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|  | **The impact of COVID-19 on older persons**  Myanmar analytical brief  July 2020 |

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| Highlights  * As of 29 July 2020, Myanmar has recorded 351 positive cases and 6 fatalities from COVID-19, 5 of whom were over the age of 63. * HelpAge International in Myanmar conducted a multi-sector Rapid Needs Assessment (RNA)[[1]](#endnote-2) in May 2020 to inform programming and policy decisions.[[2]](#endnote-3) Findings include: * 34 per cent of older people cannot access medication for their health conditions and 24 per cent of older people have experienced changes in their access to health services. * 46 per cent of older people have difficulties accessing food and 33 per cent of older people stated that income is a top concern. * 42 per cent of older people are worried most or all of the time and 26 per cent of older women are worried about isolation. * It is estimated that the government will reach approximately 39 per cent of its population with social assistance programmes announced under the COVID-19 Economic Relief Plan.[[3]](#endnote-4) Transfers that will benefit older people include a one-off top up cash transfer to recipients of the social pension and a one-off cash transfer to approximately 278,900 people aged 80-84. |
| Changes in general context  * Evidence is emerging about the widespread economic impact of COVID-19. Economic growth is projected to drop from 6.8 per cent in FY18/19 to 0.5 per cent in FY19/20 and a survey of 750 enterprises by The Asia Foundation found enterprises had laid off 16 per cent of employees on average and 29 per cent had closed.[[4]](#endnote-5) Different sectors will be hit with varying intensity. The agricultural sector is one of the largest sources of work for older people. Growth for this sector is estimated to slow to 0.7 per cent.[[5]](#endnote-6) However, currently hundreds of thousands of local farmers are unable to export their produce due to the closing of borders and slowdown in local markets.[[6]](#endnote-7) |
| Changes in national COVID-19 situation  * On 19 June, Myanmar detected 23 new COVID-19 cases – the highest single day surge since the virus was first detected. All new cases involved returnees from Thailand and Malaysia.[[7]](#endnote-8) Since, Myanmar has reported a slow increase in cases, with 351 confirmed cases to date. Only one of the cases reported since 19 June was due to local transmission. * Only a third of over 160,000 Myanmar citizens who returned to the country between January - June 2020 have been tested for COVID-19.[[8]](#endnote-9) * As of 31 July, precautionary measures to restrict the spread of COVID-19 were extended to 15 August. Many COVID-19 measures vary across Myanmar’s states and regions. |

# Key changes in situation of older persons

## Health and care

The HelpAge RNA found one in three older people are unable to access their regular medication. Many older people indicate that local medicine stocks are running out. Travel restrictions suppress supply chains, including those reaching rural health centres. 60 per cent of those interviewed have existing health conditions, and diseases requiring medication are highly prevalent, giving rise to concerns surrounding co-morbidity. One in four older people are struggling to access health services due to travel restrictions. Older people may be unable to travel to health centres, and health workers may be unable to visit villages. An assessment by CARE found disruptions to health services are likely to disproportionately affect non-communicable diseases (NCDs), which are particularly common among older people, with a higher prevalence in women. Mitigation measures are causing challenges to NCD follow up and treatment. Health care workers noted that, while routine services continued to operate, patient numbers were down and many people were reluctant to attend centres for fear of contracting COVID-19. This was exacerbated in conflict-affected areas, where people rarely accept referrals to government health facilities.[[9]](#endnote-10) A Health Assistant from the Ministry of Health and Sports (MoHS) noted that many family members do not want older people to visit clinics, given their high risk status.

The impact of COVID-19 on older people’s mental health would benefit from further research. For older women, depression is linked to socio-economic status, and religion plays an important role for many older people. Social and religious gatherings can no longer take place due to distancing policies, leaving older people unable to take part in activities which give a sense of connection and purpose.[[10]](#endnote-11) A Health Assistant from the MoHS noted many older people are scared to take part in religious ceremonies and instead stay at home, facing boredom and depression. The HelpAge RNA found COVID-19 has taken a severe mental toll on older people, especially those living alone and those dependent on others. Older people worry about their income, health, food security, and about the pandemic as a whole. Many older people need psychosocial support.

