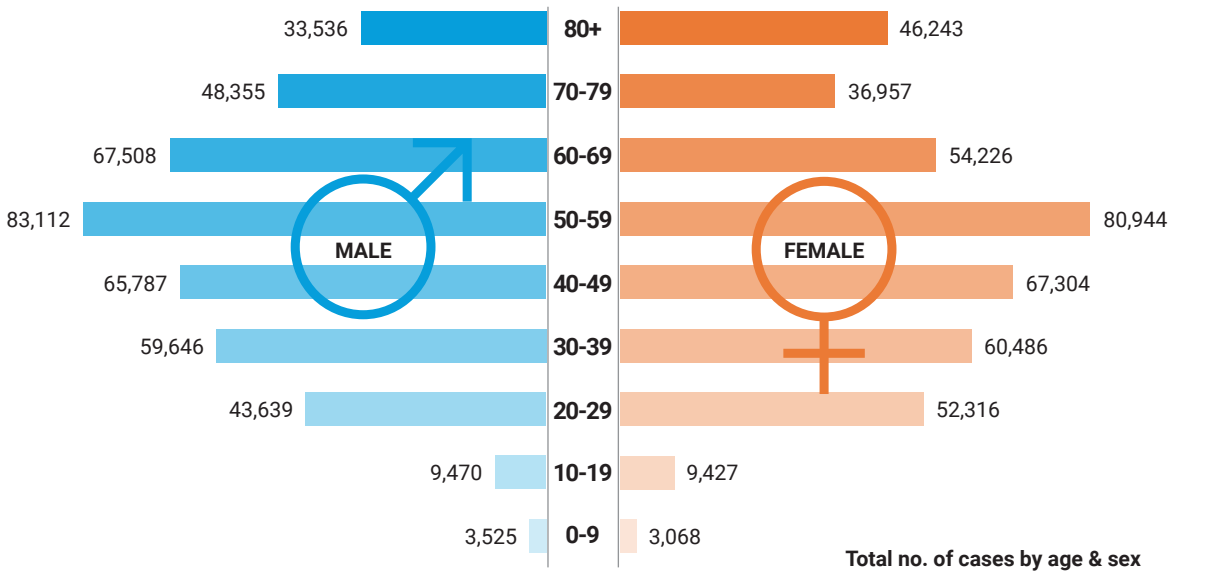
7 COVID-19 Strategy Update, 14 April 2020. World Health Organization. https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020

8 http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread

9 https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w

10 https://www.ncbi.nlm.nih.gov/pubmed/32064853

FIGURE 2: DISTRIBUTION BY AGE AND SEX OF CONFIRMED COVID-19 CASES



1. As of 18 April 2020. The data is based on 750,000 declaration forms from 113 countries, territories and zones.

Source: WHO case-based surveillance system to date

In addition, at this time health services unrelated to COVID-19 may be scaled back, but the right to health requires that older persons continue to receive integrated health and social care, including palliative care, rehabilitation, and other types of care. Given the heightened risk older persons face and scarce health resources, attention needs to be paid to the provision of palliative care services. Older persons have the right to die with dignity and without pain.

Access to care and support: Older persons are more likely to have ongoing health needs that require medication and assistance, and to require routine home-based visits and community care.[11] Even before the pandemic, such care arrangements for older persons were patchy, fragile and fraught with inequalities. These arrangements, however, are now at risk of being further disrupted by measures to limit the spread of COVID-19, meaning that many older persons no longer have access to essential care and support. This is a particular problem for older women because they are over-represented among older persons and are more likely to require long-term care.

