

A photograph of an older person, likely a woman, is shown from the back. She is wearing a traditional patterned batik jacket in shades of brown, gold, and black, a black cap, and bright blue trousers with a red waistband. She is holding a wooden walking stick. The background is a simple, slightly blurred indoor setting.

Coronavirus Disease (COVID-19) Preparedness and Response

UNFPA Regional Technical Guidance Note on Older Persons

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- *This regional technical guidance note was developed for the UNFPA Asia-Pacific Regional Office (APRO) and Asia-Pacific Country Offices to provide guidance on older persons, health workers, and caregivers to enable effective support to each member state and to guide engagement with relevant partners in preparing for and responding to the COVID-19 epidemic.*
- *This technical guidance note was informed by the UNFPA Interim Technical Brief on COVID-19 Preparedness and Response, UNFPA APRO Guidance Document on COVID-19, as well as experience in China, Japan, United States, and Iran.*
- *For the latest evidence of the COVID-19 situation, please refer to [the World Health Organization COVID-19 site](#).*

Key Advocacy Messages for UNFPA's Mandate

- COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in persons aged ≥ 60 years and in persons with underlying medical conditions, such as cardiovascular disease, chronic respiratory disease, diabetes, and cancer.¹
- The COVID-19 pandemic represents significant challenges, especially in countries with weaker public health and outbreak response systems, and those countries hosting populations of refugees and displaced persons, and populations living in camps.²
- UNFPA has been working to raise awareness about population ageing and the need to harness opportunities, including within the context of the second demographic dividend, and to address its challenges. UNFPA also supports research and data collection and analysis to provide solid evidence for policies and planning, to ensure ageing issues are integrated into national development programmes and strategies.³
- UNFPA will work closely with governments, UN organizations, civil society and national partners to ensure that the protection needs of older persons are at the center of the COVID-19 preparedness and response efforts, in our collective commitment to leave no one behind through a “One-UN” approach.
- Older persons, particularly persons with underlying medical conditions, including respiratory illnesses, must be treated with utmost priority due to the increased risk of adverse outcomes.
- Surveillance and response systems should be disaggregated by sex, age, gender, and disability status. Where relevant, special attention should be given to vulnerable populations, such as older persons with disabilities, older women, indigenous people, and refugees and migrants.
- The provision of accurate, supportive and respectful care and messaging must be done with the intention to enhance the safety, dignity, and rights of older persons.
- The protection of health workers and caregivers must be prioritised as critical and lifesaving, and they should be provided with personal protective equipment (PPE).

¹ WHO. (2020, March 21) Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf.

² Help Age. (2020, March) Protecting older people during the coronavirus (Covid-19) pandemic. Retrieved from <https://www.helpage.org/what-we-do/protecting-older-people-during-the-coronavirus-covid19-pandemic/>.

³ UNFPA. (n.d.) Ageing. Retrieved from <https://www.unfpa.org/ageing>.

- Physical distancing with no social interaction can cause isolation and loneliness among older persons. The provision of mental health and psychosocial support for older persons, their families, communities, health workers, and caregivers is a critical part of the response. Moreover, community-based efforts should be encouraged to ensure they have timely access to information, necessary supplies, and effective communication tools.
- We must promote collective intergenerational solidarity to avoid stigmatization and discrimination against older persons, health workers, and caregivers.

The Vulnerability of Older Persons, Health Workers, and Caregivers

The Vulnerability of Older Persons

The International Covenant on Economic, Social and Cultural Rights (ICESCR) article 12 refers to the accessibility, availability, acceptability and affordability of quality health services for older persons without discrimination⁴. Therefore, the following compounding vulnerabilities and risks associated with older persons must be taken into consideration when planning and implementing preparedness and response strategies.

