

Dorcas *Report*

**COVID-19 and the Rights
of Older People**





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Chapter 1

COVID-19 and the rights of older people

The COVID-19 pandemic and in fact all crises - acute or prolonged - remind us that human rights need to be central in all recovery and development efforts. The Sustainable Development Goals (SDGs) will only be achieved if we are able to create equal opportunities for all, address failures exposed and exploited by COVID-19, and apply human rights standards to tackle entrenched, systematic, and intergenerational inequalities, exclusion and discrimination. Dorcas affirms that there is a place for everyone in this world we want and that this includes the growing number of older people worldwide. Everyone, young or old, counts and older people have the same rights to life and health as everyone else.

No older person should be invisible, neglected or considered powerless. Many older people are fully engaged in work, in family life, in teaching and learning, and in looking after others. Their voices and leadership count. As do their needs and vulnerabilities. In this document we summarise data and evidence from recent studies and reports on the rights of older people in times of COVID-19 in low- and middle-income countries. We also share examples from Dorcas' practice and formulate recommendations based on good practices of other organisations as well as our own. With this report, we aim to inform and inspire policy makers and humanitarian and development practitioners on inclusion of the rights of older people in the current COVID-19 crisis, as well as others yet to come.

The COVID-19 pandemic

The COVID-19 pandemic has kept the world in its grip since the end of 2019. After an initial slow start in terms of numbers and media attention in the beginning of March 2020 it suddenly appeared to be everywhere: in the media, in numbers of affected countries and in numbers of infections, hospitalisations and deaths. In the meantime, the world has seen a first, a second and in some countries a continuous wave of mainly number of infections/positive tests. Responses in countries by national governments varied from very strict lockdowns to less strict voluntary guidelines and advice to citizens. Testing initially was a challenge, but in many countries after some time testing of larger numbers of citizens and at-risk groups functioned reasonably well. Access to testing was not equally divided worldwide. Especially in low-income countries, remote inaccessible regions and informal settings testing facilities were not present or not accessible for people who needed testing. The cost of being tested proved a problem for those citizens that already struggled to make ends meet financially. These often are the same people that were forced to engage in risky behaviour to earn money due to the absence of adequate social protection. Lockdown measures across the world had and will have a substantial economic impact at the macro-level impacting recovery of economies and ability to strengthen health and social protection systems. But also, at the micro-level through children and youth losing out on education, people losing their jobs or other means of (informal) income and increasing prices of food, rents and basic needs, without adequate reserves or social protection safety nets.



Older People

A group that has been both at the forefront and at the very end of the COVID-19 response are **older people**. In this report we consider people older when their age is 60 years or more. Within the group of older people different age groups can be distinguished, each with their own specific characteristics. Globally, the population is ageing rapidly. Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double, from 12% or 900 million in 2015 to 22% or 2 billion in 2050. In 2050, 80% of older people will be living in low- and middle-income countries. The pace of population ageing is much faster than in the past. Older people - especially in low- and middle-income countries - experience challenges regarding their right to social security, to health, to freedom from violence, abuse and neglect, to protection and safety in human emergency and to support and assistance. Ageism, i.e. discrimination and stereotypes based on someone's age further aggravate the challenges experienced by older people.

COVID-19 and older people

Current data and research indicate a strong connection between COVID-19 and older people. The following section explores this correlation, giving specific examples from countries where Dorcas is present. Lockdowns and other measures to 'flatten the curve' are often taken to protect older people. At the same time older people bear the brunt of social distancing and not being allowed to receive visits from close relatives and other social contacts. Social isolation, loneliness and the resulting psychosocial effects is skyrocketing among older people.

Older people living with multiple risks remain the most vulnerable to the impacts of the COVID-19 crisis. At a household level, the people likely to face the most severe impacts are those who were already acutely poor and food insecure prior to COVID-19, and who rely on humanitarian assistance. The age related vulnerabilities of older people related to COVID-19 are aggravated when they:

- have no or limited access to health care, testing and future vaccination facilities,
- are socially or economically excluded,
- are living in remote, rural locations,
- are less mobile than other (older) people,
- live in conflict affected settings,
- have no access to normal income generation or social protection due to informal settings.

