



The impact of COVID-19 on older persons

India analytical brief

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Highlights

- As of 18 September 2020, the total number of COVID-19 related deaths in India was reported to be 84,372.¹ As per latest estimates 51 per cent of the deaths have occurred in the age group of 60 and above, though they account for only 12 per cent of COVID-19 positive cases.²
- Karnataka High Court on 7 July 2020 issued directives to the central and state governments as well as Insurance Regulatory and Development Authority of India to extend health insurance coverage of COVID-19 to senior citizens, as its earlier directive excluded those aged above 65.³
- The National Plan for Welfare of Senior Citizens (an umbrella scheme for senior citizens), launched by the Union Ministry of Social Justice and Empowerment, took effect from 1 April 2020.
- Although hospitals across the country have gradually resumed Outpatient Department (OPD) and inpatient services for non-COVID-19 patients, the health system overall remains captive to the COVID-19 response.
- Older citizens continue to be advised against stepping out as per “Unlock 4.0” guidelines.
- Pandemic woes for older persons have been compounded by recent floods in many states across the country, such as Assam, Bihar and Maharashtra.

Changes in general context

- Data released by the National Statistical Office indicates that the GDP of India declined by 23.9 per cent in the quarter ending June 2020 compared to the previous quarter, highlighting the economic damage inflicted by the pandemic.⁴
- The unemployment rate is estimated to have declined from 10.99 per cent in June 2020 to 7.43 per cent in July 2020, suggesting partial resumption of economic activities in India.⁵

Changes in national COVID-19 situation

- As of 18 September 2020, the number of confirmed COVID-19 cases reached 5,214,677.
- When the active COVID cases are considered, the state of Maharashtra alone accounts for 28.4 per cent of the total; the five most affected states account for 57.7 per cent, and the 15 least affected states account for only 5.7 per cent of the total active cases.⁶
- The recovery rate improved from 64 per cent in July 2020 to 78 per cent at the end of September 2020. The death rate declined from 2.7 per cent in July to 1.62 per cent at the end of September. The tests per million increased to 26,685 as of 25 August 2020.⁷
- Rural penetration of COVID-19 has increased considerably; rural districts accounted for 54 per cent of new cases in August.⁸ Reverse migration arising from the lockdown was an early driver, but much of the spread now is via community transmission.
- During this period, the Union government continued the phased lifting of restrictions. According to “Unlock 4.0” guidelines operational with effect from 30 August 2020: in all areas except containment zones – which generally refer to a contiguous area of few buildings or a neighbourhood – all activities will be permitted with some exceptions including those associated with schools, colleges, cinema halls, swimming pools etc.⁹

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Key changes in situation of older persons



Health and care

The latest update from the Ministry of Health and Family Welfare indicates that the share of those aged above 60 in the death toll from COVID-19 has not changed significantly since the previous month. As compared to 53 per cent on 9 July 2020 (the previous update of the Ministry), this has marginally reduced to 51 per cent as of 2 September 2020.¹⁰

As India continues the gradual lifting of lockdown restrictions, there have been certain changes in the availability of care at various public and private hospitals. From May-July 2020, there have been reports of hospitals in states across the country resuming their OPD and inpatient services for non-COVID-19 patients. The West Bengal government issued a directive in this regard in May, after which many private hospitals resumed normal services.¹¹ In Mumbai, the local government allowed a few public hospitals to resume OPD and non-emergency surgeries for the treatment of non-COVID-19 cases.¹² However, the situation of accessibility to healthcare services for non-COVID-19 patients is still far from returning to the pre-COVID-19 times. In Delhi, the continued shutdown of local neighbourhood clinics for a prolonged period has caused disruptions in consultations of older citizens suffering from chronic diseases such as diabetes and hypertension, who mostly rely on the services of these clinics and would hesitate to approach larger hospitals during the pandemic. Moreover, even by late July, many private hospitals in the city which were converted to Dedicated COVID Hospitals (DCH) were still awaiting approval from authorities to resume non-COVID-19 services.¹³