A particularly horrifying picture has emerged regarding the impact of COVID-19 on older persons in long-term care facilities. Authorities in Madrid, for example, report that 4,260 residents of residential care facilities who were diagnosed with coronavirus or had associated symptoms have died in the Madrid region alone in March.[12] The picture in other parts of the world, especially where the virus is more advanced, is equally grim. Nearly 7,500 residents of care homes have died of COVID-19 in France, making up

11 https://cmmid.github.io/topics/covid19/Global_risk_factors.html; https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

12 https://english.elpais.com/spanish_news/2020-04-08/coronavirus-deaths-in-madrid-could-be-3000-above-official-figures.html

almost a third of all coronavirus deaths[13], and similarly in the United States, one of every five deaths attributed to COVID-19 – more than 7,000 – have occurred in nursing homes, according to news reports.[14] While the situation of older persons in lower-resource environments may be different, similar or even worse mortality rates may be expected where high concentrations of older persons are living in close quarters.

Older caregivers, health workers and volunteers: Older persons play multiple roles in society, including as caregivers, volunteers and community leaders. As detailed in the Policy Brief on the Impact of COVID-19 on Women,[15] older women often provide care for older relatives and raise and care for children. Amidst the COVID-19 crisis, States have issued calls for retired health professionals to return to practice to support overburdened health facilities.[16] Continuity of their contribution will depend on their own health and well-being and their ability to minimize the risk of contagion for people in their care. Older care workers in institutional long-term care (LTC) facilities, the overwhelming majority of whom are low-paid women, often migrants, are also vulnerable if not provided with personal protective equipment (PPE) to protect themselves and those they are caring for.[17]

Violence, neglect and abuse: Abuse of older persons has been on the rise and estimates before the COVID-19 pandemic suggested that 1 in 6 older persons were subjected to abuse in 2017.[18] Since the outbreak of COVID-19, there have been widespread reports of increased rates of violence against women, and particularly intimate partner violence, exacerbated by lockdown conditions. While age-disaggregated data is not available, policy responses need to incorporate the needs and rights of older persons, especially older women, whose dependence on family members for their daily survival and care make them especially vulnerable to abuse.[19] Measures to restrict movement may trigger greater incidence of violence against older persons and all types of abuse - physical, emotional, financial, and sexual, as well as neglect. The pandemic leaves many older victims without access to assistance and services.

Older persons in emergency situations: In humanitarian settings, overcrowding in camp and camp-like settings, as well as limited health-care, water and sanitation, may put older persons at particular risk during the COVID-19 pandemic. Special attention needs to be given in contingency plans and strategies to address the amplified threats faced by older refugees, migrants and internally displaced persons (IDPs) and provide access to health treatment and care, including access to national health services where capacity for acute care will be higher.

Older persons in detention: Physical distancing is often difficult to achieve in prisons and other places of detention. Limited health care may also be available, posing threats to older persons given their higher risk from COVID-19. Options for release and alternatives to detention to mitigate these risks should be explored, particularly for people with underlying health conditions.

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13 https://dashboard.covid19.data.gouv.fr/

14 https://www.nytimes.com/2020/04/17/us/coronavirus-nursing-homes.html

15 https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_april_2020.pdf; https://www.helpage.org/resources/ageing-in-the-21st-century-a-celebration-and-a-challenge/

16 Spain, https://www.nytimes.com/2020/03/24/world/europe/coronavirus-europe-covid-19.html; United Kingdom, https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-retired-doctors-returning-to-work

17 Progress of the World's Women: Families in a Changing World. https://www.unwomen.org/en/digital-library/progress-of-the-worlds-women

18 https://www.who.int/en/news-room/detail/14-06-2017-abuse-of-older-people-on-the-rise-1-in-6-affected

19 UN Women 2020. Brief: COVID-19 and Ending Violence Against Women and Girls. https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls

SOLUTIONS/ RECOMMENDATIONS

- Ensure that all older persons at risk of acquiring COVID-19 - especially those with underlying health conditions and those living alone - are identified and attended to as early as possible.
- Ensure that medical decisions are based on individualized clinical assessments, medical need, ethical criteria and on the best available scientific evidence.
- Take urgent action to prioritize testing of vulnerable populations in closed settings, including older adults living in long-term care facilities, in areas of sustained community transmission.[20]
- Ensure continuity of adequate care services for older persons such as mental health services, palliative and geriatric care, including through support for unpaid care givers in homes and communities, and for paid care workers who provide home-based care or care in institutional settings.
- Ensure that COVID-19 cases or deaths occurring in care facilities are reported and improve monitoring of the situation in residential care facilities.
- Strengthen services to prevent and protect older persons, particularly older women, from any form of violence and abuse, such as domestic violence and neglect.
- Ensure that visitor policies in residential care facilities, hospitals and hospices balance the protection of others with their need for family and connection.
- Ensure that contingency plans and strategies address the high risks faced by older refugees, migrants and displaced persons and provide access to health treatment and care.

20 COVID-19 Strategy Update, 14 April 2020. World Health Organization. https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020

2. The effects of physical distancing and stigma

Impact of physical distancing: COVID-19 risks aggravating social exclusion of older persons through measures to restrict movement and contact such as stay-at-home restrictions, quarantines, and lockdowns. While such measures are crucial for ensuring the safety of all, they need as much as possible to factor in the realities faced by older persons so as not to increase their social isolation and worsen their health outcomes. These risks are magnified if such measures remain in place for protracted periods and do not allow for in-person social interactions or other mitigating measures. Many older persons rely on home and community services and support, particularly those living alone.[21] Ensuring the continuity of these services is critical. Efforts by authorities and community volunteers in a number of countries to reach out to older persons and to deliver necessary support services should be expanded.

Ageism, discrimination and stigma: At a time when more solidarity is needed, COVID-19 is escalating entrenched ageism, including age-based discrimination and stigmatization of older persons. It is worrying that remarks and hate speech targeting older persons have emerged in public discourse and on social media as expressions of inter-generational resentment.

The older population is an incredibly diverse group, with chronological age only loosely correlated to biological age. It is essential that policies, programmes and communications provide a differentiated, undistorted picture of the impact of the pandemic on older persons and their contribution to the response to ensure they are not being stigmatized. Broader community engagement can help to promote intergenerational solidarity, combat ageism and monitor and address violence, abuse and neglect against older persons.

Impact on mental health and well-being: As older persons increasingly live alone in many countries,[22] the loss of and breakdown in social networks associated with COVID-19 may create a situation in which the significant mental health and psychosocial support needs of many older persons are no longer met. For the many millions of older persons who live in care facilities,[23] physical distancing measures that restrict visitors and group activities can negatively affect the physical and mental health and well-being of older persons, particularly those with cognitive decline or dementia, and who are highly care-dependent.

21 UN DESA Population Division Living Arrangements of Older Persons: A Report on an Expanded International Dataset (2017)

22 UN DESA Population Division Living Arrangements of Older Persons: A Report on an Expanded International Dataset (2017)

23 UN DESA Population Division Living Arrangements of Older Persons: A Report on an Expanded International Dataset (2017)

SOLIDARITY AND COMMUNITY SUPPORT IN ACTION

There have been encouraging community-level responses from informal and formal networks of volunteers in many countries affected by COVID-19, showing solidarity and support to ensure the physical and mental well-being of older persons.

- In Mumbai, India, a bottom-up community aid approach has been set up by the "WE Group - Mission Feed Hungry - Mira Bhayandar" which has been distributing 15 days worth of rations to underprivileged persons since 20 March through an informal group of volunteers.
- In Queensland, Australia, a grassroots, community group of 100 older persons called Seniors Creating Change sings in public places and long-term care facilities to raise awareness of the root causes of ageism and social isolation. They also conduct health and well-being checks, sharing news and community information, while working to break-down ageist stereotypes and social isolation.
- In Rwanda, in coordination with the Government, community health workers are monitoring the health and social conditions of older persons and training them on social distancing and other necessary measures to avoid infection and stay healthy.
- In Ireland, postal workers have been instructed to connect isolated people with specific needs, such as through support for grocery shopping.
- In Chile, the First Lady launched the "Major Protection" plan that includes a set of measures to reinforce the care for adults over 80 years of age who must remain at home as a protection measure.
- In Spain, the City Council of Castelló de la Plana is providing training for older people through a virtual training programme.