These additional challenges not only affect their access to health facilities for care, testing and vaccination, but also their ability to receive their pensions. The last challenge becomes an even more pressing issue in conflict affected areas such as Eastern Ukraine.

Case from Moldova

At the beginning of the quarantine, when the government introduced fines for non-compliance with restrictions, Ecaterina, an older woman living alone, went to the store for a loaf of bread. She was stopped on the way by two policemen who scolded her for not staying at home. Frightened by their aggression, she tried to explain to them that she needed bread and that she had no one to buy it for her, as she lives alone. The police told her that she had to pay a fine of several thousand LEI, as she broke quarantine rules. She told them through tears that she did not have such a large amount of money and nowhere to borrow them. Then they asked her how much money she had with herself. She told them that she had only 100 lei (5 euro) in her pocket to last till her pension is paid out, hoping that they will have enough empathy to let her go, but the police abusively took this money from her and banned her to return home without anything to eat. After this case, Ecaterina stayed in bed for two days due to the stress that had severely affected her emotionally and physically. She says that during quarantine you can die from stress by paying a fine rather than COVID-19.

COVID-19 AND OLDER PERSONS

Economic well-being

The pandemic may significantly lower older persons' incomes and living standards. Already, less than 20% of older persons of retirement age receiving a pension.

Mental health

Physical distancing can take a heavy toll on our mental health. Living alone and being more digitally included than others, the risks are higher for older persons.

Responders

Older persons are not just victims. They are also responding. They are health workers, carers and among many essential service providers.



Life and death

Fatality rates are five times higher than global average. An estimated 66% of people aged 70 and over have at least one underlying health condition.

Vulnerability

Essential care that older persons often rely on is under pressure. Almost half of COVID-19 deaths in Europe occurred in long term care settings. Older women often provide care for older relatives increasing their risk to infection.

Abuse and neglect

In 2017, 1 of 6 older persons were subjected to abuse. With lockdowns and reduced care, violence against older persons is on the rise.

Source: UN Policy Brief: The Impact of COVID-19 on Older Persons (2020)

In May 2020 the United Nations (UN) published a policy brief about the impact of COVID-19 on older persons. The Secretary-General of the UN, António Guterres, stated that “Our response to COVID-19 must respect the rights and dignity of older people (UN, 2020).” According to the UN policy brief the COVID-19 pandemic is causing untold fear and suffering for older people across the world.

The UN policy brief further states that the fatality rate for older people as a result of COVID-19 is higher overall, and for those over 80, it is five times the global average. Beyond its immediate health impact, the pandemic is putting older people at greater risk of poverty, discrimination and isolation. It is likely to have a particularly devastating impact on older people in developing countries. 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 (CCMID, 2020). 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 (WHO, 2015). 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. 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 (UNDESA, 2015). Older persons may rely on multiple income sources, including paid work, savings, financial support from families and pensions (ILO, 2018), 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 (New UN Women, 2019). 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.

Many countries lack adequate legislation at the national level to protect the rights of older persons and to prevent discrimination, exclusion, marginalisation, violence and abuse (ILO, 2015). Together with the absence of a dedicated internationally-agreed legal framework, this contributes to the vulnerability of older persons and may have contributed to at times inadequate responses to the COVID-19 crisis. The crisis has revealed important gaps in the availability of age-specific data. Data on older persons disaggregated by age groups, are crucial to identifying the full picture of pandemic impacts and to targeting responses.



Recent research suggests (Duke, 2020) that people in low-income countries, including Kenya (CPAN, 2020), will be at the back of the line for vaccines. Delayed vaccine access in low-income countries is a likely scenario. While low-income countries need vaccines the most, richer and better connected countries are the first in line purchasing the vaccines that are already being released as we speak. This leaves the lower-income countries and their more vulnerable older citizens at the very end of the line. The first in this case will be the last.

Chapter 2

The impact of COVID-19 on older people, initial assessments

Rapid needs assessments (Help Age International) and initial research (IDS, 2020) done by different organisations in several countries where Dorcas is active give an indication of the impact of COVID-19 on older people related to health, food and income, protection and psychosocial health and WASH.



