

Selected Messages pertaining to Older Persons from the Covid19 [Global Humanitarian Response Plan](#) (May 2020), launched by the SG. The GHRP now identifies older persons as one of “the most affected population groups.”

1. SOCIO-ECONOMIC

The impact of the COVID 19 pandemic on the health and socioeconomic conditions of older persons identified them as one of the vulnerable groups which stand out as suffering the most, in addition to people who have lost their sources of income and fall outside social protection systems. This is exacerbated when they live in dense and underserved locations, and when other shocks and stresses are occurring due to natural disasters, pest infestation or conflict.

2. HEALTH

Older people suffer from a greater health impact from COVID-19, combined with higher risks of discrimination and physical and financial barriers to access essential services.

Older persons report high levels of stress and anxiety about the immediate effects of the virus and the longterm impact on their lives, as well as increased distress due to physical distancing and isolation measures and the death of life-long friends and partners from the disease, Many are reporting concerns about their ability to get the medicine they need to manage ongoing conditions, including cognitive disabilities.

3. MENTAL HEALTH

Vulnerable population groups of all ages, many of whom are also IDPs, refugees, asylum seekers and migrants, are susceptible to increased mental health issues due to stress, anxiety and an increase in violence stemming from the pandemic, at a time when mental health and psychosocial support services are either interrupted or suffering from limited resources available in countries.

4. AGEISM

Ageist stereotypes, prejudices and hate speech on social media, in the press and in statements made by politicians isolate and stigmatise older people. Discriminatory policies based on age, including triage protocols that use arbitrary age criteria as the basis for allocating scarce medical resources, are already a feature in some countries dealing with the pandemic

There are also reports of ‘do-not-resuscitate’ orders being placed on older people without their consent, and curfews and self-isolation policies imposed on older people on the basis of their age, disproportionately restricting their freedoms.

5. STIGMA & DISCRIMINATION

Older persons are at higher risk of being discriminated against, including when seeking health care. Public discourse around COVID-19 that identifies it as a disease of older people risks stigmatizing them as vulnerable, dependent and disposable. Social stigma and a perceived link with the disease may result in older people being isolated, stereotyped, discriminated against and treated differently. It risks

exposing and intensifying deep-rooted ageism across societies that will not abate when the pandemic ends.

Persons with disabilities (as well as older persons and other marginalized groups) are at higher risk of being discriminated against, adding further barriers when seeking care. COVID-19 physical distancing and self-isolation measures also put them at further risk of isolation and exclusion, and create difficulties to eat, dress and bathe, as social support services and networks are cut or interrupted, including personal assistance, on which some people rely for their daily living.

6. ABUSE & VIOLENCE

Older persons also face a significant risk of indirect consequences from the crisis. They are at risk of increased levels of violence, abuse and neglect due to heightened household tensions. Older women in particular face additional consequences due to gender and age discrimination

7. PROTECTION OF RIGHTS

Update on the effects on protection and rights, including gender threats to and abuses of older people's rights are occurring in both the public health emergency response and in the wider impact of the pandemic. 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 people.

8. HUMANITARIAN

In humanitarian situations, older persons face well-documented barriers accessing information and humanitarian assistance. In combination, their high risk of complications or death, and their poor access to vital health services and humanitarian assistance, expose them to extremely high risk from the direct health impacts of the crisis.

Older persons, particularly older women, are often excluded from humanitarian interventions to protect their well-being and restore livelihoods. This happens intentionally due to misconceptions about their age and ability, or unintentionally due to a lack of targeting.

9. PRE-EXISTING VULNERABILITIES

The COVID-19 emergency exacerbates pre-existing vulnerabilities and risks of violence and discrimination faced by migrants, asylum seekers and IDPs, which intersect with other factors, such as gender, age, disability, mental health and psychosocial needs, or pertaining to a minority.

Older persons face a disproportionate risk on many levels. They are at risk of complications and death by COVID-19, especially when they present comorbidities such as diabetes and hypertension.

Many older persons are also presenting higher rates of disability, including cognitive disabilities such as dementia. Initial research in China based on over 44,000 cases of COVID-19 showed a mortality rate of 2.3 per cent for the general population, rising to 8 per cent in those aged 70-79 years and nearly 15 per cent in those 80 years and over. About 95 per cent of those who have died from COVID-19 in Europe were over 60 years, and more than half of those were over 80 years.

Many children, adults and older persons with disabilities depend on assistance with daily-living tasks, or require regular access to services, medicines, specialized foods and products to maintain functioning

and good health. However, they may lose this support due to the measures taken to prevent the spread of the pandemic. Children and adults with intellectual disabilities and those on the autism spectrum may become particularly distressed at a change in routine.

10. FOOD SECURITY

In addition, the pandemic exposes particular groups to increased vulnerability to food insecurity, including persons in isolation, treatment or quarantine whose access to food is constrained for a particular time period, pregnant and lactating women, and persons with pre-existing health conditions or older persons whose movement is reduced due to increased risk of infection, thus limiting access to food.

11. INCOME SECURITY

Most older persons in lower- and middle-income countries rely on irregular, unreliable multiple income sources including pensions, employment, small businesses, assets, savings, and financial support from family and friends. Only 20 per cent of older people in low- and middle-income countries have at least basic income security through a pension, and women are considerably less likely to have a pension.

12. FUNDING

Without significant and accelerated efforts to cover both the GHRP and the 2020 GHO funding requirements, a major deterioration of the humanitarian health and socioeconomic situation of the most vulnerable people must be expected. Long-term effects will ensue, significantly jeopardizing achievement of the Sustainable Development Goals.

13. TARGETED RESPONSE

Consultations must take place with older persons, children, adolescents, women, persons with disabilities, and people with mental health and psychosocial needs to better understand their specific risks and ensure meaningful participation in the response, with targeted actions to reduce risks and a robust monitoring framework. Regular visits by community health workers for households with higher support needs should take place where the situation allows.

The analysis of risks posed to older people must be strengthened at country level, recognizing that older people face a combination of disproportionate incidence of serious illness and death, risk of discrimination in the allocation of scarce resources, psychological distress from losing life-long partners and friends to the virus, and pre-existing and systematic barriers to accessing information, services and assistance provided through the humanitarian system.

The impact of COVID-19 prevention-and-response measures is closely monitored to protect the rights of forcibly displaced populations and migrants, including the most vulnerable among them such as women, children, older persons and persons with disabilities. Community-based activities are implemented to foster the participation of refugees, IDPs, Stateless persons and host populations in prevention-and-response activities.