



The impact of COVID-19 on older persons

Asia Pacific regional report

October 2020

This is the third of a series of bimonthly reports on the impact of COVID-19 on older persons in the Asia Pacific region. This series is coordinated by HelpAge International with financial support from UNFPA's Regional Office for Asia and the Pacific. Accompanying and supporting this regional report produced by HelpAge are nine country briefs. These are for **Afghanistan**, produced by Samuel Hall (samuelhall.org); **Bangladesh**, produced by the Department of Population Sciences, University of Dhaka, on behalf of UNFPA Bangladesh; **India**, produced on behalf of HelpAge International by Nathan Economic Consulting India; **I.R. Iran**, produced by Professor Majid Koosheshi on behalf of UNFPA Iran; **Japan**, produced by the Japan Agency for Gerontological Evaluation Study (JAGES); **Republic of Korea**, produced by Hanyang University Institute of Ageing Society; and **Myanmar, Pakistan and Vietnam**, produced by HelpAge International. In a rapidly moving context, these bimonthly reports aim to monitor secondary sources of evidence that illustrate changes in the situation of older people and document how governments and others are responding to the challenges. Given the vast scale and diversity of the region, these periodic reports do not aim to be comprehensive. Rather, they are intended to identify emerging trends across Asia Pacific in broad strokes, with examples.

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Executive summary

1. Changes in regional context

Overall, Asia Pacific continues to be the best-performing region with regards to COVID-19 suppression. However, cases in India have grown substantially, and it accounts for a vast majority of confirmed COVID-19 cases in the region. Limited testing in many countries leaves uncertainty about the true number of infections, and the impact of COVID-19 on mortality may be higher than official death tolls suggest. COVID-19 data disaggregated by age is still sparse, as is data on factors that might shed a light on inequality and poverty. Sex-disaggregated data confirms somewhat heightened risk from COVID-19 among men.

The International Monetary Fund (IMF) is now forecasting a decline of 1.7 per cent for developing economies of Asia in 2020. The country forecasts range widely – for example, from positive 1.9 per cent in China to negative 10.3 per cent in India. Poverty will expand significantly, particularly in South Asia and middle-income countries. The World Bank projects that the pandemic will push an additional 88 million to 115 million people into extreme poverty this year. As a result, “the world is not on track to achieve the global Goals by 2030”, according to the UN’s Sustainable Development Goals Report 2020.

2. Situation of older persons

The UN Independent Expert on the enjoyment of all human rights by older persons has highlighted concerning gaps in data. Despite the current “involuntary focus” on older persons, they are “chronically invisible”.

Health and care

Across all countries, older age is associated with higher COVID-19 mortality. It is difficult to assess variations in risk among older people because of gaps in data and analysis. The impact of COVID-19 on mortality among older people is even more stark when considering excess mortality, which also indicates the impact of lockdown measures on utilisation of health care services. For example, a WHO-coordinated survey completed by 130 countries between June and August 2020 found that only about 30 per cent of mental health services for older adults were available with no disruption.

Weak or non-existent long-term care systems expose gaps in protection. Few governments in the region register and regulate residential facilities for older people, and even

fewer are aware of who is receiving informal care support at home. In Japan, which does have a universal long-term care insurance system, COVID-19 reduced the number of people applying for care services they are entitled to, largely out of fear of being infected by care staff.

Income security

With limited or inadequate pensions, the older population in low- and middle-income countries typically relies on family support, savings and work to meet their needs. COVID-19 has shut down work opportunities for many older people. For example, a livelihoods assessment conducted in August 2020 in 23 districts across Pakistan found that only 8 per cent of older people engaged in any income-generation activities during the pandemic. Some older people have no other choice but to risk exposure to the virus in order to earn income. "Going online" is becoming a key business strategy to survive; but older people can struggle with the transition, which requires additional investments and digital skills.

The impact of COVID-19 on food and income insecurity is amplified by humanitarian crises. Globally, the number of acutely food-insecure people in countries affected by conflict, natural disaster or economic crises is predicted to increase from 149 million pre-COVID-19 to 270 million before the end of 2020, if assistance is not provided urgently. In humanitarian contexts, older people face significant barriers and discrimination in accessing assistance and information.

Social issues

Of the various social implications of COVID-19 for older individuals, issues related to *isolation* are perhaps the most widely discussed. But beyond high-income countries, the COVID-19 evidence gaps on social isolation remain wide. For example, we need to understand better (1) which channels of isolation during COVID-19 have affected or concerned older people the most, such as breaks in social connectedness with family, friends or regular community activities; (2) the extent to which the steps that isolate older people have been voluntary or forced by governments, families or others; (3) the impacts of social isolation on wellbeing specifically during this pandemic; (4) whether older women and men suffered exceptionally from social isolation during the pandemic, in comparison to each other and other groups in society; and (5) validated good practices in reducing social isolation during COVID-19.

Aside from social isolation at the individual level, unearthing additional evidence on group exclusion at the societal level during COVID-19 is also critical. Circumstances that may add to the exclusion of older people include displacement, conflict and natural disaster, as well as gender, ethnicity, functional abilities. These are often compounded by ageism.

3. Responses addressing the older population

Government

Governments continue to focus on preventing the spread of COVID-19, recognising that older people are a high-risk group. Some governments have enacted special measures to ensure older people receive care. A World Health Organization survey on continuity of health care services during COVID-19 highlighted that 63 per cent of countries deployed telemedicine to replace in-person consultations, yet older people are less likely to be able to successfully utilise telemedicine. Multiple actors are calling for governments to prioritise older people for COVID-19 vaccination, whenever it is ready for roll-out. In September, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) produced a values framework for prioritising allocation of COVID-19 vaccination.

In Asia Pacific, spending on COVID-19 social protection has increased significantly since July 2020. Asia Pacific now has some of the world's largest cash transfer programmes. Yet no additional social protection measures explicitly for older people were announced in Asia Pacific between July and September 2020. Bangladesh, Mongolia and Sri Lanka have expanded the coverage of existing social pensions. Other countries are adjusting benefit amounts or payment processes. Social pensions, particularly when coverage is universal, are crucial for older women's income security, who make up the majority of the older population and often lack a pension.

Some of the most active responses have come from subnational governments, often together with volunteers, civil society organisations (CSOs), academia or the private sector. These fall into various categories, such as social outreach and monitoring, especially to reach older people living alone; the provision of food and non-food supplies or cash top-ups; and special assistance in accessing services.

Multilateral bodies

International financial institutions continue to provide financing, and their post-pandemic plans are taking shape. The World Bank, for instance, is planning across three stages: Relief, Restructuring and Resilient Recovery. UN agencies continue to highlight older people in their response efforts, particularly as a vulnerable group. Some UN agencies are gathering evidence on older people's situation, but in a limited number of countries. Phone surveys have become more common because of the pandemic.

Civil society bodies

CSOs help to link communities to local governments, which rely on CSOs and volunteers to fill information gaps and provide services. But CSOs find it more difficult to influence national decisions and programming. CSOs are chronically underfunded and now face new challenges accessing government funding, while public fundraising has sharply declined during the pandemic. For example, women-focused national organisations in Asia had received zero direct donor funding through the UN's COVID-19 Global Humanitarian Response Plan as of early July. Community-based organisations such as older people's associations have adapted their work in light of COVID-19, and continue activities where possible. Large social organisations such as Red Cross and Red Crescent societies have been active in many countries in providing relief and services.

4. Selected near-term recommendations

The final section of this report proposes two additional priorities for the pandemic period, and repeats six priorities mentioned previously in the August 2020 regional report:

- 1. Include older people in employment-support initiatives.** Governments and other stakeholders should ensure that interventions that support people to keep or find work are accessible and appropriate for older people. Some of these initiatives could be targeted specifically at older people.
- 2. Explore ways to ensure older people are not left behind in national COVID-19 vaccination strategies.** Vaccination strategies should take into account the special needs of older people, including their high risk of COVID-19 mortality and access barriers that many may face. Vaccine trials should not exclude older people.

Recommendations from the August 2020 regional report:

- 3. Gather evidence about older people's situation in the pandemic.**
- 4. Rebalance health system priorities back towards services for non-communicable diseases, given their neglect during the pandemic and high impact on mortality.**
- 5. Take action to protect those with care needs, who are among the most vulnerable to COVID-19.**
- 6. Prioritise universal social pensions as the most effective mechanism to ensure the income security of older people during the crisis.**
- 7. Where emergency cash transfers are implemented for broad segments of the population, they should be accessible, especially for older women and people with disabilities.**
- 8. Consider adding nuance to statements warning of the pandemic's "risks to older persons", based purely on chronological age.**

Abbreviations

ADB	Asian Development Bank
ASEAN	Association of South East Asian Nations
ASHA	Accredited Social Health Activists
BPL	Below Poverty Line
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organisation
EAP	East Asia Pacific
ERIA	Economic Research Institute for ASEAN and East Asia
GHRP	Global Humanitarian Response Plan
HICs	High-Income Countries
ICT	Information and communications technology
IDP	Internally Displaced Person
IMF	International Monetary Fund
ILO	International Labour Organization
JAGES	Japan Gerontological Evaluation Study
LIFT	Livelihoods and Food Security Fund
LMICs	Low- and Middle-Income Countries
NCD	Non-Communicable Disease
NCGG	National Center for Geriatrics and Gerontology
NGO	Non-Governmental Organisation
NPIs	Non-Pharmaceutical Interventions
MMK	Myanmar Kyat
OAA	Old Age Allowance
Rs	Indian rupee
SAGE	Strategic Advisory Group of Experts
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USD	United States Dollars
WFP	World Food Programme
WHO	World Health Organization

