



ILC GLOBAL ALLIANCE
INTERNATIONAL LONGEVITY CENTRE
Designing the Future of Ageing

PROTECTING THE HUMAN RIGHTS OF OLDER PERSONS

Challenges to
the human rights of
older people during
and after COVID-19

About the International Longevity Centre Global Alliance

The International Longevity Centre Global Alliance (ILC Global Alliance) is a multinational consortium consisting of 16 member organisations. The mission of the ILC Global Alliance is to help societies to address longevity and population ageing in positive and productive ways, typically using a life course approach, highlighting older people's productivity and contributions to family and society as a whole.

About the ILC Global Alliance Covid-19 Workgroup

The Covid-19 Workgroup was set up last May 2020 in response to the developing and evolving pandemic that was impacting the lives of millions of older people all over the world. The committee was tasked to catalyse the production of a report that will document the experiences of older persons from its member organisations with the aim of facilitating ILC Global Alliance's organisational insights into the short and long-term implications of Covid-19 that can support policy advocacy at the national, regional and international levels. This report is the compilation of these collective efforts of our member organisations.

Covid-19 Workgroup Members

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The ILC Global Alliance Covid-19 Workgroup would like to acknowledge the support and contributions to the production of this report by Ms Emily Princehorn, Ms Tara Tolhurst and Ms Jocelin Lam and the funding support from Tsao Foundation for the publication of this report.

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1. Executive Summary

Globally, the COVID-19 pandemic has posed significant human rights challenges for older persons. In this report we present insights into the impacts of the pandemic across 16 countries in the International Longevity Centre Global Alliance. We also consider the policy and practical responses.

Over the course of 2020, and through 2021, various organisations have discussed the “vulnerability” of older people, with the severity of COVID-19 infection and case-fatality rates increasing with age. Moreover, people in residential aged care facilities were particularly vulnerable to infections, if the institution was involved in an outbreak.

To protect older people, those in aged care were subjected to most stringent lockdowns. However these measures also had impacts on the quality of care, and on older people's mental and physical wellbeing, and their quality of life.

Lockdowns and social isolation also had negative impacts on the overall health of older people living in the community.

COVID-19, and the societal responses, amplified ageism, and heightened the risks of elder abuse.

With the development and roll-out of vaccines, societies are now beginning to emerge from lockdowns. As society begins to find its new level, we must be extremely careful not to leave older people behind.

Many older people will have experienced accelerated functional decline during the pandemic. These people will need additional help with assessment and management of multimorbid conditions, regaining strength and reablement, and reengagement with society. Many will need personal care and other supports, which may be difficult to access from stressed and fragmented aged care systems.

2020 was not just the beginning of the COVID-19 pandemic, but also the start of the Decade of Healthy Ageing.

COVID-19 may have taken our attention, but now is the time to double down on our efforts to promote ways in which people can remain strong and age well, and to rebuild and strengthen the social and physical supports that can enable people to have the best possible quality of life through their later years.

Introduction

2. Introduction

Globally, the COVID-19 pandemic has posed significant human rights challenges for older persons. In this report we present insights into the impacts of the pandemic across 16 countries in the International Longevity Centre Global Alliance.



The International Longevity Centre Global Alliance (ILC Global Alliance) is an international consortium of member organisations¹ whose mission is to help societies to address longevity and population ageing in positive and productive ways.

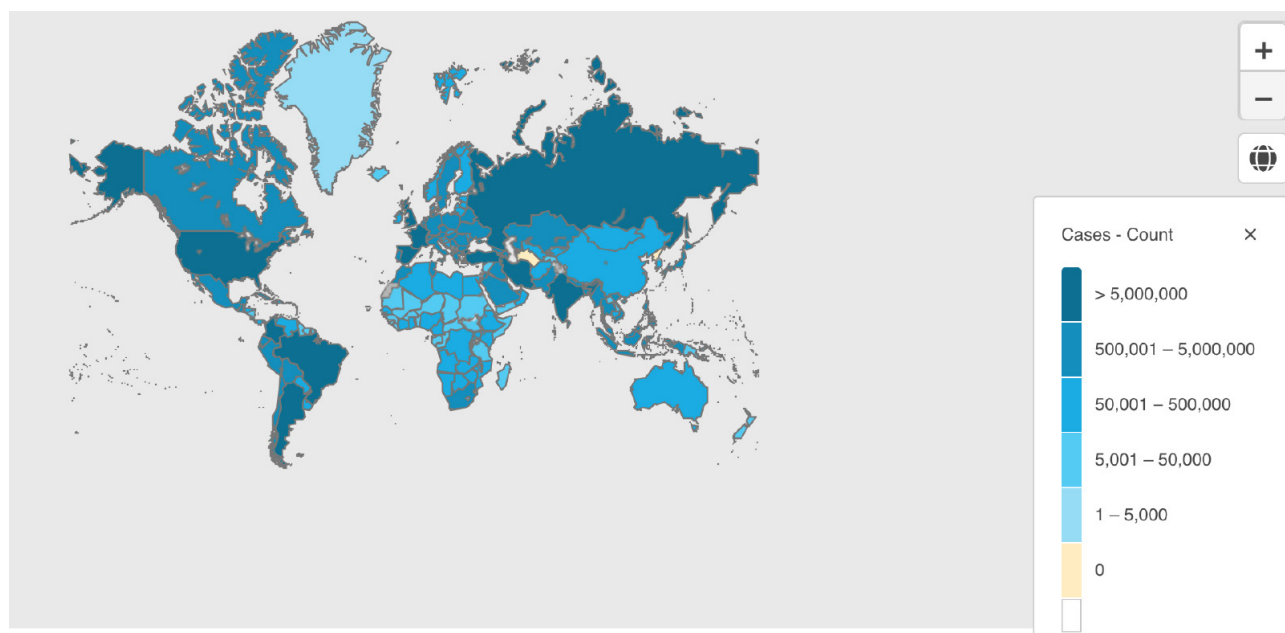
¹ILC Global Alliance includes centres in the United States of America, Japan, the United Kingdom, France, the Dominican Republic, India, South Africa, Argentina, The Netherlands, Israel, Singapore, Czech Republic, Brazil, China, Australia and Canada.

3. The pandemic unfolding

On the 30th of January 2020, the World Health Organisation (WHO) Director General Declared that the COVID-19 outbreak was a Public Health Emergency of International Concern.¹

As of the 4th November 2021, WHO reported a confirmed 247,968,227 cases of COVID-19 globally, with 5,020,204 deaths from COVID-19 globally (refer Figure 1).

Figure 1. WHO Coronavirus Disease (COVID-19) Dashboard as at 5:14pm CET, 4 November 2021

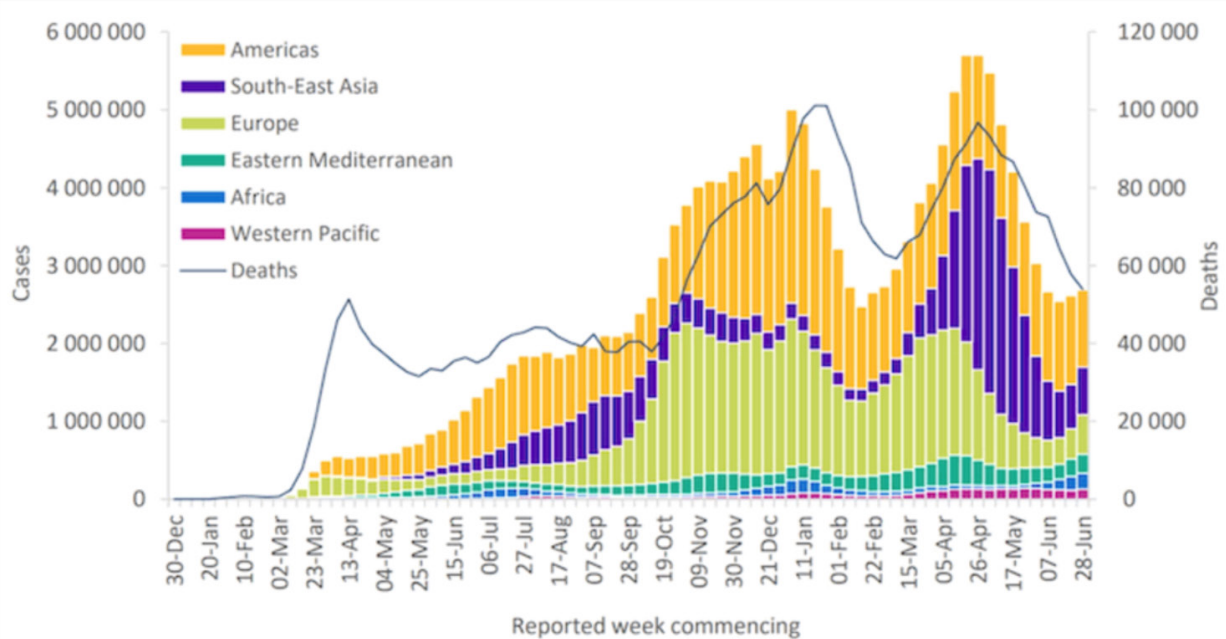


Source: WHO Coronavirus Disease (COVID-19) Dashboard | WHO Coronavirus Disease (COVID-19) Dashboard

¹COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum.

Date: 12/2/2020 **Publisher:** The World Health Organisation. **Website Title:** Who.int

URL: [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum)



Number of COVID-19 cases reported weekly by WHO Region, and global deaths, as of 4 July 2021

World Health Organization

Source: <https://bestpractice.bmj.com/topics/en-gb/3000201/epidemiology>

The following section highlights the discourse globally surrounding older people throughout the COVID-19 pandemic.

March 2020

87,425 Confirmed Cases; 2,982 Deaths – 791,913 Confirmed Cases; 39,296 Deaths

In March 2020, the WHO declared the global COVID-19 outbreak a pandemic², and a global discourse commenced on human rights and the protection of vulnerable peoples from the virus, including older people. The UN Human Rights Office of the High Commissioner (OHCHR) released a statement emphasising that responses to the virus must put human rights at the forefront, and on the 11th, the WHO released in their Coronavirus Disease

2019 (COVID-19) Situation Report 51 that evidence shows that older people and people with underlying health conditions are at more risk of getting the severe COVID-19 disease^{3 4}.

The UN OHCHR released multiple statements throughout the month surrounding COVID-19 and human rights and diversity considerations for COVID-19, including age⁵. UN Human Rights Treaty Bodies called for a human rights

approach for responses to COVID-19⁶, and spoke out against the emergency measures to protect people from COVID-19 being misused to abuse and suppress human rights and target specific population groups.⁷ Later in the month, they released statements highlighting that there should be no exceptions or discrimination as to who receives life-saving interventions for COVID-19,⁸ and insisting that older persons need better protection due to their higher risk.⁹

Various organisations released guides for helping and protecting older people. WHO released a document on COVID-19, mental health and psychosocial considerations for various groups including older people,¹⁰ as well as guidance for long-term care facilities on COVID-19 infection prevention and control.

¹¹ HelpAge International released documents on protecting older people during the

² WHO Director-General's opening remarks at the media briefing on COVID-19. 11 March 2020.

Date: 11/3/20 **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

³ OHCHR | Coronavirus: Human rights need to be front and centre in response.

Date: 6/3/20. **Publisher:** The United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25668&LangID=E>

⁴ Coronavirus disease 2019 (COVID-19) Situation Report – 51.

Date: 11/3/20. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10

⁵ Age, Gender and Diversity Considerations – COVID-19. **Date:** 21/3/2020. **Publisher:** UNHCR The UN Refugee Agency **URL** with the link to this document but is not a direct link to the document <https://www.un.org/development/desa/ageing/covid19.html>

⁶ OHCHR | UN Human Rights Treaty Bodies call for human rights approach in fighting COVID-19.

Date: 24/3/20. **Publisher:** The United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25742&LangID=E>

⁷ OHCHR | COVID-19: States should not abuse emergency measures to suppress human rights.

Date: 16/3/20. **Publisher:** The United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org. **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E>

⁸ OHCHR | No exceptions with COVID-19: "Everyone has the right to life-saving interventions".

Date: 26/3/20. **Publisher:** United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org. **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>

⁹ OHCHR | "Unacceptable" – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic. **Date:** 27/3/20. **Publisher:** United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org. **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>

¹⁰ Mental health and psychosocial considerations during the COVID-19 outbreak.

Date: 18/3/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

¹¹ Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19.

Date: 21/3/2020. **Publisher:** The World Health Organisation. **Website Title:** Apps.who.int. **URL:** https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

COVID-19 crisis,¹² and advice and guidance for older people.¹³ The International Federation on Ageing (IFA) released a resource library for COVID-19.¹⁴ An open Letter to the WHO and member states urged them to prioritise older people in COVID-19 response.¹⁵

The BMJ, Rapid Response

BMJ 2020;368:m1141 doi: <https://doi.org/10.1136/bmj.m1141> (Published 20 March 2020)

<https://www.bmj.com/content/368/bmj.m1141/rapid-responses>

Covid-19: control measures must be equitable and inclusive

Dear Editor

Berger et al. 2020 make salient points about the importance to respect the needs of vulnerable groups, and in response Lloyd-Sherlock et al., 2020 call for the World Health Organization to prioritise the needs of older people as one of the most vulnerable groups in the Covid-19 pandemic.

We endorse the importance of attending to the needs of older people, recognising that they people may be more vulnerable to greater morbidity and mortality from Covid-19 infection. We further recognise that older people are also part of the societal response to the crisis regularly providing care to other older people and making many valuable contributions to families and society. While people at higher risk because of their age may need to be protected, they also need to be respected as human beings with unalienable rights, and valued for their many contributions.

We would also make the following points:

- Most older people are not in long term care facilities. The needs of the majority of older people in the community must be considered, including access to food and other essentials and access to medical care, social and personal care, and other services.
- Age is only one factor that increases vulnerability to Covid-19 risk. Other medical conditions increase risk and can affect people at ages less than 60. Moreover, all people, even young healthy people are vulnerable to severe effects.

- Health care rationing should not be made on the basis of age alone, but on a consideration of other factors which may affect treatment response and prognosis. A healthy person in their 60s may have more potential years of healthy life than a younger person with multiple comorbidities.
- Older people can be at risk of social isolation, increasing risks of depression, malnutrition, neglect and abuse.
- The public health message for protection against the spread of COVID-19 should emphasise “physical distancing” to protect against the virus, and “social closeness” using alternative means as required, to protect against risks of social isolation. People of all ages are at risk of social isolation in times of “lock down”.

In our genuine concern for age-associated increases in risk from COVID-19, we must guard against being overly paternalistic and stereotyping older people as vulnerable and dependent.

Julie E Byles, Briony Dow, Victoria Cornell, Judy Lowthian, Meredith Tavenor

on behalf of International Longevity Australia

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Lloyd-Sherlock PG, Kalache A, McKee M, Derbyshire J, Greffen L, Gomez-Olive. Re: Covid-19: control measures must be equitable and inclusive - Open letter to World Health Organisation (and to Member States). Response to BMJ 2020;368:m1141 <https://www.bmj.com/content/368/bmj.m1141/rr-5> and letter <https://www.bmj.com/content/368/bmj.m1164>

April 2020

865,862 Confirmed Cases; 43,554 Deaths – 3,110,954 Confirmed Cases; 225,247 Deaths

In April, the conversation shifted from mainly discussing what we should be doing to stay safe, to also exploring the impacts of responses, including impacts on older people. The UN OHCHR released a statement condemning the use of excessive force in COVID-19 security measures,¹⁶ as well as a statement about certain responses to the pandemic potentially exacerbating existing, deep-rooted discrimination against women and girls.¹⁷ The UN also released a report on women and the impact of COVID-19,¹⁸ with UN Women reporting on the care economy and the impact of the pandemic.¹⁹

The UN DESA – PAU released a report called “Older persons and COVID-19: A defining

moment for informed, inclusive and targeted response”,²⁰ while the UNFPA released a Global Technical Brief on the impact of COVID-19 on older people and responses to the pandemic,²¹ as well as an Asia-Pacific regional technical guidance document for

From hashtags that target both younger (#vector) and older (#BoomerRemover), the real and lethal impact of ageism on the fundamental human rights of older people has been laid bare by the pandemic”

Margaret Gillis, ILC Canada

14/4/2020. www.lfa.org

¹⁶ OHCHR | COVID-19 security measures no excuse for excessive use of force, say UN Special Rapporteurs.

Date: 17/4/2020. **Publisher:** United National Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25802&LangID=E>

¹⁷ OHCHR | Responses to the Covid-19 could exacerbate pre-existing and deeply entrenched discrimination against women and girls, say UN experts*. **Date:** 20/4/2020. **Publisher:** United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25809&LangID=E>

¹⁸ **Policy Brief:** The Impact of COVID-19 on Women. **Date:** 9/4/2020. **Publisher:** United Nations. **Website Title:** Unwomen.org **URL:** <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

¹⁹ COVID-19 sends the care economy deeper into crisis mode | UN Women Data Hub.

Date: 22/4/2020. **Author:** Silke Staab. **Publisher:** UN Women. **Website Title:** Data.unwomen.org **URL:** <https://data.unwomen.org/features/covid-19-sends-care-economy-deeper-crisis-mode>

²⁰ A Defining Moment for Informed, Inclusive and Targeted Response. **Publisher:** United Nations Department of Economic and Social Affairs. **Website Title:** Un.org **URL:** <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/04/POLICY-BRIEF-ON-COVID19-AND-OLDER-PERSONS.pdf>

²¹ UNFPA Global Technical Brief Implications of COVID-19 for Older Persons: Responding to the Pandemic. **Last Review Date:** 24/4/2020. **Publisher:** United Nations Population Fund. **Website Title:** Unfpa.org **URL:** https://www.unfpa.org/sites/default/files/resource-pdf/Older_Persons_and_COVID19_final.pdf

older people and COVID-19.²² Further, the UNFPA EECARO released a document on ageing populations and COVID-19 risk.²³

The IFA highlighted how COVID-19 has exposed historical issues in long-term care.²⁴ The UNDRR also released a document on older people, stigma and discrimination during

COVID-19,²⁵ and the International Labour Organisation (ILO) also released a report on the COVID-19 crisis, social protection responses and policy considerations, covering older people in the responses.²⁶ By late April, WHO had released 27 resources focused on older people and COVID-19.²⁷

May 2020

3,197,502 Confirmed Cases; 231,714 Deaths – 5,947,339 Confirmed Cases; 367,459 Deaths

This month, the UN Secretary General António Guterres launched the Policy Brief on Older Persons on UN Web TV, as well as a policy brief on the impact of COVID-19 on older persons.²⁸

²⁹ Alongside this, the UN released the COVID-19 and the Need for Action on Mental Health

²² Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Regional Technical Guidance Note on Older Persons. **Author:** United Nations Population Fund Asia-Pacific Regional Office. **Publisher:** United Nations Population Fund. **URL** with the link to this document but is not a direct link to the document <https://asiapacific.unfpa.org/en/publications/unfpa-covid-19-regional-technical-guidance-older-persons>

²³ Ageing populations & COVID-19 risk. **Author:** United Nations Population Fund Eastern Europe and Central Asia. **Publisher:** United Nations Population Fund. **URL** with the link to this document but is not a direct link to the document: <https://eecar.unfpa.org/en/publications/ageing-populations-covid-19-risk>

²⁴ **Press Release:** COVID-19 Exposing Historic Shortfalls in Long-Term Care. **Date:** 14/4/2020. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.org **URL:** <https://ifa.ngo/news/press-release-covid-19-exposing-historic-shortfalls-in-long-term-care/>

²⁵ **COVID-19:** Battling stigma and discrimination against older persons. **Date:** 3/4/2020. **Author:** Denis McClean. **Publisher:** United Nations Office for Disaster Risk Reduction. **Website Title:** Undrr.org **URL:** <https://www.undrr.org/news/covid-19-battling-stigma-and-discrimination-against-older-persons>

²⁶ Social protection responses to the COVID-19 crisis: Country responses and policy considerations. **Date:** 23/4/2020. **Publisher:** International Labour Organization. **Website Title:** ilo.org **URL:** https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_742337.pdf

²⁷ WHO Country and Technical Guidance – COVID-19: Update on Consideration of Older People | International Federation on Ageing. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/who-country-and-technical-guidance-covid-19-update-on-consideration-of-older-people/>

²⁸ António Guterres UN Secretary General on the Launch of the Policy Brief on Older Persons. **Date:** 2/5/2020. **Publisher:** UN DESA DISD, UN WEBTV **URL:** <https://www.youtube.com/watch?v=YQoa9Y1D5mM>

²⁹ **Policy Brief:** The Impact of COVID-19 on older persons. **Publisher:** United Nations. **Website Title:** Unsdcg.un.org **URL:** <https://unsdcg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

document, which discusses the mental health of older people.³⁰ Further, the UN Coordinated Appeal released a Global Humanitarian Response Plan COVID-19, which also covers older people.³¹ From the UN OHCHR, a COVID-19 guidance notice that references older people was released,³² and a conversation “Human Rights of older persons in the age of COVID-19 and beyond” with the High Commissioner for Human Rights and the Independent Expert on the Enjoyment of All Human Rights by Older Persons was conducted.³³

