

Covid-19 pandemic: key messages for advocacy

Purpose

This document provides HelpAge International staff, network members and partners with key messages to advocate for the effective inclusion of older people in preparedness planning and ongoing responses to the Covid-19 pandemic.

The messages provide a broad overview of our latest position in relation to key aspects of Covid-19 preparedness and response. This is a live document and will be updated as the situation evolves. Messages can be adapted for use at the national level, based on the specifics of the outbreak in each setting and information available through programmes and engagement with governments, network members and other actors

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|-------------------------------------|---|
| 1) Equality and non-discrimination | 5) Conflict and displacement settings |
| 2) Preparedness planning | 6) Development and humanitarian funding |
| 3) Public awareness and information | 7) Long-term health systems strengthening |
| 4) Access and support | |

Introduction

Covid-19 or coronavirus is a new disease that causes respiratory infection. It presents specific dangers for older people. The risk of serious illness and death from the disease increases with age.

Initial research in China based on over 44,000 cases of Covid-19, showed a mortality rate of 2.3% for the general population, rising to 8% in those aged 70-79 and nearly 15% in those 80 and over.

WHO has characterised COVID-19 as a pandemic.¹ While the number of countries reporting cases of Covid-19 is growing, WHO's advice is that this is "a controllable pandemic". All countries are at risk and need to prepare for and respond to COVID-19. Consolidated guidance has been provided for countries in 4 categories: those with no cases; with sporadic cases; with clusters; and with community transmission. The fundamental elements of the response are the same for all countries².

There are particular concerns around the potential for widespread outbreaks in low- and middle-income countries, particularly in sub-Saharan Africa, where already weak health systems would be unable to cope.

While information and advice is now being disseminated, available guidance is **not explicit** on the management and mitigation of the risks and challenges faced by older people in the context of Covid-19.

¹ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² Elements of response to Covid-9: emergency response mechanisms, risk communications and public engagement, case finding and contact tracing, public health measures such as hand hygiene, respiratory etiquette and social distancing, laboratory testing, treating patients and hospital testing, infection prevention and control, and an all of society, all of government approach. See [file:///C:/Users/patricia.conboy/Downloads/WHO-COVID-19-Community Actions-2020.1-eng%20\(1\).pdf](file:///C:/Users/patricia.conboy/Downloads/WHO-COVID-19-Community%20Actions-2020.1-eng%20(1).pdf)

Of 100 countries reporting local transmission of Covid-19, 34 have refugee populations exceeding 20,000 and UNHCR reported, as of 10 March, that these are currently unaffected by the virus. While all UNHCR operations have been advised to put in place contingency measures in collaboration with governments and partners,³ explicit guidance on responding to the risks and challenges faced by older people in refugee camps has not been published.

As Dr. Tedros Adhanom Ghebreyesus, Director General of the WHO has said, Covid-19 “is everybody’s business”, we are in this together and we need each other.

Regardless of what part of the world we live in, or what social group we belong to, we are all threatened by Covid-19. This pandemic can be suppressed but only in so far as people act in solidarity with each other. In this context of mutual solidarity, HelpAge strongly upholds older people’s right to health including access to information, care and medical services on an equal basis with everyone else. Recognising the strength of ageist norms and behaviours globally, we will also call out actions that stigmatise or devalue older people in responses to Covid-19.

Messages and calls to action

Equality and non-discrimination

Containment measures and pressure on health systems may lead governments in affected countries to take drastic action. Decisions about reducing the risk of infection and effective allocation of resources must be in line with human rights standards and principles.

Key messages

- Preparedness and response should always be carried out in accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.
- Older people have the right to health, including the right to access healthcare and information. The risk of discrimination in access to medical services or of facing non-consensual medical treatment is one that should be monitored for all high-risk groups, including older people.
- Older people affected by Covid-19 should have access to health services regardless of legal status e.g. older refugees.
- Where cases of discrimination against or stigmatization of any section of the community are reported, including older people, leaders at all levels must lead from the front in calling out negative behaviours and upholding community solidarity.

Preparedness planning

Preparing for an outbreak is essential to contain and delay the spread of Covid-19 and reduce the risk to older people.

Key messages

- All countries are at risk and need to prepare for and respond to Covid-19. Each country is encouraged to plan its preparedness and response actions in line with WHO’s global Strategic Preparedness and Response Plan which outlines how to implement public health measures to manage Covid-19⁴.
- Preparedness planning by all actors should take account of the additional risks posed to older people.