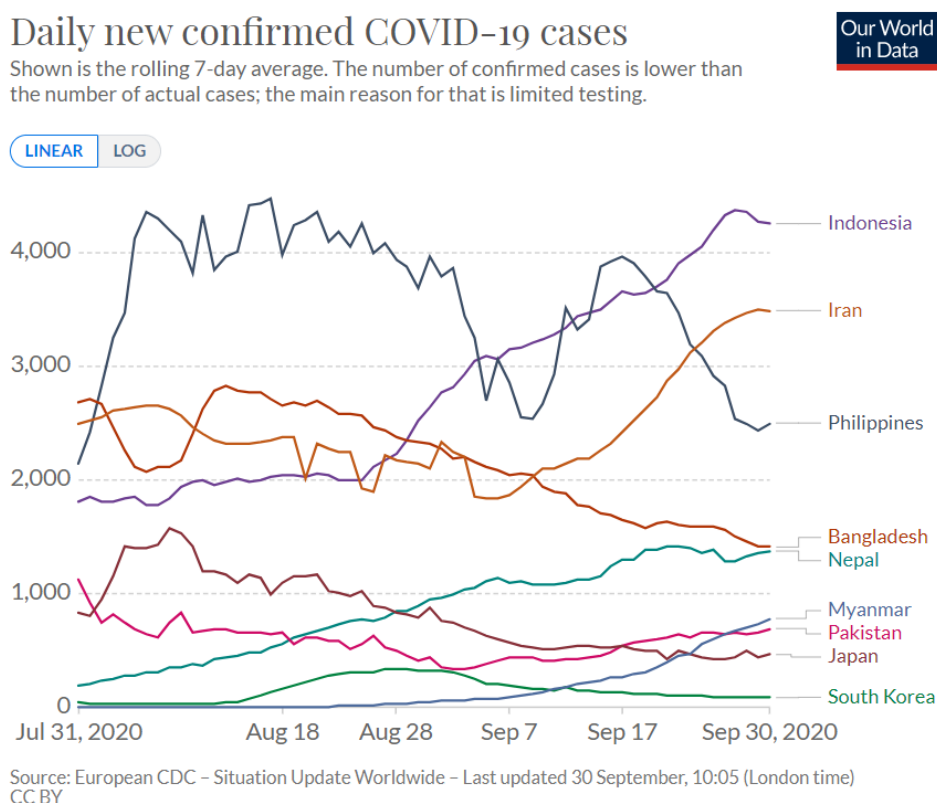
1. Changes in regional context

COVID-19 disease situation and trends

Overall, Asia Pacific continues to be the best-performing region with regards to COVID-19 suppression.¹ Many countries record few or no daily cases. In the past two months, however, cases in India have grown substantially. India has continued to account for a vast majority of confirmed COVID-19 cases in the region. The number of daily new cases in India has risen from about 45,000 at the start of August to more than 80,000 at beginning of October. The causes of India's sharp rise in cases over the past three months are under vigorous debate, but its strict lockdown followed by mass urban-to-rural migration contributed to the spread.^{2,3} Most of the remaining cases in the region are clustered in a relatively small number of countries including Indonesia, Iran and the Philippines. Nepal and Myanmar were added to the list of countries with active outbreaks. Pakistan, Bangladesh, and Japan have all seen reductions in daily cases since the start of August. See Figure 1, which excludes India because of its large number of cases.

India has continued to account for a vast majority of confirmed COVID-19 cases in the region.

Figure 1: Rolling 7-day average of new confirmed cases, selected Asian countries, excluding India (30 September 2020)⁴



Confirmed cases do not tell the whole story, in light of highly variable testing and concerns about uncounted cases and deaths. Limited testing in many countries leaves uncertainty about the true number of infections. In addition, recorded cause of death often does not present the full picture. Data on excess mortality⁵ is not widely available, particularly for low- and middle-income countries (LMICs). Yet there are strong indications that the impact of COVID-19 on mortality may be higher than the official death toll. Excess deaths are also resulting from non-COVID-19 related health issues. Excess deaths may rise, for example, from disruption in access to health services, vaccines or screenings, not to mention the effects of pandemic's economic impacts. Early indications show a wide

¹ Lancet COVID-19 Commission Statement on the Occasion of the 75th Session of the UN General Assembly. The Lancet, 14 September 2020.

² Is Pakistan really handling the pandemic better than India? Economist, 30 September 2020.

³ India vs Pakistan: Why Are India's COVID-19 Cases Inflating While Pakistan Has Almost Overcome The Pandemic? EurAsian Times, 19 September 2020.

⁴ India's number of cases, at over 80,000 a day is too high to be pictured on the same graph as these other countries. 7-day cumulative new daily cases. Coronavirus Pandemic (COVID-19). Our World in Data, accessed 1 October 2020.

⁵ Excess mortality refers to "the number of deaths from all causes during a crisis above and beyond what we would have expected to see under 'normal' conditions." See Excess mortality during the Coronavirus pandemic (COVID-19)

range of health impacts from COVID-19.^{6,7} The potential long-term health effects on those who have contracted the virus are also worrying.

Age-disaggregated data on COVID-19 remains sparse. There is no global tracker which disaggregates data on cases and deaths by age, including the World Health Organization (WHO) COVID-19 dashboard, despite calls for this basic level of disaggregation. A group of researchers has created an online database providing some age-disaggregated COVID-19 data.⁸ Many countries in this region with outbreaks⁹ have been collecting age-disaggregated data on cases and deaths, but in some cases the data is not provided for the public.¹⁰

There is no global tracker which disaggregates data on cases and deaths by age.

Sex-disaggregated data on COVID-19 confirms somewhat heightened risk from COVID-19 among men. The Global Health 50/50 tracker shows that 119 countries have reported sex-disaggregated data on confirmed cases, but just 84 countries on deaths and 8 countries on testing.¹¹ Based on reported data, men are overrepresented globally among cases and deaths, but the ratio varies substantially by country. Age- and sex-disaggregated data from 40 countries submitted to WHO in April 2020 indicated that case rates among males and females vary by age group as well.¹² While biological differences between men and women may be contributing in some way, the variation suggests that other social and behavioral factors related to gender are playing a large role.¹³ These might include, for example, differences between men and women in use of tobacco or alcohol, exposure to air pollution, or related pre-existing health conditions. Willingness and ability to access health care services may also add to the variations, along with frequency of travel outside the home and use of public space.¹⁴

Disaggregated data that might reveal risks and impacts associated with inequality, poverty and exclusion is also rare. For contact tracing purposes, countries are tracking the location of cases but are not analysing the data to see what it reveals about inequality and COVID-19 risk. Countries are also generally not collecting COVID-19 data on other factors such as income level, ethnicity, displacement, citizenship, household size, and sex or gender orientation.¹⁵ Even underlying health conditions are tied to inequality. People living in poverty are more likely to have restricted health care access, higher rates of underlying conditions and poorer health status by age than wealthier people.^{16,17} (WHO analysis of healthy life expectancy illustrates these patterns by country.¹⁸) Countries where people experience poorer health at younger ages have higher mortality rates among both middle-aged people and older people.¹⁹

Socioeconomic trends

Multilateral agencies remain pessimistic about economic growth prospects for 2020, while optimism for 2021 is conditional on control of the pandemic.

The International Monetary Fund (IMF) is now forecasting a decline of 1.7 per cent for developing economies of Asia in 2020.²⁰ The country forecasts range widely – for example, from positive 1.9 per cent in China to negative 10.3 per cent in India. Along with the World Trade Organization, the IMF now expects a slight improvement in 2020 global output compared to its June forecast, though the global economy is still facing its steepest decline since the second world war.²¹ In September, the Asian Development Bank (ADB) downgraded its forecast yet again. The ADB predicted that developing Asian economies will

While the ADB's 2020 forecast for East Asia was unchanged, its forecast for South Asia was lowered sharply.

⁶ [Direct and Indirect Impacts of COVID-19 on Excess Deaths and Morbidity](#). Department of Health and Social Care, Office for National Statistics, Government of UK, 15 July 2020.

⁷ Estimating excess 1-year mortality associated with the COVID-19 pandemic according to underlying conditions and age: a population-based cohort study.

⁸ COVeAGE-DB: A database of age-structured COVID-19 cases and deaths, [Data Availability](#). Tim Riffe, Enrique Acosta, The COVeAGE-DB team, accessed 3 October 2020.

⁹ Countries from Asia Pacific region that have reported age-disaggregated data on cases and deaths within the last month are Afghanistan, Bangladesh, India, Indonesia, Nepal, Philippines, and South Korea. China, Japan, and Pakistan have reported at some point but not recently.

¹⁰ COVeAGE-DB: A database of age-structured COVID-19 cases and deaths, [Data Availability](#). Tim Riffe, Enrique Acosta, The COVeAGE-DB team, accessed 3 October 2020.

¹¹ [The COVID-19 Sex-Disaggregated Data Tracker](#). Global Health 50/50, accessed 3 October 2020.

¹² [Men, sex, gender and COVID-19](#). Global Health 50/50, accessed 3 October 2020.

¹³ *Ibid.*

¹⁴ [Opinion: We lack an essential component to power COVID-19 response](#). Devex, 10 September 2020.

¹⁵ [ASEAN's COVID-19 Response: Why Minorities and the Most Vulnerable Matter](#). Global Asia, June 2020.

¹⁶ [The COVID-19 Pandemic and Health Inequalities](#). Journal of Epidemiology and Community Health, 12 June 2020.

¹⁷ [Policy Brief: Impact of COVID-19 on Southeast Asia](#). UNESCAP, June 2020.

¹⁸ [Healthy life expectancy at birth \(both sexes\), 2016 \[map\]](#). WHO, 2018.

¹⁹ [COVID-19 Age-Mortality Curves are Flatter in Developing Countries](#). World Bank Group, July 2020.

²⁰ [World Economic Outlook: A Long and Difficult Ascent](#). IMF, October 2020.

²¹ [IMF chief says world economy faces long ascent from Covid crisis](#). Guardian, 6 October 2020.

contract by 0.7 per cent this year, the first contraction in six decades.²² Three-fourths of the region's economies are expected to contract this year, but China is an important exception. While the ADB's 2020 forecast for East Asia was unchanged, its forecast for South Asia was lowered sharply, from a 3.0 per cent decline to 6.8 per cent decline. That revision was largely driven by India's 2020 projected drop from -4 per cent to -9 per cent. The ADB and IMF expect growth to rebound sharply in 2021, but the prospects for next year are highly uncertain as the trajectory of the virus is unknown.

Box 1: Four lessons from Asia's COVID-19 experience

The IMF has identified four key lessons from Asia in responding to the pandemic:²³

1. Act fast.
2. Put in place strong testing and tracing policies.
3. Get the timing of exit right.
4. Use macroeconomic policies as cushion.

Source: International Monetary Fund

Poverty will expand significantly, particularly in South Asia and middle-income countries.