The WHO released a document on the COVID-19 and clinical management.³⁴ They also collaborated with the IFRC and UNICEF

to released interim guidance on COVID-19 and community-based healthcare.³⁵

Further, the European Regional Office released a document on the prevention and management of the COVID-19 pandemic in the region through strengthening the health system response.³⁶ The UN OCHA also released a document on the risk and resilience of older people during the COVID-19 pandemic.³⁷

On the 1st of the month, an Op-ed was released in China Daily by Kaveh Zahedi (ESCAP) and Eduardo Klein (HelpAge) on the importance of protection of older people

³⁰ **Policy Brief:** COVID-19 and the Need for Action on Mental Health. **Date:** 13/5/2020. **Publisher:** United Nations. **Website Title:** Un.org **URL:** https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

³¹ Global Humanitarian Response Plan COVID-19. **Publisher:** United Nations Office for the Coordination of Humanitarian Affairs. **Website Title:** Unocha.org **URL:** https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf

³² **COVID-19 Guidance** **Date:** 13/5/2020 **Publisher:** United Nations Human Rights Office of the High Commissioner **Website Title:** Ohchr.org **URL:** https://www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/Events/COVID-19_Guidance.pdf&action=default&DefaultItemOpen=1

³³: OHCHR | Virtual debate “Human Rights of older persons in the age of COVID-19 and beyond” with the High Commissioner for Human Rights and the new Independent Expert on the enjoyment of all human rights by older persons. **Date:** 12/5/2020. **Publisher:** United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25879&LangID=E>

³⁴ **COVID-19 Clinical management:** living guidance. **Date:** 27/5/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL** but document was updated in late Jan 2021: <https://www.who.int/publications/i/item/clinical-management-of-covid-19>

³⁵ Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. **Date:** 5/5/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm_health_care-2020.1

³⁶ Strengthening The Health System Response To COVID-19. **Date:** 21/5/2020. **Publisher:** The World Health Organisation Regional Office for Europe. **Website Title:** Apps.who.int **URL:** https://www.euro.who.int/__data/assets/pdf_file/0004/443605/Tech-guidance-6-COVID19-eng.pdf

³⁷ **COVID-19:** Older people at risk but resilient. **Date:** 5/5/2020. **Publisher:** UN Humanitarian. **Website Title:** unocha. exposure.co **URL:** <https://unocha.exposure.co/covid19-older-people-at-risk-but-resilient>

throughout the COVID-19 crisis.³⁸ Further, the IFA was active, writing a statement for the 73rd Session of the World Health Assembly,³⁹ and also launching the #Agequality campaign, focusing on COVID-19 and the impact of ageism throughout the pandemic.⁴⁰

June 2020

6,070,603 Confirmed Cases; 371,235 Deaths – 10,183,473 Confirmed Cases; 502,079 Deaths

The World Health Organisation was very active this month releasing various documents on COVID-19 either regarding or referencing older people. Near the start of the month, ⁴¹ operational guidance for essential health services during the COVID-19 pandemic, and certain country leaders were speaking out on concerns for older people throughout

the pandemic.⁴² A document on violence against older people and COVID-19 was also released.⁴³ Closer to the end of the month, the WHO continued the conversation on violence, releasing a document on violence against older people, as well as women and children, during the COVID-19 crisis.⁴⁴ Further, a document on self-management and

³⁸ **COVID-19 crisis:** Older persons are the pillars of our society – we cannot leave them behind. **Date:** 1/5/2020. **Authors:** Kaveh Zahedi and Eduardo Klien. **Publisher:** China Daily. **Website Title:** Chinadaily.com **URL:** <https://www.chinadaily.com.cn/a/202005/01/WS5eabb809a310a8b2411531ad.html>

³⁹ Written Statement by the International Federation on Ageing for the 73rd Session of the World Health Assembly, 18-19 May 2020 | International Federation on Ageing. **Date:** 14/5/2020. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/written-statement-by-the-international-federation-on-ageing-for-the-73rd-session-of-the-world-health-assembly-18-19-may-2020/>

⁴⁰ #Agequality | International Federation on Ageing. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/agequality/>

⁴¹ Maintaining essential health services: operational guidance for the COVID-19 context. **Date:** 1/6/2020. **Publisher:** The World Health Organisation. **Website Title:** Apps.who.int **URL:** https://apps.who.int/iris/bitstream/handle/10665/332240/WHO-2019-nCoV-essential_health_services-2020.2-eng.pdf?sequence=1&isAllowed=y

⁴² Leaders speak out about their concerns regarding older people in the context of COVID-19. **Date:** 16/6/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/news-room/feature-stories/detail/leaders-speak-out-older-people-covid-19>

⁴³ COVID-19 and violence against older people. **Date:** 14/06/2020. **Publisher:** The World Health Organisation. **URL** with the link to this document but is not a direct link to the document: <https://www.who.int/publications/m/item/covid-19-and-violence-against-older-people>

⁴⁴ Addressing violence against children, women and older people during the covid-19 pandemic: Key actions. **Date:** 18/06/2020. **Publisher:** The World Health Organisation **URL** with the link to this document but is not a direct link to the document: https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1

rehabilitation from COVID-19 related illness,⁴⁵ and one on infection and prevention control during healthcare when COVID-19 is either suspected or confirmed,⁴⁶ were released.

The UN OHCHR released a statement on the violation of the human rights of older people through verbal and online abuse.⁴⁷ The IFA

also reported on older people and human rights, advocating for equal health access for older people.⁴⁸ They released a statement on COVID-19's exposure of problems in long-term care facilities,⁴⁹ as well as an analysis on the World Health Assembly's Statement on older people and vaccination.⁵⁰

July 2020

10,338,131 Confirmed Cases; 506,172 Deaths – 17,141,318 Confirmed Cases; 665,006 Deaths

By July, the conversations had started slowing down as the world started settling into living with the ongoing pandemic. The WHO released a policy brief regarding the prevention and management of COVID-19 in long-term care service settings,⁵¹ with the IFA releasing a summary on the WHO Country and Technical Guidance for guidance and advice specifically pertaining

⁴⁵ Support for Rehabilitation: Self-Management after COVID-19 Related Illness. **Date:** 25/6/2020. **Publisher:** The World Health Organisation. **URL** with the link to this document but is not a direct link to the document: <https://www.who.int/publications/m/item/support-for-rehabilitation-self-management-after-covid-19-related-illness>

⁴⁶ Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed. **Date:** 29/6/2020. **Publisher:** World Health Organisation. **Website Title:** Apps.who.int **URL:** <https://apps.who.int/iris/bitstream/handle/10665/332879/WHO-2019-nCoV-IPC-2020.4-eng.pdf>

⁴⁷ OHCHR | World Elder Abuse Awareness Day. **Date:** 15/6/2020. **Publisher:** The United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25953&LangID=E>

⁴⁸ Equal Health Access at Every Age: "The Rights of Older Adults Are Human Rights". **Date:** 23/6/2020. **Author:** D.F. McCourt. **Website Title:** Health Insight. **URL:** <https://ifa.ngo/news/equal-health-access-at-every-age-the-rights-of-older-adults-are-human-rights/>

⁴⁹ **Press Release:** COVID-19 Exposes Systematic Problems in Long-term Care Facilities Globally | International Federation on Ageing. **Date:** 26/6/2020. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/press-release-covid-19-exposes-systematic-problems-in-long-term-care-facilities-globally/>

⁵⁰ World Health Assembly Statement Analysis: Older People, Vaccination | International Federation on Ageing. **Date:** 26/6/2020. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/world-health-assembly-statement-analysis-older-people-vaccination/>

⁵¹ Preventing and managing COVID-19 across long-term care services. **Date:** 24/7/2020. **Publisher:** The World Health Organisation. **URL** with the link to this document but is not a direct link to the document: https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1

to older people.⁵² This summary reported that, since April, 12 new and updated documents made reference to older people, including documents on preventing the spread of COVID-19 in everyday life, messages targeted towards older people, and guidelines on COVID-19 surveillance, tracking and treatments for vulnerable groups, such as older people.

Further, UNRISD released a survey report on the protection and support of vulnerable groups such as older people through COVID-19,⁵³ and UNECE released resources for older people and COVID-19.⁵⁴

August – October 2020

1st of August 2020 – 31st of August 2020

17,446,103 Confirmed Cases; 671,121 Deaths – 25,402,036 Confirmed Cases; 846,291 Deaths

1st of September 2020 – 30th of September 2020

25,622,204 Confirmed Cases; 850,209 Deaths – 34,025,376 Confirmed Cases; 1,007,088 Deaths

1st of October 2020 – 31st of October 2020

34,341,047 Confirmed Cases; 1,012,967 Deaths – 46,231,536 Confirmed Cases; 1,189,458 Deaths

On August 18th, the UN OHCHR and DESA released a checklist for countries' socioeconomic response plans in order to ensure that they include older people in their responses.⁵⁵ Further, the WHO conducted a live question and answer session online to discuss COVID-19 and older people.⁵⁶

⁵² WHO Country and Technical Guidance - COVID-19: Update on Consideration of Older People | International Federation on Ageing. **Date:** 14/7/2020. **Publisher:** International Federation on Ageing. **Website Title:** Ifa.ngo **URL:** <https://ifa.ngo/news/who-country-and-technical-guidance-covid-19-update-on-consideration-of-older-people/>

⁵³ Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis. **Publisher:** United Nations Research Institute for Social Development. **Website Title:** Unrisd.org **URL:** [https://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=0AC8BC84CFBB2D488025859F001EB3C3&parentdoctype=book&netitpath=80256B3C005BCCF9/\(httpAuxPages\)/0AC8BC84CFBB2D488025859F001EB3C3/\\$file/UNRISD---Vulnerable-Groups-Covid-19-Crisis.pdf](https://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=0AC8BC84CFBB2D488025859F001EB3C3&parentdoctype=book&netitpath=80256B3C005BCCF9/(httpAuxPages)/0AC8BC84CFBB2D488025859F001EB3C3/$file/UNRISD---Vulnerable-Groups-Covid-19-Crisis.pdf)

⁵⁴ Resources COVID-19 and Older Persons. **Publisher:** United Nations Economic Commission for Europe. **Website Title:** Unece.org **URL:** http://www.unece.org/fileadmin/DAM/pau/age/Covid-19/Covid19_OlderPersons.pdf

In **September** the death toll from COVID-19 reached one million people.

On the 1st of **October**, the United Nations International Day of Older Persons 30th Anniversary Celebration was held, with the topic of discussion focusing on older people and pandemics, specifically targeting the question of if the crisis changes the approach to age and ageing.⁵⁷

November – December 2020

1st of November 2020 – 30th of November 2020

46,755,501 Confirmed Cases; 1,196,555 Deaths – 63,373,118 Confirmed Cases; 1,460,679 Deaths

1st of December 2020 – 31st of December 2020

63,867,746 Confirmed Cases; 1,468,916 Deaths – 82,398,287 Confirmed Cases; 1,801,200 Deaths

In late November 2020, as an addition to the Immunization Agenda 2030 published in April, the WHO released a draft document on implementing the agenda, including in the context of the COVID-19 pandemic. In the document, it mentions the strategic priority of ensuring vaccination of older age group

people.⁵⁸ Further, on the 7th of December, NHRI Working Group on Ageing held the 2020 Conference on the Rights of Older Persons, in which the rights of older people during COVID-19 and a focus on older people in policy responses to the pandemic was discussed.⁵⁹

⁵⁵ Checklist for the inclusion of Older Persons in COVID-19 Socio-economic Response Plans (SERPs). **Date:** 18/8/2020. **Publisher:** United Nations Department of Economic and Social Affairs Ageing **URL:** <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/08/Checklist-inclusion-Older-Persons-in-SERPs.pdf>

⁵⁶ : Live Q&A on #COVID19 and older people. #AskWHO. **Date:** 20/8/2020. **Organisation:** The World Health Organisation. **Website Title:** Facebook.com **URL:** https://www.facebook.com/watch/live/?v=334322041036221&ref=watch_permalink

⁵⁷ LEARN MORE ABOUT UNIDOP 2020 | THE NGO COMMITTEE ON AGEING. **Date:** 29/9/2020. **Publisher:** The NGO Committee on Ageing. **Website Title:** Ngocoa-ny.org **URL:** <https://ngocoa-ny.org/newsflash-flyers/learn-more-about-unidop/>

⁵⁸ Implementing the Immunization Agenda 2030. **Date:** 25/11/2020. **Publisher:** The World Health Organisation **URL** with the link to this document but is not a direct link to the document: <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>

⁵⁹ OHCHR | NHRI 2020 Conference on the Rights of Older Persons. **Date:** 7/12/2020. **Publisher:** The United Nations Human Rights Office of the High Commissioner. **Website Title:** Ohchr.org **URL:** <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26571&LangID=E>

4. COVID-19 profiles of ILC-GA countries

This section outlines the country specific statistical profiles of each of the 16 ILC-GA member countries during the COVID-19 pandemic.

Epidemiological Data

As shown in Table 1, the United States of America reported the highest number of deaths from COVID-19 of the ILC-GA member countries in early February 2021, followed by Brazil and India respectively. The United Kingdom however has the highest recorded deaths as a percentage of their total population, at 0.16% for the same period.

Table 1: Epidemiological data (cumulative cases and deaths) for ILC-GA member countries as at 3 February 2021

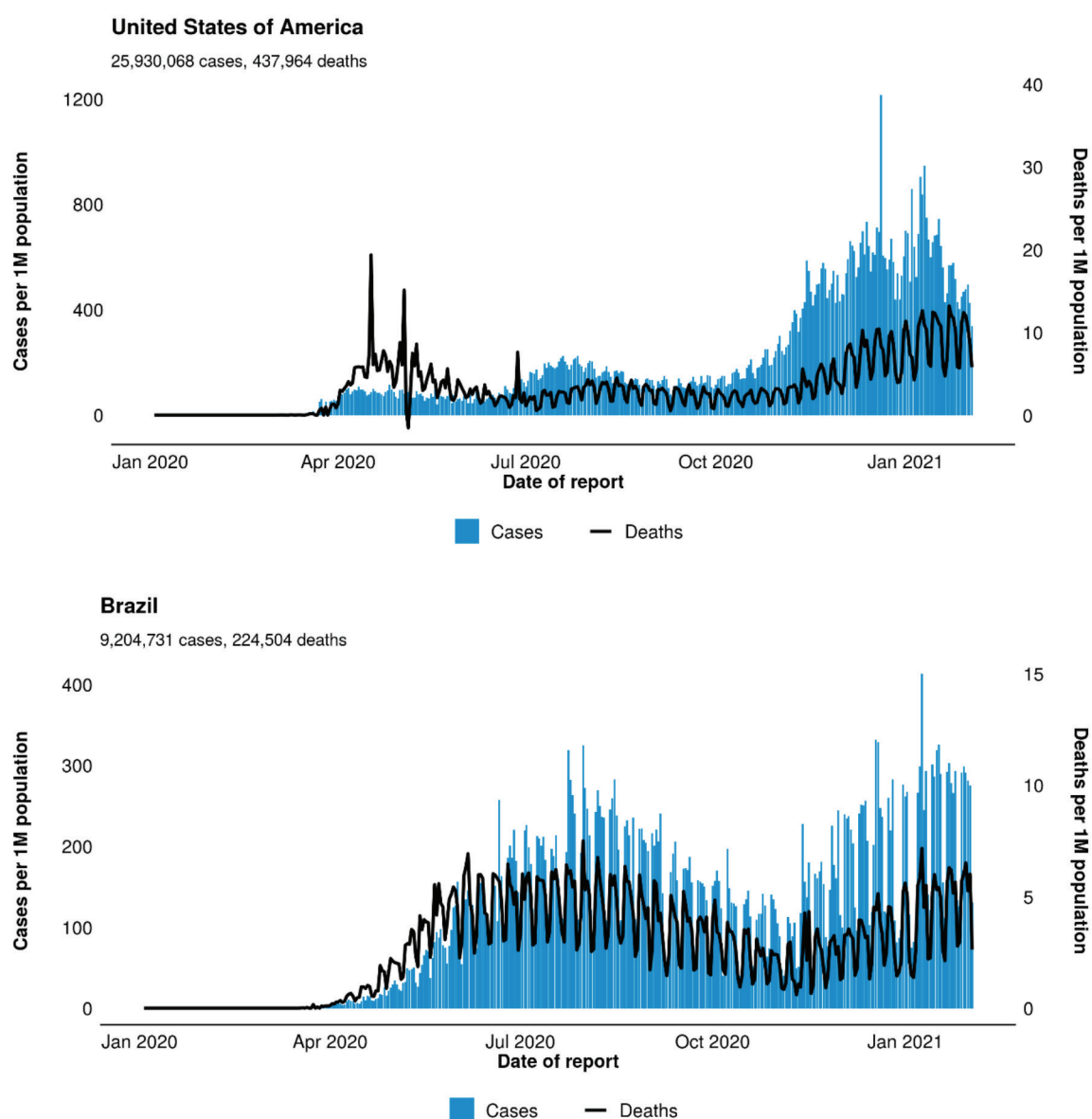
| ILC GA Country | Population | Cases (cumulative total) | Deaths (cumulative total) | Cases % Population | Deaths % Population |
|--------------------------|----------------------|-----------------------------|------------------------------|-----------------------|------------------------|
| USA | 331,002,651 | 25,930,068 | 437,964 | 7.83% | 0.13% |
| Brazil | 212,559,417 | 9,204,731 | 224,504 | 4.33% | 0.11% |
| India | 1,380,004,385 | 10,766,245 | 154,486 | 0.78% | 0.01% |
| UK | 67,886,011 | 3,835,787 | 106,564 | 5.65% | 0.16% |
| France | 65,273,511 | 3,149,255 | 76,114 | 4.82% | 0.12% |
| Argentina | 45,195,774 | 1,927,239 | 47,974 | 4.26% | 0.11% |
| South Africa | 59,308,690 | 1,456,309 | 44,399 | 2.46% | 0.07% |
| Canada | 37,742,154 | 778,972 | 20,032 | 2.06% | 0.05% |
| Czech Republic (Czechia) | 10,708,981 | 994,514 | 16,545 | 9.29% | 0.15% |
| Netherlands | 17,134,872 | 981,663 | 14,025 | 5.73% | 0.08% |
| Japan | 126,476,461 | 391,626 | 5,794 | 0.31% | 0.005% |
| China | 1,471,286,879 | 101,039 | 4,826 | 0.01% | 0.0003% |
| Israel | 8,655,535 | 645,590 | 4,806 | 7.46% | 0.06% |
| Dominican Republic | 10,847,910 | 215,086 | 2,688 | 1.98% | 0.02% |
| Australia | 25,499,884 | 28,818 | 909 | 0.11% | 0.004% |
| Singapore | 5,850,342 | 59,565 | 29 | 1.02% | 0.0005% |
| Total | 3,875,433,457 | 60,466,507 | 1,161,659 | 1.56% | 0.03% |

Source: WHO Coronavirus (COVID-19) Dashboard (3 February 2021)