Impact of the digital divide: For many, the Internet and other digital technologies have become a window to the world during the lockdown, enabling us to connect with family, friends and the community. However, many older persons have limited access to digital technologies and lack necessary skills to fully exploit them. While about one-half of the world's population has Internet access, older persons remain disproportionately offline.[24] In the United Kingdom, for example, 4.2 million people 65 and older have never used the Internet.[25] Older persons in less developed countries are least likely to have access to digital technologies.[26] Those living in institutions might also struggle to receive the necessary support to connect with their loved ones. Barriers that older persons face related to literacy and language, including visual and hearing impairments, may be amplified during the crisis.

24 https://news.un.org/en/story/2018/12/1027991; https://news.itu.int/itu-statistics-leaving-no-one-offline/; In the OECD, only half (49.8 %) among older persons aged 65-74 were using Internet, compared to nearly all (95.9%) young people aged 16-24; http://dx.doi.org/10.1787/888933274795

25 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_july16_older_people_and_internet_use_stats.pdf

26 https://www.pewresearch.org/global/2016/02/22/internet-access-growing-worldwide-but-remains-higher-in-advanced-economies/

This digital divide can also impede older persons' access to essential information regarding the pandemic and related health and socio-economic measures. Older persons may also be unable to access services, such as telemedicine or online shopping and banking during the time of lockdown and physical distancing. Working with communities and using a variety of formats, such as radio broadcasts, print notifications, and text messages, may ensure that critical information on measures to protect themselves from COVID-19 and how to access services reaches older persons.

SOLUTIONS/ RECOMMENDATIONS

- Ensure that community-based services and support to older persons, including social and legal services, are maintained despite physical distancing measures.
- Strengthen care facilities for older persons in ways that respect their rights and autonomy.
- Assess the needs of older persons, particularly those who are more isolated or those with limited mobility and cognitive decline/dementia, in order to provide targeted support, including mental health and psychosocial support.
- Support older persons and those providing care so they can access digital communication or alternative ways to keep contact with their families and social networks when physical movements are restricted.
- Ensure that information on measures to protect themselves from COVID-19 and on how to access services reaches older persons by working with community organizations and volunteers and using a variety of formats that may be accessible to a large number of older persons.
- Increase mobile services to ensure access to more isolated older persons or those with limited mobility to assess their needs and to provide support.
- Work with communities and use a variety of formats such as radio broadcasts, print notifications, and text messages to ensure critical information reaches older persons.
- Use terms to describe older persons that do not stigmatize them and avoid stereotyping. Avoid labelling older adults as uniformly frail and vulnerable. Refrain from using words to refer to older persons that carry negative connotations or bias.

3. Integrate a focus on older persons in the overall socio-economic and humanitarian responses to COVID-19

COVID-19 exacerbates global economic inequalities and exposes existing inequalities that affect older persons, especially older women and older persons with disabilities. This includes inadequate access to essential goods and basic services, limited social protection services, and widespread age discrimination. It is critical that responses to this crisis specifically identify and prioritize older persons, who may be at particular risk of being left behind or excluded, during the pandemic response and recovery phases.

Employment and social protection: Many older persons around the world live in poverty and experience social exclusion. The risk of poverty increases with age, with the percentage of older persons living in poverty as high as 80% in some developing countries.[27] Older persons may rely on multiple income sources, including paid work, savings, financial support from families and pensions,[28] all of which may be in jeopardy as a result of COVID-19. Therefore, the pandemic may significantly lower older persons' incomes and living standards. This economic downturn will most likely have a disproportionate impact on older women, given their limited access to income – whether through employment, assets such as land and property, or through pension provision — than men.[29] For instance, globally, women represent nearly 65 per cent of people above retirement age (60-65 or older) without any regular pension.[30]

Older persons need to be supported to access their social security and other protection measures, especially if they are not able to collect them, as a result of restrictions of movement or the breakdown of their social networks during the pandemic. The downturn of the economy and other broader consequences of COVID-19 may leave many older persons, particularly older women and older persons with disabilities, disadvantaged, with limited job opportunities and inadequate pensions and social protection. The lessons from the MERS outbreak suggest that older workers can experience higher unemployment and underemployment rates, as well as decreased working hours, than younger workers.[31] Such risks are particularly high among those living in extreme poverty, and older persons who are part of socially marginalized populations.