The World Bank projects that the pandemic will push an additional 88 million to 115 million people into extreme poverty this year, and the total may rise to 150 million by 2021 (see Figure 2 below).²⁴ More than three-quarters of the "new poor" will be in middle-income countries (MICs). Compared to the chronic poor, the new poor may be more likely to live in urban areas, be better educated, and have non-agricultural employment in areas such as informal services, construction and manufacturing.²⁵ Within this region, South Asia is the key sub-region to watch (see Figure 3).

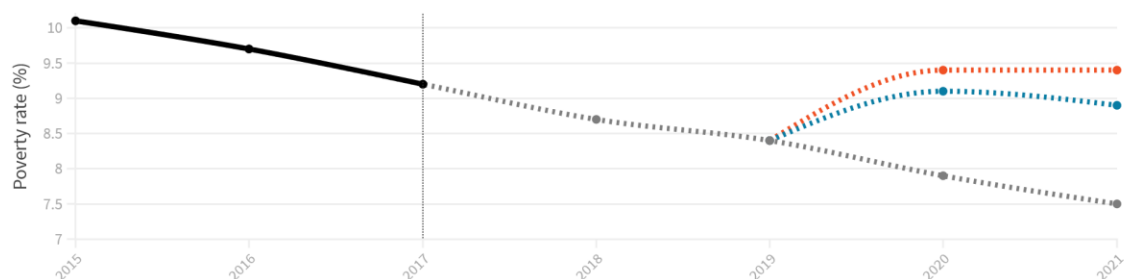
More than three-quarters of the "new poor" will be in middle-income countries.

The pandemic's threat to the SDGs remains severe. In light of the current crisis, "the world is not on track to achieve the global Goals by 2030", according to the UN's Sustainable Development Goals Report 2020.²⁶ The Gates Foundation agrees: This year, on the vast majority of Goals, "we've regressed".²⁷ Even before the pandemic, progress was insufficient (see Figure 4). COVID-19's disproportionate effects on vulnerable populations undermines the "leave no one behind" core of the SDGs, and particularly gender equality.²⁸ There is competition between the language of "setback" and "derail" and the language of "build back better", which may rely on political leadership more than technical leadership. The way forward is still very much under debate.

Figure 2: Global extreme poverty rate projections (World Bank)

Nowcast of the Global Poverty Rate at the \$1.90 Line, 2015–21

- COVID-19 downside poverty rate (%) under \$1.90
- COVID-19 baseline poverty rate (%) under \$1.90
- Pre-COVID-19 poverty rate (%) under \$1.90
- Historical number of poor (%) under \$1.90



Source: *Poverty and Shared Prosperity 2020*, *PovcalNet* • Note: Extreme poverty is measured as the number of people living on less than \$1.90 per day. 2017 is the last year with official global poverty estimates. Regional nowcasts can be found here: <https://public.flourish.studio/visualisation/3704609/>.



²² *Developing Asia's Economic Outlook*. ADB, September 2020.

²³ *COVID-19: Lockdowns and exits in Asia: Some lessons*. IMF video, 12 October 2020.

²⁴ *COVID-19 to Add as Many as 150 Million Extreme Poor by 2021*. World Bank Group, 7 October 2020.

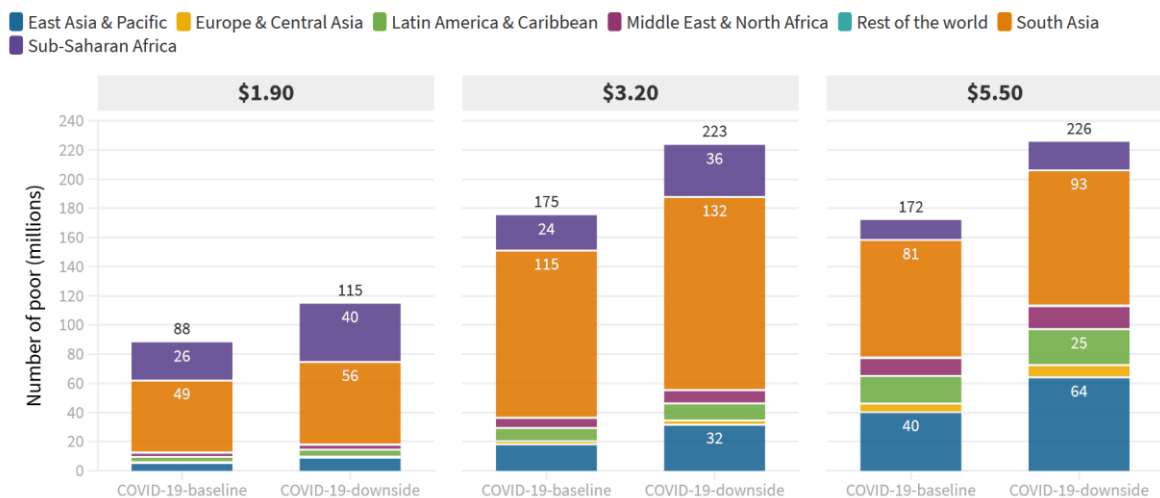
²⁵ *Poverty and Shared Prosperity 2020: Reversals of Fortune*. World Bank, 2020.

²⁶ *The Sustainable Development Goals Report 2020*. United Nations, 7 July 2020.

²⁷ *2020 Goalkeepers Report: COVID-19, A global perspective*. Bill & Melinda Gates Foundation, September 2020.

²⁸ *Will the pandemic derail hard-won progress on gender equality?* UN Women and the Gender and COVID-19 Working Group, n.d.

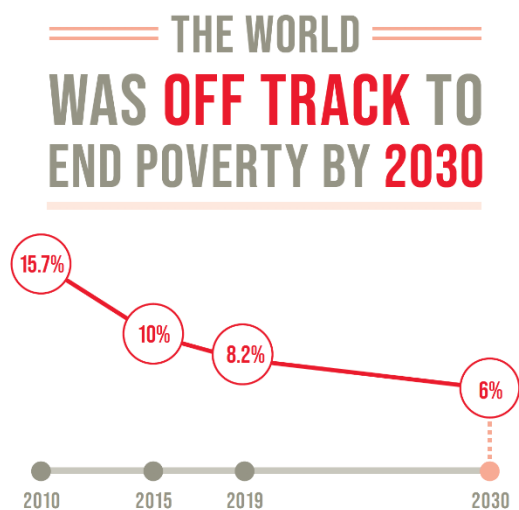
Figure 3: The regional distribution of COVID-19-induced poor, 2020 (World Bank)



Sources: Lakner et al. (2020) (updated), PovcalNet, Global Economic Prospects.
 Note: For a detailed comparison to the previous estimates see: <https://public.flourish.studio/visualisation/3697743/>

Figure 4: Poverty and the SDGs before COVID-19²⁹

BEFORE COVID-19



2. The situation of older persons

This section groups both direct and secondary impacts of COVID-19 broadly into three categories: (1) health and care, (2) income and (3) social issues. It builds on the previous Asia Pacific Regional Reports, from June and August 2020, which can be found [here](#).

The primary message of this report is that evidence on the situation of older people in the COVID-19 era, particularly in LMICs, is still thin. The UN Independent Expert on the enjoyment of all human rights by older persons also highlighted the serious impact of COVID-19 on older people’s rights³⁰ and concerning gaps in data.³¹ In a statement on the International Day for Older Persons on October 1st, the Independent Expert noted that the indisputable risks from the virus are “shining a spotlight on older persons” during the pandemic. Yet ironically, despite the current “involuntary focus” on older persons, they are “chronically

Despite the current “involuntary focus” on older persons, they are “chronically invisible”.

²⁹ UN/DESA Policy Brief #81: Impact of COVID-19 on SDG progress: a statistical perspective. UN/DESA, 27 August 2020.
³⁰ Impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons. Note by the Secretary-General; prepared by Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, 21 July 2020.
³¹ Human rights of older persons: the data gap. Report of the Independent Expert on the enjoyment of all human rights by older persons. 9 July 2020.

invisible. In most countries, information about the lived realities of older persons is at best fragmented, at worst, non-existent, and many countries lack adequate legislation at the national level to protect the rights of the older persons and to prevent ageism, discrimination, exclusion, marginalization, violence and abuse.”³²



Health and care

Across all countries, older age is associated with higher COVID-19 mortality, but differential risk analysis among older people is limited by the gaps in data and analysis. Part 1 of this report highlights the lack of age-disaggregated data. In contrast, analysis of pre-COVID data in India, for example, shows disparities in health care between people by age, sex, and a variety of socio-economic factors including rural/urban residence, income level and caste. With disaggregation, it is then possible to see that health care access is higher among those who are wealthier, less-disadvantaged castes, and urban residents.³³ In India, spending on health care is low, 70 per cent of health care costs are out-of-pocket, and half the population doesn't have access even to basic health care.³⁴ In crowded urban slums, risk of contracting COVID-19 has been double that for other areas of the same urban centres.³⁵ The risks in poor neighborhoods rise because of high population density and practical difficulties in practicing physical distancing.

The impact of COVID-19 on mortality among older people is even more stark when considering excess mortality. Data during the pandemic,³⁶ where available, indicates that older people account for a majority of excess deaths. In Europe, where excess deaths are recorded and age-disaggregated weekly across 24 countries, a spike in excess deaths was reported from March to May. The vast majority of these deaths were among those over age 65, and almost half were among those over age 85.³⁷ In Mumbai, excess deaths from March 1 to July 31 were 13,058, over half of which were not attributed to COVID-19, although many may well have been caused by the virus. The majority of these deaths were among those over the age of 60 and a disproportionate among those above 80.³⁸

Excess deaths also indicate the impact of lockdown measures, including reduced access to and utilisation of health care services.

Thailand, which has successfully controlled COVID-19, reported excess deaths of 13,000 from March to July, yet just 58 deaths from COVID-19. An estimated 28 million operations were cancelled or postponed in Thailand during 12 weeks of stringent distancing measures.³⁹ India's strict national lockdown resulted in a major disruption to nearly all health services. Outpatient visits for serious chronic conditions and inpatient visits for communicable diseases fell dramatically to about 10 to 50 per cent of pre-pandemic levels from March to June.⁴⁰ One study in Rajasthan showed that 62 per cent of patients on dialysis care missed treatments mainly due to travel restrictions. A doubling in deaths in that population were likely not attributed to COVID-19.⁴¹ A WHO-coordinated survey completed by 130 countries between June and August 2020 found that community-based outpatient services and prevention and promotion of mental health, as well as services for specific age groups such as older adults and children, were severely disrupted by the pandemic. Only about 30 per cent of mental health services for older adults were available with no disruption.⁴² Health care utilisation remains low in many contexts, even where COVID-19 is under control.