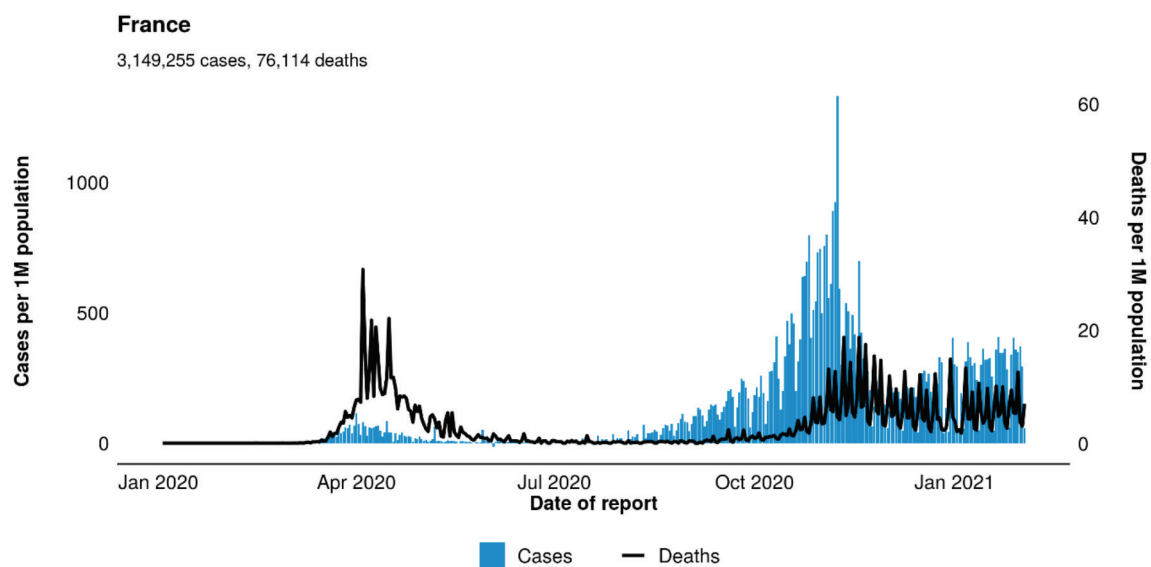
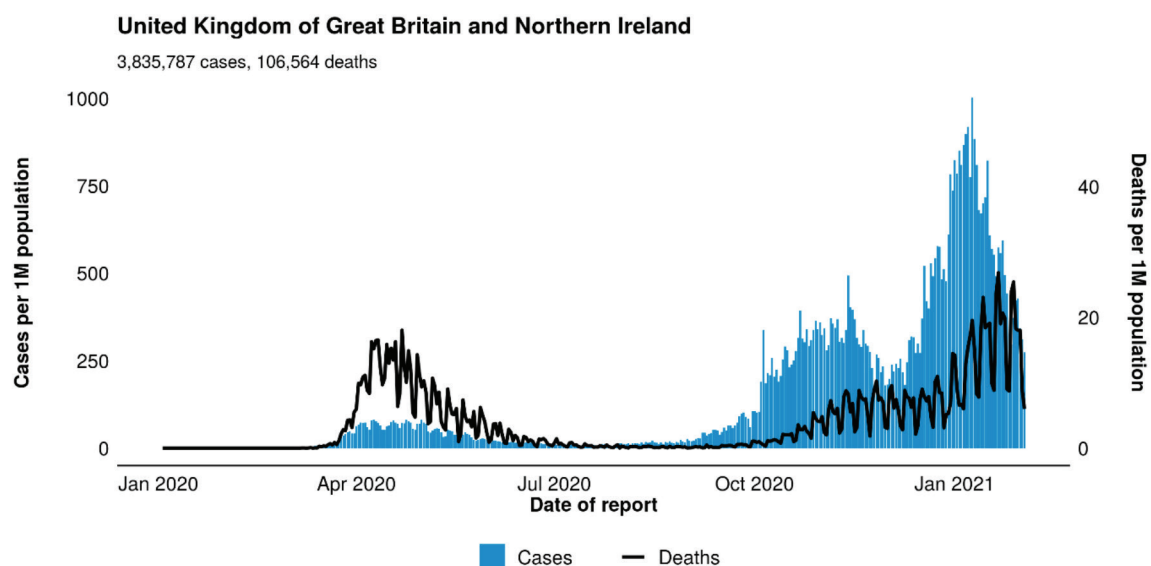
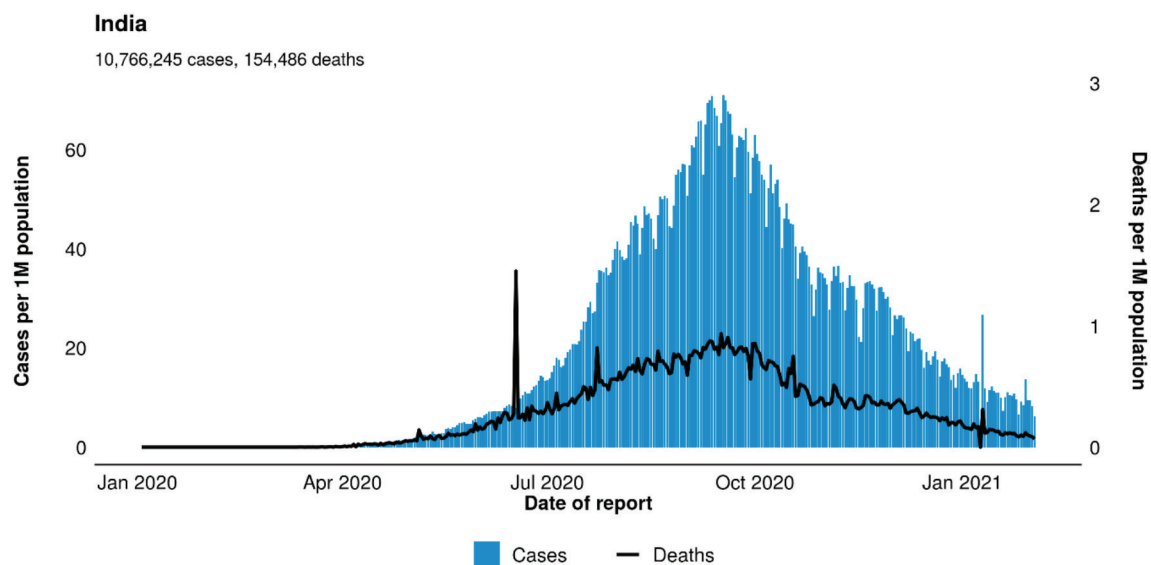
Country profiles

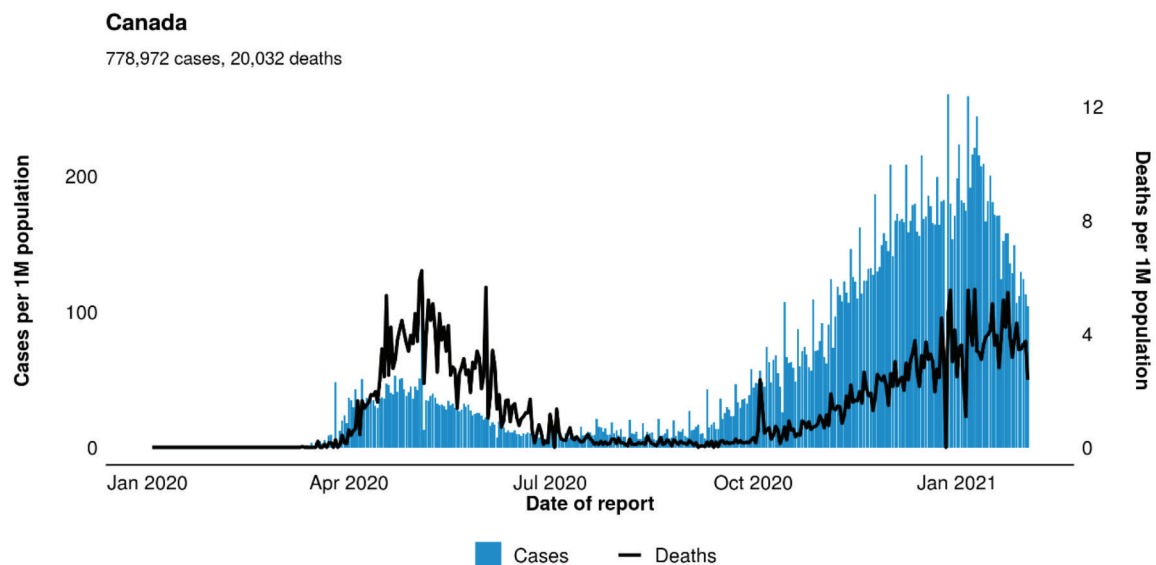
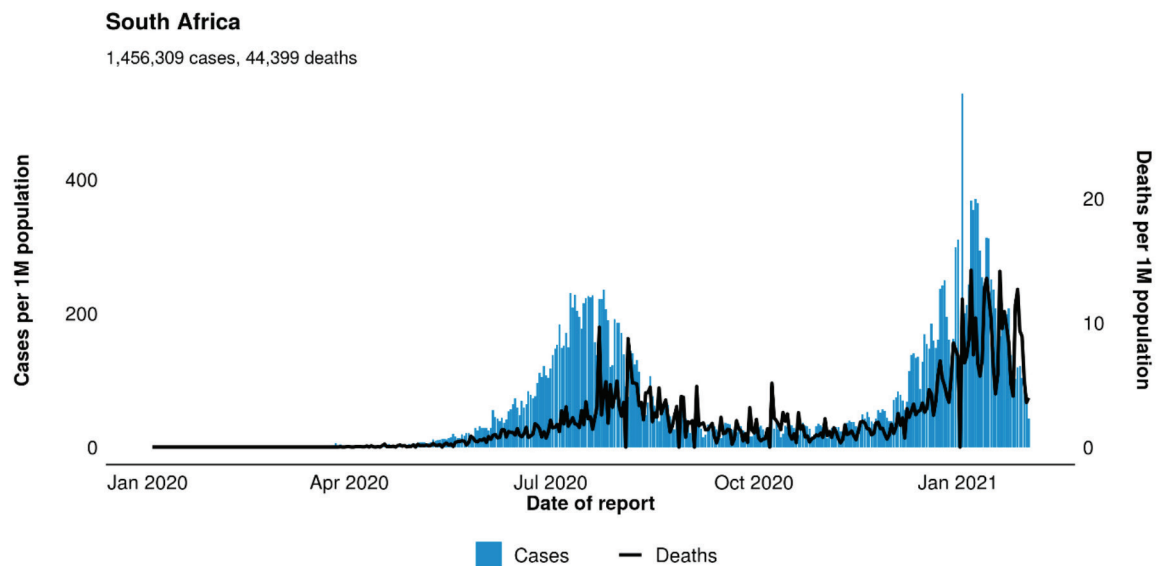
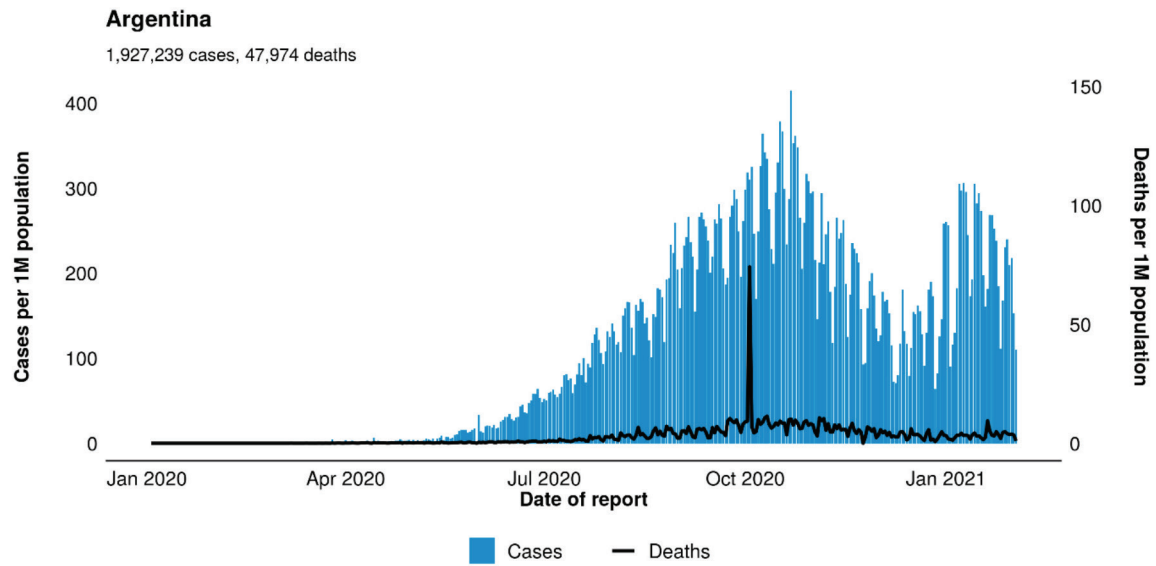
The graphs below show the epicurve profiles for each ILC-GA member country highlighting the number of cases and deaths per million of population reported over a 13 month period (1 January 2020 to 2 February 2021).

Source: WHO COVID-19 Explorer (3 February 2021)

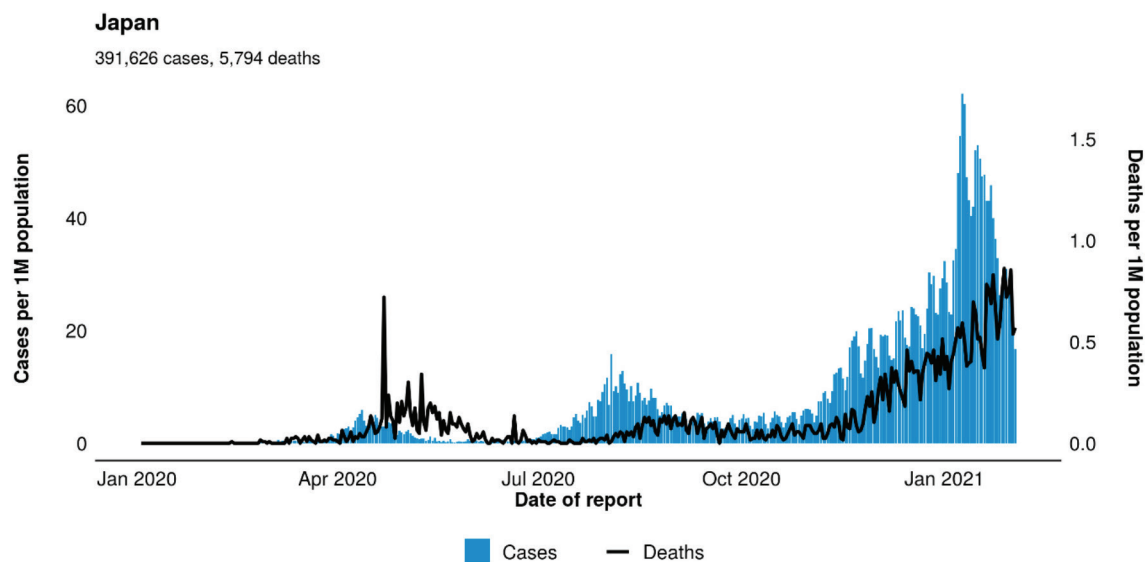
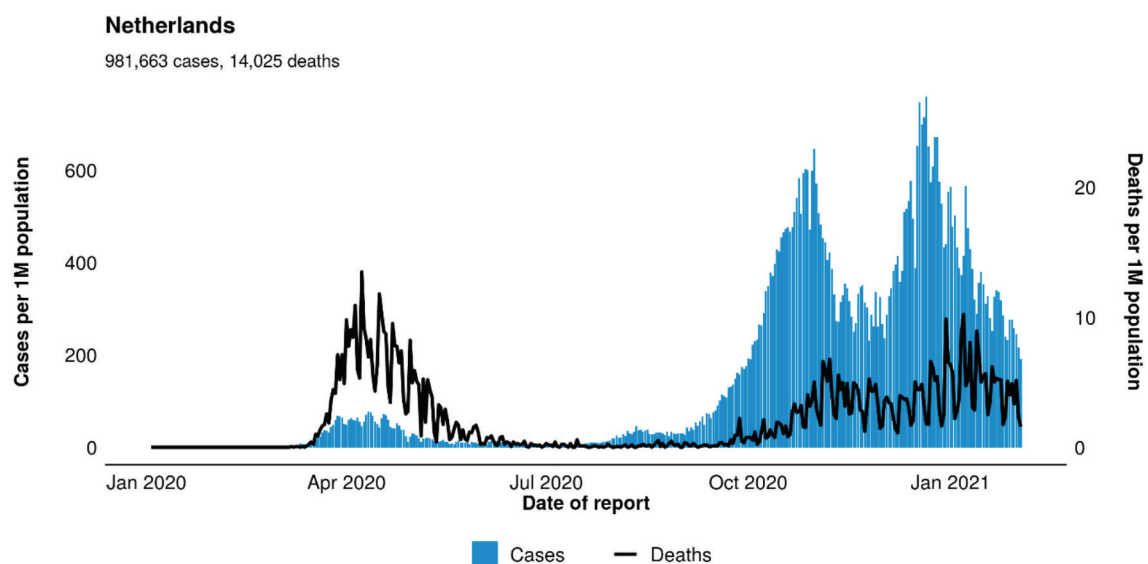
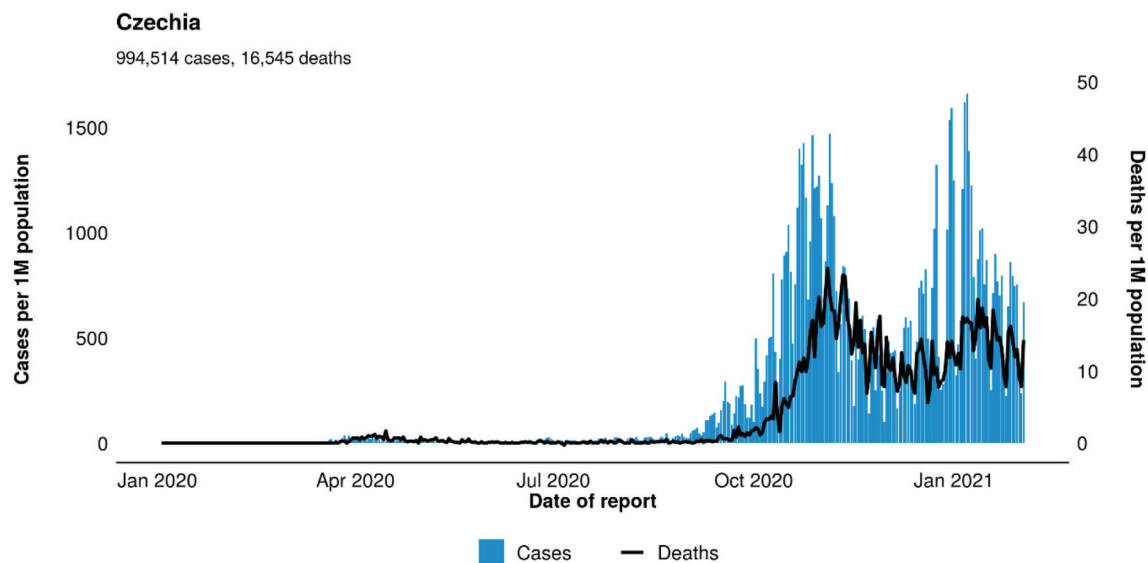


