



The impact of COVID-19 on older persons

Myanmar analytical brief

September 2020

Highlights

- As of 18 September 2020, Myanmar had recorded 4,299 confirmed cases of COVID-19, 61 fatalities, and 944 recoveries.
- On 16 August, Myanmar experienced the first local transmission from COVID-19 since 16 July.
- The majority of cases were reported in Yangon and Rakhine State. Increased cases in Rakhine gave rise to worries including the high risk of contagion in camps for internally displaced persons (IDPs), the interplay between the pandemic and ongoing conflict, and the exacerbation of existing health, income and social inequalities older people in Rakhine face.
- The Myanmar government's support to older people is largely provided through social protection mechanisms. This includes maintaining regularity of the social pension, a one-off top up to recipients of the social pension, and a one-off payment to people aged 80-84.
- HelpAge International is helping established groups of older people to adapt their work to lead COVID-19 prevention and response activities, and leading a European Union funded project to support older people and people with disabilities in light of COVID-19 (further details below).

Changes in general context

- Research shows that 60 per cent of households in Myanmar initially experienced a work stoppage and 38 per cent closed their micro or small businesses. These numbers later spiked, with 70 per cent of households reporting work stoppages and 49 per cent of micro, small and medium enterprise owners shuttering their operations.¹ Following the rise in COVID-19 cases, preventative measures were (re)introduced, which is anticipated to add to the economic fallout experienced to date.
- Myanmar's government and political parties are making preparations for the upcoming general election, which will take place on 8 November 2020 despite the pandemic.

Changes in national COVID-19 situation

On 16 August, Myanmar reported its first locally transmitted case of COVID-19 since 16 July, when case-375 in Sittwe, Rakhine tested positive for the virus. Since then, the virus spread to other states and regions, with the death toll rising from six to 57 over the course of two weeks.² As of 18 September, Kayah State was the only area in Myanmar that had not yet reported a positive case³. This has been referred to as Myanmar's "second wave" of the virus, with a ten-fold increase in the number of cases in less than a month. Myanmar has now overtaken Thailand as the country with the fifth highest number of cases in ASEAN.

Following the rise in COVID-19 cases, preventative measures were (re)introduced. The Ministry of Health and Sports (MoHS) renewed its appeal for people to stay at home,⁴ with restrictions imposed at the township level across Myanmar. All townships in Yangon and Rakhine (with the exception of Cocokyun Township, Yangon) are placed under stay-at-home orders, with employees of all non-exempt private businesses instructed to work from home, one person from each household allowed out each day to purchase essential supplies, and face masks to be worn at all times. Those wishing to leave townships placed under stay at home orders must obtain permission from the local government, and those entering Yangon or departing Rakhine must undergo a 14-day quarantine. This is anticipated to lead to disruptions in the supply chain and increase the costs of masks and other Personal Protective Equipment (PPE).

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Key changes in situation of older persons



Health and care

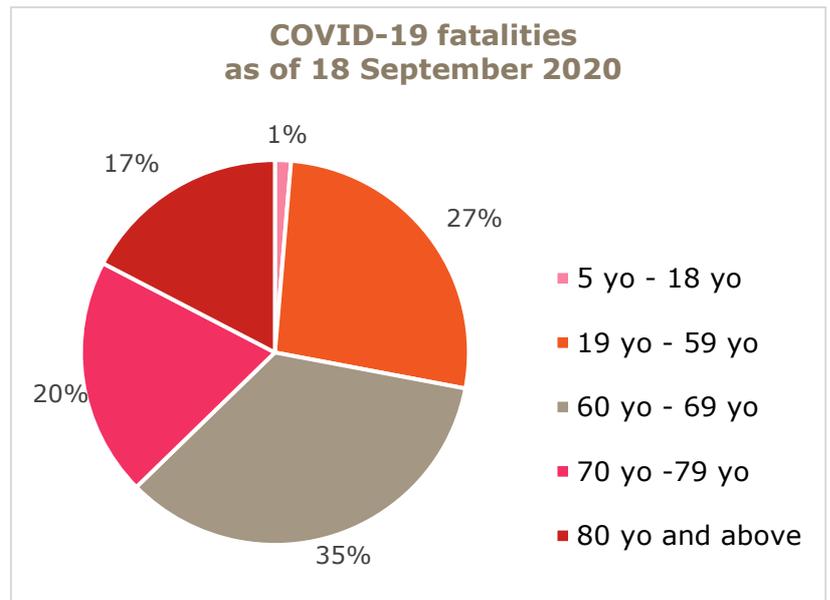
The number of deaths due to COVID-19 has increased by more than six times since 16 August. Cases are concentrated in Yangon (which has reported over 2,000 cases since 16 August) and Rakhine (which has reported over 780 cases since 16 August). The Myanmar military warned that the total number of cases could increase to 16,000 by the end of the month if the spread of the virus was not quickly contained.⁵

