



OLDER PERSONS IN THE CONTEXT OF COVID-19

WHY DO OLDER PERSONS NEED SPECIAL ATTENTION AND EFFORTS TO PROTECT THEM?

- Older persons are at a significantly higher risk of mortality and severe disease following infection.
- Older persons risk being disproportionately affected by physical distancing measures.
- Older persons are providing important contributions to the crisis response, including as health workers, caregivers and service providers.

WHAT IS THE POTENTIAL IMPACT OF COVID-19 ON OLDER PERSONS?

- **Access to health care:** The pandemic may lead to a scaling back of critical services unrelated to COVID-19, further increasing risks to the lives of older persons.
- **Abuse and neglect:** Older persons who are quarantined or locked down with family members or caregivers may face higher risks of violence, abuse, and neglect.
- **Mental health:** Prolonged periods of isolation and physical distancing, as well as limited access to Information and Communication Technology (ICT), could have a serious effect on the mental health of older persons.
- **Social well-being:** The virus is threatening the social networks of older persons. Many of them rely on home and community services and support, particularly those living alone.
- **Economic well-being:** The pandemic may significantly lower older persons' employment opportunities, income and living standards. The virus is also threatening their access to pensions.
- **Gender dimension:** Older persons, frequently women, are among the care givers and face a higher risk of exposure to COVID-19. Older women, who often lack adequate income, control over their own situation, and access to social protection measures, will bear the blunt of the overall economic and social impacts of COVID-19.
- **Ageism, discrimination, and stigma:** COVID-19 is escalating entrenched ageism, including age-based discrimination and stigmatization of older persons.
- **Impact of the digital divide:** During the pandemic and lock down, ICT enables people to be socially connected. Many older persons have limited access to digital technologies and lack necessary skills to fully exploit them, by this, their access to critical information on how to protect themselves and how to access services is limited.
- **Limited participation and availability of data.** The crisis has revealed important gaps in the availability of age-specific data at global level. Similarly, the voices, perspectives, and expertise of older persons in identifying problems and solutions are sometimes not sufficiently incorporated in policymaking, particularly on subjects where older persons are affected by the decisions under consideration.

"Communities and generations must come together to get through this crisis in solidarity"

Ms. Rosa Kornfeld-Matte (Chile), the first Independent Expert on the enjoyment of all human rights by older persons, appointed by Human Rights Council in May 2014.

WHAT ARE SOME OF THE KEY ACTIONS STATES AND OTHER STAKEHOLDERS CAN TAKE?

A. KEY ACTIONS FOR ENSURING ACCESS TO HEALTH AND LONG-TERM CARE SERVICES

- **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 difficult healthcare decisions affecting older people are guided by a commitment to dignity and the right to health.** Particular risks faced by older persons in accessing health care, including age discrimination, neglect, maltreatment and violence, including of older persons living in residential institutions, need to be properly monitored and fully addressed.
- **Prohibit the denial of treatment based on age.** The triage protocols have to ensure that medical decisions are based on medical need, ethical criteria and on the best available scientific evidence.
- **Ensure the continued access to integrated health and social care services**, such as mental health services, palliative and geriatric care, including through support from care workers who provide home-based care or care in institutional settings. The services should respond to individual needs of older persons, promote their well-being and maintain their autonomy and independence.
- **Strengthen services to prevent and protect older persons**, particularly older women, **from any form of violence and abuse**, such as domestic violence and neglect.
- **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.

B. KEY ACTIONS FOR REDUCING THE NEGATIVE EFFECTS OF PHYSICAL DISTANCING AND STIGMA

- **Strengthen social inclusion and solidarity during physical distancing.** Physical distancing needs to be accompanied by social support measures and targeted care for older persons, including by increasing their access to digital technologies. Ensure that community-based services and support to older persons, including social and legal services, are maintained despite physical distancing measures.



- **Assess the needs of older persons**, particularly of those who are more isolated or those with limited mobility and cognitive decline/dementia, to provide targeted support, including mental health and psychosocial support.
- **Increase mobile services** to ensure access to more isolated older persons or those with limited mobility to assess their needs and to provide support.
- **Ensure access of older people to critical information** on measures to protect themselves from COVID-19 and on how to access services. This can also be done by working with community organizations and volunteers and using a variety of formats that may be accessible to a large number of older persons, such as radio broadcasts, print notifications, and text messages.
- **Combating stigma**, by using terms to describe older persons that do not stigmatize them and avoid stereotyping. Avoid labelling older adults as uniformly frail and vulnerable.
- **Facilitate broader community engagement** for promoting intergenerational solidarity, combating ageism and monitoring and addressing violence, abuse and neglect of older persons.

C. KEY ACTIONS FOR INTEGRATING A FOCUS ON OLDER PERSONS IN THE OVERALL SOCIO-ECONOMIC AND HUMANITARIAN RESPONSE TO COVID-19

- **Provide support** to older persons who need it **in accessing their social security and other protection measures**, especially if they are not able to access them, because of restrictions of movement or the breakdown of their social networks during the pandemic.
- **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.
- **Ensure the income security of older persons**, particularly older women, through universal pension coverage and adequate entitlement levels.
- **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 microcredits.

D. KEY ACTIONS FOR EXPANDING THE PARTICIPATION OF OLDER PERSONS AND ENSURING DATA AVAILABILITY

Increase the participation of older people by:

- **Consulting** with older persons **on their specific COVID-19 related risks, ensuring their meaningful participation and enabling targeted actions in the response.**
- **Reviewing and revising participation modalities** to strengthen the participation of older persons and their advocacy organizations in decision- and policymaking.
- **Broadening partnership with civil society** to bring in the voices of older persons, harness their knowledge and ensure their free, active and meaningful participation in shaping the policies that affect their lives.

Ensure the availability of disaggregated data by:

- **Reviewing disaggregation protocols** for data on social welfare, violence (including domestic and gender-based violence), public participation, and other essential indicators 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.
- In addition to age, ensuring 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.

FOR MORE INFORMATION SEE:

- *United Nations, Policy Brief: The Impact of COVID-19 on older persons, May 2020*, available at: <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>
- *Committee on Economic, Social and Cultural Rights, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights*, available at: <https://www.ohchr.org/en/hrbodies/cescr/pages/cescrinde x.aspx>
- *Appeal of Ms Rosa Kornfeld-Matte (Chile), the first Independent Expert on the enjoyment of all human rights by older persons "Unacceptable" – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic*, available at: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>