- COVID-19 is associated with higher mortality in persons aged ≥ 60 years and in persons with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes, and cancer⁵.
- In some countries with extreme limitation of medical facilities and intensive care capacities, older people may be at increased risk of exclusion of medical treatments if they are less prioritized than persons with a higher likelihood of survival.
- Older persons confront multiple barriers in accessing quality health care, including affordability, accessibility, age discrimination, and age-related stigma. Their experience varies by different gender, income levels, and racial or ethnic backgrounds; therefore, such social determinants of health in accessing health-related services should be taken into consideration⁶.
- Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to adverse outcomes and infection of COVID-19 due to their close proximity to others⁷. On the other hand, those who live alone or are dependent on others for care and support may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions⁸.

⁴ ESCAP. (2017, March 8). Ageing in Asia and the Pacific: Overview. Retrieved from <https://www.unescap.org/resources/ageing-asia-and-pacific-overview>.

⁵ WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

⁶ UNDESA. (2018, April). Health Inequalities in Old Age. Retrieved from <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2018/04/Health-Inequalities-in-Old-Age.pdf>

⁷ WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

⁸ Lloyd-Sherlock & Ebrahim & Geffen & McKee. Bearing the brunt of covid-19: older people in low and middle income countries.

- Lack of access to information must be addressed as the population often faces barriers related to literacy, language, and disability⁹.
- Although older men are known to have more risks of severe conditions due to COVID-19 infection, older women are generally more vulnerable than men. Older women may be at particular risk because they experience multiple and intersecting forms of discrimination. This includes (but is not limited to) HIV positive women, older women with disabilities, widows and women from ethnic or tribal minorities¹⁰. As a result, in many countries, women have more significant nutritional deficiencies, less access to health services, higher rates of illiteracy, lower educational levels, less financial security¹¹, and these factors compound and can make older women more vulnerable to the COVID-19 infection.
- Quarantine is found to be linked with post-traumatic stress disorder (PTSD) symptoms, confusion, and anger¹². Older persons, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in isolation¹³. All stakeholders need to be cognizant of the fact that loneliness is a serious health risk to older persons who are vulnerable to coronavirus and are compelled to avoid social contact. The continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers should be ensured by any means.
- Due to their restriction on mobility and disability, older persons can be increasingly subject to abuse during an emergency situation, including but not limited to physical, psychological, sexual abuse, financial abuse/exploitation and neglect¹⁴. It can cause serious consequences for individuals and society, including serious physical injuries and long-term psychological consequences, increased risk of nursing home placement, use of emergency services, hospitalization and death¹⁵. The number of actual cases of abuse of older persons tends to be underestimated as many of them are not reported. Urgent public health action including approaches to prevent, detect and address the abuse of older persons is needed to protect the rights of older persons¹⁶.

⁹ HelpAge. Protecting older people during the coronavirus (Covid-19) pandemic.

¹⁰ Silvia Perel-Levin. (2019, May). Abuse, Neglect and Violence against Older Persons. UNDESA Expert Group Meeting on “Older Persons in Emergency Crises.” New York. Retrieved from <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/Silvia-Perel-Levin-Abuse-Neglect-and-Violence-against-Older-Persons-in-situations-of-emergencies.pdf>

¹¹ UNFPA. (2017, September) Perspectives on Population Ageing in the Asia-Pacific Region. Retrieved from <https://asiapacific.unfpa.org/en/publications/perspectives-population-ageing-asia-pacific-region>.

¹² Samantha K Brooks, Rebecca K Webster, Louise E Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, Gideon James Rubin. (2020, February 26). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, Volume 395, Issue 10227, 2020, Pages 912-920, [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).

¹³ WHO. (2020, March 18). Mental health and psychosocial considerations during the COVID-19 outbreak. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.

¹⁴ Silvia Perel-Levin. (2019, May). Abuse, Neglect and Violence against Older Persons.

¹⁵ WHO. (n.d.). Ageing and Life-course: Elder abuse. Retrieved from https://www.who.int/ageing/projects/elder_abuse/en/

¹⁶ Ibid.