72 per cent of fatalities were among people aged 60 and over, many of whom had pre-existing conditions such as hypertension or diabetes.⁶ This underscores the importance of providing older people with reliable access to quality services for Non-communicable Diseases (NCDs), to ensure that long-term conditions can be properly managed. Due to the sharp increase in cases, MoHS no longer publishes sex and age disaggregated data about the number of cases (this information is only available regarding the number of fatalities), making it hard to understand the gendered and age-related dynamics of COVID-19, as well as to design responses appropriately without further assessments.

Humanitarian access to Rakhine, and in particular to camps for internally displaced people within Rakhine, severely restricts data verification and leads to a lack of available sex and age disaggregated data,⁷ meaning there is limited information about the situation of older people in the state. However, it is documented that water and sanitation systems across Rakhine require major upgrades. Only 40 per cent of the population in Rakhine have access to improved water systems in both the dry and rainy seasons (nearly half the national average), and 46 per cent of households have no toilet facilities. People with disabilities face even greater challenges in access to services. Many shelters and facilities are not adapted to the needs of older people and people with disabilities. This leads to reliance on family members and leaves older people and people with disabilities unable to take measures to prevent the spread of COVID-19, such as regular hand washing. Overcrowding in IDP camps makes it hard for people to maintain social distancing and may aid the spread of the COVID-19. In this context, older people may face additional barriers to social distancing, such as reliance on the assistance of others to conduct day to day tasks.

Additionally, the health system in Rakhine does not have the capacity to deal with an increasing number of COVID-19 cases. While those who have been in contact with people who have tested positively for COVID-19 are being sent to quarantine, some quarantine centres have begun to turn people away due to overcrowding.⁸ Within Rakhine, health programmes have curtailed their activities and resources have been diverted towards the COVID-19 prevention and response. Within Myauktaw Township, for example, Ah Pauk Wa station hospital was closed.

Indeed, the redirection of healthcare resources and personnel appears to be restricting older people's access to healthcare across Myanmar. U Mya Paw, aged 70 from Law Ywar Sone village in Mandalay Region, told *Frontier Magazine* that some older residents faced difficulties accessing healthcare and medicine in recent months. The village tract normally has a midwife who treats basic illnesses and dispenses medicine, but she has been reassigned to monitor returning migrants at a quarantine centre in Myingyan, approximately 13 km away.⁹ This compounds older people's existing barriers to healthcare. A Key Informant Interview (KII) with the Director (Mandalay Division) for the Department of Social Welfare noted that many older people are unable to access specialised health services. Additionally, a KII with Food Not Bombs (Myanmar) – a grass roots organisation providing older people with support in response to COVID-19 (see further details under the 'Response' section) – revealed that many people are unaware of the health conditions they suffer from, as they cannot afford to visit clinics and have medical check-ups. Those conditions may place them in a higher risk category.





Income security

Speaking to *Frontier Magazine*, the Director of the Department for Social Welfare (Social Protection) reported that, while COVID-19 has affected other age groups, older people are particularly vulnerable as they are generally not socio-economically active and rely on others for financial support.¹⁰ A KII with two representatives from the MSWRR noted older people's pre-existing economic vulnerabilities prior to COVID-19; many older people have now been living in a crisis situation for the past six months and may not be able to return to a situation of "normality." The KII noted that, while there is an understanding that older people's incomes will be particularly affected by COVID-19, there is a lack of research-based evidence outlining the particular economic issues older people face.

