



ISSUE BRIEF: OLDER PERSONS AND COVID-19

A Defining Moment for Informed, Inclusive and Targeted Response

As the world grapples with an unparalleled health crisis, older persons have become one of its more visible victims. The pandemic spreads among persons of all ages and conditions, yet available evidence indicates that older persons and those with underlying medical conditions are at a higher risk of serious illness and death from the Covid-19 disease.¹ Often, chronic health conditions are more prevalent in old age, increasing risks for older adults.

Available data from China show that approximately 80 per cent of deaths in the country occurred among adults aged 60 years and over.² Similarly, as of March 16, 80 per cent of deaths associated with Covid-19 in the United States were among adults aged 65 and over, with highest fatalities among those 85 years and older. Italy reported that as of mid-March, 7.2 per cent of Covid-19 patients had died, which may be attributed to the high rates of infection among older persons, with 38 per cent of Italy's Covid-19 cases affecting people aged 70 years and over.³ The World Health Organization has reported that over 95 per cent of fatalities due to Covid-19 in Europe have been 60 years or older.⁴ Several sources suggest that the death toll in the European region might be higher, especially as data from fatalities in nursing homes become available.^{5a}

This grim reality highlights the specific challenges and needs faced by older persons in this health crisis and the need to plan and implement a response that is informed, inclusive and targeted. Meanwhile, retired doctors and nurses, despite their higher risks as older persons, have been fighting on the front line to temporarily support the overwhelmed medical system, in response to calls by several governments.⁶

a. In all regions, empirical evidence base on Covid-19 is very scattered, it is not representative at the national, nor sub-national level. It is often based on information provided by hospitals or other institutions.



Unfortunately, an alarming phenomenon has likewise surfaced in recent weeks: the pervasive effect of widespread age-based discrimination against older persons, with outcomes ranging from increased isolation to violations to their right to health and life on an equal basis with others. A successful response to Covid-19 must recognize and equally address such facts.

Public discourses around Covid-19 that portray it as a disease of older people can lead to social stigma and exacerbate negative stereotypes about older persons. Social stigma in the context of a health outbreak can result in people being labelled, stereotyped, discriminated against, treated differently, and/or experience loss of status because of a perceived link with a disease, which can negatively affect those with the disease, as well as their caregivers, family and communities.⁷

Age-discrimination can have a direct and often disastrous impact on the ability of older persons to access services and goods. Policies on physical distance that overlook the needs and circumstances of many older persons, can result in increased social isolation and food insecurity, among others. Where medical decisions on who receives scarce resources discriminate against older persons, mortality among this group will be higher. Governments need to ensure that older persons are consulted and participate in policy decisions that affect their lives and must put in place supportive measures that guarantee their inclusion.



Ensuring equal access to health care

The Madrid International Plan of Action on Ageing identifies barriers to healthcare services and recognizes that older persons can experience age-based discrimination in the provision of services when their treatment is perceived to have less value than the treatment of younger persons.⁸ International human rights law guarantees everyone the right to the highest attainable standard of health and obligates Governments to take steps to provide medical care to those who need it. Yet, in the midst of the crisis, human rights experts have noted with concern decisions made around the use of scarce medical resources, including ventilators, based solely on age. They are urging Governments to develop and follow triage protocols to ensure that medical decisions are based on medical need,⁹ ethical criteria and on the best available scientific evidence.

Strengthening social support while implementing physical distance

An increasing number of countries are implementing restrictions in the movement of persons to halt the spread of the Covid-19 disease. Whereas such actions may prove crucial to ensure safety of all and in particular of high-risk groups, they need to incorporate the different conditions and realities of older persons so as to not increase their social isolation and worsen their health outcomes:



Photo from UNAMID

- Older persons increasingly reside alone. Available data show that older persons have become more likely to live independently, with co-residence with children becoming less common. While living arrangements differ substantially across countries and regions, considerable changes have taken place in several world regions. Further, large gender gaps in the proportion of older persons residing alone exist, with 17 per cent of women over 60 residing alone, with respect to 9 per cent of men in that age group globally.¹⁰ Although physical distancing is necessary to reduce the spread of the disease, if not implemented with supports in place, it can also lead to increased social isolation of older persons at a time when they may be at most need of support. On the other hand, where older persons live together with other family members, implementing adequate physical distance within households is crucial to prevent the spread of Covid-19 to older adults¹¹, as long as such measures are in full consultation with older persons and on a voluntary basis.
- Many older persons live in long-term care facilities. Persons living in such facilities have a higher risk for infection and adverse outcomes from the disease because they live in close proximity to others. As a result, many facilities have taken measures such as restricting visitors and group activities, which can negatively affect the physical and mental health and well-being of residents. Older people, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in isolation.¹² Visitor policies should balance the protection of older and at-risk residents with their need for family and connection. While the risk to older people is serious, blanket policies on visitors, access to legal aid, and advocacy services do not take into account public health guidance or the needs of older people.¹³
- Similarly, places of detention such as prisons, jails and immigration detention centers, where the virus can spread rapidly, pose higher risks to their older population, especially if access to healthcare is already poor. Governments should ensure medical care for those in their custody at least equivalent to that available to the general population, and must not deny detainees, especially those more at risk like older persons, equal access to preventive, curative or palliative health care.¹⁴



- Many older people rely on uninterrupted home and community services and support. Ensuring continuity of these services and operations means that public agencies, community organizations, healthcare providers, and other essential service providers are able to continue performing essential functions to meet the needs of older people.¹⁵
- Older persons face barriers to community engagement, whereby they may not be able to gain access to information about protecting themselves and accessing relevant services, which can aggravate exclusion or marginalization experienced by some older persons. Such barriers include language barriers, especially among speakers of minority languages or older persons with high levels of illiteracy, or lack of access to technologies.
- For many, internet and other digital technologies have become a window to the world and the channel to connect with family, friends and the community. Yet, many older persons have limited access to technology. For instance, while the generation gap in internet use is narrowing, one-third of adults 65 or older in the United States declare never using the internet, with half of them saying they do not have home broadband services.¹⁶ Data in the United Kingdom from 2019, indicate that more than half of the adults who have never used internet in the country are aged 75 years and over.¹⁷ This digital gap can also affect the ability of older persons to make use of services such as telemedicine or online shopping, which could prove crucial where physical distancing restrictions are implemented. In less developed countries, technological challenges for older persons are exacerbated.
- During an infectious disease outbreak, like Covid-19, malnutrition rates can increase sharply, leading to even higher mortality rates. Where physical distance policies do not consider the specific challenges and conditions faced by older persons, food insecurity becomes a key concern, especially for older persons who are quarantined, isolated and without safety nets and with limited funds to access the market.¹⁸

Age-inclusive international cooperation

Older persons are frequently overlooked in development and humanitarian strategies and in their funding. Considering the higher risks confronted by older persons in the Covid-19 pandemic, development and humanitarian strategies must explicitly identify and consider their needs, challenges and strengths at all levels and in all settings.¹⁹

Over 65 per cent of people aged 65 years and older currently reside in less developed regions²⁰, where older persons may face even more obstacles to realizing their right to health than those in higher income settings. An increasing number of older people in developing countries are finding that institutionalization is the only option available to them for accessing the services and supports they need to survive, and these services are often of poor quality. Healthcare systems tend to be weaker, and older persons face great barriers of access such as affordability, physical accessibility and age-based discrimination. Further, many older persons have low literacy, and are marginalized, especially those living alone, and those living in poverty.²¹ To adequately address these and other issues, older persons should be fully included in development responses.

In humanitarian settings, overcrowding, limited healthcare, water and sanitation, can make for even greater threats during the Covid-19 pandemic. Evidence shows that older persons are disproportionately impacted by humanitarian crises and report significant barriers in accessing humanitarian assistance. Actions that do not take into account the needs and contributions of older persons often worsen the outcomes for them, their families and the community at large.²² Therefore, contingency plans and strategies by Governments and humanitarian actors must explicitly and directly address the high risks faced by older refugees and displaced people and provide access to health treatment and care.²³ Further, humanitarian actors must be cognizant and trained to address some of the special circumstances that can exacerbate older people's risks, including age discrimination.



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