



## *The impact of COVID-19 on older persons*

# *Myanmar analytical brief*

*June 2020*

### Highlights

- As of 4 June 2020, Myanmar had recorded 234 positive cases and six fatalities from COVID-19, five of whom were over the age of 63.
- Key informant interviews (KIIs) suggest older people are facing a range of challenges, including less reliable sources of income and difficulties in access to a range of healthcare services.
- The impact of COVID-19 on older people in Myanmar must be considered within the wider social and political context, including experiences of conflict and displacement. Older people often slip through the cracks in the provision of humanitarian assistance.
- A key theme emerging throughout the literature and KIIs is the need for age disaggregated information and age specific services, which move beyond viewing older people within the wider category of “vulnerable groups.”
- The government of Myanmar has announced a COVID-19 Economic Relief Plan (CERP) and is working with international bodies, including discussing loans from the International Monetary Fund (\$700 million)<sup>1</sup> and World Bank (\$50 million).<sup>2</sup> The response includes developing guidelines for older people and providing one-off cash transfers for older people. Lowering the age of eligibility for the social pension from 85 is under discussion.
- HelpAge International, the Livelihoods and Food Security Fund (LIFT) donor consortium, UNFPA, and Food Not Bombs (Myanmar) are among the organisations targeting activities at older people.

### Changes in general context

The World Bank estimates that Myanmar’s growth in GDP will slow from 6.3 per cent in 2019 to 3 per cent in 2020. Sectors including farming, fishing and the garment industry are anticipated to be heavily hit. As of 28 April, for example, over 60,000 workers in the garment industry had lost their jobs.<sup>3</sup> This will hit households who may have already been struggling to get by. The 2017 Myanmar Living Conditions Survey found that before the pandemic, 24.8 per cent of the population lived in poverty (defined as those living below the national poverty line of 1,560 MMK a day, or \$1.17 equivalent).<sup>4</sup> A further 32.9 percent of people were classified as “non-poor insecure.” Poverty in Myanmar is more prevalent in rural areas; households that own land and have diversified or moved out of agricultural work have higher consumption-based welfare.

### Changes in national COVID-19 situation

Despite having close transport links with China, Myanmar was one of the last countries in the world to confirm a case of COVID-19, on 23 March 2020. An estimated 10,000 migrant workers crossed the Myanmar-China border on a daily basis until late January. The Ministry of Health and Sports shares daily updates on its surveillance dashboard. As of 4 June 2020, the dashboard registered 31,701 tests for COVID-19, of which 234 were positive.<sup>5</sup> Of the six recorded fatalities from COVID-19 in Myanmar, five were over the age of 63.<sup>6</sup> The ratio of tests administered in comparison to Myanmar’s population and the geographic distribution of cases (predominantly in Yangon) have led to speculation that the actual number of cases may be higher than reported.<sup>7</sup> However, hospitals have not seen a notable increase in the number of patients needing respirators and ventilators – one indicator of the number of COVID-19 cases.

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# Key changes in situation of older persons



## Health and care

Older people face a high risk of suffering severe complications of COVID-19. The majority of older people in Myanmar live in conventional households as opposed to institutions. Approximately three-quarters of older people live with a child, with or without other residents.<sup>8</sup> The households older people live in are often overcrowded,<sup>9</sup> made of poor-quality materials,<sup>10</sup> and lack access to amenities. A 2012 survey found that one third of older people lack access to electricity and 56 per cent lack running water. In rural areas this rises to 63 per cent.<sup>11</sup> Combined, this can make it difficult for older people to practise social distancing, access information about COVID-19, or conduct preventative measures, such as regular hand washing.

Age also impacts the quality of health care older people receive. KIIs revealed barriers to access are being compounded by the COVID-19 pandemic. Clinics responsible for providing diagnosis, treatment and referral for non-communicable diseases (NCDs) – health problems particularly associated with older age – closed on a temporary basis due to COVID-19. Some older people were unable to access healthcare and medicines due to the pandemic, for example because of pharmacy closures, income losses, and shortages in the health workforce. KIIs reported that when older people did access health services, they received lower quality care due to constraints in diagnostic and examination facilities and health workforce shortages. The combination of reduced health services, social distancing measures, and loss of income (outlined below) is likely to have a negative effect on the health of older people. However, evidence on this is currently informal; further research into this area is needed.