The Vulnerability of Health Workers and Caregivers

We will have to take into account the **vulnerability of health workers and caregivers** of older persons as they provide critical support for older persons in healthcare settings. Their **physical and psychological stress** can be extremely high during epidemic response phases due to a high workload and being in extensive and close contact with potentially infected individuals. They may suffer from stigma or fear in their family or community.¹⁷ Their safety and wellbeing are of utmost importance, and specific measures such as the provision of PPE, regular monitoring, access to mental health and psychosocial support should be prioritized. Health workers and caregivers, who are isolated because of suspected COVID-19 infection, should not face any employment-related disadvantages or penalties, such as reduced wages or loss of their job.¹⁸

UNFPA Response Interventions

Short-term interventions

Facilitate Coordination, Participation, and Consultation

- Encourage activation of the UN coordination mechanism for older persons and support national-level coordination between the Ministry of Health, the government agency overseeing social protection, WHO, UNFPA, and other UN/ non-UN partners to ensure the care and support for the older persons and their caregivers is prioritized.
- Strengthen advocacy and leadership of the aged and disability technical working group, where humanitarian coordination architecture is in place, to channel support to the programme and specific response for the older persons and their caregivers. Advocate at health cluster and social protection cluster level to ensure uninterrupted access to the older persons and non-diversion of healthcare resources at the expense of older persons and their caregivers.
- Undertake situational analysis that is gender, sex, and age disaggregated, and where possible with disability analysis, as part of the United Nations Country Team analysis.
- Support Ministry of Health, the government agency overseeing social protection, and partners to develop COVID-19 health system response and recovery strategies, which focuses on the protection of older persons.
- Ensure that social protection systems and measures are put into place by governments to address the issue of abuse of older persons over the course of the outbreak.
- Support experts on older persons and organizations providing support for older women and older persons living with disabilities, with guidance to enable them to appropriately prevent and respond to COVID-19 in both residential facilities and home settings.

¹⁷ WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

¹⁸ HelpAge. (2020, March). Guidelines for Care Homes for Older People in the Context of Coronavirus (COVID-19). Retrieved from <https://www.helpage.org/what-we-do/guidelines-for-care-homes-for-older-people-in-the-context-of-coronavirus-covid19/>.

Risk Communication and Community Engagement

- Inform the community, older persons and their caregivers on COVID-19 risks, symptoms, and transmission and on how to prevent discrimination of persons that present with COVID-19-like symptoms, persons that have confirmed COVID-19 infection, and health workers and caregivers working in facilities with COVID-19 cases.
 - [WHO Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#)
 - [WHO Checklists for Risk Communication and Community Engagement \(RCCE\) readiness and initial response for novel coronaviruses](#)
- Public advice campaigns and information from national health authorities should be made available to the public in multiple formats and local languages to address the barriers which older persons often face related to literacy, language, and disability¹⁹.
 - [WHO: Coronavirus disease \(COVID-19\) advice for the public](#)
- Develop education materials for older persons and their caregivers on basic and respiratory hygiene and practices, including related to COVID-19.
 - [HelpAge Guidance and advice for older people in the context of COVID-19](#)
 - [HelpAge Guidelines for care homes for older people in the context of COVID-19](#)

Surveillance

- Develop guidance notes for health workers and caregivers for the systematic screening and surveillance of older persons.
- Ensure age, sex, and disability status disaggregation of national surveillance data.
- Support risk assessment, impact assessment and monitoring and evaluation.

Infection Prevention and Control (IPC)

- Provide technical guidance on reinforcing [Infection Prevention and Control \(IPC\) measures](#) within facilities, including training for all employees, physical distancing, restriction of visitors and group activities, and response plans.
 - [WHO guideline: Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19](#)
 - [WHO guideline: Infection prevention and control during health care when COVID-19 is suspected](#)

¹⁹ HelpAge. Protecting older people during the coronavirus (Covid-19) pandemic.