The RNA also indicated that older people are aware of the outbreak, as well as the preventative measures needed. However, not all older people are able to conduct preventative measures. Avoiding touching the face (as many forgot to do so), coughing and sneezing into elbows or tissues (linked to flexibility and reflexes), and remaining two metres away from others (due to living arrangements and dependency on others) are often mentioned as measures older people cannot do. Older people found other measures, such as hand washing, easier. The Myingyan Township General Administrative Department Deputy Administrator noted older people are concerned about rumours surrounding COVID-19, as well as the unavailability of and lack of knowledge regarding how to use masks and hand sanitiser. CARE found restrictions on movement and suspension of face-to-face activities led to greater reliance on hygiene information being shared online and/or by phone. This may be less accessible to women, older age groups, and those in Rakhine and Chin states where mobile internet is blocked.

## A close up of a logo Description automatically generatedIncome security­

A FAO/WFP assessment found approximately 50 per cent of respondents’ income had decreased between 20 to 50 per cent in the past 30 days compared to the same period in 2019[[11]](#endnote-12) and a World Vision RNA found 32 per cent of respondents had fully or severely lost their livelihoods[[12]](#endnote-13). Moreover, the closure of illegal trade gates along the border of Thailand is causing shortages in every-day items.[[13]](#endnote-14) Casual labourers struggle to obtain jobs, while restrictions have limited access to livelihoods. Those employed in the informal sector are especially vulnerable and informal employment is more common among those aged over 60 and the youth.[[14]](#endnote-15) An Asia Foundation survey of 750 enterprises found enterprises had laid off 16 per cent of employees on average.[[15]](#endnote-16) Decisions about who to let go can reinforce existing patterns of exclusion. Disability rights organisations in Myanmar note those with disabilities are usually top of the list when cuts are made, and workers with disabilities face much greater uncertainty during the pandemic than able-bodied workers.[[16]](#endnote-17) Given the link between age and disability, this has implications for those older people in (formal or informal) employment.

Key informant interviews (KIIs) highlighted older people’s reliance on their children for income, food and shelter. Remittances play a key role in the support provided; in 2015, it was estimated that international migrants sent $ 8 billion to Myanmar (13 per cent of GDP) and many long-term domestic migrant workers provide essential support to family members in other parts of Myanmar.[[17]](#endnote-18) As a result of preventative measures, many domestic workers will lose their jobs. It is estimated that over 160,000 Myanmar citizens returned to the country between January - June 2020, meaning remittances may fall significantly.[[18]](#endnote-19) An MoHS Health Assistant noted older people in rural areas are particularly at risk from a decline in remittances. Moreover, the HelpAge RNA found government-imposed restrictions were limiting older people’s supply of food, drinking water and other basic items. Almost a third of older people have trouble accessing drinking water, for reasons including few wells with low water levels (linked to a late rainy season) and living far from places selling drinking water. One in four older people reported a reduction in the quantity and/or quality of their diets. Nearly twice as many older women reduced their food intake compared to older men. Many reported their usual markets were inaccessible due to travel restrictions, and others said the shops near their homes had closed. Many older people worry about their lack of income during the outbreak. Those who did not report challenges accessing food commonly relied on kitchen gardens, small farms, or support from others.