Health

Interviewed older people in Mozambique, Kenya, Ethiopia, Tanzania, South Sudan, Lebanon, Syria and Iraq confirm that their access to health services has reduced and that they are no longer able to access medicines for chronic conditions. Some older people do not experience a real difference in access to health care, but this is because they did not have access even before the pandemic. The majority of interviewed older people did not know where to get a test of treatment for COVID-19 or if they knew they were unable to access it anyway. Personal protective equipment is either not available or older people cannot afford them.

	MOZ	KEN	ETH	TAN	S-SUD	LEB	SYR	IRQ
Reduced access to health services	23%	41%	44%	46%	54%			
No access before pandemic	10%							
No access to medicines for chronic conditions	39%	24%	37%			24%	29%	32%
No knowledge on COVID-19 test or treatment (or no access)	73%	67%					53%	
No access to Personal Protective Equipment	44%	63%	49%				48%	
Unable to practice safe practices (handwashing)	26%							

Sources: IDS (2020) and Help Age International.



Food and Income

Interviewed older people in Mozambique, Kenya, Ethiopia, South Sudan, Lebanon and Iraq say that their main priority is access to food and that the remaining food stocks are often limited to just a few days. As a result older people have had to change their diets since March. The changed diets increased the health risks for older people because of their already vulnerable condition. Respondents also indicated that their livelihood has been affected since the outbreak of COVID-19. Respondents are now dependent on external income assistance, including humanitarian agencies. A smaller number is still able to provide for their livelihoods by agricultural and livestock activities or to set up a small business at an Internally Displaced Person (IDP) site. Respondents also indicated that they solely rely on remittances, which are negatively impacted by economic fallout of COVID-19. Increasing food prices are cited as a challenge and contribute to food and income security.

	MOZ	KEN	ETH	S-SUD	LEB	IRQ
Access to food is priority	73%					
Remaining food stock insufficient (less than a week)	52%					44%
Changed food diet / decrease food consumption	40%	76%	26%	31%	40%	71%
Livelihood affected	71%	84%				
Receiving income assistance		56%				
Dependent on remittance for income		60%				

Sources: IDS (2020) and Help Age International.



Protection, wellbeing and psychosocial health

Interviewed older people in Mozambique, Kenya, Ethiopia, Tanzania, South Sudan, Lebanon, Syria and Iraq said that they have care responsibilities and are responsible for providing food and shelter to children, grandchildren and other dependents. This puts a huge pressure on older people and many of them are not able to cope. They report increased risk of neglect and isolation and many of them feel anxious most or all the time. Respondents report protection concerns while accessing humanitarian assistance from IDP centres as a result of the pandemic. Financial abuse is one of the specific examples mentioned. Other risks mentioned are isolation, emotional, physical abuse and neglect. On a more positive note older people also report they are able to positively cope with support from family and the community. Movement restrictions and fear of contracting the virus contribute to feelings of isolation and anxiety.

	MOZ	KEN	ETH	TAN	S-SUD	LEB	SYR	IRQ
Care responsibilities	73%							
Food and shelter provision responsibility	65%							
Not able to cope with pressure	33%							
Feeling anxious most/all the time	74%	73%	54%	67%	57%	51%	25%	74%
Report protection concerns (while accessing humanitarian services)		51%	37%			46%		
Able to cope with support from family and community		73%						

Sources: IDS (2020) and Help Age International.



Water, Sanitation and Hygiene

Interviewed older people in Kenya, Ethiopia, South Sudan and Syria indicated that they face challenges in accessing drinking water, hand washing, bathing and toilet facilities. Lack, inaccessibility, non-use and uncleanliness of these facilities presents a barrier to COVID-19 prevention practices. Older people also mentioned that the lockdown or social isolation would not allow them to leave their home to access the facilities or that they are too scared of contracting the virus to leave their home to access the facilities.

	KEN	ETH	S-SUD	SYR
Challenged access to WASH facilities	55%	38%	48%	20%

Sources: IDS (2020) and Help Age International.

