



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

# *Bangladesh analytical brief*

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### **Highlights**

- Eleven per cent of the confirmed cases of COVID-19 are aged 60 and above in Bangladesh. For the whole population, COVID-19 cases are higher among men (72 per cent) than women (28 per cent).<sup>1</sup>
- There is a serious concern regarding the rise of the death rate among the older population in the country. Persons aged 60 and above are more prone to death (58.7 per cent of all deaths). The death rate due to COVID-19 is also higher among men (78 per cent) than women (22 per cent).<sup>2</sup>
- Many older persons are suffering from health and healthcare-related problems amidst this coronavirus crisis. The older population has high rates of multi-morbidity due to COVID-19.
- In addition to social safety net support such as the Old Age Allowance, the Government has approved a stimulus package to tackle the economic challenges to curb the negative impact of the pandemic, through which an increase of 5 lakh (0.5 million) old age beneficiaries has taken place.<sup>3</sup>
- Stimulus packages designed to fight the financial impact of COVID-19, like cash assistance provided by the Government, are yet to cover a significant share of poor families because of mismanagement and lack of a proper database. The shortfall in this regard may have a profound impact on increasing the financial vulnerability of older persons amidst the pandemic.
- An apparent shift of attention also has been observed lately, which is causing older persons to go out of focus from media coverage and other evidence bases. This shift is producing a shortfall of evidence, which is hampering rapid response against the impacts older persons are facing.

### **Changes in general context**

- The country was in shutdown from 26 March to 31 May 2020, with concerns rising as people avoided physical distancing. Certain restrictions on public movement such as outdoor movement, closure of all shops, prohibition of meetings, and rallies were officially lifted on 1 September. Some restrictions on public transport such as running below seat capacity and the right to raise fares were also lifted from 1 September.<sup>4</sup>
- Although the number of COVID-19 infections is currently low among the Rohingya (Forcefully Displaced Myanmar Nationals), they are at high risk, particularly because of their congested living conditions, especially older persons.<sup>5</sup> The extremely high population density in the camps as well as poor WASH facilities made worse by the monsoon rain, has increased the risks of older persons contracting COVID-19.<sup>6</sup>

### **Changes in national COVID-19 situation**

- In Bangladesh, 348,918 cases tested positive among 1,821,270 tests by 20 September 2020.<sup>7</sup> Total tests per million are 11,034, which is lower than in India, Pakistan, Nepal, Maldives, Bhutan, and Sri Lanka. The number of deaths due to COVID-19 is 4,939 (case fatality rate: 1.41 per cent).<sup>8</sup> Forty-seven per cent of COVID-19 infected people are aged between 21 to 40 years.<sup>9</sup>
- Males constitute more than 70 per cent of the total infection and deaths. In addition, 82 per cent or more of deaths (more than 3,500 deaths)<sup>10</sup> are faced by people aged over 50 years.<sup>11</sup> Eleven percent of the confirmed cases are aged 60 years and above.<sup>12</sup>
- Though the rate of infection is getting lower, Bangladesh is also at risk of a second wave of infection.<sup>13</sup>

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## Key changes in the situation of older persons

The older population is now growing rapidly in Bangladesh. Of the country's population, 8.2 per cent are aged 60 years and above, and 5.2 per cent are 65+ years old.<sup>14</sup> Half of the 64 districts have over 100,000 people who are aged 65+ years. Rural areas have a higher proportion of older people.

In Bangladesh, the majority of older persons live in rural areas where there is a lack of proper health care services, economic support, and employment opportunities. The main causes of vulnerability of the older population are medical, economic, emotional, and social issues, which are concerns not only for the individual or family but also for the community. An increase in medical costs and health care, pressure on social security and unemployment, a growing trend towards nuclear families, and children of older parents living in cities for education or abroad for work are critical challenges. Especially in this pandemic situation, lack of knowledge regarding the symptoms, mode of transmission, protective behaviors are prominent among older persons which may have a profound impact on their overall health outcome in the present context.<sup>15</sup> Besides, a rise in women's experience of emotional and physical violence since the lockdown in Bangladesh indicates a concern about the likelihood of violence against older women too in the present context.<sup>16</sup>