Thailand reported excess deaths of 13,000 from March to July, yet just 58 deaths from COVID-19.

³² [Older persons remain chronically invisible despite pandemic spotlight, says UN expert](#). United Nations Human Rights Office of the High Commissioner, 1 October 2020.

³³ [Equity and Elderly Health in India: Reflections from 75th Round National Sample Survey, 2017-18, amidst the COVID-19 Pandemic](#). Research Square, 14 July 2020.

³⁴ [Fighting Inequality in the Time of COVID-19: The Commitment to Reducing Inequality Index 2020](#). Development Finance and Oxfam, October 2020.

³⁵ [COVID-19 risk twice as higher in urban slums; considerable population remains susceptible to infection](#). National Herald India 29 September 2020.

³⁶ Excess deaths include deaths from COVID-19 both reported and unreported but also deaths which may likely be attributable, indirectly to COVID-19. For example, a US study found that 35% of excess deaths were indirectly caused by COVID. [Have we underestimated the pandemic's death toll?](#) Medical News Today, 6 July 2020.

³⁷ [Pooled Numbers of deaths by age group](#). EuroMomo. Live data, accessed 5 October 2020.

³⁸ [Mumbai had 13k 'Excess' Deaths in March-July. How does its COVID Story Change?](#) Science: The Wire, 10 September 2020.

³⁹ [Lifting the veil on Thailand's COVID-19 success story](#). East Asia Forum, 6 August 2020.

⁴⁰ [COVID-19 Disrupted India's Routine Health Services](#). IndiaSpend, 27 August 2020.

⁴¹ [Locked out of critical care: COVID-19 lockdown and non-COVID mortality](#). Ideas for India, 1 October 2020.

⁴² [The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment](#). WHO, 5 October 2020.

Despite general awareness of the need to protect those with care needs, weak or non-existent long-term care systems expose gaps in protection. Few governments in the region register and regulate residential facilities for older people, and even fewer are aware of who is receiving informal care support at home. This makes it extremely difficult to share guidance to those providing or receiving care and support during the COVID-19 crisis. When COVID-19 enters a care home, it is difficult to control its spread. For example, in July alone, 35 people in one old age home in Thiruvananthapuram, India, tested positive.⁴³ Protection against violence, abuse and neglect in home or residential care settings is also challenging. In a Delhi NGO-run care home, 19 older residents were found to have been beaten, tied up, and living in desperate, squalid conditions.⁴⁴

Few governments in the region register and regulate residential facilities for older people, and even fewer are aware of who is receiving informal care support at home.

Box 2: COVID-19 and long-term care in Japan

In Japan, which has a universal long-term care insurance system, COVID-19 reduced the number of people applying for care services they are entitled to. Applications for certification for eligibility for care services decreased by 20 and 30 per cent in 31 cities and municipalities. A survey indicated that fear of being infected by care staff was the main reason for the reduction in applications. Access to such care services has a positive effect on physical and cognitive functioning. Services also assist family carers with respite care or technical caregiving support.⁴⁵



Income security

The crisis exposes the precariousness of livelihoods and incomes of many older people. With limited or inadequate pensions, the older population in LMICs typically relies on family support, savings and work to meet their needs. Even before the crisis, these activities were often unreliable and provided only low incomes. COVID-19 has shut down work opportunities for many older people – in some countries such as Vietnam, particularly for older women.⁴⁶ A livelihoods assessment conducted in August 2020 in 23 districts across Pakistan found that only 8 per cent of older people engaged in any income-generation activities during the pandemic, while 75 per cent stayed in their homes and did not work.⁴⁷ Reports from Myanmar indicate that income-generating activities commonly pursued by older people, such as selling traditional snacks, are no longer viable as fewer people spend time outside their homes.⁴⁸ Some older people have no other choice but to risk exposure to the virus in order to earn income. Officials in Afghanistan's Ministry of Labour and Social Affairs note an increasing number of older people in the streets trying to earn an income through petty trading or manual labour, potentially increasing their exposure to COVID-19.⁴⁹ "Going online" is becoming a key business strategy to survive; but older people can struggle with the transition, which requires additional investments and digital skills.⁵⁰

A livelihoods assessment conducted in Pakistan found that only 8 per cent of older people engaged in any income-generation activities during the pandemic.

Economic simulation in Bangladesh suggests how deeply COVID-19 has cut into older people's income. Research in Bangladesh⁵¹ has estimated the impact of the crisis on the income and consumption of children, youth, adults aged 18-65, and older Bangladeshis, and how those changes affect existing lifecourse deficits in older age. At the national level, the simulation estimates that COVID-19 has led to a 13 per cent decline in the income of Bangladesh's households. Labour income declines across all economically active groups (see Figure 5). Impacts on consumption across the lifecourse depend not just on income but also changes to intra-household transfers. With household income dropping sharply, younger adults are likely to transfer less labour income to older household members. Without increases in such intra-household transfers, the income deficit (consumption minus

⁴³ 35 old age home inmates among 320 new cases. The New Indian Express, 1 August 2020.

⁴⁴ Senior citizens tied up, thrashed at old age home in Delhi's Nangloi: DCW, Delhi Minister raid premises. India Today, 1 August 2020.

⁴⁵ See Japan Analytical Brief of September 2020 produced by the Japan Gerontological Evaluation Study (JAGES), available [here](#).

⁴⁶ See Vietnam Analytical Brief of September 2020 produced by HelpAge, available [here](#).

⁴⁷ See Pakistan Analytical Brief of September 2020 produced by HelpAge, available [here](#).

⁴⁸ See Myanmar Analytical Brief of September 2020 produced by HelpAge, available [here](#).

⁴⁹ See Afghanistan Analytical Brief of September 2020 produced by Samuel Hall, available [here](#).

⁵⁰ See Vietnam Analytical Brief of September 2020 produced by HelpAge, available [here](#).

⁵¹ Material in this paragraph and Figures 5 and 6 are from: Income security for all older people in Bangladesh during COVID-19 and beyond. Bazlul Khondker, brief for HelpAge International in preparation.

income) of older people is also projected to have worsened by 13 per cent due to COVID-19 (see Figure 6). The benefit amount of the country's Old Age Allowance (OAA) has not increased during the crisis to fill the gap (see Responses in Part 3 of this report).

Figure 5: Impact of COVID-19 on per capita income and consumption through the lifecycle in Bangladesh, by age group

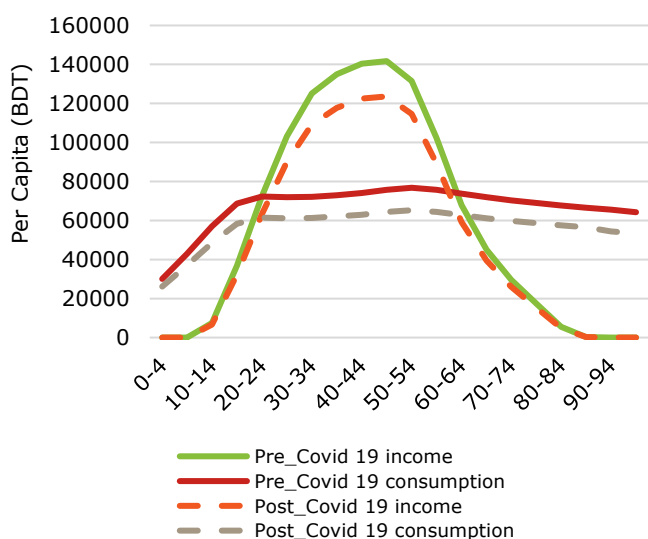
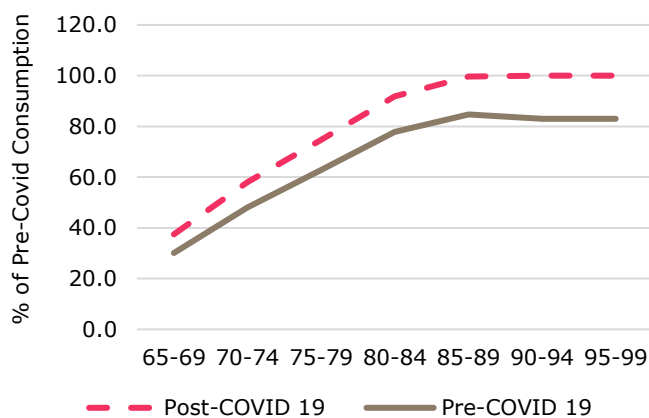


Figure 6: Older Bangladeshis' lifecycle income deficit, pre and post COVID-19 shock, by age group



The impact of COVID-19 on food and income insecurity is amplified by humanitarian crises.

The July update of the UN Global Humanitarian Response Plan (GHRP) to COVID-19 reports that the pandemic is deepening existing food security crises and creating new ones. Globally, the number of acutely food-insecure people in countries affected by conflict, natural disaster or economic crises is predicted to increase from 149 million pre-COVID-19 to 270 million before the end of 2020, if assistance is not provided urgently.⁵² In humanitarian contexts, older people face significant barriers and discrimination in accessing assistance and information.⁵³ The GHRP recognises older people's heightened vulnerability to the virus, as well as risks related to mental health and psychosocial wellbeing, violence and abuse, malnutrition and food insecurity.

In humanitarian contexts, older people face significant barriers and discrimination in accessing assistance and information.

Older people and their households in Asia's humanitarian contexts are experiencing severe income and food security challenges. In Afghanistan, a scarcity of imports is driving food insecurity and price inflation, which rose from 6 to 12.6 per cent between January and June 2020. According to the World Food Programme (WFP), the average cost of wheat flour in markets of major Afghan cities increased by 15 per cent between March 2019 and April 2020. Prices of medical supplies also increased. Due to inflation, decreased wages and fewer income-generating opportunities, the purchasing power of casual labourers and pastoralists deteriorated by 16 and 13 per cent, respectively. As a result, many families had to borrow money and found themselves deeply in debt. This was especially true for internally displaced persons (IDPs). They heavily depend on the retail and construction industries for income, both of which shut down during the lockdown. Reports suggest that the majority of IDP families lost their main sources of income and were unable to afford basic needs, such as clean drinking water. Some people in IDP camps claim not to have received any aid from the government since the pandemic began.⁵⁴ In Myanmar, the government is providing ad hoc in-kind support for vulnerable households in IDP camps and conflict areas, as well as a one-time cash transfer of 65,000 MMK (\$50) in camps. However, critics of Myanmar's COVID-19 response plan argue that the government fails to reach IDPs and vulnerable groups in difficult-to-reach areas.⁵⁵

⁵² [Global Humanitarian Response Plan COVID-19](#). United Nations Office for the Coordination of Humanitarian Affairs (OCHA), July 2020.