The majority of older people that Food Not Bombs Myanmar support in Yangon earn an income through begging or selling traditional snacks. A KII with Food Not Bombs revealed that as people are going outside less frequently, the number of customers has decreased, which has severely impacted the income of these older people. This issue was also highlighted by *Frontier Magazine*, which profiled two 76-year-olds impacted by COVID-19, one of whom passed away. While Myanmar has a strong tradition of donating to charities and individuals, during lockdown it became difficult to give money to those seeking donations on the streets. Moreover, some people have chosen to donate funds to PPE and COVID-19 programmes instead of giving directly to those in need.¹¹ Food Not Bombs found the majority of older people they work with do not have pension benefits, savings or assets. Their main challenge is debt – those who need money urgently take out loans with high interest rates.



Social issues

The pandemic is unfolding in the context of the general election, which will take place on 8 November 2020. Speaking to *Frontier Magazine*, some people expressed a belief that National Registration Cards are needed to vote, when in fact other common forms of ID are sufficient. Moreover, ahead of the 2015 election, a clause granting those who held "temporary" certificates the right to vote was amended, formally disenfranchising hundreds of thousands of Rohingya Muslims and an undetermined number of people in Shan State. People of Muslim faith also face obstacles, delays and obstruction on obtaining identity documents that are required in order to vote.¹²

A KII with Food Not Bombs Myanmar reflected on the loneliness and isolation many older people feel. As outlined below, Food Not Bombs Myanmar provides older people with psychosocial support. Older people became "teary and emotional" upon being asked how they are, reporting that they are not usually treated as equal to people of other ages. This was reinforced through KIIs with Yadana Myitta Development Foundation and Kadu Youth Development Association. The KII with Yadana Myitta Development Foundation noted that older people are at particular risk of loneliness during the pandemic, as they are less likely to interact with friends or family through social media, and are more dependent on meeting people in person for social interactions. (Data on older people's access to the internet in Myanmar is limited, but the 2012 Myanmar Aging Survey revealed a third of older people lived in households with no electricity and 40 per cent lived in households with a television.¹³) Lockdown and stay-at-home orders, implemented at the township level, are therefore likely to lead to a rise in loneliness and depression among older people. Similarly, Kadu Youth Development Association noted the rise in feelings of depression linked to older people's inability to leave the house during the pandemic. However, the KII also suggested these feelings may be mitigated to an extent as many older people live with their families.

The increase in COVID-19 cases in Rakhine State has led to renewed focus on the interplay between COVID-19, ongoing conflict, and the role of Ethnic Armed Organisations (EAOs) in providing frontline services. The Myanmar Armed Forces declared a temporary ceasefire on 9 May, but this did not cover all conflict-affected areas. Moreover, COVID-19 prevention and response measures outside of urban and ethnic Bamar-dominated areas are provided by EAOs, local governments, and civil society organisations. Coordination between the Union level government and local actors, as well as commitment to the ceasefire, have varied across Myanmar's states and regions. Research conducted by The Asia Foundation and Saferworld highlighted that initiatives to coordinate with EAOs on COVID-19 programming have been the most successful in South East Myanmar, where there are examples of joint pandemic responses between the military and EAOs. Conflict continues in other areas, and in some cases it is perceived that COVID-19 created opportunities for the continued intimidation and territorial expansion on the part of the Myanmar military.¹⁴

Indeed, an escalation in the fighting in Rakhine State undermined the efforts of civilian leaders to introduce an inclusive COVID-19 response.¹⁵ This exacerbates existing issues older people face as a

result of ongoing conflict. Profiled in *The Myanmar Times*, Daw Mya Than Aye, a mother of three from Maungdaw Township, Rakhine State, shared that “for us, there has been no difference. Living was difficult then; living is difficult now. The challenges and poverty that people in other places are now suddenly facing due to the COVID pandemic are what we in Rakhine State have been forced to endure for a long time.” Due to the conflict, Maungdaw residents faced imposed curfews long before the lockdown.¹⁶ Moreover, in areas where COVID-19 may be facilitating a rise in conflict,¹⁷ older people face heightened risks including ability to flee a military advance (either due to limited mobility or connection to their home and land), particular risk of illness, injury and death when fleeing, psychosocial impacts of being exiled,¹⁸ and humanitarian response and services that are not designed to meet older people’s needs.