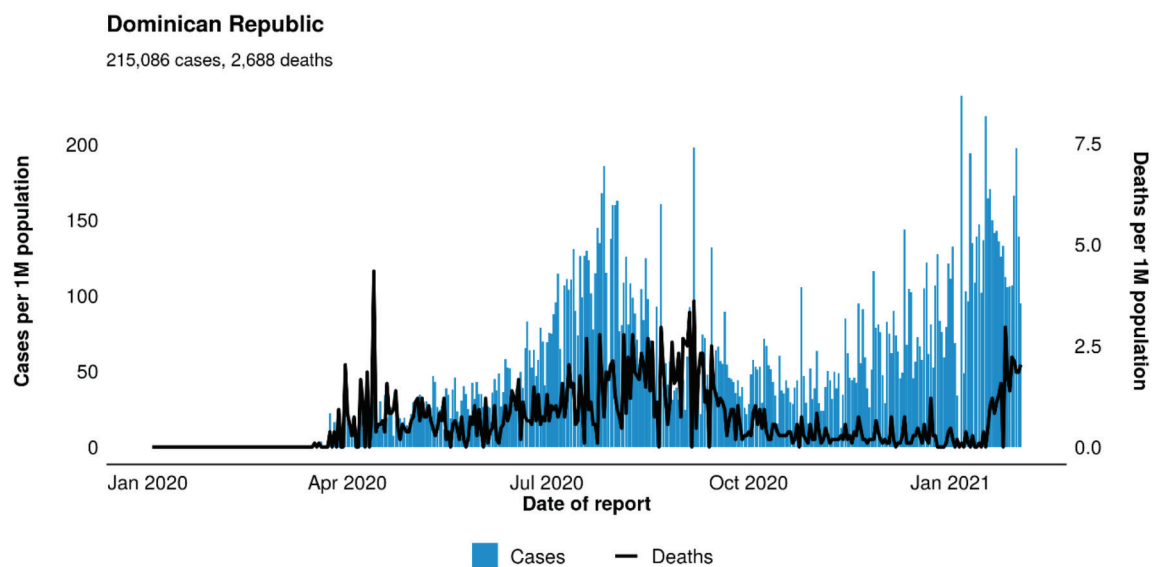
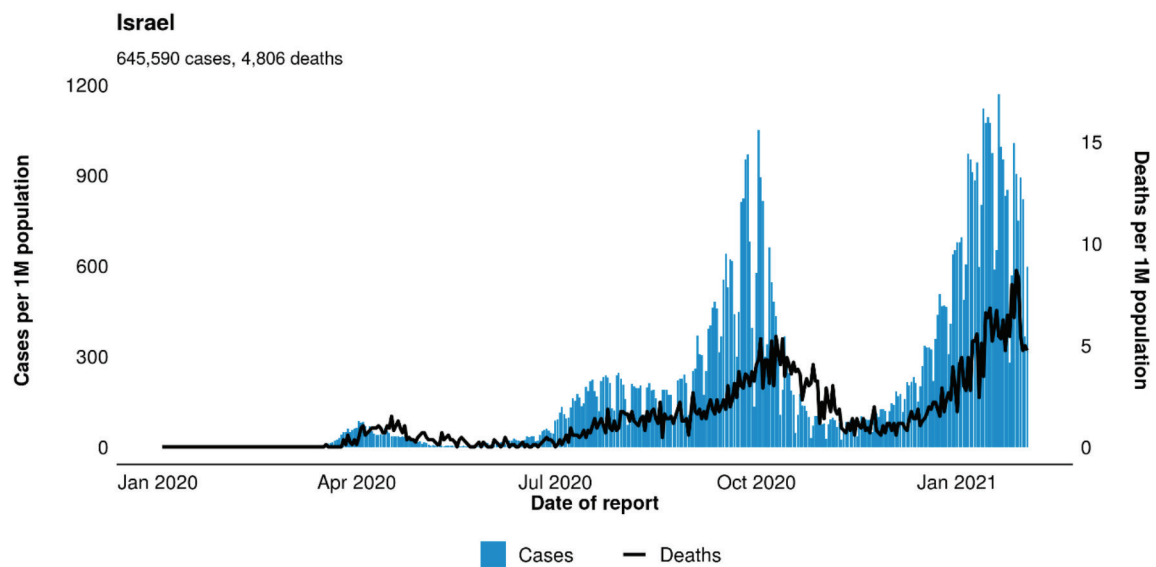
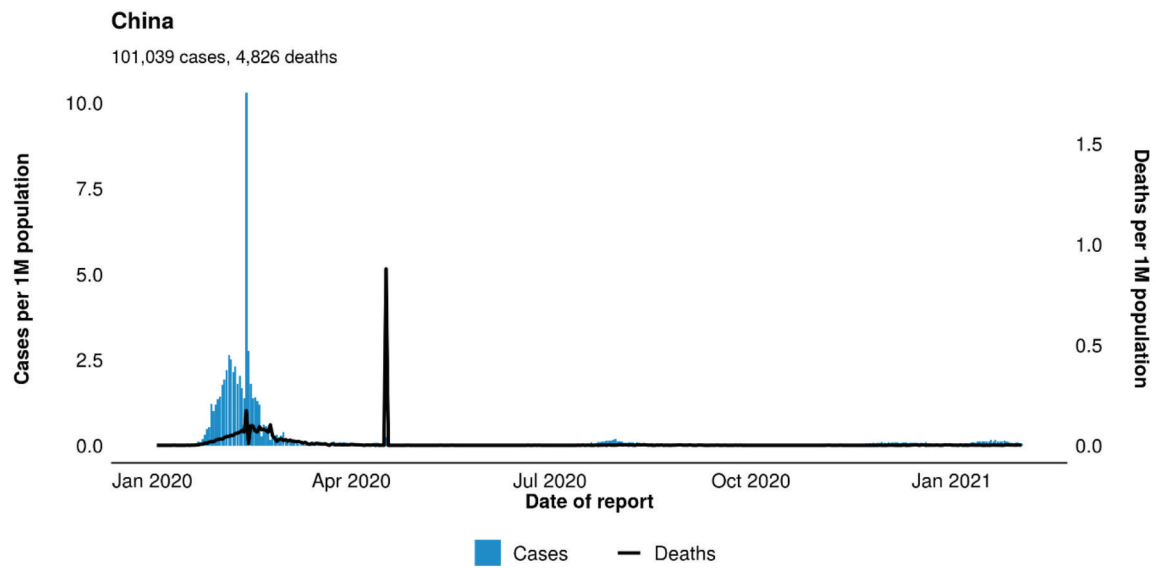
PROTECTING THE HUMAN RIGHTS OF OLDER PERSONS

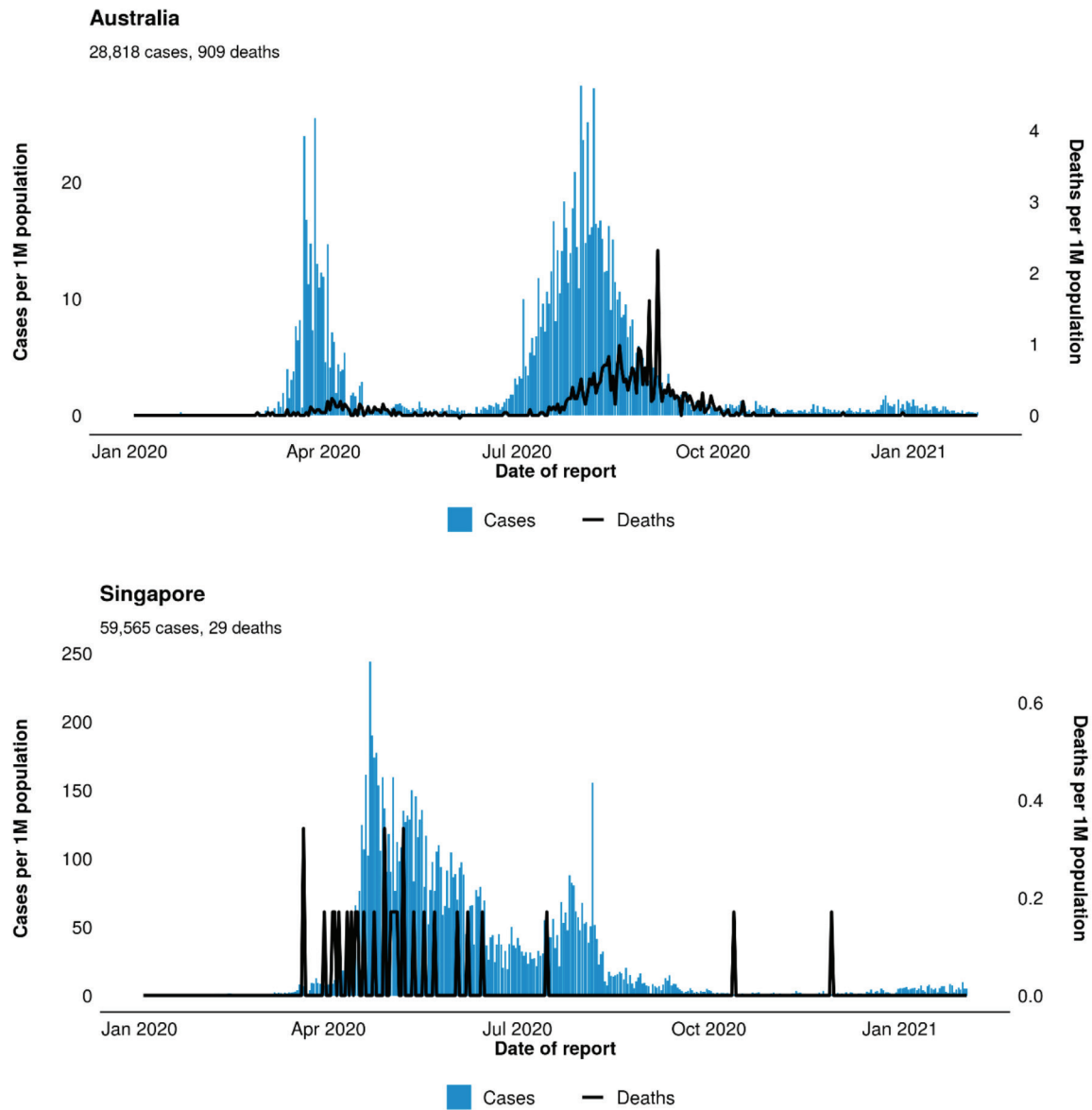




PROTECTING THE HUMAN RIGHTS OF OLDER PERSONS







5. Health and mental health impact

The COVID-19 pandemic and the measures put in place to protect individuals from being infected are having a large impact on the health and mental wellbeing of populations globally.

A WHO survey released in June of 2020 provided evidence of severe disruptions to prevention and treatment healthcare services for non-communicable diseases since the beginning of the COVID-19 pandemic, with lower-income countries being the worst affected. For example, 53% of countries surveyed reported disruption for hypertension treatment services, 49% for diabetes services, 42% for cancer services, and 31% for cardiovascular services. Further, 63% of countries reported rehabilitation services being disrupted, despite their importance to recovery from COVID-19, and more than 50% of countries reported the postponement of screening programs, including breast and cervical cancer screening. An overwhelming 94% of countries also reported that staff working on non-communicable diseases were reassigned to support the COVID-19 related efforts.⁶⁰

The results of these disruptions could lead to unprecedented consequences for the health

of people with noncommunicable diseases. For example, in the UK, as part of the national lockdown implemented in March 2020, cancer screening and diagnostic services were suspended or deferred, with diagnostic intervention for cancer prioritised towards urgent cases. A national modelling study found that the diagnostic delays are expected to increase the number of preventable cancer deaths, including an estimated 7.9-9.6% increase in deaths up to five years after diagnosis as a result of breast cancer, a 15.4-16.6% increase in deaths for colorectal cancer, a 4.8-5.3% increase in deaths for lung cancer, and a 5.8-6% increase in deaths for oesophageal cancer.⁶¹

The cancellation of elective surgeries was another measure undertaken in various countries in an attempt to relieve the burden on the healthcare system. A modelling study undertaken by the COVIDSurg Collaborative in May of 2020 projected that 28.4 million elective surgeries globally would be

⁶⁰ COVID-19 significantly impacts health services for noncommunicable diseases. **Date:** 1/6/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

⁶¹ COVID-19 disruption will lead to 28 million surgeries being cancelled worldwide. **Date:** 15/5/2020. **Publisher:** Royal Australasian College of Surgeons. **Website Title:** surgeons.org **URL:** <https://www.surgeons.org/news/media-releases/covid-19-disruption-will-lead-to-28-million-surgeries-being-cancelled-worldwide>

postponed or cancelled due to COVID-19 in 2020.⁶² The long term health impact of these cancellations is still yet to be determined.

Globally, mental health services have also been drastically impacted due to the COVID-19 pandemic, with again lower-income countries being the most impacted. According to a World Health Organisation survey released in October of 2020, 93% of countries reported disrupted or halted mental health services, with 70% of countries reporting disruptions to mental health services for older adults. 67% of countries reported disruptions to counselling and psychotherapy, 65% to harm reduction services and 45% to treatment services for opioid dependence, with 35% also reporting disruptions to emergency mental health interventions. Further, despite 89% of countries including mental health and psychosocial support in their national COVID-19 response plans, only 17% provided additional funding covering these services.⁶³

These mental health services are crucial to supporting the wellbeing of all people throughout the COVID-19 pandemic. A study conducted in March 2021 that looked at the effects of the COVID-19 pandemic on mental health showed a high and increased global prevalence of depression and anxiety as compared to before the pandemic, at 24% and 21.3% respectively, with varying prevalence across different regions and countries. Further, the closure of public transport as an infection-spread mitigation strategy increased anxiety prevalence particularly in Europe.⁶⁴

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.

United Nations, May. 2020.

⁶² COVID-19 disruption will lead to 28 million surgeries being cancelled worldwide. **Date:** 15/5/2020. **Publisher:** Royal Australasian College of Surgeons. **Website Title:** surgeons.org **URL:** <https://www.surgeons.org/news/media-releases/covid-19-disruption-will-lead-to-28-million-surgeries-being-cancelled-worldwide>

⁶³ COVID-19 disrupting mental health services in most countries, WHO survey. **Date:** 5/10/2020. **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

⁶⁴ Investigating the effect of national government physical distancing measures on depression and anxiety during the COVID-19 pandemic through meta-analysis and meta-regression. **Date:** 2/3/2021. **Authors:** João M. Castaldelli-Maia, Megan E. Marzali, Ziyin Lu and Silvia S. Martins. **Journal:** Psychological Medicine. **Volume:** 51, **Issue:** 6. **Pages:** 881-893. **DOI:** 10.1017/S0033291721000933 **Acess Date:** 25/8/2021 **URL:** <https://www.cambridge.org/core/journals/psychological-medicine/article/investigating-the-effect-of-national-government-physical-distancing-measures-on-depression-and-anxiety-during-the-covid19-pandemic-through-metaanalysis-and-metaregression/F8C3FFE51629D69F20880916212DFA01>

To address the current future health effects of COVID-19, we need to understand the impact that the pandemic has had people's broader health needs, including the needs of older people.

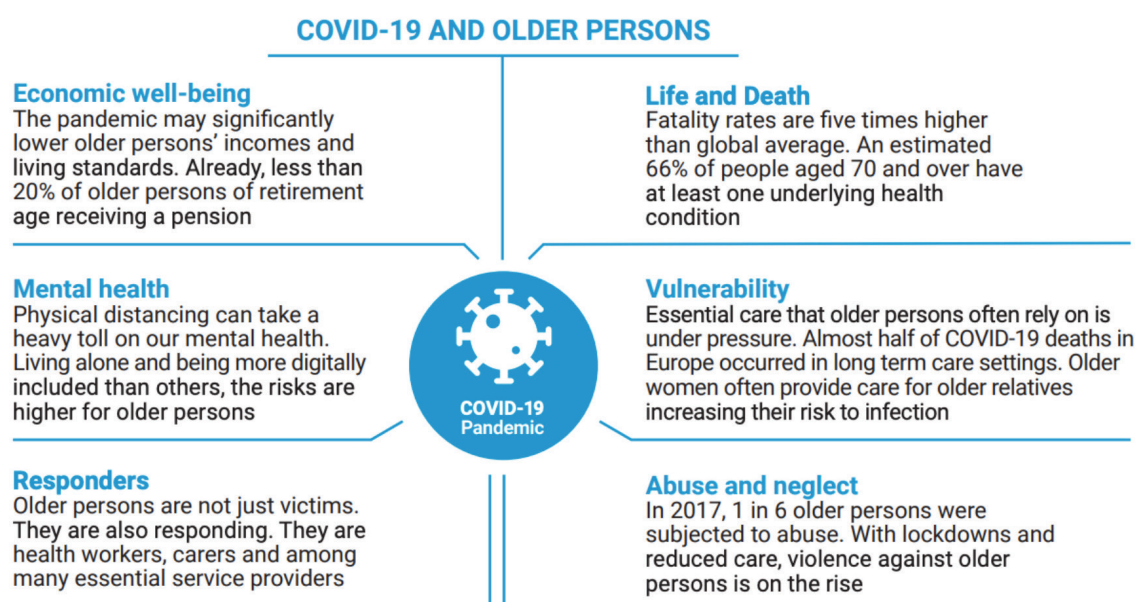


Figure 2. COVID-19 Impact on Older Persons

Source: Policy Brief: The Impact of COVID-19 on older persons. Date: May 2020. Publisher: The United Nations

ILC Member Country Snapshot - India

"India" has been tremendously hit by the Covid-19 pandemic and it continues to hit hard as we write this report. As of March 11, 2021 more than 11 million people in India had been infected with COVID-19, and about 158,000 had died. In the first wave of Covid-19 pandemic since March 2020, older adults in India have been the vulnerable group as the infection was seen more among people with comorbidities and those who had low immunity. The 60+ years age group accounted for just 15% of India's confirmed cases but 53% of the total deaths due to COVID-19 were from this age group!

The number of deaths was more among seniors than any other age groups. In a survey of 10,000 older adults across India, 26% of people reported that their health conditions (like other chronic diseases and wellbeing) were hampered due to the pandemic. Almost 30% of the same population reported impact of mental health, feeling of fears and anxieties due to the spread of the infection.

Another study from India (2020) reported that more than 300 suicides were reported during the lockdown as "non-coronavirus deaths" due to mental torment. Due to helplessness and loneliness, unavailability of the caregivers to take care were few of the reasons.

ILC-I is currently undertaking a survey among older adults residing in Maharashtra (3rd largest states of India) regarding impact of Covid-19 on their physical and mental wellbeing.

To help seniors stay healthy and occupied at home, ILC-I with the help of knowledgeable resource persons has created informative videos and has uploaded them on ILC-I's official YouTube channel (<https://www.youtube.com/channel/UCbQpA2-XzmjaupEQtdbLPBg>).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7322164/> https://www.ijhsr.org/IJHSR_Vol.10_Issue.10_Oct2020/24.pdf

https://www.business-standard.com/article/current-affairs/covid-19-affected-health-condition-of-26-elderly-people-in-india-study-121031801323_1.html

ILC Member Country Snapshot – Argentina

During the pandemic, several changes were observed in the care of chronic and non-infectious diseases.

Emergency visits and hospitalizations decreased by 75% and 48%, respectively.

A QUALITATIVE STUDY ON THE ELDERLY AND ACCESSIBILITY TO HEALTH SERVICES DURING THE COVID-19 LOCKDOWN IN BUENOS AIRES, ARGENTINA

Accessibility to the health system was compromised due to the reduction of outpatient visits, which affected health checks, diagnosis and treatment. Older persons tried to keep their vaccines up to date with some difficulties. Information and communication technologies were used to fill digital prescriptions and online medical consultations. Although this was a solution for many, others did not have access to these technologies or had problems using them the global pandemic caused a reduction in the outpatient medical consultations and other therapeutic treatments.

PREVALENCE OF ANXIETY AND DEPRESSION IN PATIENTS WITH CARDIOVASCULAR DISEASES DURING THE COVID-19 PANDEMIC.).

The pandemic worsened the mental health of people suffering from chronic diseases

The predominant risk factor is arterial hypertension that affects 36% of Argentines and in most cases the reason is anxiety; patients with cardiovascular disease have more depression and anxiety than the general population

DECREASE IN CONSULTATIONS IN OLDER ADULTS WITH DEMENTIA 1

After quarantine, patients with cognitive impairment, dementia and their relatives or caregivers experienced a significant prevalence of neuropsychiatric symptoms. More than 90% of the patients manifested

neuropsychiatric disorders. 63% of the caregivers showed signs of overload when being under the care of their family member and about half severe overload. However, despite the high prevalence of conduct problems, only 50% of those surveyed were able to make at least one medical consultation during this period.

IMPACT OF THE COVID-19 PANDEMIC ON MENTAL HEALTH SERVICES IN ARGENTINA, ARGENTINEAN JOURNAL OF PUBLIC HEALTH Supplement: April 19, 2021. 2

According to official data, in 2017 in Argentina there were 407 neuropsychiatric hospitals, 465 psychiatric units in general hospitals and 65 residential services, both public and private

The targeting of health services on the pandemic implied a reduction in the availability of mental health care. The demand for care changed, with changes in the reasons for contact with the services, which became more critical.

Many of the mental health treatments were interrupted and those that were not interrupted went to remote mode. In turn, those who worked with inpatients considered that the needs of their patients had increased during the pandemic, and 92% of those interviewed believed that admissions and discharges from inpatient services had undergone changes associated with the limitation of Community-based SSM.

1.- M.SORBARA^AH.G.GRAVIOTTO^{AC}G.M.LA GE-RUIZ^{AC}M.TURIZO-RODRIGUEZ^AL.A.SOTELO-LÓPEZ^AA.SERRA^{AC}GAGLIARDI^{AG}G.HEINEMANN^{AP}. MARTINEZ^{AF}.CES-MAGLIANO^{AC}M.SERRANO^{AB} NEUROLOGIA. 2021 JANUARY-FEBRUARY; 36(1): 9–15.

2.- REVISTA ARGENTINA DE SALUD PÚBLICA Supplement: 19 de April de 2021 -

ILC Member Country Snapshot - Japan

Regarding the respondents' mental health, while many interviewees felt no particular changes, some took it hard. For example, according to Ms. C, "I get up in the morning, having nothing to do all day. It really makes me think, 'What a heck am I doing here? I should do something.' Then, I go to bed at night, thinking that nothing happened today, again. It has been like that for quite some time, which is quite hard for me." Also, over the year since the beginning of the pandemic, some respondents mentioned that they had become used to the situation, gradually feeling more relaxed. However, they also seemed to be in dilemma. They were letting their guard down as they became used to the situation, while also thinking that they should remain cautious because the number of infections still kept increasing.

Turning to their physical health, many respondents felt no particular changes in physical conditions or

strength, while some reported restoration of physical strength and function, including Ms. G: "I used to swim 1 km, but the swimming pool was closed for three months. When it reopened, I tried but could only go 500m. Now, I'm back and swim 1 km again." In contrast, other participants reported various forms of negative changes, such as declining physical strength (walking less, getting tired easily), declining physical function (weakening lower body), declining cognitive function (forgetting things easily), and gaining weight (not moving as much, eating more between meals). Some volunteers at a frailty prevention program also talked about the progression of frailty among program participants. In some cases, family members would tell their older parents not to participate in local activities and would go grocery shopping for them, out of concern for their safety. As a result, these older adults were not able to go out, even for shopping, and had fewer opportunities to engage in physical activities.

ILC Member Country Snapshot - Australia

On the 26th of March 2020, as part of the ongoing effort to ensure the healthcare system had the capacity to deal with the COVID-19 crisis, the Government unveiled restrictions on elective surgeries (only Category 1 and exceptional Category 2 surgeries could be undertaken). Restrictions were lifted by the 1st of July, 2020, however, the impact of these restrictions on the health of Australians is still unknown.