27 https://www.un.org/esa/socdev/ageing/documents/PovertyIssuePaperAgeing.pdf

28 ILO, Social protection for older persons: Policy trends and statistics 2017-19 https://www.ilo.org/secsoc/information-resources/publications-and-tools/policy-papers/WCMS_645692/lang--en/index.htm

29 UN-Women, Progress of the World's Women 2019-2020 (New York, 2020).

30 ILO, Social protection for older persons: Policy trends and statistics 2017-19 https://www.ilo.org/secsoc/information-resources/publications-and-tools/policy-papers/WCMS_645692/lang--en

31 https://www.ilo.org/global/about-the-ilo/WCMS_738753/lang--en/index.htm

Universal health coverage: Over the next three decades, the global number of older persons is projected to more than double, reaching over 1.5 billion persons. Universal Health Coverage cannot be achieved without addressing their needs.[32] Strengthening public health systems as a part of building global health security and universal health coverage is critical to ensure better health and well-being for all people everywhere.

Care and support services: The COVID-19 pandemic has exposed inadequate and underfunded care and support services for older persons. Many older persons have no access to, or choice and control over, the care and support services they may need to live independent, autonomous lives in the setting of their choice. The types of care and support services available to older persons vary, but in many places these services are limited and unaffordable to everyone except those on a high income. For most, family members are the only care and support providers available to them. It is important to invest in their care and support services to ensure that services are adapted to older persons individual needs, promote their well-being and maintain their autonomy and independence.

Legal protection: Many countries lack adequate legislation at the national level to protect the rights of older persons and to prevent discrimination, exclusion, marginalization, violence and abuse.[33] Together with the absence of a dedicated internationally-agreed legal framework,[34] this contributes to the vulnerability of older persons and may have contributed to at times inadequate responses to the COVID-19 crisis. These gaps must be filled, if we are to ensure the rights of the growing population of older persons in all societies.

SOLUTIONS/ RECOMMENDATIONS:

- Draw on UN system support, in line with the UN's framework for responding to the socio-economic impacts of COVID-19, Shared Responsibility, Global Solidarity.[35]
- Deploy a response in humanitarian settings that is sensitive to the range of risks facing older people and contribute to the UN's Global Humanitarian Response Plan.[36]
- Ensure the income security of older persons, particularly older women, through universal pension coverage and adequate entitlement levels.
- Adopt immediate socio-economic relief measures and social safety nets, such as guaranteed access to food, water, essential goods and services and basic healthcare during the COVID-19 crisis for older persons affected by economic hardship.
- Devise alternative ways to disburse pensions, social benefits and safety nets for older persons during the crisis, such as sending pension cheques to homes rather than to post offices.

32 https://www.who.int/ageing/health-systems/uhc-ageing/en/; https://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

33 Long-term care protection for older persons: A review of coverage deficits in 46 countries

34 Among more than 13,000 recommendations related to discrimination classified under the Universal Human Rights Index as of 2019, less than 1 per cent concern age discrimination against older persons (A/HRC/41/32, para. 42) https://www.unocha.org/covid19 The plan calls for a massive scale-up of support to respond to the immediate health needs resulting from the pandemic, ensure continuity of service for pre-COVID needs, and address the associated humanitarian and socio-economic consequences of vulnerable populations, including older persons.

