



The impact of COVID-19 on older persons

Pakistan analytical brief

June 2020

Highlights

- As of 31 May 2020, there were approximately 70,000 confirmed cases of COVID-19 in Pakistan. Although the infection rate is much higher among people below the age of 60 (81.4 per cent), people aged 60 and above account for over half of all deaths from COVID-19.
- Pakistan's infection and death rates are considerably higher for older men than older women (even when compared to the higher death rates among older men globally). Health officials have suggested this may be because men leave the house more frequently than women, so face a higher level of exposure to the virus.
- Older people in Pakistan typically rely on their extended families for income, so will be heavily affected by household income shocks. It is estimated that 18 million people (of a total labour force of 63 million) will lose their jobs, the number of people living below the poverty line could double to 125 million, and remittances will decline by a projected 9-14 per cent.
- The government initiated the Ehsaas emergency cash transfer program for people living in poverty, including older people. Ehsaas is providing a one-time cash allowance of \$80 to 12 million people.

Changes in general context

- The government has established a national command and control centre for coordination of COVID-19. The federal and provincial governments have implemented a range of measures to contain and mitigate the spread of the virus. Measures include localised quarantines, border closures with neighbouring countries, international travel restrictions, school and university closures, a ban on public events, social distancing measures, and varying levels of lockdown in cities and provinces across the country.
- As a result of COVID-19, it is estimated that the Pakistan GDP growth rate could drop to -1.57 per cent this year. The economic difficulties will affect not only workers within Pakistan but also Pakistanis working abroad. For example, thousands of Pakistanis working in UAE lost their jobs and 40,000 are waiting to repatriate to Pakistan.¹

Changes in national COVID-19 situation

- As of 31 May 2020, there were approximately 70,000 confirmed cases of COVID-19 in Pakistan. The number of infections is highest in Sindh with over 27,000 cases, followed by Punjab with over 25,000 cases. The death ratio is highest in Khyber Pakhtunkhwa province, at 5.52 per cent.² On 15 April 2020, the lockdown was eased, following which the number of COVID-19 cases increased sharply, and is still increasing. As of the end of May, 1,483 people in Pakistan had died of COVID-19.
- The government provides COVID-19 diagnostic tests free of charge to people who have obvious symptoms, while instructing those with minor symptoms to stay at home. The test is also available in private laboratories at a rate of Rs. 7000-9000 (\$43-56). A COVID-19 antibodies test is also available in private laboratories at the rate of Rs. 2000 (\$12.5). Tests are unaffordable to the majority of people (including older people).

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Key changes in situation of older persons

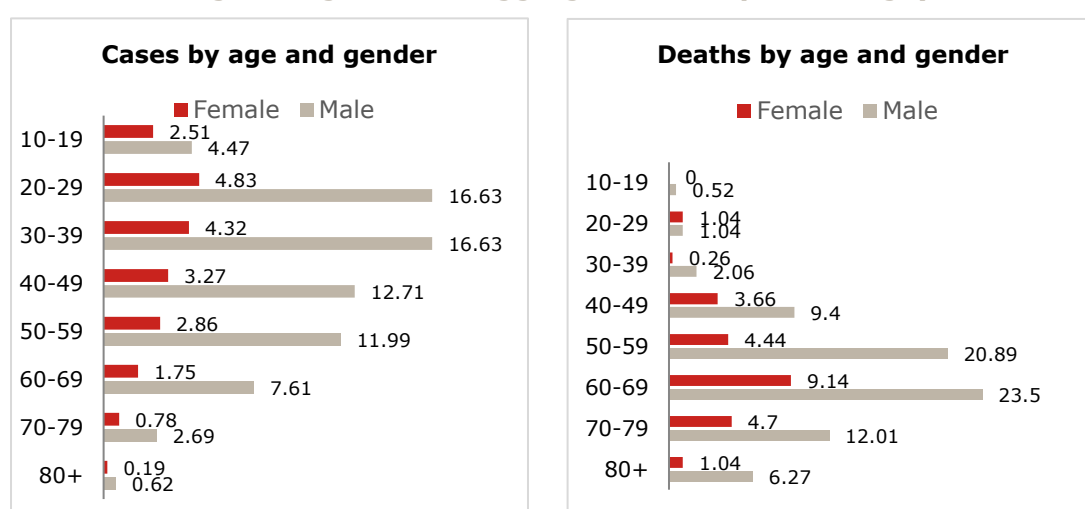


Health and care

As in other countries, the risks associated with a COVID-19 infection rise with age in Pakistan. Although the infection rate is much higher among people below the age of 60 (81.4 per cent), more than 50 per cent those who have died from the virus are aged 60 and above.³ The Sindh provincial government reported that more than nine in every 100,000 older people are at risk of being infected. For those aged 70 and over, this risk increases to 17 in every 100,000 people.⁴

Pakistan's infection and death rates are much higher for older men than older women. (A difference that is notable even when compared to gender disparities in other countries.) The infection rate among those aged 60–69 is 1.75 per cent for women and 7.61 per cent for men. For those aged 70 and older, the infection rate is 0.78 per cent for women and 2.69 per cent for men. Health officials suggest one of the reasons for this is that men leave the house more frequently than women. As seen below, the death rate for the 60–69 age group is 9.14 per cent for women and 23.5 per cent for men.