BreastScreen Australia services, which deliver mammograms nationally, were suspended from late March to late April/early May of 2020 due to the COVID-19 restrictions but remained open during the second wave in Victoria despite the restrictions. The National Cervical Screening Program and the National Bowel Cancer Screening Program continued throughout the pandemic. However, findings from Cancer Australia have shown that between March and May of 2020, there was a reduction in "diagnostic and therapeutic procedures for skin, breast and colorectal cancers" in comparison to those months in the previous year.

The Australian Longitudinal Study on Women's Health have been reporting on the impact of the pandemic on Australian women since the beginning of the crisis.

The results of the fortnightly surveys have shown that 50% of participants aged 69-74 reported feeling some level of stress during the pandemic, from somewhat to extremely, with 2% of participants feeling very or extremely stressed. Further, 1 in 5 (20%) reported a strong or maximum impact of COVID-19 on their lives.

Since the beginning of the pandemic, around 1 in 10 participants (10%) of the Australian Longitudinal Study on Women's Health aged 69-74 reported delaying a visit to a general practitioner, with 8% reporting a delay in visiting a specialist or an allied health professional. Around 6% of participants in the 69-74 age group reported a delay in having a skin cancer check, 5% reported a delay in having a mammogram, and 1% reported a delay in having a cervical cancer screening. Additionally, 2% of participants reported accessing a psychologist, counsellor or social worker during the pandemic, with 0.7% delaying the visit, despite 6% of participants reporting high or very high levels of psychological distress. Further, approximately 5% of participants reported seeking mental health information during the COVID-19 pandemic, with 95% reporting that they did not seek mental health resources or services. Only 3% of women reported using at least one mental health service during the pandemic.

ILC Member Country Snapshot - Australia

The Australian Longitudinal Study on Women's Health also looked at the changes in health risk behaviours during the COVID-19 pandemic. While the majority of participants in the 79-74 age group reported maintaining healthy habits, 4% of participants reported that they were drinking alcohol more since the start of the pandemic, with 10% consuming three or more standard drinks when consuming alcohol. Out of the 3% of participants that reported smoking, 85% reported smoking daily, with 41% of participants that reported a change in their habits, smoking more since the pandemic began, and 36% of those participants reporting that they had started or re-started smoking during the pandemic.

20% of study participants reported a change in their appetite since the pandemic began, with 6% reporting that they were likely to consume less fruit, 4.8% reporting that they were eating less vegetables, 24% reporting eating more 'sometimes' foods such as chips and cakes, 3.4% reporting eating more fast food or take away, and 2.9% reporting drinking more sugary drinks. 37% of participants also reported a change in their physical activity levels since the pandemic began, with 33% additionally reporting a change in the intensity of their activity and 41% reporting a change in the amount of time spent physically active. Further, 10% of participants reported having difficulty sleeping often since the COVID-19 pandemic began.

ILC Member Country Snapshot - Canada

Public health officials in Canada are also concerned about delayed or cancelled medical or dental appointments where untreated conditions could negatively affect older adults' physical and mental health irreparably. Many of the surgeries such as joint replacements (typically more women than men), cancer, cardiac and cataract operations that were cancelled continue to be of concern as they will undoubtedly affect longer term health outcomes and quality of life. Social isolation is another consequence

of the impact of COVID-19 on older women. Over half of women, but only 27 per cent of men, aged 85 and over live alone in the community which means that during the pandemic more women than men may miss the contact, support, and care from family and home services alike; placing themselves at increased risk of exposure should they decide to receive such contact. Therefore, stress, anxiety and depression were reported by more older women than men.

ILC Member Country Snapshot - Netherlands

First round of interviews March-April 2020: We mainly focussed on mental health, hence we did not find any affects of the pandemic in relation to treatments of other illnesses in particular. Two of the most often described aspects of the COVID-19 crisis and measures taken that influenced personal wellbeing, were the lack of personal freedom and self-determination. Due to the physical restrictions of the measures – social distancing and remaining at home, literally limited seniors from moving around freely, resulting in them feeling less free. Besides, many older adults expressed feeling a sense of isolation, both in physical terms as well as socially, as contact in person was limited during the first COVID-19 wave in the Netherlands. The restrictions in movement caused by the national measures did not only cause a sense of isolation but also engendered a loss in meaningful activities. Some seniors explained that they missed being able to maintain their (daily) structure. Others expressed that they felt a loss in self-determination, as they simply could no longer decide for themselves what they would like to do. For older adults that provide informal care to someone close to them, the lack of freedom and self-determination seemed even more intense. They expressed feeling restricted in their physical and mental freedom as organized activities for seniors that need care, such as day and home care had been cancelled or downscaled. This meant that some provided 24/7 care for their loved ones and took on more responsibilities than before and had less time to unwind.

In addition, another aspect of the pandemic that influences people wellbeing were worries about personal circumstances and society seniors experienced as a result of the COVID-19 pandemic and the emotional effects these worries had. In relation to personal worries, seniors described how during the first wave the COVID-19 crisis brought along uncertainty and doubt due to its ungraspable nature. They felt uncertain what the virus actually entailed and what the impact of being infected would be. As a result of the elusiveness of the COVID-19 pandemic and not having equivocal or clear knowledge about the virus nor its implications, older adults often used the term “invisible enemy” when describing the virus. Some seniors saw the battle against COVID-19 in analogy to previous international

Wars. Both those who experienced war and those who were born right after said that the COVID-19 crisis brought along similar feelings of uncertainty and helplessness. For some, these feelings led to sleepless nights. For most however, uncertainty about the virus in combination with worries about what would happen when becoming infected themselves, resulted in them being extra careful when going out and upholding social distancing.

At the same time, several older adults expressed that the pandemic also had a positive affect on their wellbeing (this was mainly found during the first wave March-June 2020 and not seen anymore during the second wave in Oktober 2020). The pandemic led to more ‘me-time’ and less obligations to be socially active. Furthermore, those older adults who were (semi) self-isolating described how family members or people from local community centers were taking care of their groceries, stopped by for short conversations and sent little gifts. All this attention made people feel “seen” and somewhat connected with society: At first I was nobody and now I am someone, because I receive phone calls, I get flowers, so I mean, suddenly I am someone (female, 92 widowed).

Second round of interviews (Oktober 2020): The impact of the COVID-19 crisis on the life and wellbeing of seniors and how they coped with this impact had evidently changed over the summer of 2020. The, for most unexpected, prolonged duration of the crisis, led to both negative as well as some positive changes amongst our participants. In relation to the more negative changes, some older adults explained that the novelty of the crisis had disappeared. Whereas people initially found peace in their new hobbies, online activities or even some “me time” during the intelligent lockdown in March, after several months people started to miss their old activities and the buzz of having things to do, especially meaningful activities. For some, this led to feelings of dejection and dreariness. In relation to the more positive changes, after having lived through the COVID-19 pandemic for some time, several older adults explained that they were better equipped to “deal with the situation”. Some seniors actually felt better during the beginning of the second wave (October 2020) due to being less restricted and uncertain.

6. Social-economic impact

The impact of COVID-19 on the world economy has been significant.

The COVID-19 pandemic is the largest economic shock the world has experienced, as the global economy is expected to shrink between 4.4% - 5.2% in 2020, with advanced economies dipping by 7% and developing economies falling by 2.5%.^{66 67}

Table 2 shows the GDP and unemployment rates to illustrate the impact of COVID on ILC member countries' economies. The pandemic is destabilizing entire sectors of the economy, with millions depending on fragile incomes that are now at risk.

The competing health needs and economic meltdown has forced authorities, ILC member countries and other nations, to choose between lives and livelihoods. Many traditional livelihoods, such as small vendors, have been displaced because economic activities for some industries have come to a halt.

COVID-19 has further widened the gap between the rich and the poor, within country and across countries. It is estimated that an additional 88 million people will be thrust into extreme poverty in 2021.⁶⁸ A recent study by Oxfam International revealed that it could take the poor 10 years to financially recover from this ordeal while the rich have gained a hundred fold.⁶⁹

Economic rebound for most economies is expected with the inoculation of COVID vaccines. But the road to recovery remains uncertain, particularly with the recent explosion of COVID cases in many countries during the winter months and more virulent virus strain. Global trade could resume when the health risk is reduced. Healthcare experts has recommended that 70% of the world's population needs to be vaccinated for herd immunity to be achieved and trade and other

⁶⁶ The World Bank. COVID-19 to Plunge Global Economy into Worst Recession since World War II. 2020 [cited 2021 11 January]; **Available from:** <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>.

⁶⁷ United Nations. IMF: 'Less severe' but 'still deep' recession predicted. 2020 [cited 2021 11 January]; **Available from:** <https://news.un.org/en/story/2020/10/1075282>.

⁶⁸ The World Bank. COVID-19 to Add as Many as 150 Million Extreme Poor by 2021. 2020 [cited 2021 11 January]; **Available from:** <https://www.worldbank.org/en/news/press-release/2020/10/07/covid-19-to-add-as-many-as-150-million-extreme-poor-by-2021>.

⁶⁹ Oxfam International. Mega-rich recoup COVID-losses in record-time yet billions will live in poverty for at least a decade. 2021 [cited 2021 26 January]; **Available from:** <https://www.oxfam.org/en/press-releases/mega-rich-recoup-covid-losses-record-time-yet-billions-will-live-poverty-least>.

activities to resume.⁷⁰ However, the uneven distribution of vaccines to advanced economies may slow economic recovery with some research studies showing that it could worsen economic damage.^{71 72} Other risk factors such as more virulent variants of the virus and length of vaccine efficacy, pose uncertainty for the future which could lengthen economic recovery and further displace older persons of low socio-economic status.

Table 2: Country economic indicators

| Country | Changes in GDP from 2019 | Unemployment rate | | | |
|--------------------|--------------------------|-------------------|-----------|-----------|-----------|
| | | Male | Female | Overall | % change |
| Argentina | -7.3% | - | - | 10.44% | 1.54% |
| Australia | -6.7% | 8.0% | 9.1% | 9.4% | 0.2% |
| Brazil | -4.7% | - | - | 12% | - |
| Canada | -7.1% | - | - | 11% | 4% |
| China | 2.3% | - | - | 5.2% | 0.1% |
| Czech Republic | -6.51 | - | - | 1.91% | -0.2% |
| Dominican Republic | -4.2% | - | - | 5.92% | 0.7% |
| France | -9.8% | 9.1% | 9.0% | 8.3% | -0.1% |
| India | -7.7% | - | - | 9% | 3.37% |
| Israel | -5.7% | - | - | 4.8% | 1.2% |
| Japan | -5.3% | 2.0-2.4%* | 0.8-1.9%* | 1.6-2.9%* | 0.1-0.9%* |
| Netherlands | -7.5% | - | - | 3.9% | 0.9% |
| Singapore | -5.8% | 3.0+ | 3.4+ | 4.7% | 1.5% |
| South Africa | -8.0% | - | - | 28.48% | 1.38% |
| United Kingdom | -9.9% | - | - | 2.1-3.9%* | 0.1-1.2%* |
| United States | -4.3% | 5.9%* | 6.1%* | 6.0%* | 3.6%* |

*Aged 55 & above; + available only 2019

⁷⁰ D'Souza, G., & Dowdy, D. (2021). Rethinking Herd Immunity and the Covid-19 Response End Game. Retrieved 05 October from <https://publichealth.jhu.edu/2021/what-is-herd-immunity-and-how-can-we-achieve-it-with-covid-19>

⁷¹ Çakmaklı, C., et al. The Economic Case for Global Vaccinations: An Epidemiological Model with International Production Networks. 2021 [cited 2021 26 January].

⁷² BBC. Rich countries hoarding Covid vaccines, says People's Vaccine Alliance. 2020 [cited 2021 11 January]; Available from: <https://www.bbc.com/news/health-55229894>.

ILC Member Country Snapshot - Singapore

COVID-19 has brought about the biggest slump in 2020 for Singapore. Singapore has a high dependence on trade and cross border flows of people. The closing of our borders to control the pandemic has detrimental impact on Singapore's economy. At one point, Singapore's economy dipped by 13.2%, the worst ever on record. In Singapore, the economic impact has COVID-19 has caused some level of income inequality and food security in Singapore, especially during the circuit breaker (term used in Singapore to signify lockdown) which lasted for close to two months in mid-2020.

The impact has been somewhat ameliorated however due to efforts from non-government and government affiliated groups through social protection initiatives. There has been redistribution of food and other supplies to lower income older adults since the start of the pandemic. Unemployment rates for older adults

remained unchanged due to increases in labour demand in several industries that traditionally employ seniors, such as security and cleaning services, due to COVID. A spike in demand for these services led to an increase in the employment of older adults. However, the downside is that these are low skilled, labour intensive jobs which could put a physical strain on older adults.

To boost the economy and employability, the Singapore government offered the SkillsFuture scheme, a financed labour retraining programming, to all citizens, older adults included. The goal is to allow older adults who were displaced from their work to retrain and join the workforce in different industries. In addition to receiving free training, older participants receive hourly payment for the course of study upon completion.

ILC Member Country Snapshot - Canada

Even before COVID-19, the care economy depended a lot on supplementary unpaid work, primarily done by women but during the pandemic they were further undervalued and overworked. Of the 7.8 million caregivers, many are spouses caring for their partners and others are adult children in their sixties and seventies caring for parents aged 85 and over. The national strategy to contain the pandemic included

economically disruptive measures such as lockdowns, socially isolating measures such as quarantines and behavioural rather than medical measures. In the first two months, 1.5 million women lost their jobs which will later affect their retirement options. In this time span, the pandemic reduced women's participation in the labour force down from a historic high to its lowest level in 30 years.

ILC Member Country Snapshot - Argentina

Prior to COVID-19, Argentina's economy was on the brink of collapse (Costabel, 2020). The pandemic has worsened the economic conditions for many in the country. In Argentina, older persons have been quite economically affected by the pandemic. With a meagre minimum monthly pension payout of USD135, the situation is rather precarious for older adults in Argentina. This is further compounded by other economic fallout. Between August 2020 to January 2021, Argentina has 4% monthly inflation rate has been very high 4% per month mainly and inflation is projected to continue rising. Traditionally, older persons rely on their children to provide them with allowances but that has also decreased because

younger persons have either lost their jobs or have declined income. Between April and May 2021, the Government of Argentina promised to give out subsidies and grants to retirees that would help them tie through the crisis. Retirees can collect up to two minimum retirements and soft loans repayment period will be extended from 24 months to 60 months. As of May 2021, this subsidy has yet to be rolled out.

Costalbel, M. (2020). Argentina's Economy Crumbles as Buenos Aires Lockdown Continues. Retrieved 04 October from <https://foreignpolicy.com/2020/08/27/argentina-economy-crumbles-buenos-aires-lockdown-continues/>

ILC Member Country Snapshot - India

At the start of the first wave of the pandemic in March 2020, India went into a nation-wide lockdown for almost seven months, and it led to an economic crisis. The hardest hit were individuals from low socio-economic backgrounds. Approximately 53% of older adults in India are partially dependent and 20.3% are entirely dependent on others for financial support. As the pandemic continues with, older adults' social security is more fragile than ever. A study by HelpAge India revealed that an estimated 65% of older persons' livelihoods have been impacted. Of which, 67% fall in the age group of 60-69 years, 28%

in the 70-79 years and 5% were aged 80 and beyond. Approximately, 71% older respondents stated that the family's sole breadwinner has experienced the loss of work or suffered income reduction due to the lockdown. A further 78% of older persons faced challenges accessing essential goods and services across India. As of May 2021, a fresh round of regional lockdown was put in place. This move badly affected small-scale vendors and daily wage workers because only essential services were opened. All other services or stores were closed, thereby affecting labour conditions.

ILC Member Country Snapshot - Netherlands

Older adults have not been (visibly) impacted economically by the pandemic. In Netherlands, there is the Dutch pension system in which older adults receive state pension on top of their work (retirement) pension. In an interview that examined impact of COVID-19 on older adults, several older

adults mentioned that they are financially stable and comfortable as they do not need to worry about income. In fact, older adults are concerned that the (young) entrepreneurs and self-employed were hit hardest economically.

7. Older persons in long term care

The COVID-19 pandemic has starkly revealed many sad truths about the inadequate health, social circumstances, and well-being of older adults around the world, particularly those in Long Term Care (LTC).

The perpetual neglect of LTC facilities which are often under-staffed, under-funded and under-regulated in many countries, has come at an extremely high cost to LTC residents and their families, with many paying the ultimate price.

Evidence shows that residents of LTC facilities account for approximately half of all fatalities in countries recording high incidences of deaths from COVID-19 [x]. A further study which considered COVID-19 linked deaths

across 21 countries, reported the number of deaths among aged care residents to be substantial, on average at 46% [x].

It has been suggested that older people living in LTC facilities are also at greater risk of contracting COVID-19 once it has been detected due to communal living arrangements and the proximity such personal care demands. In some countries, the incidence of COVID-19 deaths and the risk for severe disease is also higher in LTC

facilities than in older people within the general community [x]. A further report in IMJ suggested that nursing home residents had borne a disproportionate morbidity and mortality in the COVID-19 pandemic compared to the general population and that while this was potentially attributable to increased levels of frailty and comorbidity of residents, the physical infrastructure and governance structures within nursing homes was also likely to be highly significant.^{73 74}

In Canada for example, the incidence rate of COVID-19 deaths among LTC residents was 13 times higher than in people 70 years or older living in the community.⁷⁵

Death, illness and fear of both notwithstanding, older people living in LTC facilities have also faced other mental health challenges during the pandemic. Namely, the

negative effects of prolonged isolation from family and friends brought about by visitation restrictions. Seen by many countries as the best method of reducing the risk of COVID-19 infections in LTC facilities, closure to outside visitors has reduced social contact among residents and disrupted routines, severely affecting the health and wellbeing of LTC residents.⁷⁶

One survey of residents, relatives and staff members in care homes in the Netherlands measured loneliness, mood and behavioural problems in residents six to 10 weeks after a visitor ban in all care homes was implemented. The study found high levels of loneliness and depression and worsening in mood in behavioural problems, which affected more residents without cognitive impairment.⁷⁷

⁷³ Canadian Institute for Health Information. *Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare With Other Countries?*. Ottawa, ON: CIHI; 2020.

⁷⁴ Epidemiology and clinical features of COVID-19 outbreaks in aged care facilities: A systematic review and meta-analysis Hashan, Mohammad Rashidul et al. *EClinicalMedicine*, Volume 33, 100771

⁷⁵ Fisman D, Lapointe-Shaw L, Bogoch I, McCready J, Tuite A. Failing our most vulnerable: COVID-19 and longterm care facilities in Ontario. *medRxiv*. doi:10.1101/2020.04.14.20065557.

⁷⁶ Charlene H. Chu, Charlene Ronquillo, Shehroz Khan, Lillian Hung, Veronique Boscart. (2021) Technology Recommendations to Support Person-Centered Care in Long-Term Care Homes during the COVID-19 Pandemic and Beyond. *Journal of Aging & Social Policy* 33:4-5, pages 539-554.

⁷⁷ Van der Roest HG, Prins M, van der Velden C, Steinmetz S, Stolte E, van Tilburg TG, de Vries DH, The impact of COVID-19 measures on well-being of older long-term care facility residents in the Netherlands, *Journal of the American Medical Directors Association* (2020), doi: <https://doi.org/10.1016/j.jamda.2020.09.007>.

ILC Member Country Snapshot - Argentina

Caregiving Training and continuous training on long-term care are being carried out mainly by the Government of the City of Buenos Aires and several institutions and NGO in Argentina. These courses are given to persons who want to be trained to work in long-term care and/or provide care to elders, at home or in institutions.

There is also the Unique and Mandatory Registry of Gerontological Assistants from where you can access the supply and demand of trained personnel.

Home and Hospital Long-Term Care is provided for older people in situations of social vulnerability mainly in the City of Buenos Aires.

This care offers free home care and services for older people in situations of social vulnerability, residents of the City, where technicians trained and accredited by the Home Care Service for the older provide hours of long-term care at the home of the interested party.

The Service grants also subsidies to older adults in situations of poverty or social vulnerability in the form of hours of home gerontological care.

Psychosocial and emotional containment

also provides a space for active listening and accompaniment aimed at older people experiencing psychosocial discomfort.

The Secretariat of Social Integration for Older People offers a psychosocial and emotional support service for people over 60 years of age who are residents of the City of Buenos Aires.

Developed by an interdisciplinary team, this initiative includes telephone service (free and confidential), empathetic listening and advice on other services offered by the city, the Nation and Civil Society Organizations.