35 https://unsdg.un.org/resources/secretary-generals-un-covid-19-response-and-recovery-fund

36 https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf

- Include older persons in economic recovery initiatives, removing age caps for livelihood and job rehabilitation programmes, as well as other income-generating activities or food-for-work initiatives and for obtaining microcredit.
- Include older persons in life-long learning programmes and enhance their access to information and communication technologies (ICTs).
- Explicitly and directly address the high risks and vulnerabilities faced by older people in emergencies, particularly the most vulnerable, including refugees, migrants and displaced persons, in national response plans and strategies.
- Consult with older persons on their specific COVID-19 related risks, ensuring their meaningful participation and enabling targeted action in the response.
- For long-term recovery, ensure universal access to health-care and adequate old-age benefits.
- Build stronger legal frameworks at both national and international levels to protect the human rights of older persons, including by accelerating the efforts of the General Assembly's working group to develop proposals for an international legal instrument to promote and protect the rights and dignity of older persons.[37]

37 General Assembly resolution A/RES/67/139

4. Harness knowledge and data, share good practices, and expand participation by older people

The crisis has revealed important gaps in the availability of age-specific data. Data on older persons disaggregated by age groups, and covering all living arrangements, such as older persons in residential care facilities, are crucial to identifying the full picture of pandemic impacts and to targeting responses. Data on older persons, where they are collected, often portrays a homogenous group. For example, COVID-19 fatalities are often reported in broad age groups, such as among persons 60+ years, masking the notable differentials in COVID-19 outcomes between persons age 60-69, age 70-79, and 80+ years. Disaggregation of COVID-19 data is essential by age, sex, disability, and underlying health conditions, in order to differentiate accurately the risks to older persons. Studies also sometimes have arbitrary cut-off ages that exclude most older persons, including most surveys on the prevalence of violence against women or use samples of older persons that are too small for data to be disaggregated.

Similarly, the voices, perspectives, and expertise of older persons in identifying problems and solutions are sometimes not sufficiently incorporated in policy-making, particularly on subjects where older persons are affected by the decisions under consideration. It is important therefore to broaden our partnership with civil society and others to bring in the voices of older persons, harness their knowledge and ensure their free, active and meaningful participation. Relevant global platforms need to identify ways to better share solutions and best practices among countries seeking to protect the human rights of older persons in crisis situations and beyond.

SOLUTIONS/ RECOMMENDATIONS

- Review disaggregation protocols for data on social welfare, violence (including domestic and gender-based violence), public participation, and other essential indictors to remove upper age cut-offs and to ensure full older age disaggregation of crucial data. Promote the generation and tabulation of available data on older persons by five-year age groups.[38]
- In addition to age, promote the collection, further disaggregation and broad dissemination of data by other critical dimensions, including sex, disability, marital status, household (or family) composition and type of living quarters, for more granular and meaningful data analysis to inform policies affecting older persons.

38 UN Principles and Recommendations for Population and Housing Censuses, rev 3 (New York, 2015).

- Review and revise death reporting in residential facilities to better protect residents and staff and concentrate resources where they are most needed.
- Provide clear surveillance standards for case reporting on COVID-19 to capture co-factors of risk among older persons, including age, sex, and underlying health conditions.
- Review and revise participation modalities at the national and global levels to strengthen the participation of older persons and their advocacy organizations in decision and policy-making.
- Better integrate the experiences of countries in advancing the human rights of older persons into relevant global forums.

Way forward

This pandemic has brought unprecedented challenges to humanity and presents a disproportionate threat to the health, lives, rights and well-being of older persons. It is crucial to minimize these risks by addressing the needs and human rights of older persons in our efforts to fight the pandemic.

At the same time, many of these risks are not new. Older persons have long been subject to inadequate protection of their human rights and overlooked in national policies and programmes. COVID-19 recovery is an opportunity to set the stage for a more inclusive, equitable and age-friendly society, anchored in human rights and guided by the shared promise of the 2030 Agenda for Sustainable Development to *Leave No One Behind*.