⁵³ [Missing millions: how older people with disabilities are excluded from humanitarian response](#). HelpAge International, April 2018.

⁵⁴ See [Afghanistan Analytical Brief of September 2020](#) produced by Samuel Hall, available [here](#).

⁵⁵ See [Myanmar Analytical Brief of September 2020](#) produced by HelpAge, available [here](#).

Box 3: The UN Independent Expert on the human rights of older people calls for inclusive humanitarian and social protection responses and recovery efforts

"The devastating social and economic impact of COVID-19 on older people needs to be addressed as a matter of priority. It is essential to ensure the income security of older persons, in particular older women. Universal old age pensions and adequate entitlement levels are needed to ensure inclusive long-term recovery. Socioeconomic relief measures and social safety nets for older persons affected by economic hardship, need to be adopted immediately. It is crucial that older persons are included among the beneficiaries of economic recovery initiatives, livelihood and job rehabilitation programmes as well as other income-generating activities. We need to invest in care and support services to ensure that they are adapted to older people's individual needs, promote their well-being and maintain their autonomy and independence."⁵⁶



Social issues

Of the various social implications of COVID-19 for older individuals, issues related to isolation are perhaps the most widely discussed. The pandemic has brought greater attention to older people, but primarily because of their higher risk for severe morbidity and mortality from the virus. Older people are typically portrayed as a vulnerable group in the pandemic, leading to discussions about how to protect them from the virus itself. With pharmaceutical interventions still mostly elusive (especially a vaccine), many of the protective measures introduced are so-called Non-Pharmaceutical Interventions (NPIs). Aside from handwashing and hygiene measures, the most common NPIs involve some type of separation or isolation from other people to avoid infection – hence physical/social distancing, lockdowns, quarantine, shelter-in-place and stay-at-home orders, and so forth.

Isolation measures may be effective in limiting transmission of the virus, but clearly they can cause indirect harm. (Regarding their effectiveness, as discussed in our previous reports, within-household transmission, rather than transmission outside the home, may be the greatest risk in some Asian LMICs characterised by large households.⁵⁷ Yet the stay-at-home measures in Asia generally aim to restrict movement outside the home, not to promote shielding from others within the household.) Among the indirect effects of isolation and movement restrictions are severe risks to income-earning potential and non-COVID health conditions, as discussed above. Many parties have also highlighted the harmful effects on wellbeing of social isolation brought on by measures that limit in-person interaction. Beyond high-income countries, the COVID-19 evidence base on social isolation remains thin – mostly anecdotal or from narrowly defined research. It may therefore be more appropriate to highlight what we *don't* know – the gaps in evidence, specifically for Asia Pacific contexts.

Box 4: Difference between social isolation and loneliness

"Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired (Peplau & Perlman 1982). Some definitions include loneliness as a form of social isolation (Hawthorne 2006) while others state that loneliness is an emotional reaction to social isolation (Heinrich & Gullone 2006). The two concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel lonely (Australian Psychological Society 2018; Relationships Australia 2018). For example, research suggests that the number of friends a person has is a poor predictor of their loneliness (Jones 1982)."⁵⁸

Source: Australian Institute of Health and Welfare

One gap in our understanding is how social isolation has occurred – or rather, which channels of isolation during COVID-19 have affected or concerned older people the most. These channels include breaks in social connectedness with family, friends or regular community activities. These will vary by individual, but it may be possible for research to describe certain broad

⁵⁶ [Older persons remain chronically invisible despite pandemic spotlight, says UN expert](#). Office of the United Nations High Commissioner for Human Rights, 1 October 2020.

⁵⁷ See [The impact of COVID-19 on older persons: Asia Pacific regional report of August 2020](#) produced by HelpAge International, available [here](#).

⁵⁸ [Social isolation and loneliness](#). Australian Institute of Health and Welfare, Government of Australia, 11 September 2020.

patterns occurring during the pandemic. For example, for older people who live in extended households, research on living arrangements during lockdowns may show that many older people have increased their daily interactions with family but reduced interactions outside the family. Research from Indonesia suggests that meeting physically remained the most common way that older people remained connected with friends and family during the restrictions, but they shunned larger social gatherings.⁵⁹ By contrast, older people who live alone or in a residential facility may have suffered most from a cutoff of family interactions. Other older people may have been affected more by the closure of community or religious centres and suspended activities. Metropolitan orders in the Republic of Korea, for example, closed senior citizen general welfare centres and free lunch centres in August. Some older people desperate for social interaction found alternatives, some of which were perhaps even riskier, such as meeting in fast-food restaurants.⁶⁰ Recognising the importance of social activities for older people, Japan's Ministry of Health, Labour and Welfare issued a statement recommending that municipalities continue or restart such programme activities.⁶¹

Another gap in evidence is the extent to which the steps that isolate older people have been voluntary or forced. Some governments have tried to protect older people by having them stay at home. Requiring older persons to “shield” at home, rather than imposing a broader lockdown on the wider population, has been called “age based apartheid”⁶² and its effectiveness has been questioned.⁶³ But strict legal prohibitions on older people’s movement appear to be limited in Asia; more common may be government measures with some legal ambiguity. In the Philippines, for example, earlier omnibus guidelines imposing rather strict restrictions on older people were later softened through a second set of guidelines allowing more leeway,⁶⁴ but both documents remain in force. Older people in India “are advised” to stay at home through Ministry of Health guidelines;⁶⁵ the advice could be enforced legally but apparently enforcement is rare. A central question is the extent to which such constraints amount to a violation of the rights and agency of an older person, especially in the current environment of extraordinary population-wide restrictions.⁶⁶ Aside from government restrictions – whether they are legal prohibitions or not – some anecdotal evidence suggests that family or peers exert pressure on older people to limit their movements. Finally, it is clear that many older people are consciously or subconsciously self-isolating voluntarily out of a fear of becoming infected, infecting others, becoming a burden to family or simply breaking the rules.

A third gap in evidence from the region is the impacts of social isolation on wellbeing during COVID-19. Here there is substantial pre-COVID evidence; but as restrictions put in place during the pandemic were so extreme compared to past experience, COVID-specific evidence is also needed. Past research has suggested, for example, that social isolation and loneliness are “worse for health than obesity, and the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day”.⁶⁷ Pre-pandemic, the Japan Agency for Gerontological Evaluation Study found that older persons who have connections with others through the Internet have higher self-rated health and happiness.⁶⁸ As many cases of abuse come via relationships of trust (e.g. family or caregivers), a glaring gap in evidence is whether isolation increased incidence of abuse. Out of 133 countries included in the WHO-coordinated survey, for example, only 17 per cent gathered data on abuse of and violence against older persons.⁶⁹

Social isolation and loneliness are “worse for health than obesity, and the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day.”

⁵⁹ Lonely and Vulnerable: Impact of the COVID-19 Pandemic on Older Persons’ Mental Health. Maliki, 7 October 2020. Presentation made at Webinar on “Older People and Covid-19 in Indonesia: Early Analysis of SILANI Phone Survey” hosted by ERIA in collaboration with Bappenas.

⁶⁰ See Republic of Korea Analytical Brief of September 2020 produced by Institute of Aging Society, Hanyang University, available [here](#).

⁶¹ *Asia seeks to protect seniors from COVID’s silent killer: loneliness*. Nikkei Asia, 5 September 2020.

⁶² *Isolating older people would be “age based apartheid,” says NHS boss*. BMJ, 29 September 2020.

⁶³ *Emerging Evidence on Shielding Vulnerable Groups During COVID-19*. Social Science in Humanitarian Action, 18 Sep 2020.

⁶⁴ *DILG to LGUs: Seniors may go out of their residences and enter commercial establishments to access essential goods and services*. Department of the Interior and Local Government, Government of the Philippines, 27 August 2020.

⁶⁵ *Order no. 40-3/2020-DM-I(A)*. Ministry of Home Affairs, Government of India, 29 August 2020.

⁶⁶ *After coronavirus, the penny has dropped that wellbeing isn’t individual but social*. Guardian, 12 April 2020.

⁶⁷ *Loneliness and Social Connections: A National Survey of Adults 45 and Older*. AARP Foundation, 2018.

⁶⁸ See Japan Analytical Brief of September 2020 produced by the Japan Gerontological Evaluation Study (JAGES), available [here](#).

⁶⁹ *Human rights of older persons: the data gap*. Report of the Independent Expert on the enjoyment of all human rights by older persons. 9 July 2020.

A related question is whether older women and men suffered *exceptionally* from social isolation during the pandemic, in comparison to other groups in society. Everyone has suffered during the pandemic. HelpAge’s August report cited some evidence from Western high-income countries (HICs) that older people may have remained more emotionally resilient than younger people during the pandemic.⁷⁰ There is speculation that older people’s resilience may draw on a toleration for patience that comes with life experience, or result from fewer work-family conflicts compared to younger adults.⁷¹ Indonesia research suggests that older people’s emotions and subjective wellbeing during the pandemic have varied significantly depending on their living arrangements.⁷² Older people are a diverse group, and many have clearly suffered seriously during the pandemic. Rapid needs assessments carried out by the HelpAge network in seven countries suggested that the pandemic has led to increased feelings of depression and anxiety among older people.⁷³ Although women tend to report greater mental health impacts of isolation than men in some surveys, data on the gender divide is limited.^{74,75} The HelpAge rapid assessments found that women were more likely than men to be depressed during the pandemic, but did not explore the reasons. The exact nature and sources of that depression or anxiety also need to be examined.