Due to the severe impact of COVID-19 on older persons, demographic analysis can provide an indication of the level of vulnerability of different states and the level of success in controlling outcomes such as mortality. A *Lancet* study provides a vulnerability assessment of Indian states based on demographics (with the three main indicators being proportion of older people, proportion of population living in urban areas and population density). The most vulnerable states identified by the report were Daman and Diu, Chandigarh, Puducherry, Lakshadweep, Goa, Kerala and Maharashtra.¹⁴ States with a higher older population have experienced different levels of success in preventing COVID-19 related fatalities. While states like Tamil Nadu, Punjab, Jammu & Kashmir, Maharashtra, and West Bengal have recorded high fatalities, other states with an aged population like Kerala, Himachal Pradesh, Odisha and Andhra Pradesh have been relatively more successful in preventing such fatalities.¹⁵

On 7 September 2020, the Supreme Court asked state governments to provide comprehensive reports on measures taken by them to ensure priority medical treatment, provision of care and support for older people especially those living alone during the pandemic.¹⁶ This comes as a follow-up on the Court's order on 4 August 2020 that directed states to take care of the financial and other needs of older people.¹⁷ In an interview the Chief Mentor of Kolkata chapter of Dignity Foundation revealed that older patients in Kolkata who tested COVID-19 positive in September continued to face difficulties in getting admission to hospitals for treatment.¹⁸

In a webinar titled "COVID-19 & Health of Senior Citizens – Impact & Way Forward", the CEO of HelpAge India stated that the health system has been largely captive to the COVID-19 response. This has severely affected response to other health needs such as primary care, prevention and diagnosis of non-communicable diseases, so co-morbidities risk associated mostly with older persons is expected to increase.¹⁹

Accessibility to healthcare has been addressed to some extent by tele-consultations. However, lack of digital skills among a large section of older persons continues to be a challenge. In rural areas, there may be a need to set up well-equipped community digital centres with assistance to older persons so they can access telemedicine services.²⁰ Establishing mobile clinics and teams for periodic inspections and treatment may be another option in hard to reach locations.²¹

With the fourth phase of unlock underway in the country, senior citizens continue to be advised to stay at home. A leading psychiatrist, and Fellow of the Indian Psychiatric Society, underlines the importance of reorienting the public messaging of reverse quarantine of older persons in the wake of rising mental health issues and continued isolation of older persons during the unlock phases. He highlighted that there is a segment of the older population – "the vibrant elderly" – who had been largely healthy physically and mentally earlier but are now at the risk of slipping into depression due to the stark contrast between their previously active and currently confined lifestyles.²²

Over the past few months, several small and mid-sized old age homes (residential care centres) that have long relied on donations from philanthropic and business communities have reported facing a

severe resource crunch and possibility of closure.²³ At the same time, these long-term care facilities continue to receive calls and applications for new admissions. As noted in a Supreme Court judgement in 2018, another concern with regard to these centres could be that some of them are in dilapidated condition without adequate facilities for geriatric care.²⁴

There have been limitations in meeting certain healthcare needs of older persons during in-home care. The President Elect of the Geriatric Society, West Bengal, points out that the usage of devices such as those for ultra-sonography and echocardiography is currently not legal for in-home care and that these must be legalised. He highlighted that there is an immediate need for Accredited Social Health Activists (ASHA) who work at the village level, to be trained in working knowledge of geriatric care. Underscoring the shortage of geriatric physicians, he stated that those who complete a post-graduate diploma in geriatric medicine and family medicine must be recognised as intermediate specialists so that shortages are to some extent addressed up to secondary level of care.²⁵