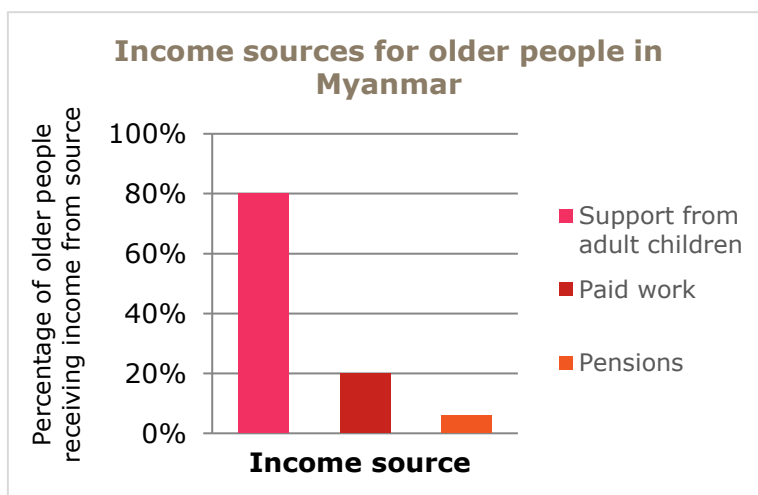
## Income security

The KII with a representative from the Department of Social Welfare highlighted a lack of evidence and statistics relating to the impact of COVID-19 on older people's incomes. However, overall, older people in Myanmar tend to live in low-income households.<sup>12</sup> As outlined in the graph below, forms of income security for older people include family support, work and pensions. A 2012 survey found adult children are the most common source of material support for older people, with over 80 per cent of older people receiving some type of material support from their children.<sup>13</sup> (Older people's role as economic providers within households was also noted.)

Older people also earn income from work; data from the 2014 Myanmar Population and Housing Census shows one in five people aged 65 and above still work.<sup>14</sup> Their work is likely to be informal, offer little social protection, and is anticipated to be hit by the pandemic. People aged 85 and older are eligible to receive a universal social pension of 10,000 MMK (\$7.15) a month. Otherwise, there is close to no social protection coverage for older people (excluding those who work for government).<sup>15</sup>

Aggregate information on the impact of COVID-19 on different industries is currently being collated. The Food and Agriculture

Organisation and World Food Programme are conducting a rapid assessment documenting COVID-19's impact on livelihoods and food security, with assessments beginning in June. Emerging evidence suggests the sectors that typically provide work for older people are being badly hit. For example, in May the World Food Programme documented a fall in the retail price of rice and pulses in areas surveyed.<sup>16</sup> Moreover, a survey of micro, small and medium enterprises in Myanmar found 54 per cent of respondents had their employment recently ceased,<sup>17</sup> and as of 28 April 2020, 60,000 textile workers had their employment stopped. This is consistent with the KII with a representative from the Department of Social Welfare, who reported a reduction in older people's income from work, as well as from the support provided by children. Reports from HelpAge International project staff, whilst locally based, also suggest increased pressure on older people's incomes and on the ability of older people's community organisations to generate funding to provide assistance.





## Social issues

COVID-19 has led to voluntary social distancing and government restrictions on movement. The government has banned gatherings of more than five people, with lockdowns implemented in the 10 Townships in Yangon with the highest reported cases of COVID-19. Older people have been encouraged to remain indoors.<sup>18</sup> KIIs point to a rise in loneliness among older people, as well as a rise in violence against older women. However, evidence on both these issues remains unofficial.

Older people's experience of COVID-19 must be understood within the wider context of ongoing conflict and displacement within Myanmar. An estimated 118 of 330 townships, comprising almost 25 per cent of Myanmar's population, are currently affected by active or latent conflict<sup>19</sup> and approximately 241,000 people remain in camps or camp-like situations.<sup>20</sup> The United Nations High Commissioner for Refugees has reported an upward trend in civilian casualties since the COVID-19 outbreak began. The General-secretary of the Women's League of Burma commented that "while the country is dealing with the COVID-19 pandemic, the military is escalating its offensives against ethnic armed groups in Rakhine, Chin, Karen and northern Shan state."<sup>21</sup>

Human Rights Watch described internally displaced camps within Myanmar as COVID-19 "tinderboxes".<sup>22</sup> Older internally displaced people in Rakhine State live up to two miles from their nearest water source, and available toilets and bathing facilities are rarely adapted to their needs.<sup>23</sup> This makes it difficult for older people to prevent the spread of COVID-19, for example through regular hand washing. The government has cut off mobile internet access in some communities, which prevents effective communication on hygiene, COVID-19 risks, symptoms and preventative measures.