**Table 1: Percentages of COVID 19 confirmed cases by age and sex (June-September)**

Age Group	29 June		20 Jul		31 Aug		21 Sep	
	M	F	M	F	M	F	M	F
0-10	1.2	1.4	1.7	1.2	1.8	1.2	2.0	1.3
11-20	2.8	2.8	2.9	2.4	2.8	2.4	2.7	2.4
21-30	15.2	7.9	14.3	6.7	13.9	6.6	13.5	6.5
31-40	20.2	7.4	20.4	6.4	20.4	6.5	20.2	6.5
41-50	13.4	5.1	13.9	4.8	13.9	4.9	13.9	4.9
51-60	9.9	3.8	11.0	3.8	11.1	3.9	11.2	4.0
61-70	4.5	1.9	5.2	1.9	5.3	2.0	5.4	2.0
71-80	1.5	0.6	1.9	0.6	2.0	0.6	2.1	0.6
>80	0.5	0.2	0.6	0.2	0.6	0.2	0.6	0.3

Source: COVID-19 Bangladesh Situation Reports, WHO<sup>17</sup>



### Health and care

Older persons are one of the most vulnerable groups to COVID-19 in Bangladesh. They encounter difficulties during referrals to health centers because of physical and administrative barriers, or fear of social stigma, among other challenges.<sup>18</sup> Also, older persons may not fully understand the information regarding COVID-19 due to reduced exposure to mass media and awareness-raising initiatives and fewer preventive hygiene or social measures. The Health Services Division under the Ministry of Health and Family Welfare directed the authorities to test older persons at their residence, following a decision made on 16 July 2020 by the National Technical Advisory Committee. The committee earlier suggested introducing specialized testing facilities for older persons who face problems in identifying the testing locations, long queues, and no separate arrangements for older persons. The current situation may also hinder and delay regular visits for patients with mental disorders, cancer, stroke, and diabetes who need routine outpatient visits, and this, in turn, may intensify the severity of their diseases or lead to severe disabilities.<sup>19</sup> Moreover, youths are increasing the risks of older people as they are more mobile, and they are continuing their daily outdoor activities, being the earning members of the family. They are causing health risks to older family members by being a potential source of spreading the virus.<sup>20</sup>

**Table 2: Rise in the share of the older population in total deaths due to COVID 19 (June-September)**

Date	Deaths at age 60+ (percentage of total deaths)
8-Jun-20	54.0
15-Jun-20	56.0
29-Jun-20	56.1
6-Jul-20	56.4
13-Jul-20	58.9
20-Jul-20	59.7
27-Jul-20	61.1
3-Aug-20	62.3
10-Aug-20	63.0
17-Aug-20	63.8
24-Aug-20	64.9
31-Aug-20	65.3
7-Sep-20	65.8
14-Sep-20	67.1
21-Sep-20	66.4

Source: COVID-19 Bangladesh Situation Reports, WHO<sup>18</sup>

As it is discussed above, the overall COVID-19 infection rate as per tests in Bangladesh is moving downwards, but, at the same time, the sudden rise (as shown in Table 2) of the death rate of older persons due to COVID-19 is also producing concern among health officials. Delayed visits of older

persons to health care facilities are increasing their risks of death. In many instances, they are found to be seeking treatment after the failure of multiple organs due to the spread of the virus.<sup>21</sup> Nationwide travel restrictions and lack of transport at the initial phase of the lockdown decreased the accessibility of older persons to health care facilities. In the earlier phase, decisions regarding the transformation of tertiary health care centers into COVID-19 dedicated hospitals also limited regular service provision, which, like other age groups, impacted older persons' access to needed non-COVID health care services.<sup>22</sup>



## Income security

Until the end of May 2020, the Government enforced general holidays, lockdowns, closure of factories and businesses to prevent the spread of coronavirus infections. As a result, the income of ordinary people was reduced, which now threatens national achievements in poverty alleviation and social security. More than 3 million people live below the poverty line. COVID-19 has caused a devastating effect on the income of the poor.<sup>23</sup>