In the past few months, senior citizens have also faced problems regarding health insurance coverage. A Public Interest Litigation filed by Letzkit Foundation, a charity organisation, stated that the Insurance Regulatory and Development Authority of India's (IRDA) directive to insurance companies on provision of COVID-19 coverage had excluded senior citizens above 65 years of age. As a result, senior citizens covered under a vast majority of health insurance schemes were either not given coverage for COVID-19 or were asked to pay additional premiums. The Karnataka High Court in its order dated 7 July 2020 issued a directive in favour of the petitioner, but it remains to be seen to what extent the directive is implemented.²⁶



Income security

The World Bank has projected a 23 per cent decline in international remittances to India in 2020. It is estimated that nearly 10 per cent of rural households have remittances as the primary source of income.^{27,28} A 2011 study by HelpAge International had shown that in states with relatively fewer economic opportunities in the rural sector, such as Bihar, older persons were heavily reliant on remittances from family members working outside the village.²⁹ It is expected that this decline would have an adverse impact on food intake and health outcomes of children and older persons in these families. These concerns become more pressing in light of the findings of the first Study on Global Ageing and Adult Health by the World Health Organization, which found that over 90 per cent of older persons in India had insufficient fruit and vegetable intake. India was among the countries with the highest proportion of older persons facing difficulties in carrying out basic activities of daily living.³⁰ The problem of insufficiency of dietary intake may have been worsened for older people during this crisis. To address some of these adverse consequences, there is a need to provide some family allowance to households that have an older member.³¹

The Bombay High Court has repealed a resolution of the Maharashtra government barring senior citizens working as entertainers and crew members in television and film industries from returning to work in studios and outdoor settings. The decision of the government was deemed to be discriminatory as senior citizens were allowed to resume work in other sectors and the court noted that a person could not be deprived of his/her livelihood.³²



Social issues

With the Unlock 4.0 guidelines that came into effect from 29 August 2020 social, cultural, religious, political and other congregations with a ceiling of 100 persons were permitted from 21 September 2020. State and Union Territory governments have been directed not to impose any lockdowns outside containment zones without prior consultation with the central government.³³ This should potentially lead to improvements in the social life of older people along with the rest of the population.

The pandemic has coincided with floods during the monsoon, causing misery to many people including older persons in different parts of the country. Facing the threat of inundation of villages, thousands of people including older people in states like Bihar and Assam were forced to take shelter in crowded highways and wade through floodwater to reach safer places.^{34,35} The hardships of the pandemic compounded by these events are likely to aggravate the situation of older persons in these families. The pandemic has created two challenges in flood relief operations – preventing transmission of COVID-19 in relief camps, which are often crowded, and ensuring the distribution of relief supplies to people who refuse to move to relief camps out of fear of COVID-19.³⁶

Various studies have indicated that the current crisis is likely to lead to increased marginalisation, abuse and institutionalisation of older persons in India, where ageist stereotypes are often internalized

and older persons are far less likely to be active in demanding equal rights and inclusivity.^{37,38} For instance, Tamil Nadu has experienced an increasing number of complaints from older people about physical and verbal abuse in families.³⁹ It is also possible that the current crisis may have had differential impacts on well-being, given different experiences of older men and women. For instance, a survey by the Agewell Foundation in 2015 indicated that nearly 77 per cent of respondents believed older women faced a restricted social life due to gender bias, and close to 86 per cent believed that older women's health status was more likely to be neglected.⁴⁰ The lockdown period witnessed an increasing number of complaints of domestic violence to the National Commission for Women.⁴¹

As per the Census of India, 2011, older people constituted 21 per cent of the persons with disabilities in India.⁴² Several concerns with regard to the welfare of persons with disabilities have been raised recently by the National Centre for Promotion of Employment for Disabled People (NCPEDP). Their report titled "Locked Down and Left Behind" suggests that with the exception of a few states, there were no dedicated helplines for persons with disabilities, no active effort to ensure information availability in accessible formats, shortage of medicines for people with intellectual disabilities and delays or non-release of pensions.⁴³