Food security is emerging as an issue, particularly in non-government controlled areas. Here, both food and non-food items have to be brought from or through China, which intermittently closes borders.<sup>24</sup> Research conducted by Amnesty International prior to COVID-19 found that food and medicine shortages are likely to have a disproportionate impact on older people, many of whom have specific medical and nutritional needs and are less likely to be able to pursue work.<sup>25</sup>

## Responses

Both KIIs and documentation suggest older people are not always identified as a specific target group within the COVID-19 response, but only considered as part of the wider category of "vulnerable groups." Even when older people are named as a specific vulnerable group, this does not always translate to collection of age disaggregated data or services and activities targeted to older people's needs.

The government's COVID-19 response is guided by a multi-ministerial committee, with the Ministry of Health and Sports largely responsible for daily operational management.<sup>26</sup> This includes producing written advice for older people regarding COVID-19, which is shared via Myanmar TV. The government also developed a COVID-19 Economic Relief Plan (CERP), which includes plans to top up social pension benefits and to consider lowering the age of eligibility for the social pension.

The multi-donor Livelihoods and Food Security Trust Fund (LIFT) is funding a one-off transfer of 30,000 MMK (\$21.45) to those registered in the national social pension programme. In connection with cash payments, older people will be informed how to prepare for and slow down the spread of the virus. The transfer's budget of \$4.07 million will be distributed through the Department of Social Welfare, with technical support from HelpAge, reaching an estimated 200,301 older people.<sup>27</sup> Past investments in the pension enabled this quick response. However, the pension currently has limited coverage (approximately 5.7 per cent of those aged 65 and above who live in conventional households) and is reported by older people to account for a small proportion of their total income.

HelpAge also leads a response targeted at older people, including distributing information on COVID-19 and how to stay healthy during quarantine. Additionally, HelpAge is supporting 216 established community groups to produce soap, hand sanitiser and dispensers, both as an income-generating activity and to prevent the spread of COVID-19; supporting 1,800 NCD clinics to continue providing services; providing protective equipment to volunteers who provide older people with home-based care; and installing hand washing facilities in 216 communities across Myanmar. Additionally, the NGO Food Not Bombs (Myanmar) are responding to COVID-19 in Rakhine State, Chin State, and Kachin State. Food Not Bombs have guaranteed 10 per cent of all funding will go to older people, including through provision of food and financial support to those who use mobile banking.<sup>28</sup>

The United Nations Population Fund (UNFPA) is working with the Department of Social Welfare to support around 3,000 older people in approximately 85 care homes by providing masks, hand

sanitisers and information. UNFPA is also working on awareness generation and scaling up mental health and psychosocial support needs through government and non-government partners.<sup>29</sup>

An Amnesty International study examining humanitarian response within Myanmar found older people often slip through the cracks. Humanitarian assistance is often provided on the assumption that older people live with and will be supported by other household members; this is not always true and isolation can combine with other factors such as limited mobility to create greater risks.

## Case study



77-year-old Daw Aww lives in Ywar Thar Ywar village, Mandalay Region. She lives alone in a house owned by her sister. Although she does not have to pay rent, she is responsible for looking after the house for her sister. Her sister lives in Mandalay city with her family and used to provide for her. Since she does not make any money, she is facing financial problems during the pandemic. Currently, Daw Aww is completely dependent on support provided by the government and the Inclusive Self-Help Group (ISHG) supported by HelpAge. The government provides five kinds of food and the ISHG provides supplies such as rice, oil, eggs, noodles, fruit, tea leaf, soap and toothpaste.