An important gap in evidence is assessment of good practices in reducing social isolation during COVID-19.⁷⁶ National and

subnational government, non-government and voluntary bodies have introduced a number of creative initiatives to keep older people connected without exposing them to face-to-face interaction. A few of these are highlighted in the Responses section of this report. Many innovations go unnoticed while some have been documented. But there has been insufficient time and opportunity to evaluate and compare them – that is, to validate best practice. Technology solutions to the challenges of distance imposed by COVID-19 are attracting popular attention, but optimism may need to be tempered given the digital divide by age and gender and the challenges of roll-out.⁷⁷

There has been insufficient time and opportunity to evaluate and compare responses to social isolation – that is, to validate best practice.

Aside from social isolation at the individual level, unearthing additional evidence on group exclusion at the societal level during COVID-19 is also critical. Exclusions of older people may arise from political decision or policy design, circumstance, or neglect. These are numerous and context-specific, but research can explore country situations as well as patterns across contexts. As noted above, circumstances and that may add to the exclusion of older people include displacement, conflict, natural disaster and incarceration. For example, displacement in Myanmar’s Rakhine State and Rohingya IDP camps across the border in Bangladesh have left older people in a precarious situation, underserved, and often without a voice.⁷⁸ In India and Bangladesh, the pandemic has coincided with floods during the monsoon, aggravating the situation of older persons.⁷⁹ Evidence is also needed on how older people’s intersectional disadvantages associated with their gender, ethnicity or functional abilities have multiplied the impacts of the pandemic. One of the most obvious gaps in evidence is the lack of age disaggregation in gender-based research and policy assessments. Those typically focus on girls and women of reproductive age, often resulting in an age cut-off of 49 years.

⁷⁰ See The impact of COVID-19 on older persons: Asia Pacific regional report of August 2020 produced by HelpAge International, available [here](#).

⁷¹ Often, the elderly handle the pandemic very well. *Here’s why*. Washington Post, 20 September 2020.

⁷² Lonely and Vulnerable: Impact of the COVID-19 Pandemic on Older Persons’ Mental Health. Maliki, 7 October 2020. Presentation made at Webinar on “Older People and Covid-19 in Indonesia: Early Analysis of SILANI Phone Survey” hosted by ERIA in collaboration with Bappenas.

⁷³ Data on 1,135 adults over the age of 50 was collected through phone surveys between May and June 2020 in communities served by HelpAge or its network members across seven countries (India, Pakistan, Sri Lanka, Bangladesh, the Philippines, Myanmar and Cambodia).

⁷⁴ For example: *The Impact of the Coronavirus Lockdown on Mental Health: Evidence from the US*. The Cambridge-INET Institute, 6 May 2020.

⁷⁵ For example: *Analyze the psychological impact of COVID-19 among the elderly population in China and make corresponding suggestions*. Psychiatry Research, July 2020.

⁷⁶ *Combating Social Isolation Among Older Adults in a Time of Physical Distancing: The COVID-19 Social Connectivity Paradox*. Frontiers in Public Health, 21 July 2020.

⁷⁷ See The impact of COVID-19 on older persons: Asia Pacific regional report of August 2020 produced by HelpAge International, available [here](#).

⁷⁸ See Myanmar Analytical Brief of September 2020 produced by HelpAge and Bangladesh Analytical Brief of September 2020 produced by members of the Department of Population Sciences, University of Dhaka, available [here](#).

⁷⁹ See India Analytical Brief of September 2020 produced by Nathan Economic Consulting India and Bangladesh Analytical Brief of September 2020 produced by members of the Department of Population Sciences, University of Dhaka, available [here](#).

At societal level, blind spots rooted in ageism often compound the exclusion of older people in evidence gathering and interventions. Older people are largely invisible in broader pandemic analysis and response, with the obvious exception of their risks from the virus itself. Unconscious bias associated with ageism is not necessarily malicious; indeed, it is often rooted in language around protection, vulnerability and respect. An unspoken assumption behind policies in Asia – and now sharpened during the pandemic – appears to be that older people are a small, dependent population group cared for by family. The few exceptions to that rule are addressed through limited social welfare interventions. The pandemic thus highlights the need for a revised narrative on ageing. First, older people are no longer a small group and their numbers are escalating across Asia. Second, with expanding life expectancy and functionality in old age, current and future age 60+ cohorts can be supported to be increasingly active and productive. Third, it is increasingly less feasible, fair and appropriate to assume that shrinking, dispersed families can take full responsibility for older members who need care and support, though families continue to play an important role.

An unspoken assumption behind policies in Asia – and now sharpened during the pandemic – appears to be that older people are a small, dependent population group cared for by family.

3. Responses addressing the older population

A broad regional overview of emerging responses in Asia Pacific is presented below, grouped by (1) government, particularly in relation to health care and social protection, (2) multilateral bodies, and (3) civil society including community-based groups. Given the wide diversity in responses across the region, this is not a comprehensive mapping but a broad overview of some key trends.

Government

Health and care

Governments continue to focus on preventing the spread of COVID-19, recognising that older people are a high-risk group. As noted above and in our previous reports, restrictions on movement along with the reorienting of health staff and facilities to cope with virus outbreaks are having adverse effects on health care utilisation.

Some governments have enacted special measures to ensure older people receive care. In India, for example, state governments are required to provide comprehensive reports on measures they take to ensure priority medical treatment, provision of care and support for the elderly during the pandemic, with special attention on those living alone.⁸⁰ After a number of private insurance companies barred older people from coverage or charged higher premiums, the government stepped in to prevent discrimination against older people in this period.

Many governments have tried to overcome disruption to health care, but some of their initiatives may exclude older people. The WHO survey on continuity of health care services during COVID-19 highlighted that 63 per cent of countries deployed telemedicine to replace in-person consultations, and 53 per cent conducted community outreach to provide information on service disruptions and changes. Yet older people are less likely to be able to successfully utilise telemedicine and are more likely to be missed out by community outreach.

Older people are less likely to be able to successfully utilise telemedicine and are more likely to be missed out by community outreach.

Multiple actors are calling for governments to prioritise older people for COVID-19 vaccination, whenever it is ready for roll-out. In September, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) produced a values framework for prioritising allocation of COVID-19 vaccination. It highlighted several groups at elevated risk of severe disease or death from COVID-19, including older adults, older adults in high-risk living situations such as long-term care facilities, and people in high-risk sociodemographic groups. It noted that age-based risk cut-offs may vary by country/region. The government of Japan has announced that it will provide COVID-19 vaccinations free to all citizens. Japan will prioritise medical workers, older people and those with underlying health conditions.⁸¹ In the Philippines, prioritisation of older people in the national vaccination action plan was announced in May.⁸² In India, the Union Health Ministry has asked states to submit priority population

⁸⁰ See India Analytical Brief of September 2020 produced by Nathan Economic Consulting India, available [here](#).

⁸¹ [Japan to offer free coronavirus vaccinations to all citizens](#). The Japan Times, 1 October 2020.

⁸² [Palace assures immunization plan ready vs. Covid-19](#). Philippine News Agency, 19 May 2020.

group lists; older people are listed as a potential priority group.⁸³ Particularly in the early days of a vaccine, availability will be limited, so countries may pursue narrower strategies, such as prioritising frontline health care workers and those most likely to transmit COVID-19. China's National Health Commission has announced that medical workers, border personnel and the elderly will be prioritised.⁸⁴ Older people have been excluded from 50 per cent of clinical trials for treatments of COVID-19 and nearly all vaccine trials to date, though two vaccines have shown some promise among healthy older adults.^{85,86,87}

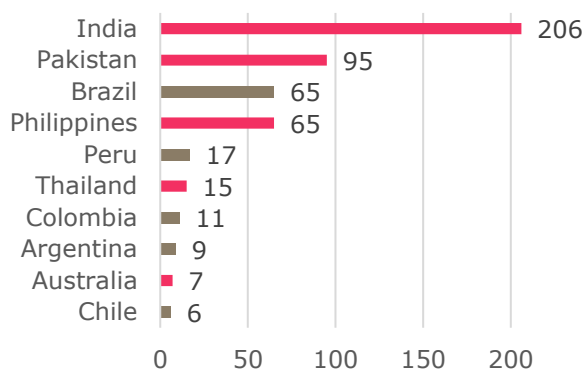
Social protection

In Asia Pacific, spending on COVID-19 social protection has increased significantly since July 2020. Social protection spending in the East Asia Pacific (EAP) sub-region nearly doubled from July to September (now USD 297 billion, or USD 59 per capita). Although lower, South Asia spending increased to USD 35 billion (USD 8 per capita).⁸⁸ Much of the social protection expenditure is for non-contributory social assistance, mainly cash transfers. Governments in EAP provide cash transfers to more people than any other sub-region. They expanded coverage from 19 per cent of the population before the crisis to 64 per cent in September 2020. In South Asia, coverage increased from 20 to 44 per cent,⁸⁹ but the data does not include India, the country with the largest COVID-19 cash transfers (see Figure 7). This large expansion was needed, as Asia is the region with the lowest pre-COVID-19 investment in social assistance. As Asian countries previously spent less than 1 per cent of GDP on average on social assistance, scaling up has proved difficult. In several countries, social assistance has so far reached less than 25 per cent of households whose incomes fell.⁹⁰

Social protection spending in the East Asia Pacific sub-region nearly doubled from July to September.

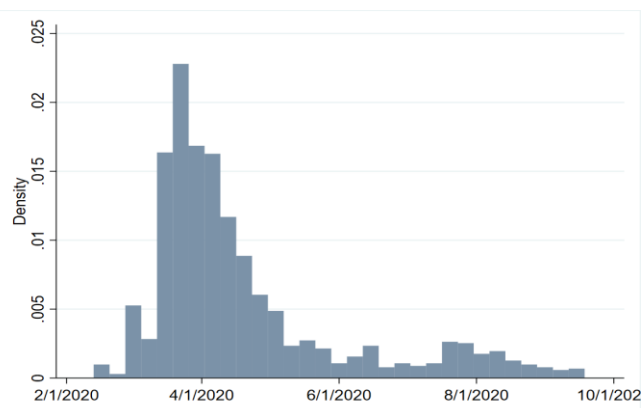
Asia Pacific now has some of the world's largest cash transfer programmes. As shown in Figure 7, several countries with the highest number of cash transfer beneficiaries, led by India, are in the Asia Pacific region. The largest amongst India's social protection responses to COVID-19 was a Rs1000 (USD 13) top-up paid in May 2020 to all 35 million beneficiaries of the National Social Assistance Program, including all older people, widows and people with disabilities who receive a social pension. Through another programme, the government paid Rs500 (USD 6.50) per month between April and June to an estimated 200 million women of all ages.⁹¹ Recognising the protracted nature of the crisis, a number of countries are extending the duration of interventions. Figure 8 shows a small uptick in new announcements in the Asia Pacific region in August and September 2020. In this region, Australia, Bhutan, Indonesia and Mongolia are extending their social protection responses.⁹²

Figure 7: The world's 10 largest active or completed cash transfers (millions of individuals)



Source: World Bank⁹³

Figure 8: Number of announced COVID-19 social protection measures in Asia Pacific, by month



Source: HelpAge calculations on the basis of ILO data⁹⁴

⁸³ COVID-19 vaccine: Centre asks states to submit lists of priority population by October end. Hindustan Times, 4 October 2020.