Moreover, there are concerns around the abuses of power that may accompany local lockdowns, which has potential to echo abuses under the former military regime. For example, in Yangon an older man was videoed being told to do squats for not complying with the mask-wearing mandate. The video shows a local authority counting the number of squats on a loudspeaker, before handing the man a mask. The video was posted on Facebook and has been shared hundreds of times.¹⁹

Responses

The Myanmar governments’ COVID-19 response is guided by the COVID-19 Economic Relief Plan (CERP). A KII with two representatives from the Ministry of Social Welfare, Relief and Resettlement (MSWRR) noted that older people are one of the government’s priority groups under CERP. The interview highlighted action the MSWRR is taking to support older people, including maintaining regularity of the social pension – a cash transfer of 30,000 MMK (approximately 23 USD) per quarter to those aged 85 and older. The social pension is administered by village tract and ward administrators, who work within the General Administration Department, with the assistance of local ward/village leaders and community members. The strength of the established operational system, combined with strong efforts of staff from the MSWRR and technical assistance from HelpAge International, enabled the pension to be delivered despite the pandemic, with maximum delays of one week.

A one-off top up of 30,000 MMK (funded by LIFT, the Livelihoods and Food Security Fund) was provided to recipients of the social pension. This was completed in June 2020 and reached 200,301 people. Additionally, the MSWRR will provide a one-off cash transfer of 30,000 MMK per person to people aged 80-84. The transfer began in September and will be administered by the end of October. It is anticipated to reach approximately 278,900 people. 500 MMK (0.38 USD) per day was provided to people residing in MSWRR’s homes for older people across the country on an ad hoc basis between April and June 2020. The MSWRR is also providing ad hoc in-kind support for vulnerable households in IDP camps and conflict areas and providing transfers of 65,000 MMK (about 50 USD) to households in IDP camps, which older people will benefit from.

However, it has been noted that CERP failed to include some IDPs and vulnerable groups living in remote areas, including in Mon and Kayin States and northern Tanintharyi Region. In the early planning stages, the government did not adequately consult humanitarian organisations to ensure its COVID-19 response planning included IDPs and remote communities living in areas under the control of ethnic armed groups, or in areas of mixed control. This has resulted in some IDPs missing out on financial and in-kind support.²⁰ Therefore, it should be noted that older people living in remote and conflict affected areas are less likely to benefit from the measures outlined above.

HelpAge International continues to support older people in Myanmar, including through a 1.43 million Euro project in partnership with the European Union. The project is currently working with the Ministry of Health and Sports to provide PPE for care volunteers and NCD clinics, install hand washing facilities in 216 villages, provide equipment to isolation wards, continue to provide NCD screening and referral services in 1,800 NCD clinics, and run a COVID-19 awareness campaign that is accessible to older people and people with disabilities, reaching approximately 1,000,000 older people’s households.²¹ HelpAge is also working through established Inclusive Self Help Groups (ISHGs) – groups formed of older people, people with disabilities, and other people commonly excluded from community development initiatives - with LIFT funding. ISHGs have adapted their work in light of COVID-19, leading prevention and response initiatives suited to the local context. This includes raising awareness of COVID-19 and preventative methods, providing older people with nutritious foods, providing masks and hand sanitiser, and supporting quarantine centres and village check points. Additionally, ISHGs provide communities with emergency funds, which are used to help vulnerable households cope in the face of shocks such as COVID-19. Through linkages established with other CSOs and government

agencies, HelpAge project staff noted a need to support township governments and local CSOs to include older people and people with disabilities in COVID-19 responses, which often focus solely on other groups.

One of the CSOs effectively including older in their COVID-19 response are Food Not Bombs Myanmar, who have committed that 10 per cent of all funding will reach older people. Food Not Bombs receive calls asking for support on issues including health problems, difficulties paying rent, and difficulties in purchasing rice. Working with the operator WaveMoney, Food Not Bombs provide cash transfers and visit older people's homes and workplaces to provide psychosocial support. Food Not Bombs Myanmar have network members in Rakhine, Shan, Bago and Dawei.

Endnotes

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