The Government is taking measures so that more poor people are being brought under the social safety net at this time. The Government informed media that additional allocations would also be made for the Old Age Allowance, Widow Allowance, and interest-free microcredit distribution by the social welfare department for poverty alleviation. The Government says that 76,45,000 (7.6 million) people are receiving an Old Age Allowance, Widow Allowance or Disability Allowance, and a total 16.25 lakh (1.6 million) new beneficiaries will be added in the next financial year. However, the monthly benefit amount will remain unchanged. The government has recently brought 112 Upazilla/sub-districts (those highly poverty-stricken out of a total of 492 Upazilla) under full coverage of these financial allowances, meaning everyone eligible by poverty criteria will receive it. As a result, more than 8 lakh (800,000) additional poor people have been covered by the social safety net programs. Among the beneficiaries, there are older people who are aged 60 and above, widows, and women who faced violence. As a result of this expansion, an increase of 5 lakh older beneficiaries (500,000 who are aged above 60) has taken place.<sup>24</sup> However, the insufficient allocation, unethical disbursement to ineligible persons, poor process targeting, lack of proper campaigning about the allowance are still matters of concern in this regard.<sup>25</sup> Even complaints of stealing the Old Age Allowance have been reported in the pandemic.<sup>26,27</sup>

The latest budget proposed to allocate BDT 1.0 billion (USD 11,763,820) in the next fiscal year (FY2020-2021) for the 'Rural Social Services Program' to keep the rural economy moving and create self-employment opportunities in rural areas. About one-fourth of the families in the country have been brought under the Social Safety Net Program (SSNP). The Government has announced that it will double the number of social safety net beneficiaries by 2023 to expand the social safety net in response to the COVID-19.



## Social issues

Social issues related to the older population include underreporting of cases of abuse of older people, including financial abuse. During the COVID-19 outbreak period, the news media has reported various cases. For instance, no physical distancing while distributing the Old Age Allowance, older persons reportedly left untreated because of fear of the virus, and even family members refusing to take bodies from hospitals. For example, a mother was forced to leave home for not giving her Old Age Allowance to her two children in Barguna of Barisal Division.<sup>28</sup> Another report was of a 50-year-old mother left in a forest by her children as they suspected she was a Coronavirus patient.<sup>29</sup> Some were even denied funerals by their families.

The social structure of our country where young children usually stay with their old-aged parents is also increasing the risks of coronavirus infection among older persons because of the increased mobility of youths. The presence of precarious activities such as not wearing masks or maintaining hand hygiene and the absence of other preventive practices among youths are increasing older people's exposure to the risk of being infected by Coronavirus. It is to be mentioned here that older people are less in number when it is about the new cases of infection, but they share the largest percentage of death due to Coronavirus in Bangladesh like every other corner of the world.<sup>30</sup>

Reverse migration, both internal (urban-rural) and international, has resulted in migrants returning to rural areas. It is evident that reverse migration will usher in a crisis in rural areas.<sup>31</sup> The newly unemployed and a larger group of people may experience a significant reduction in income, which may affect the lives of older people.

## Responses

The Government is playing a major role in responding to the COVID-19 situation and the vulnerability of the older population. The Government has initiated several Social Safety Net Programs (SSNPs) in the country, both in the form of “cash” and “in-kind” transfers. The SSNPs have two components: (i) Social Protection and (ii) Social Empowerment. Social protection is implemented through a Cash Transfer and Food Security Program. Cash transfers under social protection include the Old Age Allowance Program, Allowances Program for Widowed, Distressed and Destitute Women, Allowance for the Financially Insolvent Disabled, Maternity Allowance Program for the Poor Lactating Mothers, Honorarium Program for Insolvent Freedom Fighters, etc. The Food Security Program includes the Food for Work Program, Vulnerable Group Development (VGD) Program, Vulnerable Group Feeding (VGF) Program, Test Relief (TR) Program, and Open Market Sales (OMS). Social Empowerment includes cash transfers, a micro-credit program, and miscellaneous funds. Initiatives have been taken to disburse these allowances completely through online systems.<sup>32</sup>