- Support the training of health workers, caregivers, community workers, and facility administration, including on COVID-19 infection prevention, control strategies, and hygiene procedures.
- Protect health workers and caregivers, including those persons working at the older persons' homes, by ensuring that PPE is available (gloves and masks, gowns, and protective lenses) according to WHO guidelines.
 - [WHO technical guidance: COVID-19 Critical Items](#)

Maintain Continuity of Essential Services for the Older Persons

- Ensure older persons' access to health services is prioritized, given their complex vulnerability to COVID-19 infection. Special attention should be provided to older women, older persons living with disabilities, older persons living with chronic conditions, older persons belonging to indigenous groups, older persons living in poverty, older refugees and displaced persons.
- Activate local health and social care networks to facilitate continuous care of older persons through clinics, acute-care hospitals, day-care centers, and volunteer groups.
- Ensure older persons with suspected, probable, or confirmed COVID-19, including those who may need to spend time in isolation, have access to proper information, respectful and skilled care, mental health and psychosocial support, and other alternative measures to communicate with their families.
- Procure and ensure appropriate administration of elderly kits that contain essential drugs, equipment, and supplies where needed
- Procure other requested and UNFPA approved medical supplies and equipment for clinical management of COVID-19 infections with a particular focus on older persons.
- Regularly and supportively monitor health workers and caregivers for their wellbeing and foster an environment for timely communication and provision of care with accurate updates. Rest and recuperation and alternate arrangements to be provided as needed.²⁰
- Support training of first-line responders on the provision of Mental Health and Psychosocial Support (MHPSS) and Psychological First Aid (PFA).
- Procure and provide essential hygiene and sanitation items (e.g., soap and hand sanitizers) to older persons, particularly those hospitalized for screening, isolation, and treatment for COVID-19, to maintain their hygiene and dignity.
- Support establishment of temporary isolation wards in health and social care facilities.

²⁰ WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

Addressing Age-based Discrimination and Harnessing Inter-generational Solidarity in Outbreak Response

- Convene briefings with implementing partners, key interlocutors such as older persons and women's right groups and other organizations representing most marginalized communities, to ensure that the response to COVID-19 does not reproduce or perpetuate discriminatory practices and inequalities, including within the quarantine experience. The risk of discrimination in accessing medical services, such as the exclusion of older persons in accessing care needs and medical treatment, should be closely monitored.
- In partnership with research institutions and academia, support research and strengthen the availability of evidence on the age implications of health emergencies to inform advocacy and programmatic interventions that are age-sensitive and responsive.
- Cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and social norm change, reduce stigma and discrimination of older persons, health workers, and caregivers through established UNFPA community networks including youth and women's organizations and religious and traditional leaders.
- Efforts should be made to change stereotypes and societal attitudes towards older persons, recognizing and harnessing the valuable contributions of older persons to the family and society, such as caregiving, coping strategies, traditional skills, and local environmental knowledge, as well as their leadership within families and communities²¹. Community-based programmes can be planned and implemented in which older people become partners in the task of relief provision and rehabilitation programmes during and after the outbreak response.
- Promote intergenerational solidarity and build safer and more resilient communities in which each member contributes to the protection and empowerment of older persons during the COVID-19 pandemics. People should be encouraged, and youth volunteers should be mobilized to support addressing the needs of the older persons, such as shopping, buying medicines, and other basic services while keeping personal hygiene and social distancing practices. Moreover, partnerships and collaboration with private companies should be explored in pursuit of alternative modes of communication and logistics support to mitigate the adverse effects of social distancing and to encourage older persons' effective participation in community activities.

Long-term interventions

- Strengthen health and social systems to ensure the continuum of services that integrate age-perspective into the services during public health emergencies.
- Utilize and communicate best practices to replicate in all countries.

²¹ HelpAge International. (n.d.). Older people in disasters and humanitarian crises: Guidelines for best practice. Retrieved from <https://www.helpage.org/silo/files/older-people-in-disasters-and-humanitarian-crises-guidelines-for-best-practice.pdf>.