⁸⁴ China aims to make 1 billion COVID-19 vaccine doses a year. ABC News, 25 September 2020.

⁸⁵ The Exclusion of Older Persons from Vaccine and Treatment Trials for Coronavirus Disease 2019- Missing the Target. JAMA Internal Medicine, 28 September 2020.

⁸⁶ China's Sinovac coronavirus vaccine candidate appears safe, slightly weaker in elderly. Reuters, 7 September 2020.

⁸⁷ Study: Moderna's COVID-19 Vaccine Appears to Be Safe and Effective in Older Adults. BioSpace, 30 September 2020.

⁸⁸ Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. World Bank & UNICEF, 18 September 2020.

⁸⁹ Ibid.

⁹⁰ From Containment to Recovery. East Asia and Pacific Economic Update (October). World Bank, October 2020.

⁹¹ Responding to COVID-19 with improved social protection for older people (September 2020). HelpAge International, September 2020.

⁹² Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. World Bank & UNICEF, 18 September 2020.

⁹³ Ibid.

⁹⁴ Social Protection Responses to COVID-19 Crisis around the World. ILO, 22 September 2020.

No additional social protection measures explicitly for older people were announced in Asia Pacific between July and September 2020. Samoa remains to be the only country that has introduced a new social protection benefit specifically for older people. Bangladesh, Mongolia and Sri Lanka have expanded the coverage of existing social pensions. Ten countries⁹⁵ in the region have increased pension benefits, five⁹⁶ have advanced pension payments, and four⁹⁷ have introduced rules allowing those enrolled in funded pension schemes to prematurely withdraw part of their funds.

Previously announced initiatives to improve social protection for older people appear to be moving forward. Bangladesh has already adapted its old age, widowhood or disability allowances to reach 100 per cent of all eligible people in the poorest 112 out of 492 Upazillas (sub-districts). This step has increased social protection coverage by about 800,000 people, including 500,000 Bangladeshis aged 60 and above. Building on this expansion, Bangladesh plans to add an additional 1.6 million recipients to its old age, widowhood or disability allowances in the 2021/2022 fiscal year.⁹⁸ Myanmar maintains the regularity of its universal social pension, which provides 10,000 MMK (7.7 USD) a month to those aged 85 and older. In addition, the government and the multi-donor Livelihoods and Food Security Fund (LIFT) provided a one-off top-up of 30,000 MMK to all social pension recipients in July. The government also plans to provide a one-off cash transfer of 30,000 MMK per person to all people aged between 80 and 84 in October 2020, reaching approximately 278,900 older people. 500 MMK (0.4 USD) per day will also be provided for a duration of 30 days to older people living in residential care homes.

Bangladesh plans to add an additional 1.6 million recipients to its old age, widowhood or disability allowances in the 2021/2022 fiscal year.

Box 5: Are social protection responses to COVID-19 rights-based and gender-sensitive?

The United Nations Special Rapporteur on extreme poverty and human rights argues⁹⁹ that most social protection responses are not sensitive to people in need and do not realise the human right to social security. The Special Rapporteur suggests that a decade of austerity following the 2008 global financial crisis left public services – including health systems – underfunded and led to an increasingly unequal world. Social protection programmes were ill-equipped to deal with the impacts of the pandemic. Many social protection programmes are short term, temporary and provide benefits that are too low to ensure an adequate standard of living.

Many social protection schemes are also not gender sensitive. They do not take into account the fact that women are overrepresented among workers in precarious, part-time or interrupted employment. Women also shoulder most unpaid care duties, which have increased during the pandemic. Many of the issues highlighted in the report are relevant to the older population, especially older women. Many older women are excluded from COVID-19 cash transfers owing to registration and access challenges, especially where processes are largely online. Across low- and middle-income countries, older women in particular are less likely than men to own a mobile phone and use the internet. Limited pension coverage and low benefit levels disproportionately affect older women, who are much less likely than men to receive a pension.¹⁰⁰

UNDP monitors the measures that have been enacted by governments to tackle the COVID-19 crisis.¹⁰¹ The highlights responses that integrate a gender lens, including those that address women's social security, unpaid care work, the labour market and violence against women. Out of the 92 cash transfer programmes monitored in the Asia region, only 10 are considered gender sensitive. The 7 measures to improve social pensions are not rated gender sensitive. However, it is widely accepted that social pensions, particularly when coverage is universal, are crucial for older women's income security, who make up the majority of the older population and often lack a pension.¹⁰²

⁹⁵ Australia, Cook Islands, India, Malaysia, Mongolia, Myanmar, Samoa, Singapore, Tonga, Thailand

⁹⁶ Australia, Fiji, India, Malaysia, Samoa

⁹⁷ Australia, Fiji, India, Malaysia

⁹⁸ See Bangladesh Analytical Brief of September 2020 produced by members of the Department of Population Sciences, University of Dhaka, available [here](#).

⁹⁹ [Looking back to look ahead: A rights-based approach to social protection in the post-COVID-19 economic recovery](#). Office of the United Nations High Commissioner for Human Rights, OHCHR, 11 September 2020.

¹⁰⁰ [SPACE Social protection for older people during COVID-19 and beyond](#). HelpAge International, September 2020.

¹⁰¹ COVID-19 Global Gender Response Tracker. UNDP, accessed 13 October 2020. <https://data.undp.org/gendertacker/>

¹⁰² [Protecting women's income security in old age: Toward gender-responsive pension systems](#). UN Women, 2015.

Initiatives by subnational governments and others

Some of the most active responses have come from subnational governments, often together with volunteers, civil society organisations (CSOs), academia or the private sector. These fall into various categories, for example:

Social outreach and monitoring: Many of these aim to ensure that people, especially those living alone, are not forgotten during this period of restricted social interaction. In China, for instance, Neighborhood Resident Committees working with local nonprofits are mobilising volunteers to check in daily with those living alone, as well as to deliver groceries and medicines.¹⁰³ India's West Bengal government is developing a database of older people living on their own in three municipalities. Police and medical professionals have been surveying these older people and addressing their needs through home visits.¹⁰⁴ The National Volunteer Federation of Korea launched the Love Milk Delivery Project to check whether milk delivered to the homes of older people living alone was piled up at front of the house, and if so, to intervene.¹⁰⁵ In addition, a number of governments and institutions have facilitated family communications or put up transparent barriers to allow non-contact visiting to nursing and medical facilities. Singapore and other countries are providing training and support to older people to use ICT to stay connected.¹⁰⁶

Provision of food and non-food supplies or cash top-ups: Many communities are providing food assistance, masks, sanitizers and other goods. For example, the Seoul Metropolitan Government provides meals for older people from low-income families through senior citizens' restaurants or delivery systems. Some subnational governments offer their own cash transfers. Supplementing national programmes, the Assam state government of India is providing one-time assistance of USD 27 equivalent for older people, people with disabilities and Below Poverty Line (BPL) families.

Assistance in accessing services: Korea's Gyeongsangnam-do Provincial Government is providing care services through an AI smart speaker system, aiming to reach 7,000 households within the next year. New smartphone apps are proliferating. Japan's National Center for Geriatrics and Gerontology (NCGG) launched the Kayoino-ba app, which includes demonstrations of 40 kinds of exercises that can be done at home. Users can create walking routes as well.¹⁰⁷

India's 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 for older citizens in states such as Meghalaya and Rajasthan. The Assam government set up a dedicated geriatric COVID-19 care centre for those above 65 years of age. Kerala has inaugurated call centres for older citizens across 14 districts of the state under the "Grand Care" project.

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Multilateral bodies

International financial institutions continue to provide financing, and their post-pandemic plans are taking shape. The World Bank, IMF, ADB (see Figure 9) and other institutions continue to provide substantial emergency financing to address COVID-19. Much of this is general budget support, and some for targeted interventions such as fast-track financing for vaccine procurement.¹⁰⁸ They are thinking ahead. For example, the World Bank's approach to addressing the COVID-19 crisis consists of four pillars operating across three stages: Relief, Restructuring and Resilient Recovery.¹⁰⁹ The Relief stage involves emergency responses to the health threat and immediate social, economic and financial impacts – *Saving Lives* (pillar 1) and *Protecting the Poor & Vulnerable* (pillar 2) through cash and in-kind transfers. Pillar 3 centres on *Ensuring Sustainable Business Growth & Job Creation* and pillar 4 on *Strengthening Policies, Institutions and Investments for Rebuilding Better*. Older people are explicitly recognised under pillar 2. Operations will also aim to improve social care services offered to vulnerable groups, including older people and people with disabilities.

Vietnam's current employment promotion efforts are limited to those younger than 59.

¹⁰³ [Asia seeks to protect seniors from COVID's silent killer: loneliness](#). Nikkei Asia, 5 September 2020.

¹⁰⁴ India examples in this section are from the India Analytical Brief of September 2020 produced by Nathan Economic Consulting India, available [here](#).

¹⁰⁵ Republic of Korea examples in this section are from the Republic of Korea Analytical Brief of September 2020 produced by Institute of Aging Society, Hanyang University, available [here](#).

¹⁰⁶ [Singapore's seniors pick up smartphones to cope with Covid-19](#). GovInsider, 1 September 2020.