“Now, I don’t have access to food and healthcare. My sister cannot come to support me from Mandalay due to the travel restrictions. I recently received eye surgery and now need to rely on neighbours’ help with cooking and housework. I feel lonely and depressed. I pray the pandemic will go away quickly.”

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## Endnotes

- <sup>1</sup> [MYANMAR: COVID-19 Situation Report No. 05 \(1 June 2020\)](#). OCHA, 1 June 2020.
- <sup>2</sup> [Myanmar COVID-19 Emergency Response Project \(P173902\) Project Information Document](#). The World Bank, 3 April 2020.
- <sup>3</sup> [The Ministry of Health and Sports COVID-19 dashboard](#). Ministry of Health and Sports, accessed 4 June 2020.
- <sup>4</sup> [Myanmar Living Condition Survey 2017 Report 3 - Poverty Report \(English\)](#). The World Bank, June 2019.
- <sup>5</sup> [The Ministry of Health and Sports COVID-19 dashboard](#). Ministry of Health and Sports, accessed 4 June 2020.
- <sup>6</sup> [Aged Care Homes During COVID-19](#). Phoe Wa, Myanmar Times, 15 May 2020.
- <sup>7</sup> [Conflict, Health Cooperation and COVID-19 in Myanmar](#). International Crisis Group, 2020.
- <sup>8</sup> [The 2014 Myanmar Population and Housing Census: Thematic Report on the Older Population](#). Department of Population, Ministry of Labour, Immigration and Population, with technical assistance from UNFPA, September 2017.
- <sup>9</sup> [Coronavirus policy response needs and options for Myanmar](#). Minoletti, P. and Aung Hein, International Growth Centre, 3 April 2020.
- <sup>10</sup> [The 2014 Myanmar Population and Housing Census: Thematic Report on the Older Population](#). Department of Population, Ministry of Labour, Immigration and Population, with technical assistance from UNFPA, September 2017.
- <sup>11</sup> [Aging in Myanmar](#). Teerawichitchainan, B. and Knodel, J., The Gerontologist, August 2017.
- <sup>12</sup> [Financial Security of Elderly Women from a Life-Course Perspective: Evidence from Myanmar, Summary Report](#). Gupta, S. and Opdyke, T., 2018.
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- <sup>17</sup> [COVID-19 in Myanmar: Reorienting the Budget](#). Beveridge G., The Asia Foundation. April 2020.
- <sup>18</sup> [Aged Care Homes During COVID-19](#). Phoe Wa, Myanmar Times, 15 May 2020.
- <sup>19</sup> [Social Protection, national social cohesion and national reconciliation, Relevance of international experiences for social protection in Myanmar](#). Schjødt, R J., 2019.
- <sup>20</sup> [UNOCHA Myanmar webpage](#). UNOCHA, accessed 5 June 2020.
- <sup>21</sup> [Myanmar Military steps up attacks as coronavirus spreads](#). Hoelzl, V. and Diamond, C. Al Jazeera, 16 April 2020.
- <sup>22</sup> [Myanmar: Displacement Camps are COVID-19 Tinderboxes, Lift Restrictions on Movement, Health Care, Internet, Aid](#). Human Rights Watch, 30 March 2020.
- <sup>23</sup> [Fighting on two fronts: the women facing conflict and COVID-19 in Rakhine state](#). Khin Khin Mra, New Mandala, 20 May 2020.
- <sup>24</sup> [Bracing for coronavirus in Myanmar’s rebel-held borderlands](#). Htusan, E. The New Humanitarian, 21 April 2020.
- <sup>25</sup> [“Fleeing my Whole Life” Older People’s Experience of Conflict and Displacement in Myanmar](#). Amnesty International, 2019.
- <sup>26</sup> [Coronavirus policy response needs and options for Myanmar](#). Minoletti, P. and Aung Hein, International Growth Centre, 3 April 2020.
- <sup>27</sup> [LIFT and DSW announce USD9 million in COVID-19 cash support to mothers, pregnant women and social pension beneficiaries](#). Livelihoods and Food Security Trust Fund, 27 May 2020.
- <sup>28</sup> [Food Not Bombs Crowd Funding Page](#). Crowdfunder, accessed 5 June 2020.
- <sup>29</sup> [Implications of COVID-19 for Older Persons: Responding to the Pandemic](#). UNFPA, 2020.