The Old Age Allowance Program (OAA) is a cash transfer program in which the beneficiaries are the destitute older people of society. Substantially expanding coverage, the OAA assists poor older people in meeting their basic needs, enhancing their status at home, and improving their psychological well-being through providing a source of income. As reported above, the Government has already brought all poor senior citizens in 112 Upazilla (sub-districts) under financial protection by providing them with the Old Age Allowance. Initiatives are underway to provide this allowance through G2P (Government to Person) processes.<sup>33</sup> Even though the Old Age Allowance helps older people in terms of social and economic aspects within their community, the current amount of the allowance has been frequently considered as insufficient by older persons.<sup>34</sup>

Although initially an allocation for cash assistance to about 50 lakh poor families impacted by the COVID-19 crisis was made by the Government, only 35 lakh (3.5 million) of the poor families actually received the amount of cash assistance (BDT 2500 each; USD 30). The remaining 14 lakhs (1.4 million) families were dropped from the initial list due to observed irregularities and suspected corruption of authorities. The failure regarding maintaining a proper database and dearth of the digitalized process in this regard are generating mismanagement amidst this pandemic situation. Older persons living in poor families yet to receive the allocation are falling victim to such mismanagement, and this is increasing their financial vulnerability.<sup>35</sup>

In this crisis, health care services are also crucial for the older population. The National Technical Advisory Committee on COVID-19 of the Government suggested introducing specialized testing facilities for older persons to prevent health risks and remove hassles during coronavirus testing.

Both Government and non-government actors have taken several specific actions to address the vulnerability of the population, including older persons. The Needs Assessment Working Group (NAWG) is the platform for Government and non-government humanitarian agencies under the Humanitarian Coordination Task Team (HCTT). The NAWG developed a “COVID-19: Bangladesh Multi-Sectoral Anticipatory Impact and Needs Analysis”. This anticipatory needs analysis aims to provide timely evidence with which to plan an effective and coordinated humanitarian response focusing on the most vulnerable communities impacted by COVID-19, including older persons. It will also supplement, but not overlap with, the national COVID-19 preparedness and response and Rohingya refugee COVID-19 response plans. Supportive community-based measures (like “Older persons and WASH response during COVID-19”) are being put in place to protect older people in accessing WASH services and helping them to reduce their movement.<sup>36</sup>

However, an apparent shift of attention of media and evidence-generating bodies may have taken place concerning older people in Bangladesh. In the earlier stage of the pandemic, vulnerabilities, discrimination, and special needs faced by older persons which were triggered by the occurrence of COVID-19, were widely covered in literature and media channels (both print and electronic). But the focus appears to have shifted. This shift is producing a shortfall of evidence and information regarding the dynamics of Coronavirus’s impact on older persons in Bangladesh in the later stages of the ongoing pandemic. The responsiveness of media and other sources of evidence has thus been seen to be reducing coverage of older persons’ situation. In such circumstances, this shortfall of evidence resulting from the decline of responsiveness is a barrier to planning responses for older persons.

## Case study one

### Chairman took most of the Old Age Allowance



Hazera Begum and Abdul Aziz are two older persons from Ulipur Union of Kurigram District. The chairman of that union asked them to go to Local Agriculture Bank on 12 August 2020 to receive their allowance of certain periods.

They went to the Bank on that day and received an amount of BDT 6000 as the allowance for a whole year. But after they received the amount, the Union Chairman reached to the Bank and asked them to give him BDT 5,000, according to the online news portal Vorer

Kagoj Live. They had no option except to give that amount to him, and they returned with only BDT 1000 in their hands.

One of the Union Parishad Member (unwilling to disclose identity) has said that the chairman and his companions have grabbed a large share of the Old Age Allowance in such style from most of the beneficiaries. The chairman is also showing corruption in selecting beneficiaries, too, according to the Union Parishad Member.

Source: Vorer Kagoj Live, 30 August 2020.<sup>37</sup>

## Endnotes

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