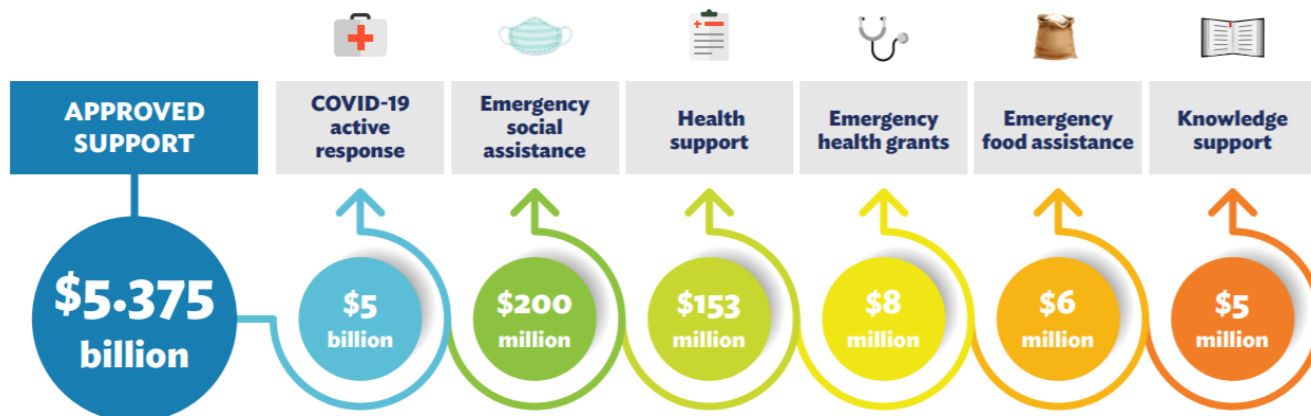
¹⁰⁷ See Japan Analytical Brief of September 2020 produced by the Japan Gerontological Evaluation Study (JAGES), available [here](#).

¹⁰⁸ [Remarks by World Bank Group President David Malpass at the Virtual 24th ASEAN Finance Ministers' Meeting in Hanoi, Vietnam](#). World Bank, 2 October 2020.

¹⁰⁹ [Saving Lives, Scaling-up Impact and Getting Back on Track](#). World Bank, June 2020.

Another priority will be non-contributory social protection, including old age or disability social pensions. As countries begin to recover, the World Bank explicitly notes the need to support older workers. Some countries limit such support to younger people: Vietnam’s current employment promotion efforts, for instance, are limited to those younger than 59.¹¹⁰ East Asia is the sub-region with the largest share of active labour market interventions (close to 20 per cent), relative to other social protection measures.¹¹¹

Figure 9: ADB’s Rapid Covid-19 Response in Southeast Asia¹¹²



Source: Asian Development Bank

UN agencies continue to highlight older people in their response efforts, particularly as a vulnerable group. The UN’s Global Humanitarian Response Plan (GHRP) was increased to USD 10.3 billion on 16 July and was 30.7 per cent funded as of 9 October.¹¹³ Older people are specifically mentioned in key GHRP strategy objectives, which underpin the three strategic priorities: (1) Contain the spread of COVID-19 and decrease morbidity and mortality; (2) Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods, and (3) Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

Some UN agencies are gathering evidence on older people’s situation, but in a limited number of countries. Phone surveys have become more common because of the pandemic. For example, UNFPA Thailand with Chulalongkorn University’s College of Population Studies conducted a phone survey with older people in selected provinces across Thailand and is preparing the report now. Analysis on the impact of COVID-19 on older people is being sponsored by UNFPA Iran. Bappenas (Ministry of National Development Planning), the Economic Research Institute for ASEAN and East Asia (ERIA), and UNFPA recently presented findings from a phone survey of 3,430 older people in Indonesia.¹¹⁴ As noted above, WHO’s assessments related to health services are also highly relevant to the older population.

Civil society bodies

CSOs continue to play an important role in the response, mainly at local levels. Interviews with CSOs across six Southeast Asian countries confirmed that they are important players in the ground response during the pandemic because of their local knowledge and contacts. They help to link communities to local governments, which rely on CSOs and volunteers to fill information gaps and provide services. But CSOs’ influence has been felt mostly at local levels, and they find it more difficult to influence national decisions and programming.¹¹⁵

CSOs’ influence has been felt mostly at local levels, and they find it more difficult to influence national decisions and programming.

¹¹⁰ See Vietnam Analytical Brief of September 2020 produced by HelpAge, available [here](#).

¹¹¹ *Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures*. World Bank & UNICEF, 18 September 2020.

¹¹² *ADB’S Rapid Covid-19 Response in Southeast Asia*. Asian Development Bank, September 2020.

¹¹³ *OCHA AND COVID-19*. UNOCHA, accessed 11 October 2020.

¹¹⁴ *SILANI (Older People Information System) respondents, data collection in July 2020 [Webinar]*. Bappenas, 6 October 2020.

¹¹⁵ *Civil society in Southeast Asia during COVID-19: Responding and evolving under pressure*. The Asia Foundation, September 2020.

Civil society actors continue to struggle with a resourcing crisis in the pandemic, and they have received little COVID-specific funding. CSOs are chronically underfunded and now face new challenges accessing government funding, while public fundraising has sharply declined during the pandemic. In Seoul, for example, the municipal government had to step in after free food centres faced difficulties in recruiting volunteers and experienced a decrease in donations.¹¹⁶ Women-focused national organisations in Asia had received zero direct donor funding through the COVID-19 Global Humanitarian Response Plan as of early July.¹¹⁷

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With the rising number of new COVID-19 cases in many countries, particularly in South Asia, HelpAge network members are struggling to continue community activities. In Asia Pacific, HelpAge International works with a network of 36 organisations across 17 countries.¹¹⁸ In countries with fewer new cases – such as Cambodia, Thailand and Vietnam – network members have resumed many normal community activities. With a HelpAge Korea initiated Emergency Relief Fund, five network members distributed emergency kits and cash transfers, but other funding opportunities have been limited. Most members organised activities for International Day of Older Persons on October 1st.

Community-based organisations such as older people’s associations have adapted their work in light of COVID-19. These include raising awareness of COVID-19 and preventive methods; monitoring and supporting isolated members; linking people to public services; providing food, masks and sanitiser; and supporting quarantine centres and village check points. Community groups with their own funds, such as intergenerational clubs in Vietnam and Myanmar, are better able to help vulnerable households cope in the emergency situation.

Large social organisations such as Red Cross and Red Crescent societies have been active in many countries. For example, the Iranian Red Crescent Society has distributed subsistence and hygiene packages among older people, arranged counselling phone calls with the help of volunteer paramedics and psychologists, and disinfected homes.¹¹⁹ In Vietnam, mass organisations such as the Vietnam Association of the Elderly, Fatherland Front, Red Cross, and Women Union have all contributed substantially to a national effort.¹²⁰

4. Selected near-term recommendations

In this report, two achievable priorities for the pandemic are suggested. Our August 2020 regional report proposed six additional recommendations (see below), which remain pertinent.

1. **Include older people in employment-support initiatives.** Many older people rely on work and employment for income. Most older workers in low- and middle-income countries are in precarious employment or the informal economy, which have been hardest hit by the pandemic. Governments and other stakeholders should ensure that interventions that support people to keep or find work are accessible and appropriate for older people. Some of these initiatives could be targeted specifically at older people.
2. **Explore ways to ensure older people are not left behind in national COVID-19 vaccination strategies.** Governments and international actors are urgently discussing how vaccination strategies should be implemented. These plans should take into account the special needs of older people, including their high risk of COVID-19 mortality and access barriers that many may face because of disability, movement restrictions, the digital divide and other challenges. To ensure that vaccines are safe and effective for older people, trials should not exclude older people.

Recommendations from the August 2020 regional report:

3. **Gather evidence about older people’s situation in the pandemic.** This includes (a) quantitative or qualitative surveys specifically targeted at older people. But even more

¹¹⁶ See Republic of Korea Analytical Brief of September 2020 produced by Institute of Aging Society, Hanyang University, available [here](#).

¹¹⁷ [Closing the Funding Gap for Women-Focused Organizations Responding to COVID-19 in Asia and the Pacific](#). Asia-Pacific Gender in Humanitarian Action Working Group, 2020.

¹¹⁸ [HelpAge International: Network in the Region](#). HelpAge International, accessed 11 October 2020.

¹¹⁹ See Iran Analytical Brief of September 2020 produced by Professor Majid Koosheshi in collaboration with the Secretariat of National Council of Older Persons, available [here](#).

¹²⁰ See Vietnam Analytical Brief of September 2020 produced by HelpAge, available [here](#).

productive might be (b) the inclusion of older respondents in more numerous population-wide surveys, using methods that allow age- and sex-disaggregated analysis. In particular, older women remain largely invisible during the pandemic. In the absence of recent evidence, we are left with the language of *risk* (potential harm) rather than *impact* (actual harm).

4. **Rebalance health system priorities back towards NCD services, given their neglect during the pandemic and high impact on mortality.** National COVID-19 response plans should include action to accelerate progress on NCD prevention, diagnosis, treatment and palliative care. Specifically, national COVID-19 response plans should (a) include guidelines to prevent new waves of COVID-19 from significantly interrupting NCD health services and (b) be reviewed to ensure that COVID-19 policy responses improve or at least do not worsen population exposure to key NCD risk factors.
5. **Take action to protect those with care needs, who are among the most vulnerable to COVID-19.** (a) In residential care settings, every effort should be taken to prevent and/or manage the spread of COVID-19; (b) for family carers, expand or introduce financial and psychosocial support and provide them with information and training on COVID-19 safety.
6. **Prioritise universal social pensions as the most effective mechanism to ensure the income security of older people during the crisis.** Where social pensions exist but do not reach most older people, their coverage could be expanded, for instance by immediately enrolling those on waiting lists (Sri Lanka), making targeted pensions universal in the hardest-hit parts of a country (Bangladesh), expanding geographically, or lowering the eligibility age to reach more older people (Myanmar). Where social pension transfer levels are too low to provide protection, governments should increase transfer levels at least temporarily.
7. **Where emergency cash transfers are implemented for broad segments of the population, they should be accessible, especially for older women and people with disabilities.** Although technically eligible, many older people struggle even to register for COVID-19 transfers. Access should be smooth, from outreach and communications to registration and receipt of payments.
8. **Consider adding nuance to statements warning of the pandemic's "risks to older persons", based purely on chronological age.** Such statements not only obscure the diversity of older persons but may also reinforce blanket perceptions of vulnerability and decline in later life. While the statistical risk of severe complications or death from COVID-19 infection does rise with age, indirect impacts are much more variable. Broad generalisations based on age alone are sometimes inevitable, as even these recommendations suggest. But they may impede practical interventions that could be more sharply targeted at various population sub-groups.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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