ILC Member Country Snapshot - Australia

In February 2021, the Australian Government's Royal Commission into Aged Care Quality and Safety released their Final Report titled *Care, Dignity and Respect* which called for fundamental reforms of the Australian aged care system, starting with the development of a new Act. From 10 to 13 August 2020 the Commission held a hearing as part of our investigation into the response to COVID-19 in aged care. The Commission noted that most residents of aged care homes had not experienced a COVID-19 outbreak at their facility, they had endured restrictions for most of the year that "go beyond those endured by the general community". These restrictions limited visits by family, and attendances by health care

providers. They also increased staff workloads, and reduced the instrumental and expressive care that could be provided by families. As a consequence, residents' physical and mental health was put at risk. The Commission asserts "those living [in LTC] should be able to enjoy all of the ordinary incidents of home living, including sharing their home with friends and relatives. They should certainly not find themselves in their more vulnerable days facing their fears of the pandemic without the comfort and support of their friends and families." The Commission has put several recommendations forward for the consideration of the Australian Government.

ILC Member Country Snapshot - India

(In early 2020, a brief note of situation of Indian older adults under LTC has been submitted to Global Alliance network.)

Long term care in Asia is not as structured compared to developed nations. There are many dementia care homes and palliative care units which care for a very small percentage of the older adults in India. Limited resources, no new entries of the patients, loss of manpower due to lockdown and in few cases deaths of the trained manpower have taken a toll on the health of the older adults under LTC. Seniors were not

allowed to meet their children or relatives and hence, management teams of many LTC units arranged weekly video conferences to make seniors feel homely and not isolated.

Further, long term care organizations who were solely dependent on donations had to face lot of issue to sustain and provide quality care to older adults who were from lower socio-economic class/destitute.

Many paid long term care institutes from Pune, Bangalore, Hyderabad, Delhi, Mumbai have sustained themselves through their own resources.

ILC Member Country Snapshot - Canada

The first Canadian COVID-19 deaths happened in LTC in the province of British Columbia on the 9th March 2020, and it became the beginning of a terrible trend. By early April, the situation in LTC had deteriorated into a national crisis as stories exposed the problems created by decades of neglect and lack of funding to these institutions.

As noted, the concerns about neglect and serious violations of health care regulations in Canadian LTC homes during the COVID-19 crisis appears to have been particularly acute in Quebec and Ontario. In both provinces, the situation in LTC homes became so severe that, one month into the crisis, more than a thousand armed forces personnel had to be deployed to assist overwhelmed workers, unable to keep up with residents' needs or off work because of illness or fear [x].

At the end of May 2020, the Canadian Armed Forces (CAF) Joint Task Force Central rendered public a 15-page report based on the observations of its military personnel in the five Ontario LTC residences deemed by the province to have required the most support [x]. The report revealed severe instances of regulatory violations and neglect, spanning from non-adherence or non-existence of policies (e.g. lack and/or improper use of personal protective equipment

(PPE) by staff, use of expired medication, absence or improper charting), inadequate resources including trained staff and medical supplies, poor or little training, deficiencies in infrastructure (e.g. insects, inadequate disinfection), concerns about standards of care (e.g. poor catheter hygiene, poor or inexistent treatment of pressure ulcers), neglect (e.g. no bathing for several weeks, underfeeding, unchartered palliative care orders) and finally, violence (e.g. aggressiveness, forceful feeding and degrading comments about residents).

In Quebec, the situation in some homes has been dire, with a large number of deaths, severe worker shortages and insufficient PPE. In one particular home, the care was reported as substandard, with residents not adequately fed, and staff deserting the home in the middle of the outbreak.

While one must recognize that not all LTC homes in Canada are deficient to the extent described in the Joint Task Force report, the COVID-19 pandemic has lifted the veil on systemic problems in many Canadian institutions caring for older adults. Despite clear indications that many of the problems were well-known for decades, the proper steps to address the risks in caring facilities were not taken early enough, with devastating results.

ILC Member Country Snapshot - Netherlands

ILC-Netherlands conducted a study involving older adults living in a LTC-care nursing homes during the first wave/lockdown. Data were collected by following the same individuals over a period that spanned across several weeks between March-June 2020. During the first few weeks of the lockdown, most people in long-term care facilities agreed with the measures and saw them as a necessary but temporary evil. Some had a hard time adjusting to not being able to see their loved ones face to face as visitors were not allowed. Despite the inconvenience, the residents kept in contact with their relatives using creative means. For example, acquaintances waved from outside or dropped off presents. The people interviewed appreciated these moments and indicated that they felt happier, less alone and less dreary due to these small gestures. Attention of care staff beyond the regular duties was also appreciated. Some mentioned that they felt more attended to compared to before the pandemic. The society paid much attention to people living in long-term care facilities: "It is generally

the case that the people, the nursing staff, just do their job and when the time comes, when they have done their duty, they slam the door behind them. So I find it extraordinary that people [now] pay attention to you in between their work and give you a sense of being seen" (male, 74, married).

As time passed and lockdown eased, long-term care facilities remained somewhat closed. Although one on one contact from selected relatives was allowed again, group activities were still not happening. The participants explained that as society was moving on, attention and time from the nursing staff reduced and presents from the community became less frequent. Even though the period of isolation was, prolonged and contact was even more important than before, the sense of connectedness was felt less by the residents of long-term care facilities. Hence, the lack of meaningful contacts and a sense of isolation among them seemed to gain the upper hand as the weeks went on.

8. Elder abuse

Elder abuse is a global issue that seriously violates human rights, where older adults are subjected to single or repeated acts, or lack of appropriate action that causes harm.

Elder abuse is a prevalent problem that has serious financial, social, and health implications.⁷⁸ Prior to the pandemic, it was estimated that 1 in every 6 persons aged 60 and above were subjected to some form of abuse annually. According to WHO, elder abuse is when older adults are subjected to violence that includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.⁷⁹ This serious social problem has remained hidden as it is considered a taboo in many societies and has been ignored by public view because it is considered mostly as a private matter. Consequently, there is insufficient data collected on the true extend of the issue and the impact it has on older adults who have been or still experiencing abuse. Despite minimal data on elder abuse, previous catastrophic instances have shown that interpersonal violence do increase and intensity during times of crisis, which includes

economic and natural disasters.⁸⁰ Several emerging reports have found a rise in cases of abuse and in the disruption of services and protective measures [15].⁸¹ There are also reports of increased elder abuse between caregiver-care recipient dyads. Many nations have recommended their older citizens to stay at home to protect themselves against the virus, which inevitably increase stress and build up tension between carers and their care recipients. Caregivers' respite has also reduced as care recipients are encouraged to stay home. To reduced elder abuse during this unprecedented pandemic, it is recommended that healthcare providers or social workers adopt telephonic or video visits to older adults receiving care at home. These visits open a window into the lives of older adults and provide some form of support and counselling to older adults and their carers.⁸² The downside is that older adults struggle with use of technologies and may be discouraged to adopt these visits.

⁷⁸ WHO. (2021). *Elder abuse*. Retrieved 05 October from <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>

⁷⁹ United Nations. World Elder Abuse Awareness Day. 2020 [cited 2021 11 February]; **Available from:** <https://www.un.org/development/desa/ageing/world-elder-abuse-awareness-day.html>

⁸⁰ Chang, E. S., & Levy, B. R. (2021). High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. *The American Journal of Geriatric Psychiatry*. <https://doi.org/https://doi.org/10.1016/j.jagp.2021.01.007>

⁸¹ United Nations. 2020 World Elder Abuse Awareness Day: The impact of COVID-19 on violence, abuse and neglect of older persons. 2020 [cited 2021 11 February]; **Available from:** <https://www.un.org/development/desa/ageing/news/2020/06/weaad-2/>

⁸² Makaroun, L. K., Bachrach, R. L., & Rosland, A.-M. (2020). Elder Abuse in the Time of COVID-19-Increased Risks for Older Adults and Their Caregivers. *The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry*, 28(8), 876-880. <https://doi.org/10.1016/j.jagp.2020.05.017>

ILC Member Country Snapshot - Argentina

In 2021, City of Buenos Aires in 2021, there were 821 reported cases of older adults who were victims of elder abuse. It was found that elder abuse is more prevalent, 92% of the overall reported cases, with older persons aged 60 to 74 years. For those aged 75 and above, approximately 37% are victims who were verbally abused, 97% suffered from psychological abuse, 51% experienced physical violence, and 41%

economic woes is common. Additionally, older adults 75 and above have reported greater abuse by a younger family member. Those between 50 and 74 years tend to suffer from environmental (54%) and symbolic abuse (42%). These are arbitrary figures that we obtained, and more research is needed to understand the extend of elder abuse for Argentinian older adults.

ILC Member Country Snapshot – Canada

There is evidence that abusers change their tactics as they grow older, reducing the frequency of physical violence and instead controlling their partners through economic coercion, psychological abuse, and verbal threats that deeply affect older women's physical and mental well-being. Globally, the reported prevalence

of intimate partner violence (IPV) experienced by older women ranges from 16.5% to 54.5% (Pathak et al, 2019). When given the chance to speak openly about their experiences, older women share that nonphysical abuse often leaves scars more damaging than those of physical violence.

ILC Member Country Snapshot - India

To mark “World Elder Abuse Awareness Day”, in June 2020, ILC-India conducted an online essay competition for senior citizens to express their stories or experiences during the pandemic. Many seniors took part in the competition to express their experiences of elder abuse. It was observed that many of the abuse was perpetrated by an immediate family member, such as a son or daughter or son or daughters-in-law. Most of these older adults felt really helpless as they have no one to turn to. During the Covid-19 lockdown, the cases of elder abuse increased. A recent survey revealed that almost 71% of the older population sampled that elder abuse frequency have increased. A total 64% older adults reported they faced neglect. Elder abuse increased

has been attributed to loss of jobs, financial crisis, and interpersonal tensions between the two generations have led to more episodes of elder abuse in joint families in India. On the other hand, in many families, intergenerational solidarity was observed as an advantage of the lockdown as bonding between two or three generations was strengthened.

The government of India has launched a national helpline exclusively for older adults in India, where trained counsellors respond to older adults who sought help. They would normally refer them to the relevant sources to provide more help where necessary. This helpline might help seniors express their grievances or report any abuse as they stay at home. The hotline also answers queries of vaccination.

ILC Member Country Snapshot - Singapore

There is no national-level data on the prevalence of elder abuse or mistreatment in Singapore. Prior to the pandemic, elder abuse for community dwelling older adults has been on the rise in Singapore.

During the COVID circuit breaker, there were 476 reported cases of family violence. This is a 22% increase in reported cases compared to 2019 [16]. Family violence typically includes children, women, and

elder abuse involving physical violence, psychological and emotional abuse, abandonment, neglect, and loss of dignity and respect. Being in lockdown increased social isolation and loneliness which may lead to increased stress and tensions and ultimately, increased family violence. This may have resulted in higher suicide rates (13% increased from 2019) among older adults in 2020.

9. Strategies for high risk populations and disadvantaged groups

he COVID-19 pandemic has prompted governments, public health authorities and organisations globally to implement various strategies in order to protect the vulnerable populations in their communities.

From the 1st of January 2020, almost every country with reported data in the world has implemented varying levels of stay-at-home requirements to protect their citizens from COVID-19, ranging from recommended stay-at-home measures to required measures with few exceptions.⁸³ Almost every country with reported data has also implemented policies surrounding face-covering, ranging from policies that recommend them to ones that make them required to be worn outside-the-home at all times.⁸⁴

To further protect vulnerable populations and stop the spread of the COVID-19 virus, almost all countries with reported data throughout the pandemic have either recommended or required cancellations of public events. Countries have also put varying levels of restrictions on the amount of people that can attend public gatherings throughout the pandemic, ranging from >1000 people to <10 people.⁸⁵

At different times throughout the pandemic, countries have also implemented differing travel restrictions. Some countries have implemented public transport closure measures, ranging from recommended closing or reducing volume, to required closing or prohibiting most from using. Most countries at some point during the pandemic have also implemented restrictions on internal movement, either recommending movement restriction to restricting movement. Further, all countries in the world have international border controls implemented due to this pandemic to again halt the spread and protect their people. These controls range from screening to total border closure.⁸⁶

Certain countries have also taken specific measures to protect different vulnerable populations from COVID-19, including older people, Indigenous people, prisoners, people experiencing homelessness and asylum

⁸³ **Title:** COVID-19: Stay-at-Home Restrictions. **Date:** 29/1/2021. **Publisher:** Our World in Data .

Website Title: Ourworldindata.org **URL:** <https://ourworldindata.org/covid-stay-home-restrictions>

⁸⁴ **Title:** COVID-19: Face Coverings. **Date:** 29/1/2021. **Publisher:** Our World in Data **Website Title:** Ourworldindata.org **URL:** <https://ourworldindata.org/covid-face-coverings>

⁸⁵ **Title:** COVID-19: Cancellation of Public Events and Gatherings. **Date:** 29/1/2021. **Publisher:** Our World in Data. **Website Title:** Ourworldindata.org. **URL:** <https://ourworldindata.org/covid-cancel-public-events>

⁸⁶ **Title:** COVID-19: International and Domestic Travel. **Date:** 29/1/2021. **Publisher:** Our World in Data. **Website Title:** Ourworldindata.org **URL:** <https://ourworldindata.org/covid-international-domestic-travel>

seekers, among others. For example, 37 countries have undertaken specific measures to protect prisoners from COVID-19 infection, including France, Ghana, New Zealand and Uruguay. These measures include the creation of isolation areas, use of masks by staff, suspension of visits and social compensation, as well as other educational, environmental and health measures.⁸⁷

Strategies to protect vulnerable populations have included funding, policies, communications and protocols. For example, The Government of Japan implemented Basic Policies for Novel Coronavirus Disease Control that covers multiple issues with the aim to thoroughly prevent older people from contracting the COVID-19 virus within medical institutions. Other examples include The Ministry of Indigenous Affairs of Canada provided \$305 million for an Indigenous Community support fund to support their needs throughout the pandemic,⁸⁸ and The Ministry of Health and Social Security and Ministry of Culture of Colombia providing

protocol and messages in various languages on COVID-19 to Indigenous peoples.⁸⁹ Further, a collaboration between the World Health Organisation and the Government of Serbia provided universal healthcare coverage to refugees and migrants in order to match the COVID-19 protection efforts for them to the population of Serbia.⁹⁰

Despite being termed a great equaliser, the COVID-19 pandemic has exposed health inequities experienced by individuals and communities, with a growing body of evidence highlighting the effects of social, economic and environmental determinants on health outcomes and vulnerability to COVID-19, as well as the effects of COVID-19 on existing inequalities. Societies globally have a collective responsibility to protect and support people who have been made vulnerable before, throughout and beyond the COVID-19 pandemic.^{91 92} It is therefore important for us to learn from each other, find the best ways to do that, and take action.^{93 94}

⁸⁷ **Title:** COVID-19 Pandemic Response Basic Guide for Decision-Makers. Authors: Joana Apóstolo, Rita Martins and Pedros das Neves. **Publisher:** Innovative Prison Systems. **Website Title:** Rm.coe.int **URL:** <https://rm.coe.int/covid19-ips-basic-guide-for-decision-makers-on-worldwide-practices-and/16809e1c33>

⁸⁸ **Title:** Government Policies and Actions. **Publisher:** Food and Agriculture Organisation of the United States. **Website:** Fao.org **URL:** <http://www.fao.org/indigenous-peoples/covid-19/government-policies-and-actions/en/>

⁸⁹ **Title:** Traducción a Lenguas Nativas medidas sobre el COVID-19. **Publisher:** Ministry de Cultura **Website Title:** Mincultura.gov.co **URL:** <https://www.mincultura.gov.co/areas/poblaciones/Paginas/traduccion%CC%81nalenguasnativas-covid19.aspx>

⁹⁰ **Title:** How WHO is supporting refugees and migrants during the COVID-19 pandemic **Date:** 28/5/2020 **Publisher:** The World Health Organisation. **Website Title:** Who.int **URL:** <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-refugees-and-migrants-during-the-covid-19-pandemic>

ILC Member Country Snapshot - Canada

Canada (Thematic Report on the Human Rights of Older Women page 20-22): Older women, especially if they are at-risk or marginalized due to disability, low-income, immigration status, or other issues encounter barriers to access to justice, such as lack of knowledge about options for legal assistance and lack of language interpretation to support access

to legal advice. The historic exclusion of women from political processes and power structures is exacerbated for women of colour, new immigrants and Indigenous ancestry, women with disabilities, and women in the LGBTQ2+ community. Intersectionality among identity and social factors also leads to a cascading risk for poor health and wellbeing.

ILC Member Country Snapshot - Japan

The local government has been distributing masks and disinfectants to those considered to be at high risk; older adults with a history of infection and residents of nursing homes are considered high risk. However, there is no national policy, and many facilities are making efforts to introduce ICT-based communication during the prolonged pandemic. Unfortunately, in some cities where a state of emergency has been declared, clusters have occurred in nursing homes

due to lack of medical resources, and many older adults have died.

The number of reports of cluster outbreaks in prisons and other facilities is few. Because local governments cannot provide multiple-language information, the occurrence of cluster outbreaks of foreign residents is often reported. Some problems have arisen in dealing with disadvantaged groups.

ILC Member Country Snapshot – Singapore (Homeless people)

In Singapore, there are approximately 1,000 known homeless individuals, older adults included. During the circuit breaker, Singapore authorities, welfare groups, religious organisations etc, pulled together to offer homeless individuals interim housing that provides meals and access to hygiene facilities. Conditions for homeless individuals may have temporarily improved

during the circuit breaker. Currently, aid that was offered may have dwindled as Singapore moves into phase three reopening. With limited publicly available national records or data that offers insights into the living conditions of homeless individuals/older adults in this pandemic, it is difficult to ascertain the conditions in which they have been placed in.

⁹¹ **Title:** COVID-19 and the impact of social determinants of health. **Date:** 18/5/2020. **Authors:** Elissa M Abrams, Stanley J Szefer **Publisher:** The Lancet Respiratory Medicine **Volume:** 8 **Issue:** 7. **Pages:** 659-661 **Website Title:** [https://thelancet.com/DOI:https://doi.org/10.1016/S2213-2600\(20\)30234-4](https://thelancet.com/DOI:https://doi.org/10.1016/S2213-2600(20)30234-4) **URL:** [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30234-4/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30234-4/fulltext)

⁹² **Title:** UNESCO experts urge collective responsibility to protect vulnerable persons in global battle against COVID-19. **Date:** 7/4/2020. **Publisher:** UNESCO. **Website Title:** [en.unesco.org](https://en.unesco.org/news/unesco-experts-urge-collective-responsibility-protect-vulnerable-persons-global-battle-against) Access Date: 27/8/21 **URL:** <https://en.unesco.org/news/unesco-experts-urge-collective-responsibility-protect-vulnerable-persons-global-battle-against>

⁹³ **Title:** Social determinants of health. **Date:** 6/1/21. **Publisher:** World Health Organisation. **Website Title:** <https://apps.who.int> Access Date: 27/8/21. **URL:** https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_24-en.pdf

⁹⁴ How WHO is supporting refugees and migrants during the COVID-19 pandemic <https://www.who.int/news-room/feature-stories/detail/how-who-is-supporting-refugees-and-migrants-during-the-covid-19-pandemic>

ILC Member Country Snapshot – Australia

In March 2020, the Prime Minister, the Hon Scott Morrison MP, announced a Coronavirus (COVID-19) health package that was designed to protect all Australians, particularly vulnerable groups such as “the elderly”, from the virus. Within this announcement, \$101.2 million was allocated for the aged care sector to implement measures such as education and training of workers in infection control, hiring extra nurses and aged care workers, and making available for deployment to facilities additional care staff when necessary.

Throughout the pandemic, the Government also implemented various restrictions on visitors to aged care centres, including maximum amounts of visitors, vaccination requirements, health screening and physical distancing, with certain centres taking the restrictions and advice even further by banning all visitors in order to protect residents and staff.

For further protection efforts, the Australian Government also established national border closures to all non-residents, which have been in place since the 20th of March, with each state and territory closing or restricting their borders at different times throughout the pandemic in accordance with the ongoing situation in different areas of the country. The government also put in place a 14-day mandatory quarantine for international arrivals, as well as other

rules, including requiring a negative COVID test 72hrs or less prior to departure and wearing masks on flights and in airports.

Throughout the pandemic, different states and territories have provided varying advice about wearing masks, in some cases making them mandatory, for example in certain indoor settings, public transport and on domestic flights. Again, different states and territories implemented hard lockdowns throughout the pandemic, subject to the ongoing situation. The metropolitan Melbourne and Mitchell Shire areas of Victoria entered a stage-three lockdown on the 9th of July 2020, and more recently the metropolitan Perth and Peel and South West regions of Western Australia entered a lockdown on the 31st of January 2021.

The Government has also implemented other measures throughout the pandemic, such as limits on certain prescription and over-the-counter medications to ensure availability and access to medicines for all, a moratorium on evictions to protect those unable to meet their commitments due to the pandemic, and the release of COVID-19 related resources in 86 languages in order to provide information [to as many people as possible]. For NDIS participants and workers, the Government implemented essential supports and financially supported the retention of workers for disability providers.