Suicides by older persons in the context of COVID-19

In India it is estimated that 10-20 per cent of the older population are dealing with mental desolation and loneliness. The stringent nationwide lockdown that was carried out in India left older persons struggling with financial insecurities, non-availability of essential groceries, inaccessibility of technology, and lack of socialisation resources. According to the WHO Regional Director for South-East Asia, *"perpetually evolving and changing information about the virus has both triggered and aggravated existing and pre-existing mental health conditions which need urgent attention"*.⁴⁴ Older persons who are dealing with mental health issues were more vulnerable to the COVID-19 pandemic, and its social consequences pushed several of them to commit suicide. The Director of the National Institute of Health and Mental Sciences Bangalore stated that people who are diagnosed with COVID-19 suffer acute anxiety as *"nearly all COVID-19 patients believe that they are [among] the 1-2 per cent who will die of the disease"*.⁴⁵

An older couple from Punjab committed suicide by consuming poison and left a suicide note stating that they were worried about Coronavirus. A 75-year-old man in Maharashtra committed suicide by hanging himself from the ceiling fan, and his suicide note contained only two words "corona fear". A 60-year-old man in Tamil Nadu who was suspected of having contracted Coronavirus committed suicide in the isolation ward of a government hospital out of fear of the disease, though his test results, which came later, were negative. In Punjab a 65 year old woman believed herself to be Corona positive and committed suicide to prevent "infecting" her daughters.

The spate of suicides by older persons during the COVID-19 period highlights the environment of fear and ignorance that prevailed in the early days of the pandemic as well as the fragile mental state of older persons and the need for increased community-based support and mental health care. A former director of WHO's Mental health Division said, *"Mental health systems have always been very scanty in India and during this [pandemic] time, the gap between what is needed and what is available has widened markedly"*.⁴⁶ A small team of peer counselors working under a local administrator and trained on established models – such as Dr. Vikram Patel's Sangath or the Atmiyata model by the Centre for Mental Health Law and Policy (CMHLP) – might be a suitable model for India.⁴⁷ The founder of Bengaluru-based Suicide Prevention India Foundation (SPIF) advocates for the launch a mental health-focused national public health awareness campaign by the Central government – along the lines of the polio eradication campaign.⁴⁸

Source: Elderly suicides in India: an emerging concern during COVID-19 pandemic, Cambridge University Press Public Health Emergency Collection, June 2020⁴⁹

Responses

Various actors including different levels of government, NGOs and private sector organizations have continued to provide support and relief to older people in recent months.

An umbrella scheme for senior citizens launched by the central government (Ministry of Social Justice and Empowerment), called the National Plan for Welfare of Senior Citizens, took effect from 1 April 2020 with an annual outlay of USD 27.4 million, which is mainly existing funding expanded under new policy instruments.⁵⁰ The announcement of the scheme was expedited in the context of the hardships faced by senior citizens due to the COVID-19 pandemic. It is an umbrella scheme with four sub-schemes that comprehensively cover many aspects of welfare of senior citizens, such as healthcare

and nutrition, shelter, financial security, productive ageing, awareness generation and capacity building. The scheme includes work on the components of financial security, healthcare and nutrition, shelter and welfare, and protection of life and property of senior citizens. The plan includes the establishment of a Contributory Welfare Fund for senior citizens with funding support from the central government, private sector, charities etc., as well as a Group Pension Plan for Self Help Groups, Traders Associations, etc. that would provide income security to groups of self-employed people in old

National Plan for Welfare of Senior Citizens

The sub-schemes under this umbrella scheme and their key provisions are as follows:

- 1. Scheme of Integrated Programme for Senior Citizens** – Targeted beneficiaries include indigent senior citizens. Some of the programmes admissible for assistance under this sub-scheme include maintenance of senior citizens' homes for up to 25-50 beneficiaries and maintenance of care homes for senior citizens afflicted with Alzheimer's disease/dementia.
- 2. State Action Plan for Senior Citizens** – The objective of this scheme is to support programmes that promote productive and active ageing among senior citizens. Programmes admissible for assistance include organising senior citizens into Elder Self-Help Groups, maintenance of Mobile Medicare units for senior citizens, maintenance of multi-service centres, physiotherapy clinics and the creation of a pool of trained geriatric caregivers.
- 3. Convergence with Initiative of other Ministries in the field of Senior Citizens Welfare** – To ensure implementation of programmes that may require coordination of various departments and Ministries, convergence activities are promoted.
- 4. Media advocacy, capacity building, research and other projects for welfare of senior citizens** – Programmes envisaged under this sub-scheme include awareness generation and sensitisation, training on geriatric care and capacity building programmes, organising regional level seminars, workshops and conferences, research proposals on issues relating to senior citizens, etc.

age.

Initiatives by several State governments also address the food and healthcare needs of older people:

- The West Bengal government has initiated the creation of a database of senior citizens living on their own in three municipalities. With the help of the police and medical professionals, the government has been surveying and addressing their needs through home visits.⁵¹
- The Assam state government has announced one-time assistance of USD 27.37 equivalent for older people, disabled and Below Poverty Line (BPL) families. In July, the Assam government set up a dedicated geriatric COVID-19 care centre for those above 65 years of age.⁵²
- The Kerala Health Minister in the recent weeks has inaugurated call centres for senior citizens across 14 districts of the state. The initiative was undertaken under the 'Grand Care' project for older people, and these centres are meant for addressing the healthcare requirements of senior citizens under reverse quarantine.⁵³
- The Manipur state health department has set up an outreach team for visiting old age homes (residential care centres) in different districts and is involved in distribution of sanitizers and face masks and providing advice on social distancing and maintenance of hygiene.⁵⁴
- The Jharkhand government has been providing food to older people, differently abled and destitute through the Chief Minister Didi Kitchen programme.

The past few months have also seen the active engagement of local governments in providing support to older people. In states such as Odisha, Assam, Jharkhand, West Bengal and Chhattisgarh, the district administrations and municipal corporations have undertaken various activities for catering to the needs of older people, such as formation of volunteer groups with resident associations to check in on senior citizens living alone, helping them avail banking services at doorstep, providing psychological and emotional support through volunteer-led call centres, setting up senior citizen helpdesks at police stations, launch of special app for a one-stop solution for provision of services etc.^{55,56,57,58,59,60}

In an interview with Nathan India, the Director of Policy Research and Advocacy at HelpAge India stated that major gaps remain in the responses of states and the centre. These include a lack of evidence gathering and data on the multi-dimensional impact on older people, benefits and special provisions targeted specifically towards older people (most often, older people are one segment of the beneficiaries of a programme), lack of active advertising and outreach of new health facilities and services for older people, and a lack of clear communication on steps to address future uncertainty of their livelihood (such as what would happen when advance pension payments run out).⁶¹

At the community level, Accredited Social Health Activists (ASHA) have played a key role in raising community awareness, ensuring timely access to testing and treatment, and providing home

healthcare delivery to senior citizens in states such as Meghalaya and Rajasthan. Various NGOs such as Society of Community Health Oriented Operational Links (SCHOOL), Socio-Economic and Educational Development Society (SEEDS), Action for Pune Development, etc. have continued to cater to food and other essential requirements of older people.^{62,63} Housing societies in Kolkata for instance have shown an active interest in tying up with local authorities in taking care of the needs of older people. They have been involved in maintaining and updating the list of older persons and sharing these with the police, forming panels of doctors and task forces.⁶⁴

Private initiatives have emerged to provide basic functional digital skills training to older people such as "Easy Hai" and ET Now's "Senior Citizens Suvidha – Tech Asaan Hai"^{65,66} which covers topics such as digital payments, connecting on social media, awareness on fake news and protection from phishing attacks. Paytm Payments Bank launched the "Cash at Home" facility for senior citizens.⁶⁷

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