## A picture containing drawing Description automatically generated Social issues

Lockdowns may expose older people who live with abusive family members or caregivers to higher risk of violence, abuse and neglect. Speaking to the Myanmar Times, the Country Director for HelpAge International Myanmar said "there is limited research into abuse of the elderly in Myanmar, but this does not mean it is not taking place. Many older women and men suffer in silence... Although it is too early to have data on abuse during COVID-19, the World Health Organisation believes instances of elderly abuse have risen considerably during the pandemic. There are reports of older women and men being neglected in care homes and in their own households."[[19]](#endnote-20) Indeed, the HelpAge RNA found that perceptions of the effects of the pandemic differ between older women and men, with women more likely to think neglect, isolation and emotional abuse will occur. Older people’s dependency on others was seen as one of the reasons for this. The KII with a representative from the Mandalay Region Hluttaw (assembly) also noted older people are more likely to experience bullying and abuse. While Gender Based Violence (GBV) services generally continue with adaptions and limitations, barriers to access to remain. An interview by CARE revealed many differently abled people do not own a phone or television so face difficulties accessing information about GBV services. There is limited research into older people’s access to GBV services, and measures of Violence Against Women and Girls commonly stop at age 49. However, given older people’s comparatively lower access to technology, and the intersection between age and disability, it is likely that older people face similar barriers.

# Responses

The government of Myanmar has outlined a COVID-19 Economic Relief Plan (CERP.) Although CERP lays out over 50 measures, only two are assigned specified amounts and there is a lack of prioritisation. At less than 3 per cent of Myanmar’s GDP, the budget is low compared to economic relief packages in the region.[[20]](#endnote-21) It is estimated that the government will reach approximately 39 per cent of its population with social assistance programmes under CERP.[[21]](#endnote-22) Transfers that will benefit older people include a one-off top up cash transfer of 30,000 MMK ($21.45) to approximately 200,301 recipients of the social pension aged 85+ between April - June and a one-off cash transfer of 30,000 MMK to approximately 278,900 people aged 80-84 in September. Older people may also benefit from the provision of essential items to approximately 3.99 million households and provision of cash to approximately 5 million households. Decision-making for the distribution of the latter two programmes has been devolved. This is indicative of the expanding use of cash transfers within the social protection system; the World Bank’s tracking of policy responses found the number of people reached by cash transfers is due to increase from 241,824 in 2016 to 21,241,824.[[22]](#endnote-23) However, it should be noted that the social pension top-up and one-off transfer are anticipated to reach only 16.5 per cent of people aged 65 and over.[[23]](#endnote-24) Moreover, a 2020 study of 50 households found 10 households reported the social pension (10,000 MMK a month) made a big difference to their households, 10 found it made some difference, 27 found it made not much difference, and 3 didn’t know.[[24]](#endnote-25)

CERP lacks analysis of how the plan will coordinate with ethnic health organisations, such as the Karen National Union (KNU) who provide frontline health services. In the last week of April, the army began shutting down Karen screening posts and on 6 May the army set fire to two checkpoints in Hpa-pun district, Kayin State, causing armed clashes and displacing over 480 people from Wa Tho Khoh village, where the army shot two older civilians in January 2020. Within this context, authorities invited humanitarian organisations to step up COVID-19 related aid to often off-limits areas in northern Rakhine and Chin states. A US State Department official reported worries about escalating violence and Human Rights Watch called the invitation a band aid solution.[[25]](#endnote-26) This leads to concerns regarding older people’s safety; a pre COVID-19 report found older people in Myanmar are extremely vulnerable in conflict situations and likely to fall through the cracks in humanitarian response.[[26]](#endnote-27)

In July 2020, HelpAge and the European Union announced a 1.43 million Euro project supporting older people and people with disabilities affected by COVID-19. The project will be implemented with the MoHS and will provide PPE for care volunteers and health workers, install hand washing facilities, establish and operate isolation wards, continue to provide NCD screening and referral services, and run an awareness campaign.[[27]](#endnote-28) The project will work with established Inclusive Self Help Groups (ISHGs) – groups comprised of older people and people with disabilities, which lead activities to support their communities. KIIs highlighted ISHGs as one of the only sources of support specifically for older people.

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#### Endnotes

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