ILC Member Country Snapshot – Australia (Asylum seekers)

In late March 2020, visitor access to detention facilities was suspended, replaced with each detainee receiving a \$20 phone credit per week to maintain social contact with those outside of detention.

Then, in early August 2020, the Government

announced redistribution of detainees across different detention centres to minimise the risk of infection transmission due to overcrowding. Refugee detainees that are more vulnerable to the pandemic have also been kept in different facilities to those detained for criminal visa condition breaches.

ILC Member Country Snapshot – Australia (Prisoners)

In March 2020, each state and territory government introduced different restrictions in response to the COVID-19 pandemic to protect prisoners including:

- suspension of social visits
- restriction of non-essential inmate movement between centres
- temperature testing for staff, suspension of work release
- quarantine periods for new inmate
- isolation hubs and field hospitals within existing centres to isolate inmates who test positive
- trials of family video visitation
- early release on parole for certain classes of inmates

The Communicable Diseases Network Australia also released the National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Correctional and Detention Facilities in Australia. These guidelines included infection prevention and control measures covering:

- exposure prevention
- prevention of introduction into facilities
- prevention of spread within and between facilities
- prevention of spread into surrounding communities
- special considerations for prisons with high proportions of Aboriginal or Torres Strait Islanders.

ILC Member Country Snapshot – Australia (Homeless people)

During the COVID-19 pandemic, the Australian Government released an information and advice sheet for people experiencing homelessness, people working with homelessness and homeless shelters and organisations.

Further, state, territory and local governments implemented a variety of different support measures for people experiencing homelessness with additional

support from the Commonwealth. These include funding for temporary or permanent accommodation provided by homelessness services, charities and hotels, plans for new and upgraded social housing stock, restrictions on the eviction from residential properties of tenants, hardship payments for those ineligible for the JobKeeper or JobSeeker payments, and more.

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ILC Member Country Snapshot – Australia (Aboriginal and Torres Strait Islander People)

One of the main measures implemented to protect Aboriginal and Torres Strait Islander people were travel restrictions. Some remote communities and the Northern Land Council had already taken action to close borders and restrict non-essential travel on Aboriginal land, however, on the 26th of March, the Australian Government implemented travel restrictions to remote communities, also encouraging people already in remote communities to stay there unless needing to leave for medical treatment. Further, on the 25th of March, the Government announced 45 grants aimed at helping Indigenous communities protect themselves against COVID-19.

On the 2nd of April, the Government announced \$123 million to support the responses of Indigenous communities and businesses to COVID-19. This funding included \$10 million to Community Night Patrol to support them in ensuring community safety and \$10 million to the four Northern Territory Land Councils to aid in meeting the needs and expenses of people returning to their homelands, people needing to self-isolate, and to deal with the remote travel restrictions appropriately.

It was also announced in April that First Nations Media Australia would receive \$234,500 in funding to carry messages about COVID-19 to Indigenous communities.

10. Measures of continued services for older persons

Older people require continued access to care during the COVID-19 pandemic.

Pre-existing underlying health issues and the physiological changes that occur during the ageing process render them more likely to develop severe illness as a result of infection.⁹⁵

The WHO-Europe had reported on the 30th of April 2020 that 95% of the total COVID-19 deaths were people older than 60 years, and 50% of all COVID-19 deaths were people aged 80 years and over.⁹⁶ Further, research has also shown that people in their seventies who are symptomatic for COVID-19 are twenty times more likely to need hospitalization than

people in their twenties.⁹⁷ Therefore, ensuring that older people are still able to access services throughout the pandemic is a priority.

With the increasing dependence on technology and the internet for services that this pandemic has induced, those older people who are less connected or able to use technology could be left behind. A survey study conducted in the United States stated that barriers to use of technology by older people include cost, availability of internet,

⁹⁵ **Title:** WHO delivers advice and support for older people during COVID-19. **Date:** 3/4/2020 **Publisher:** The World Health Organisation **Website Title:** Who.int **URL:** <https://www.who.int/news-room/feature-stories/detail/who-delivers-advice-and-support-for-older-people-during-covid-19#:~:text=Although%20all%20age%20groups%20are,potential%20underlying%20health%20conditions>.

⁹⁶ **Title:** Betrayal of Trust? The Impact of the COVID-19 Global Pandemic on Older Persons. **Date:** 30/4/2020. **Authors:** Michel D. Landry, Graziella Van den Bergh, Karl Margrete Hjelle, Djenana Jalvic, Hanne Kristin Tuntland. **Publisher:** Journal of Applied Gerontology. **Volume:** 39 **Issue:** 7 **Pages:** 687-689. **Access Date:** 2/2/2021 **DOI:** <https://doi.org/10.1177/0733464820924131> **URL:** <https://journals.sagepub.com/doi/full/10.1177/0733464820924131>

lack of education and negative attitudes, also finding that barriers extend to vision and hearing loss as well as difficulties with fine motor movements that are related to ageing. This emphasises the importance of putting in place measures for continued support and services to older people to assist them and meet their needs.⁹⁸

Another reason that measures for continuation of services for older people through this ongoing pandemic is essential is that more and more older people are living alone or in retirement homes or an aged care centre, rather than with extended family. Those who live alone can face barrier to accessing food, medication and other supplies, as well as accurate information about the pandemic, and older people living in aged care or rehabilitation centres are more vulnerable to the impacts of COVID-19 infection. Further, older people living with family and taking on the role of caregiver can make it impossible for them to quarantine safely when necessary.⁹⁹

Older people can face barriers to accessing quality healthcare, such as affordability and age-related discrimination and stigma. Also, those who are experiencing cognitive decline or dementia who are isolated or highly care-dependent may start experiencing anxiety, stress or agitation, becoming withdrawn. Some older people who may not be able to get around independently, may be on a fixed income, or may have undiagnosed or poorly managed mental health conditions also need reliable and consistent support and services.¹⁰⁰

For example, the City of Toronto, Canada, has put in place various measures to support older people in the community throughout COVID-19 outbreaks. The Toronto Seniors Helpline was established to refer people to services for the delivery of food and other essentials such as prescriptions, personal care and mental health support, transport and social phone calls, as well as other support services.¹⁰¹ Further, they have provided links to other support services, including a Seniors

⁹⁷ **Title:** UNFPA Global Technical Brief Implications of COVID-19 for Older Persons: Responding to the Pandemic.

Last Review Date: 24/4/2020. **Publisher:** United Nations Population Fund. **Website Title:** Unfpa.org

URL: https://www.unfpa.org/sites/default/files/resource-pdf/Older_Persons_and_COVID19_final.pdf

⁹⁸ **Title:** Technology Use by Older Adults and Barriers to Using Technology. **Date:** 12/08/2014 **Author:** Lynn Gitlow

Journal/Publisher: Physical & Occupational Therapy in Geriatrics. **Volume:** 32 **Issue:** 3 **Pages:** 271-280

<https://doi.org/10.3109/02703181.2014.946640>

⁹⁹ **Title:** UNFPA Global Technical Brief Implications of COVID-19 for Older Persons: Responding to the Pandemic

Last Review Date: 24/4/2020. **Publisher:** United Nations Population Fund **Website Title:** Unfpa.org **URL:** https://www.unfpa.org/sites/default/files/resource-pdf/Older_Persons_and_COVID19_final.pdf

https://www.unfpa.org/sites/default/files/resource-pdf/Older_Persons_and_COVID19_final.pdf

¹⁰⁰ **Title:** Supporting older people during the coronavirus pandemic. **Publisher:** Beyond Blue **Website Title:** coronavirus.beyondblue.org.

URL: <https://coronavirus.beyondblue.org.au/i-am-supporting-others/older-people/supporting-older-people-during-the-coronavirus-pandemic.html>

¹⁰¹ **Title:** COVID-19: Seniors & Vulnerable People. **Last Update Date:** 16/6/2021 **Publisher:** City of Toronto. **Website Title:** toronto.ca **URL:** <https://www.toronto.ca/home/covid-19/covid-19-financial-social-support-for-people/covid-19-seniors-vulnerable-people/>

Safety Line to assist in cases of mental health issues, such as depression and anxiety, as well as isolation and elder abuse, Toronto Community Housing for information on rent and food banks,¹⁰² the City's Income Support Page for access to income support for medical and health expenses, and the Canada Emergency Response Benefit, as well as other Provincial and Federal Government programs to support older people.¹⁰³

The ongoing nature of this COVID-19 pandemic highlights the importance of measures of continued services for older people. The human rights of older people have been often overlooked in policies and programmes, but through learning from each other and the successful ways that people have come together and supported older people, we can create a more age-friendly society and be prepared for similar challenges in the future.¹⁰⁴

ILC Member Country Snapshot – Argentina

COVID-19 highlights the profound inequality that characterizes this society. According to the projections of the INDEC for 2020, 7.130,382 people are over 60 years old, this represents 15.7% of the population of Argentina beyond surpassing the citizens. It is a reality that surpasses the health care institutions since they were not prepared to face a pandemic, added to the context of the social economic crisis, the scenario that invites reflection is dissimilar. (Recovered: <https://www.trabajo-social.org.ar/wp-content/uploads/Machado-y-otros.-Trabajo-social-con-personas-mayores-en-tiempos-de-COVID-19.pdf>)

Despite the pandemic, nursing homes that were at a lost when "the first wave" started were able to create and improved new protocols in relation to the dangerous sources of contagion.

Their situation at the present time is under control mainly in Buenos Aires and other important provinces.

The care systems in the context of a Health emergency have also improved by the incredible and committed passion of the Health Care Workers and the sustained Government support mainly in the large towns.

The publication Aging with Care estimates that older people in the LA region are in a situation of functional dependence and the countries of the region do not yet have consolidated care systems to provide the support they need. It is imperative that countries adapt and expand their offer of care services ...

¹⁰² **Title:** Novel Coronavirus (COVID-19) support and resources. **Publisher:** Toronto Community Housing.

Website Title: torontohousing.ca **URL:** <https://www.torontohousing.ca/residents/community-services/Pages/Novel-Coronavirus-COVID-19-information.aspx>

¹⁰³ **Title:** COVID-19: Seniors & Vulnerable People. **Last Update Date:** 16/6/2021 **Publisher:** City of Toronto

Website Title: toronto.ca **URL:** <https://www.toronto.ca/home/covid-19/covid-19-financial-social-support-for-people/covid-19-seniors-vulnerable-people/>

¹⁰⁴ **Title:** Policy Brief: The Impact of COVID-19 on older persons. **Date:** May 2020 **Publisher:** The United Nations

Website Title: <https://unsdg.un.org> Access Date: 27/8/21 **URL:** <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

ILC Member Country Snapshot – Canada

Canada (Thematic Report on the Human Rights of Older Women page 15): As home services are diminished, and access to home care services are paused, older caregivers in the community are left to manage the care of their loved ones on their own. However, the federal Guaranteed Income Supplement

(GIS) is an income-tested transfer payment to supplement the incomes of persons aged 65 and older who have no or minimal income other than the universal Old Age Security pension (OAS). GIS continued throughout the pandemic.

ILC Member Country Snapshot – India

Seniors were not allowed to go out of their houses or homes and most of the planned operations like knee surgeries, cataract, dentist appointments and so on were kept on hold for the seniors which has caused discomfort for older population. For dementia care homes or old age homes, new entries were restricted for 2020 and this restriction continued in 2021 in few parts of India.

All essential services which includes healthcare industry, medicines, grocery-vegetables shops, ready meals, finance institutes like banks and post offices were all open and available for the general population. Hence, service to older adults were in place. Voluntarily, many local NGOs and self-help groups established their own networks and coordinated supplies of essential and other things like clothes for older people in their locality.

ILC-I too coordinated with the authorities and helped seniors convey their demands to local Police officers and also helped provide services to seniors.

Not only in various dementia or palliative care homes but also in top retirement homes in India like Athashri

condominium, concerned authorities did a very good job. Everyday sanitization was done at walkways, lift entrance and common sitting area. They arranged separate home stay for healthcare workers and helping staff so that they could stay within the campus to lessen the chances of infection. All milk bags were commonly sanitized before getting distributed to each flat. All helping staff were under surveillance and they were encouraged to undergo RT PCR test after regular time intervals.

Unlike in developed countries, in India, in most of the age-care homes and retirement communities, seniors were treated with more care and extra attention paid to their health through appropriate sanitization and disinfection measures taken by the authorities, which resulted in lesser incidences of positive cases and mortalities.

Many small-scale catering services, tiffin services, home chefs started paid service of daily tiffins of nutritious and healthy meals especially for seniors as well as those who were found positive and were home quarantined.

ILC Member Country Snapshot – Japan

Japan has not implemented a strict lockdown. Even with the declaration of a state of emergency, which introduces the most severe restrictions, people who are not infected can move freely, and restaurants are still open for business (although the serving of alcohol has been restricted since April 2021). As a result, older adults have no difficulty in shopping, eating. Fitness gyms, which older adults frequent, were also temporarily closed but are now opening. Many programs for older adults, such as health exercises conducted by local governments, have suspended

their activities since April 2020. However, those who fear the risk of infection are not participating, and many older adults are “self-refraining” from activities. Especially in urban areas where the infection continues to spread, activities have become intermittent after the second declaration of a state of emergency from January 2021. Many groups are making efforts to continue the relationship even when activities are suspended, such as “calling out” and planning events using ICT. Local governments are also trying to support such activities

ILC Member Country Snapshot – Australia

Until the 31st of March 2021, phone and videoconference telehealth services have been available to Australian Medicare users to contact GPs, nurses, and allied and mental health professionals to reduce the risk of infection for both the patient or medical professional. Additionally, the Home Medicines Service provides free once-a-month home delivery of certain medications to people in isolation and vulnerable groups, including non-Indigenous people over 70, Indigenous people over 50 and aged care home residents.

Commonwealth funded providers, like Meals on Wheels, are continuing to provide older people with access to food supplies and pre-prepared meals on a regular basis. Also, numerous grocery suppliers such as Woolworths and Coles, have ensured priority access for older people and other vulnerable groups to their phone or online shopping service.

The Older Persons COVID-19 Support Line has been created for older people, their families and carers. The support line provides information and advice about taking care of older people, including accessing new services or essential supplies, and is also a listening ear for those feeling lonely. It is open Monday-Friday from 8:30am-6pm, excluding public holidays.

On the 24th of April 2020, the Australia Government announced an initiative for older Australians called 'Be Connected'. It aims to help them develop technological skills in order for them to be able to use telehealth and videoconferencing services, as well as perform other online tasks such as shopping.

Further, different states have implemented their own measures to continue supporting older

people throughout the COVID-19 pandemic. The Queensland Government announced in April 2020 that the Community Recovery Hotline was going to be expanded so that older people and other vulnerable groups can connect to support and essential services. The South Australian Government has its own COVID-19 Mental Health Support Line, and continues to provide COVID-safe services through the Commonwealth Home Support Programme, which provides domestic assistance, transportation, grocery shopping and meals, personal care and social support services.

Organisations throughout Australia have also taken the provision of continued services for older people into their own hands, finding ways to support older people. NARI for example released a series of videos to help older people stay active at home. They also developed a series of tip-sheets for older people that link to government and other resources on the topics of healthy eating, physical activity, social engagement, shopping and meals and managing health conditions. NARI were also involved in developing a website with Australian physiotherapist clinicians to provide information, resources, exercises and other safe ideas for older people to increase their physical activity while at home.

The Kindness Pandemic is a global initiative created by Dr Catherine Barrett to promote and provide support and information to all kinds of people during the COVID-19 pandemic, particularly those who are marginalised or vulnerable. There is a national Kindness Pandemic group, with smaller groups forming in almost every state and territory in Australia.

11. Ageism

The COVID-19 pandemic has been a magnifying glass on ageism.

Ageism is a process by which older people are negatively stereotyped and portrayed as a homogeneous group, one that poses demographic, social and financial challenges. Ageism is also expressed through individual and systemic discriminatory behaviour

towards older adults, such as indifference, patronizing attitudes and - in its worst form - abandonment.

The COVID-19 crisis has highlighted ageist stereotypes and behaviours, whether in

the way seniors were framed in the public discourse or in the response to the desperate situation of LTC homes.

Ageism has manifested in multiple societies and across the world. These discriminatory practices and public discourse on older adults have only worsen because of COVID-19. There is global evidence demonstrated people in their 60s and above face higher risk of mortality compared to those of younger ages (citations). Approximately 40% of COVID-19 related deaths are attributed to long-term care facilities. The increased mortality rates reflect the underlying vulnerabilities faced by older adults. The older population has been disproportionately affected by restrictive policies to curtail the virus and seen as protective measures to safeguard their wellbeing. Consequently, there is an increased in loneliness, social isolation, and loss of freedom and support networks. This pandemic has also exposed ageist stereotypes against older adults. Ageism has been defined as stereotyping, prejudice, discrimination towards people due to age.

Across the world, there has been accounts of discriminatory practices in access to health services and other critical resources.

For example, access to ventilators or access to intensive care units have been assigned according to chronological age. Age is also a factor that determined physical isolation measures. In Singapore, older adults were strongly advised to stay home until phase 2 reopening after the circuit breaker, while the rest of the population could freely move around when restrictions were lifted in phase 1.¹⁰⁵ (Ministry of Health Singapore, 2020).

In the course of the pandemic, the older population has been repeatedly projected as vulnerable, helpless, frail, and able to contribute to society. These ageist stereotypes have been fuelled by public discourse over social media, mainstream press, and public announcements by government officials. A rapid review conducted by WHO in May and August 2020, that used search terms such as “ageism” and “COVID-19” or “corona” in Google scholar, found that approximately 25% of Tweets concerning older adults and COVID-19 were considered ageist (WHO, 2021).¹⁰⁶ These tweets included jokes and ridicule aimed at older adults or downplayed COVID-19’s impact on them or implied that they are less valuable. An analysis of 501 headlines of two national papers in Spain showed that 71% portrayed older adults in a negative way.

¹⁰⁵ Ministry of Health Singapore. (2020). Retrieved from <https://www.moh.gov.sg/news-highlights/details/post-circuit-breaker-measures-for-seniors>

¹⁰⁶ WHO. (2021). Global report on ageism. Geneva: World Health Organization.

ILC Member Country Snapshot - Canada

The COVID-19 pandemic has led to discriminatory behaviour and practice within the same age group. For example, healthy 70+ years old (the “in-group”)

attempted to distance themselves from the frail and vulnerable older adults who were more at risk of contracting the virus (the “out-group”).

ILC Member Country Snapshot - Argentina

Like everywhere else in the world, AGE DISCRIMINATION exists in Argentina. Although there is little empirical evidence, tacit knowledge of ageism exists but many has chosen to feign ignorance or pretend it is not an issue.

Older adults are vulnerable and they make up a large proportion of Argentina’s population. However, due to their status as economic “inactive” and higher dependency on others, the rest of the population do not think highly of older adults. Hence, the Inter-American Convention on the Protection of the Human Rights of Older Adults was setup. The group takes specific consideration for older adults by generating a

normative framework that obliges the signatory States to deploy a series of instruments aimed at fulfilling and enforcing these enshrined rights.

In Argentina, the document “Towards a National Plan against Discrimination: Discrimination in Argentina – INADI” (Institute of National Discrimination) affirm, that discrimination on political, religious, ethnic, and economic grounds coexists with new forms of marginalization and intolerance. Discrimination is projected as the denial of fundamental rights, of health, work, education, security, respect on individual dignity and cultural identity.

ILC Member Country Snapshot - Japan

Although there have been proactive ageism policies such as the distribution of masks mainly in nursing homes, national and local governments have not implemented age discriminatory policies. However, there is much discourse on the Internet, particularly on social networking services, that young people are being sacrificed to protect older people. On the other hand, it should not be overlooked that mass media often reported young people’s drinking and gathering, leading to the spread of inconclusive findings that

young people are a significant factor in the spread of COVID-19. COVID-19 has the risk of accelerating the division of people by age and of promoting ageism.

In hot-spot areas, it has also been reported overwhelmed medical resources, older and severely or moderately ill patients are dying because they cannot receive proper medical care through informal triage. Mainly, the medial collapses occurred in Hokkaido in December 2020, Osaka in April 2021.

ILC Member Country Snapshot - Netherlands

Framing: Some older adults expressed irritation about the generalizing and, in their view, patronizing media reporting on older adults. Media reports about vulnerable older people were sometimes received with resentment by older participants. Some felt the reporting underlined ageist discourses about older adults as being weak, dependent, and a burden to society. On the other hand, there were also older adults who did feel addressed by the notion of vulnerability, especially because of underlying health issues or their biological age.