A report from Dorcas Ethiopia mentions that the social gathering of older people stopped immediately due to the pandemic, causing increased isolation for older people. Project activities to support older people were hindered by the COVID-19 measures and led amongst others to restriction of movement and mobilisation of volunteers for home visits. According to the responsible Dorcas project manager: “Gathering older people for social meetings was also not possible, increasing their isolation and loneliness. Lockdown measures also prevented older people from engaging in income generating activities resulting in higher economic constrains.”

Older People's priorities

It is one thing to list the needs of older people based on research, big data and publications. But it is even more important is to ask older people themselves. What are the priorities listed by people from Mozambique, Kenya, South Sudan, Syria and Iraq? In the rapid needs assessments older people's responses were consistent across different groups. Mentioned concerns all pre-dated COVID-19, but the impacts of the pandemic and the prevention and control measures imposed exacerbate already difficult situations in countries with high levels of poverty and inequality, especially where the majority of households are dependent on subsistence agriculture, the informal economy, and remittances for their survival, and in which public services and infrastructure are over-stretched and often inaccessible for older people:

- Food, income and livelihood
- Access to medicines and other health services
- Drinking water
- Health (fear of getting sick)
- Shelter
- Safety

Chapter 3

Recommendations and good practices

Studies and experience from other organisations as well as Dorcas, give us insight in a number of best practices and lessons learned on how to include the rights of older people in policies and practices with regards to the COVID-19 pandemic (Help Age International, 2020).

1. **Listen to the voices of all older people. Acknowledge their capacities, leadership, knowledge and resilience.** Ensure that those who should be first do not end up being last, nowhere. The COVID-19 pandemic has resulted in countless personal stories of concern, suffering and occasionally also of hope, resilience and solidarity. Older people who are at risk of COVID-19 and experience the effect of the resulting measures also each have their personal stories to tell and perspectives to share. Their stories need to be told and heard.
2. Specifically consider the risk and vulnerabilities of **female older persons**. The majority of older people are women, who are more likely to enter this period of their lives in poverty and without access to healthcare.
3. Engage **local (faith) leaders** in providing support to vulnerable older people in their communities and to mobilise their constituency.
4. Undertake a so-called **VAN (violence, abuse and neglect) surveys** among older people, to identify risk of and cases of violence, abuse and neglect.
5. Strengthen **community awareness programmes** for prevention and control of COVID-19 in local languages and through preferred modes such as radio, community meetings and word of mouth.
6. **Advocate** for increased access to diagnosis, testing, and treatment services for COVID-19 at province and district levels.

Example

In Ethiopia Dorcas staff used telephone to communicate with older people about their current situation and share information on ways to prevent infection by COVID-19. Involved volunteers also continued to visit older people near their homes. This practice was also safely applied in other countries where Dorcas is active.

Example

In Ethiopia a panel discussion was organised to raise awareness on the lack of comprehensive long-term care systems, low coverage of social protection and to boost collaboration effort of all concerned bodies. In the panel discussion concerned bodies from local government social and labour affairs office participated as well as an association of older people, older project representatives and a representation from Dorcas Ethiopia. The panel discussion's key message was disseminated to the public and to all concerned.

7. Ensure that **messages are appropriate and targeted** to older persons. Also, address any traditional practices that may be harmful or promote ineffective protection measures.
8. Provide **protective equipment** to older people in their homes.
9. Establish **volunteer groups** to provide home deliveries of medicine for older people who have a mobility disability or are unable to reach the health centre. However, it should be noted that it is sometimes difficult for health centres to acquire medicines due to supply chain challenges.

Example

In Ethiopia Dorcas has organised different local resources mobilisation from the community members, from different organisation and from government. There was a positive response from the mentioned stakeholders. The specific project was able to collect in cash support, supplementary food items, different sanitary material including sanitiser hand soap, face masks and different supportive items and distribute these to older people participating in the project.

10. Expand existing **social protection programmes** for older people in order to respond to the pandemic in the short term and to build resilience in the long term.
11. Encourage and promote **home-based income-generating activities** that will sustain older people and their families during the COVID-19 pandemic. These activities could include gardening and other small-scale business activities. In order to support these activities, provide older people with fishing and agriculture start-up kits and training on how to use them.
12. Provide **psychosocial support** to older people, people with disabilities, and older people living alone. Support and engage older people in activities which help overcome their isolation and reduce their anxiety.

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