Age and gender disaggregated data (Percentage)



Source: <http://covid.gov.pk/stats/pakistan>

The ex Deputy Director General of the Health Department in Khyber Pakhtunkhwa noted that "As a result of the lockdown and suspension of outpatient services in hospitals, basic health services for older people have been denied. Older people are facing health risks because they cannot access routine health services. If this situation continues, older people will die because of non-COVID reasons such as diabetes, high blood pressure, heart diseases etc."

COVID-19 has caused psychological stress for older people. A number of free health helplines were established by hospitals and private institutes to provide counselling and mitigate risks from psychological stress.⁵ Some of the very small number of care homes in the country have restricted movement, including replacing family visits with virtual family meetings.⁶



Income security

Older people in Pakistan typically rely on their extended families for income. Here the average household size is 8.5 persons (high compared to the average of 5.0 persons across Asia Pacific).⁷ Shocks to household income are anticipated to heavily affect older people. Pakistan has a labour force of 63 million (including older people), which is now in crisis due to COVID-19. The Federal Minister of Planning and Development estimates that around 18 million people will lose their jobs due to the pandemic⁸ and the Pakistan Institute of Development Economics projects that remittances will decline by 9–14 per cent from the target of \$23.8 billion in the fiscal year 2020.⁹ According to the Planning Commission, COVID-19 may double the number of people living below the poverty line, to 125 million from the current estimate of 50–60 million.¹⁰ Indeed, in a Gallup Pakistan poll conducted in April 2020, 29 per cent of respondents aged 50 and above reported borrowing food or seeking help from a friend or relative to cover their household's basic needs.¹¹



Social issues

A study found that, if Pakistan adopted a strategy of social distancing for older people, the number of people infected with COVID-19 would fall by 30 per cent, and the number of deaths would fall by 34 per cent by the end of the year.¹² However, as noted above, the extended family system in Pakistan means all family members (including older people) tend to live in one house. It can be difficult for those living in the same house to maintain proper social distancing, and many older people cannot or do not want to live in isolation or in separate houses from their families.

Responses

The Government of Pakistan developed a Pakistan Preparedness and Response Plan (PPRP), which outlines the international assistance required to stop the transmission of COVID-19 and respond to emerging public health needs. Some international financing has been made available, including a \$200 million World Bank project which will support preparedness and emergency response in the health sector, social protection measures, food rations, and remote education.¹³

The government initiated the Ehsaas emergency cash transfer program – a one-time \$80 cash allowance to 12 million people living in poverty, including older people. This will reach 4 million women already registered under the Benazir Income Support Program (renamed as Ehsaas), and an additional 8 million people who meet the criteria outlined in a poverty score card. A study conducted by HelpAge found that older people, especially older women, face problems accessing the programme, including accessibility issues at cash distribution points, challenges relating to use of mobile technology, and difficulties in use of fingerprint identification due to age or disability.¹⁴ Older women with limited access to mobiles were dependent on family members, neighbours or community volunteers for registration. Recommendations were put to the Ehsaas management team to make the programme more inclusive and accessible for older people.

Further government action includes providing 1.5 million retired citizens with pensions in their homes through post offices, ensuring older people do not need to leave their homes in order to collect their pensions.¹⁵ Additionally, the government is conducting an awareness raising campaign through media and mobile phones (via the Pakistan Telecommunication Authority), which highlights the vulnerabilities older people face and need for them to take steps to avoid the virus. The Ministry of Human Rights issued specific guidelines on how to protect and assist older people.¹⁶ HelpAge developed messages for older people in six local languages, which were spread through radio stations in 10 districts.

HelpAge International conducted a rapid needs assessment in Sindh and Khyber Pakhtunkhwa provinces, in locations where HelpAge has ongoing programmes. The report documented the health, financial and psychosocial issues older people are facing in the face of COVID-19.¹⁷ Of the respondents, 58 per cent said they do not have financial resources to buy protective items like sanitizer, masks or gloves, and 38 per cent shared that their livelihoods are already severely affected. Many feel cut off from going outside their houses to the mosque, market and other places.

UNFPA Pakistan has developed a comprehensive Strategic Response Framework, which includes prevention of gender-based violence, provision of protection services and psycho-social support to vulnerable populations including women, girls and older people.¹⁸

Case study

Ms Meeraaf, 63 years old, lives by herself in the Peshawar suburbs. She has lived alone for the past 30 years. She runs a small snack shop from her house and uses her earnings to support herself. Meeraaf is diabetic and has hypertension and kidney issues, so usually visits the hospital once a month. However, she is currently unable to visit the hospital due to a lack of transport. Additionally, Meeraaf is unable to visit the market to buy products to sell, due to the COVID-19 shut down. Children are no longer visiting the shop to buy snacks. Meeraaf is worried her lack of income will leave her unable to buy food and medication. She heard via the media that older people are more vulnerable than others, so is scared to go anywhere.

Endnotes

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