Regardless of how seniors experienced the media portrayal of them - correct, disrespectful or patronizing - the interviews showed that not everyone actually felt addressed by the media reports designating older adults as “vulnerable”. How seniors experienced the

reporting about older people in the media and how they evaluate the often-used phrasing of “vulnerable older adults” seemed to stem from one’s own perception of vulnerability in relation to their biological age, level of (in)dependence and risk perception of the situation. When speaking about the portrayal of older adults, most of our participants did not refer to their own situation, but to that of the older adults in long-term care facilities or acquaintances with health issues. In other words older adults who were at least 80+, (more) dependent and often had underlying health issues. In line with these perceptions, some seniors were surprised when we mentioned the “COVID-19 risk age” to be 70 years, which made them realize that they too belonged to the older adults that were reported on and addressed frequently in the media.

ILC Member Country Snapshot - Netherlands

ICU debate: In addition to the general portrayal of older adults in the COVID-19 related news media, some participants were shocked by the public debate and reporting on possible limits to Intensive Care admission for people above a certain age. Despite the fact that most older people agree that topics such as Intensive Care admissions, quality of life and (palliative) treatment options should be discussed in public debate and thus the media, the tone and the way in which this was discussed in the media was disappointing to many. Especially the notion that older people have “lived their lives” (female, 63, single) and therefore should give their place to younger generations was deemed offensive: “Because you have had a life, you are not worth anything anymore?” (female, 92, widowed). Older adults underlined that the focus of the debate shifted too much towards

sentiment rather than practical solutions or ethical decisions. Still, the reporting and the current situation made many older adults think about how they would like to see a possible treatment. The possibility of an Intensive Care admission is looked at in different ways. There are for example older participants who said they would forego treatment in advance and prefer to give ‘their place’ to young people if there is a shortage of ICU beds, but there are also older people who preferred an admission to the ICU if needed. Regardless of their choice, participants feel that these types of personal topics should be approached with more nuance. Which is in line with the annoyance of several older adults towards the generalizing and often homogenous portrayal of older adults by the government and media.

12. COVID-19 Vaccines

The effort to develop a vaccine for COVID-19 has been relentless since early 2020.¹⁰⁷

As of the 28th of July 2021, there have been 21 approved vaccines and 89 candidates for vaccines in development as of the 28th of July, 2021. There has been no one approach to the development with these vaccines, with the types of vaccines ranging from mRNA-based, adenovirus, and non-replicating viral vector vaccines, to peptide, recombinant and inactivated vaccines, all of which are among the ones that have been approved. More types are also in development, including nanoparticle vaccines and live-attenuated vaccines.¹⁰⁸

From preliminary analysis of phase II/III trials, the Pfizer/BioNTech vaccine was found to be 95% effective for protection against symptomatic COVID-19 in people aged 16+ years and 65+ years, as well as 89% effective in protection against severe COVID-19 for all age groups, with no data on asymptomatic protection. Also from preliminary analysis of phase II/III trials, the Oxford/AstraZeneca vaccine was found to be 70% effective at protection against symptomatic COVID-19 for people aged 18+ years, with insufficient data on older people and protection from severe

¹⁰⁷ **Title:** The lightning-fast quest for COVID vaccines – and what it means for other diseases. **Date:** 18/12/2020 **Author:** Philip Ball **Publisher:** Nature **Website Title:** Nature.com **URL:** <https://www.nature.com/articles/d41586-020-03626-1>

¹⁰⁸ **Title:** COVID-19 vaccine tracker. **Date:** 11/2/2021 **Author:** Jeff Craven **Publisher:** Regulatory Affairs Professionals Society. **Website Title:** Raps.org **URL:** <https://www.raps.org/news-and-articles/news-articles/2020/3/covid-19-vaccine-tracker>

COVID-19, and non-statistically significant protection from asymptomatic infection.

¹⁰⁹ Two studies from Public Health England and Scotland looked at real-world data to determine the effectiveness of the Pfizer/BioNTech and Oxford/AstraZeneca vaccines in older adults. The former study showed that those who had a single dose of either vaccine had a 60-70% lower risk of a symptomatic infection 28 days post vaccination, and those who did get a symptomatic infection, within 14 days of a positive test, had their risk of being hospitalised lowered by 40%. The latter study showed that a single dose of either vaccine prevented 85-94% of hospitalisations from COVID-19 at 28-34 days post-vaccination, and in people aged 80+ years, people who had been vaccinated had an 80% lower risk of COVID-19 hospitalisation.¹¹⁰

Preliminary analysis of a phase III trial on the Moderna mRNA vaccine found that for symptomatic COVID-19, there was 94% efficiency of protection in people aged 18+ years, and 86% in people aged 65+ years, with insufficient data for asymptomatic COVID-19. Also, in preliminary results of phase III trials, the Johnson & Johnson vaccine has been found to be 67% effective in prevention of

moderate to severe or critical COVID-19 at least 14 days after vaccination in people aged 18+ years, and 66% effective at least 28 days after vaccination. It was further found to be 77% effective in prevention of severe or critical COVID-19 at least 14 days after vaccination in people aged 1+ years, and 85% effective at least 28 days after vaccination.¹¹¹

Phase III trial results for the Gam-COVID-Vac (Sputnik V) vaccine showed a 91.6% overall efficacy for prevention of COVID-19, as well as a 91.8% efficacy for people aged 60+ years, with reports of no cases of COVID-19 that were moderate or severe amongst the vaccinated participants. The CanSino one-shot vaccine was reported by the company to have a 65.28% efficacy rate for the prevention of symptomatic COVID-19. Varying multi-country trials for the Sinovac vaccine have reported different results due to different designs, however, results from Brazil showed that the vaccine had 50% efficacy against COVID-19 with or without symptoms, and results from Turkey showed that the vaccine had 83.5% efficacy against COVID-19 with at least one symptom. Finally, two vaccines have been in development from Sinopharm. From company reports, the first was reported to have 79%

¹⁰⁹ **Title:** Access to COVID-19 vaccines: Global approaches in a global crisis. **Date:** 18/3/2021 **Publisher:** Organisation for Economic Co-operation and Development. **Website Title:** oecd.org **Access Date:** 18/8/2021 **URL:** <https://www.oecd.org/coronavirus/policy-responses/access-to-covid-19-vaccines-global-approaches-in-a-global-crisis-c6a18370/>

¹¹⁰ **Title:** COVID-19 vaccines - safety and effectiveness in older adults. **Date:** 10/3/21 **Publisher:** Therapeutic Goods Administration (Australian Government Department of Health) **Website Title:** tga.gov.au **URL:** <https://www.tga.gov.au/alert/covid-19-vaccines-safety-and-effectiveness-older-adults>

¹¹¹ **Title:** Access to COVID-19 vaccines: Global approaches in a global crisis. **Date:** 18/3/2021 **Publisher:** Organisation for Economic Co-operation and Development. **Website Title:** oecd.org **Access Date:** 18/8/2021 **URL:** <https://www.oecd.org/coronavirus/policy-responses/access-to-covid-19-vaccines-global-approaches-in-a-global-crisis-c6a18370/>

efficacy from phase III trials, and the second was reported to have 72.51% efficacy from phase I/II trials, with no data available from phase III trials as of the 18th of March 2021.

Many countries have been prioritising vaccinating vulnerable populations, particularly older people, when conducting the vaccine rollout.¹¹² For countries where there is available data on vaccination coverage by age groups, the highest fully vaccinated groups in most countries are in the 70-79 years or 80+ years groups. For example, as of the 30th of July 2021, in Czechia, 83.09% of the population aged 70-79 years are fully vaccinated, and in Austria, 94.55% of the population aged 80+ years are fully vaccinated.¹¹³

However, there are a few countries that have different vaccination priorities, with Indonesia vaccinating people of working-age first, citing lack of data on the efficacy of the vaccine

being rolled out on older people, as well as the priority to maintain productivity.¹¹⁴ Further, in some countries, older people are deemed a priority group for vaccination, however the rollout hasn't reflected the priority. As of July, this was the case in Nepal, where older people, particularly those who live in rural areas or are poorer, were facing barriers to getting the vaccine, such as lack of vaccines and climate, despite the national priority.¹¹⁵

Finally, there has been global inequality in the vaccine rollout overall. As of the 18th of August, while the total vaccination rates in North America and Europe were over 50%, the rates were only sitting at 1.3% partial vaccination and 0.3% full vaccination in lower income countries.¹¹⁶

We know that vaccines save lives, and these vaccinations are an important step towards managing the spread of the COVID-19 virus.¹¹⁷

¹¹² **Title:** Access to COVID-19 vaccines: Global approaches in a global crisis. **Date:** 18/3/2021 **Publisher:** Organisation for Economic Co-operation and Development. **Website Title:** oecd.org **Access Date:** 1/8/2021 **URL:** <https://www.oecd.org/coronavirus/policy-responses/access-to-covid-19-vaccines-global-approaches-in-a-global-crisis-c6a18370/>

¹¹³ **Title:** Coronavirus (COVID-19) Vaccinations. **Publisher:** Our World In Data. **Website Title:** ourworldindata.org **Access Date:** 1/8/2021 **URL:** <https://ourworldindata.org/covid-vaccinations>

¹¹⁴ **Title:** Access to COVID-19 vaccines: Global approaches in a global crisis. **Date:** 18/3/2021 **Publisher:** Organisation for Economic Co-operation and Development. **Website Title:** oecd.org **Access Date:** 1/8/2021 **URL:** <https://www.oecd.org/coronavirus/policy-responses/access-to-covid-19-vaccines-global-approaches-in-a-global-crisis-c6a18370/>

¹¹⁵ **Title:** Nepal: Older people are prioritised on paper, but not in reality. **Author:** Vitaliy Konovalov. **Publisher:** HelpAge International. **Date:** 1/7/2021 **Access Date:** 1/8/2021 **URL:** <https://www.helpage.org/newsroom/latest-news/older-people-are-prioritised-on-paper-but-not-in-reality>

¹¹⁶ **Title:** The CODE Update. **Date:** 18/8/2021 **Author:** Priscilla Robinson. **Publisher:** Public Health Association Australia **Website Title:** intouchpublichealth.net.au **Access Date:** 20/8/2021 **URL:** <https://intouchpublichealth.net.au/2021/08/18/the-code-update-18-august/>

¹¹⁷ **Title:** COVID-19 advice for the public: Getting vaccinated. **Last Updated Date:** 14/7/21 **Publisher:** World Health Organisation **Website Title:** <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>

Therefore, an equitable vaccine rollout globally, that particularly ensures protection for those that are most at risk first, is vital to moving forward and alleviating the impact of the pandemic on public health and the global economy.globally, that particularly ensures protection for those that are most at risk first, is vital to moving forward and alleviating the impact of the pandemic on public health and the global economy.¹¹⁸

ILC Member Country Snapshot - Israel

On the 5th of February, Nature News reported on data released by Israel's Ministry of Health about the vaccine rollout in Israel. Approximately 90% of people aged 60 and older had received a first dose of the Pfizer vaccine. From this vaccination effort, a reported 41% drop in confirmed COVID-19 infections in that age group occurred, with a 31% drop in hospitalisations from the middle of January to early February. This is a large drop in comparison to the 59 and younger age group, of which approximately 30% have been vaccinated. A reported 12% drop in confirmed COVID-19 infections occurred in that age group, with a 5% drop in hospitalisations.

This is promising news for the vaccination rollout strategy; however, it is not concrete evidence for the real-world effectiveness of the vaccines. It is important to note that these drops may not be solely due to the vaccine, with a nationwide lockdown being instituted by the government in January in order to protect the population from the pandemic. However, computer scientists analysing the government data have still suggested that, while they cannot determine the exact impact, the vaccines themselves are having an effect on infection numbers, despite the effect of the lockdown.

ILC Member Country Snapshot - Singapore

Older adults aged 65 and above were one of the first in Singapore to be eligible to receive the mRNA COVID-19 vaccine. The initial take-up rate was slow among the older adults due to scepticism and distrust of the vaccine. Many older adults felt that the vaccine was developed too quickly and felt they were "guinea pigs" made to try out the efficacy of the vaccine. This idea was misinformation that there were older adults who died after receiving the vaccine. Other barriers include digital signups for vaccination made it difficult for older adults to schedule an appointment to vaccinate.

By June 2021, approximately 73% of older adults aged 60 and above received at least one vaccination. This was due to the emergence of the Delta variant and more evidence showing the efficacy of the vaccine. The Singapore government's aggressive promotional strategy to educate seniors who speaks only Chinese dialects, Malay, or Tamil. Special music videos with catchy tunes that educate older adults on vaccination benefits and aftereffects. Authorities removed the requirement to schedule an appointment and older adults can walk into any vaccination centres to receive their vaccination.

¹¹⁸ **Title:** COVAX: Working for global equitable access to COVID-19 vaccines. **Publisher:** World Health Organisation
Website Title: <https://www.who.int> **Access Date:** 27/8/21 **URL:** <https://www.who.int/initiatives/act-accelerator/covax>

ILC Member Country Snapshot - Argentina

Mortality and vaccines

The vaccination has been carried out by stages according to the established groups and would be free of charge, equitable and voluntary.

Nevertheless, even if we started early in January, vaccines were not enough and arrived rather slowly to Argentina due to international and national difficulties by the National Ministry of Health and vaccines providers.

The stages of vaccination were:

- Health personnel
- Adults over 70 years of age and people who live in nursing homes
- Adults over 60 years of age
- Strategic staff

- People between 18 and 59 years old with risk factors
- Other strategic groups.

Till July 19, 2021, there were 4,769,142 confirmed cases of Covid 19 and 101,955 deaths, of which 8 out of 10 were older people.

To date, a total of 27,430,531 vaccines were applied (22,030,134 first dose and 5,400,397 second dose)

Total Population Argentina: 44000000 inhabitants.

"First wave "Sept/October 2020 deaths were 80 y and over, and in the "second wave" May- June 2021) between 60 and 69y due to vaccination which started, even if rather slowly, in January 2021.

<https://www.argentina.Ministerio de Salud>

<https://www.argentina.gob.ar/coronavirus/vacuna>

ILC Member Country Snapshot - Singapore

Japan is far behind other countries in terms of vaccinations. One reason behind this delay is low numbers of COVID-19 infections and deaths in Japan compared with other countries. Consequently, the country was not under intense pressure to secure vaccines. Several other factors are also pointed out on top of that, including a general rule requiring new vaccines to go through a clinical trial in the country before approval, delay in international negotiations to secure vaccines, delay in the government' efforts to develop a system for the vaccine rollout, and vaccine hesitancy among people due to significantly negative

experiences in the past (especially the diphtheria immunization incident in 1948 and the unfavourable effects of measles-mumps-rubella [MMR] vaccines found around 1990). Nevertheless, a growing number of people are now willing to receive the shots as information became available on the effects of the vaccines in other countries since around April 2021. It is therefore essential to promptly develop an efficient vaccination system, but we are not certain whether enough people can receive the vaccines in Japan by the end of 2021 to reach a herd-immunity threshold.

ILC Member Country Snapshot - Australia

- The Australian Government announced the COVID-19 vaccine national roll-out strategy on the 7th of January 2021. The first priority groups to be vaccinated as part of Phase 1a of the rollout included aged care and disability staff and residents, with non-Indigenous Australians aged 70+ and Indigenous Australians aged 55+ beginning to be vaccinated as part of Phase 1b of the rollout, among other groups.
- As of the 3rd of August 2021, people aged 40 and over were eligible to be vaccinated, as well as younger age groups depending on other factors. Further, residential aged care workers, regardless of age, were all eligible to be vaccinated with the Pfizer vaccine.
- Both the Pfizer vaccine and the AstraZeneca vaccine were available in Australia for all eligible people to receive, however, the Pfizer vaccine is preferred for people aged 16-59, as recommended by The Australian Technical Advisory Group on Immunisation.
- On the 9th of August, the Therapeutic Goods Administration provided provisional approval for the use of the Moderna vaccine in Australian adults, which was expected to be added as a vaccine option in September 2021.
- As of the 26th of July, 2021, 50% of people aged over 95 years, 46% of people aged between 90-94 years, and 40% of people aged 85-89 years were fully vaccinated. Further, 79% of people aged 75-79 years were partially vaccinated, and more than 70% of all people over 70 years were partially vaccinated. However, only 33% and 37% of people aged 70-74 and 75-79 were fully vaccinated. 66.4% of people aged 65-69 were partially vaccinated, with only 15.5% being fully vaccinated.

ILC Member Country Snapshot - India

It was a proud moment for India when the world's largest manufacturers of vaccine-The Serum Institute of India launched their first vaccine called Covishield (Oxford-AstraZeneca Vaccine) and delivered the first batch of the vaccines to be distributed among Indian older population. Covaxin, developed and distributed by Bharat Biotech has been an option to Covishield. Now from June 2021 onwards, India will be having vaccine named Sputnik V developed and imported from The Russian Direct Investment Fund (RDIF).

The Government of India developed two very important and innovative online platforms called "Aarogya Setu (Bridge to Health) and Covin portal. These two portals are being used to register individuals for vaccination. Those who are sixty and

above 60 years were given preference and the first round of vaccinations were carried out only for senior citizens all across India. Awareness for taking vaccine was created through IEC (Information, Education and Communication) activities at village as well as state level.

Covishield and Covaxin need booster doses after 80 days and 28 days respectively. Many hospitals, local politicians and charitable organizations came forward and organized camps for seniors. ILC-I office staff helped few seniors to get registered by offering them digital help. Till April 2021, India has distributed over 100 million doses of vaccines to populations across India.

<https://www.bbc.com/news/world-asia-india-55748124>

13. Moving from COVID-19 to a decade of healthy ageing

2021 marks the beginning of the United Nations Decade of Healthy Ageing. This global collaboration aligns the Sustainable Development Goals to the needs of older people. The aim is to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

The Decade will address four areas for action:¹¹⁹

Age friendly environments

Combatting Ageism

Integrated health care

Long-term care

Consistent with the WHO Global Strategy and Action Plan on Ageing and Health, the **Decade of Healthy Ageing** calls on countries to:

Commit to action, and to develop:

- Frameworks for healthy ageing
- National capacities to formulate policy, programs and practices
- Strategies for combating ageism

Align Health Systems

- Orient around intrinsic capacity and functional ability
- Affordable access to quality person-centred integrated care
- Trained, deployed, managed workforce

Promote Age-friendly Environments

- Foster autonomy
- Enable engagement
- Promote Multisectoral action

Strengthen Long Term Care

- Sustainable and equitable LTC system
- Workforce and caregivers
- Quality, person-centred integrated care

Improve measurement, monitoring and research

The COVID-19 pandemic, the response to the pandemic, and the impacts on older people has highlighted the importance of the Decades' goals; but has also set back their achievement. Countries, and the organisations that support older people, need to now double down on their efforts to improve the experience of ageing and to protect the rights of older persons.

¹¹⁹ <https://www.who.int/ageing/decade-of-healthy-ageing>.

¹²⁰ <https://www.who.int/ageing/WHO-GSAP-2017.pdf>

During COVID-19, older people have been

- Described as vulnerable
- Isolated
- Limited access to community
- Limited access to health care
- Placed at risk

Intergenerational tensions have been intensified, as younger people have also felt the brunt of the restrictions without perceiving that they also benefit from the protections. The pandemic has promulgated the view of older adults as a homogenous vulnerable group, has stigmatized older age, and has intensified conscious and unconscious ageism.

For people currently in mid-life the pandemic may have exacerbated poor health risk behaviours and increased their risks of disease and disability in later life. COVID-19 has also underscored the importance of these risks with higher case fatalities among people who are overweight and smokers.

Long COVID may have negative effects on people intrinsic capacity, both now and as they age.

The pandemic, our response to it, and the need to innovate may also provide new tools in our efforts towards healthy ageing. Increased use of digital technology may help to connect older people to their friends, families and communities and enable their engagement and participation. Digital technology may also streamline access to health and medical care, and provide better coordination and integration of care across the range of needs and changes in those needs.

Many people have had time to take stock of their lives, identifying what is important, including the community and family.

In many cases, communities have responded positively to the COVID-19 crisis, developing stronger connections and a currency of kindness. We must make sure older people are able to be involved in this strengthened social economy.

We must also be sure, that moving into our post-pandemic future, we leave no one behind – including those people we might currently regard as “older” and our future older selves.

¹²¹ Brad A. Meisner (2021) Are You OK, Boomer? Intensification of Ageism and Intergenerational Tensions on Social Media Amid COVID-19, *Leisure Sciences*, 43:1-2, 56-61, **DOI:** 10.1080/01490400.2020.1773983

¹²² Swift HJ, Chasteen AL. Ageism in the time of COVID-19. *Group Processes & Intergroup Relations*. 2021;24(2):246-252. **doi:** 10.1177/1368430220983452

¹²³ Li X, Zhong X, Wang Y, Zeng X, Luo T, Liu Q (2021) Clinical determinants of the severity of COVID-19: A systematic review and meta-analysis. *PLoS ONE* 16(5): e0250602. <https://doi.org/10.1371/journal.pone.0250602>

¹²⁴ Lim JY. Challenges and Opportunities toward the Decade of Healthy Ageing in the Post-pandemic Era. *Ann Geriatr Med Res*. 2021;25(2):63-64. **doi:** 10.4235/agmr.21.0064