³ <https://www.unhcr.org/uk/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html>

⁴ <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

Calls to action

- All governments must plan their preparedness and response actions in case of an outbreak. Preparedness planning should be in line with WHO's advice and pay specific attention to the additional risks faced by older people.
- Governments must ensure that preparedness planning, community response, and public engagement campaigns by all actors include specific measures to reach older people with practical information to reduce their exposure to the virus.
- Development actors should engage in preparedness planning in case of an outbreak and consider the specific actions needed to reduce the risk to older people e.g. targeted information and advice, collaboration with older people's organisations, access to health services, social support and solidarity
- Humanitarian actors should undertake appropriate preparedness actions to protect older people in existing humanitarian responses, as well as readying themselves to respond in the event that an international response is required e.g. awareness raising among staff of risks and support measures for older people, collaboration with older people's organisations, contingency planning at global and country levels.
- Preparedness planning by all actors must include consultation with older people and their representative organisations.

Public awareness and information - Reaching older people

One of the most important interventions in a public health response is to communicate regularly with the public and with at-risk populations to prevent infections, save lives and minimize adverse outcomes.

Key messages

- Older people face significant additional barriers accessing information which may prevent them from knowing the risks and protecting themselves.
 - Older people, particularly older women, have lower literacy levels than younger age groups⁵.
 - Older people are more likely to speak only local languages⁶. This is particularly relevant if the international community is requested to respond, or if an outbreak occurs in an existing humanitarian response setting such as a refugee camp where an accepted common language is used. Reliance on materials in English or French, for example, and failure to provide information in local languages will disadvantage older people.
 - Higher levels of disabilities among older people present additional barriers to accessing information. These may be disabilities related to sight, hearing and communicating, or physical disabilities that prevent them accessing community spaces where information is shared. Older people are more likely to have cognitive impairment and may therefore face additional challenges in understanding and acting on information provided.⁷
 - Older people must have access to all relevant information and be empowered to take care of their own health and to adopt relevant measures to protect themselves and their communities

⁵ The Humanitarian Inclusion Standards for Older People and People with Disabilities provides further practical guidance on accessible communications activities: <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

- People caring for older people must have access to all relevant information to provide the most appropriate care and to ensure their own risk of infection is managed

Calls to action

- Public awareness and outreach strategies by all actors must include actions to reach older people.
- Consult older people and their representative organisations on effective communication strategies for the context.
- Engage organisations representing older people in delivering information to older people.
- Provide information through a range of communication channels, languages and in different formats so that it is accessible to everyone.
- Specific formats to consider include: universal or local sign language interpretation, live captioning, easy-to-read formats (combining simple text with images), or braille⁸.

Access and support

The barriers faced by older people in access to treatment and support must be considered.

Key messages

- Older people may face barriers to accessing appropriate support and complying with advice aimed at reducing risk. These include:
 - Older people living in areas with poor access to water who face additional challenges in maintaining good hygiene practices.
 - Older people living in remote areas where health services are inaccessible
 - Older people who have care and support needs that may not be met under quarantine or self-isolation conditions.
 - In extreme cases, older people denied access to potentially life-saving assistance because of pressure on health systems and decisions to prioritise younger age groups for treatment.
 - Disease outbreaks can cause community support systems to break down, isolating those most dependent on others for support, including older people.

Calls to action

- Treatment must be offered solely on the basis of clinical assessment.
- In areas with poor access to water, people most at risk, including older people, should be provided with alcohol-based hand rubs and information on how to use it to reduce their risk.
- In quarantine or self-isolation situations, systems must be put in place to ensure isolated older people, and those who need care and support, are not made more vulnerable and can continue to access essential supplies and support, including food and water.
- Restrictions on the right to freedom of movement imposed by government or other actors must be proportionate, safe, respectful and must not discriminate on the basis of age.
- Communities must work together to ensure everyone's wellbeing during the response. Disease outbreaks can cause community support systems to break down, isolating those most dependent on others for support, including older people. Measures must be taken to prevent older people from becoming isolated. This includes supporting older people who may have chosen to self-isolate to stay in touch with others and to have access to essential supplies.

Conflict and displacement settings

Conflict and displacement settings present particular risks in the event of an outbreak. Barriers include poor access to healthcare, poor or disrupted water infrastructure and a lack of accessible information.

Key messages

- Particular attention is needed to prevent outbreaks in ongoing conflict and refugee or IDP camp settings where access to water is constrained, health services are ill-equipped and older people's access to information is more limited.
- Older people - must be reached with clear, accurate information, health care and support.
- Conflict settings present additional risks to preparing for and managing an outbreak which puts civilians caught up in the conflict at risk. These may include disrupted and fragile health systems, damage or disruption to key infrastructure including water supply and telecommunications, limitations on humanitarian access to live conflict zones and difficulty disseminating information. Capacity to invest in preparedness is also likely to be low in affected countries.
- Humanitarian agencies and governments must put contingency plans in place to ensure continuity of access to supports in the event of an outbreak. Contingency plans should be proactive about older people's access to supports and services as a high risk group.

Calls to action

- National preparedness plans must include contingency planning for refugee and IDP camps where necessary and make provisions for affected older people to access appropriate treatment regardless of their legal status.
- Active clusters (e.g. health, protection) must begin preparedness planning, paying specific attention to risks faced by older people and the increased likelihood of acute health needs.
- Older refugees affected by the virus must have access to national health systems and hospitals.

Development and humanitarian funding

Development and humanitarian financing will play a vital role in the global response to Covid-19.

Key messages

- Older people are frequently overlooked in development and humanitarian strategy development and funding. In the context of Covid-19, older people must be explicitly identified and considered in funding allocations and decisions at all levels and in all settings.

Calls to action

- Donors must ensure that any funded projects directly target those most at risk, including older people, in prevention and response measures.
- Funding must be made available to stakeholders with the right expertise, to ensure responses are targeted and meet the needs of those most affected. For example, the

USD15m released by the UN Central Emergencies Relief Fund (CERF) allocated to WHO and UNICEF, must include allocations to fund preventative actions at the community level targeted at older people and those with pre-existing conditions.

- Donors providing funding to support the development of a vaccine for Covid-19 must ensure clinical trials include older people.

Health systems strengthening

The experience of Covid-19 is demonstrating that countries need strong and effective health and care systems in order to protect their populations when global health emergencies occur; and the scientific evidence is that global health emergencies of this type will continue to occur⁹.

Key messages

- The experience of Covid-19 is demonstrating that health and care systems must be able to address the needs of all sectors of a population, including older people.
- Older people’s risks related to Covid-19 appear to be linked to the presence of other health conditions.
- Health systems are often designed around vertical programmes, addressing specific diseases in isolation. Covid-19 shows the risks associated with multi-morbidity (the presence of multiple medical conditions) and the importance of integrated systems that can respond to people’s holistic health needs.

Calls to action

- Health systems must be strengthened to ensure they are better placed to respond to the complexities of health in older age, including the impact of disease outbreaks like Covid-19 on older people.
- Delivery at national level on the global commitment to Universal Health Coverage (UHC) is fundamental to global capacity to respond to health emergencies.
- UHC models must incorporate key health systems-strengthening building blocks to ensure they address the rights and needs of older people. These include person-centred service delivery, health workforce equipped with gerontological competencies, adequate financing, and recognition of older people’s right to health in national law.¹⁰

Global audiences (evolving)

Category	Organisation	HelpAge point of contact
Multilaterals	WHO	Justin/Rachel
	UNDESA	Justin/Bridget
	UNFPA	Justin
	OHCHR	Bridget
	World Bank	Justin/Patricia
	OCHA	Verity
	UNHCR	Verity
Strategic partners	Age International	Justin/Cherian
	SIDA	Cherian
	Irish Aid	Cherian

⁹ Global Preparatory Monitoring Board (2019), A World at risk, a report on global preparedness for health emergencies.

¹⁰ HelpAge and AARP (2019) Global AgeWatch Insights, The right to health for older people, the right to be counted: 24.

	DFID	Patricia / Verity Age International
Key stakeholders	DEC	Cherian Age International
	ECHO	Verity
	Global Preparatory & Monitoring Board (GPMB)	Patricia
	UHC2030	Rachel
	UHC2030 - CSEM	Rachel
Major CSOs	Humanitarian focussed orgs or humanitarian units in INGOs e.g. NRC, IFRC, Oxfam, Mercy Corps, IRC	Verity
Centres & foundations (academic, policy, health)	Wellcome Foundation	Patricia
	King's Centre for Global Health	Mark/Patricia
	Chatham House	Patricia
Key governments	UK Sweden Germany Ireland	Justin
Supporting members	HelpAge Germany HelpAge USA	Cherian