The impact of COVID-19 on older persons in Myanmar: 2020 in review

COVID-19 context and trends

Despite having close transport links with China, Myanmar was one of the last countries in the world to confirm a case of COVID-19, on 23 March 2020. Myanmar maintained a low number of COVID-19 cases until 19 June when 23 new cases were recorded – the highest single day surge since the virus was first detected. All new cases involved returnees from Thailand and Malaysia.[1] 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. Since mid-August, Myanmar recorded a steep increase in cases, with a ten-fold increase in the number of cases in less than a month. This was referred to as Myanmar's 'second wave' of the virus.

The Ministry of Health and Sports (MoHS) shares daily updates on its surveillance dashboard. As of 19 November, the dashboard reported 74,882 cases of COVID-19, including 55,633 recoveries and 1,676 fatalities. Of those who died from COVID-19, approximately 1,250 were older people. The government has stopped disaggregating the data on cases by age. In order to curtail the spread of COVID-19, MoHS appealed for older people across Myanmar to stay at home. 'Stay at home' orders and other restrictions on movement were (re)imposed at the township level, with all townships in Yangon (with the exception of Cocokyun Township, Yangon) during Myanmar's first and second wave and in Rakhine during Myanmar's second wave of the virus. Myanmar's economy is anticipated to be heavily affected by both the global economic downturn and internal mitigation measures, with the World Bank predicting the GDP growth rate will fall to fiscal year 0.5 per cent in 2019/20.[2]

Situation of older people in light of COVID-19

- Older people are at increased risk of suffering severe complications as a result of COVID-19 and many are less able to take measures to prevent a COVID-19 infection.
- In May and June of 2020, HelpAge conducted a Rapid Needs Assessment that focused on the situation of older people in Myanmar. Key findings included:
  - 34 per cent of older people cannot access medication for their health conditions and 24 per cent of older people have experienced changes in their access to health services.
  - 46 per cent of older people have difficulties accessing food and 33 per cent of older people stated that income is a top concern.
  - 42 per cent of older people are worried most or all of the time and 26 per cent of older women are worried about isolation.
- The impact of COVID-19 on older people in Myanmar must be considered within the wider social and political context, including experiences of conflict and displacement. Older people often slip through the cracks in the provision of humanitarian assistance.

Key recommendations

- Collect sex-, age- and disability-disaggregated data and information on the situation of older people in Myanmar during COVID-19.
- Provide services specifically for older people, moving beyond viewing older people within the wider category of 'vulnerable groups.'
- Include a provision for special support during crises in the upcoming National Policy on Ageing and Action Plan on Ageing, based on the experiences of the COVID-19 pandemic.
- Expand the national social pension by lowering the age limit.
- Ensure older people have continued access to health services and medicines, including for non communicable diseases (NCDs).
- Conduct research into older people's experience of violence, abuse and neglect during the pandemic, and the services available to older people.

Health and care

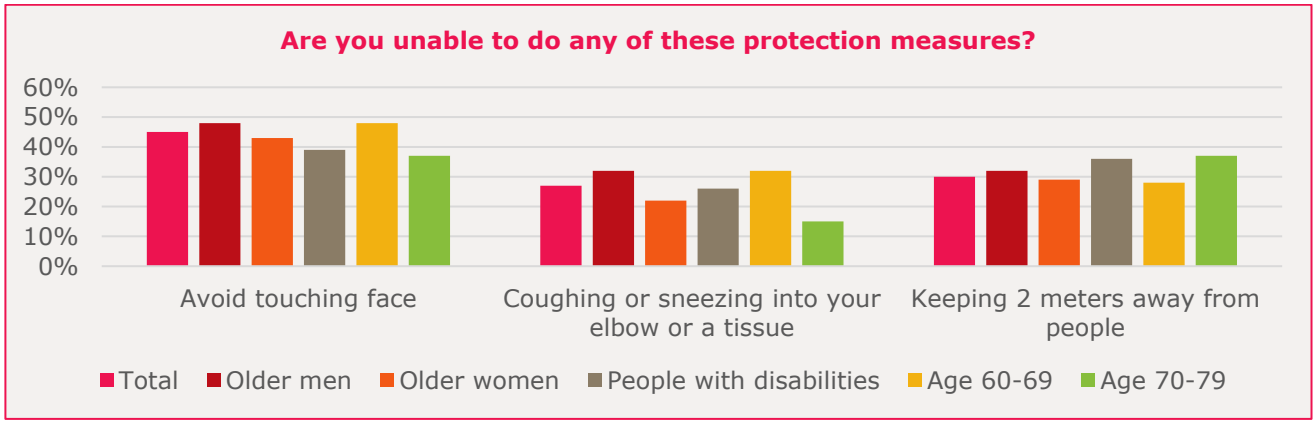
Key changes for older people

Older people have a high risk of suffering severe complications as a result of COVID-19 and are less likely to be able to take measures to prevent a COVID-19 infection. As of 19 November 2020, approximately 1,250 of the 1,676 people who died from COVID-19 were over the age of 60, the majority of whom had pre-existing conditions such as hypertension and diabetes. This underscores the importance of providing older people with reliable access to quality services for NCDs, to ensure long term conditions can be properly managed.

"Due to the sharp increase in cases, the MoHS no longer publishes sex- and age-disaggregated data about the total number of cases (this information was only available regarding the number of fatalities, but this has halted in early November), making it difficult to analyse the age and gendered dynamics of COVID-19, as well as to design age and gender sensitive responses without further assessments. Moreover, humanitarian access to Rakhine, where around 5 per cent of COVID-19 cases have been recorded to date, and in particular camps for internally displaced persons (IDPs) within Rakhine, severely restricts data verification and leads to a lack of available sex- and age-disaggregated data.[3] Thus, there is limited information about the situation of older people in the state.

A Rapid Needs Assessment (RNA)[4] conducted by HelpAge International in May and June 2020 indicated that older people are aware of the outbreak, as well as required preventative measures. However, older people face a lack of accurate information regarding COVID-19. A Key Information Interview (KII) with the Myingyan Township General Administration Department Deputy Administrator noted older people are concerned about rumours surrounding COVID-19, unavailability of masks and hand sanitiser, and lack of information regarding how to use both. Moreover, a Rapid Needs Assessment led by CARE International found restrictions on movement and suspension of face-to-face activities led to greater reliance on online and phone sources for hygiene information. This may be less accessible to women, older people, and those in Rakhine and Chin States where mobile internet is blocked.

Older people also struggle to conduct some preventative measures. The majority of older people in Myanmar live in conventional households as opposed to institutions. The households older people live in are often overcrowded[5] and lack access to amenities. Combined, this can make it difficult for older people to practise social distancing or conduct preventative measures, such as regular hand washing. Indeed, the HelpAge International RNA found that avoiding touching the face (as many forget to do so), coughing and sneezing into elbows (linked to flexibility and reflexes), and remaining two metres away from others (due to living arrangements and dependency on others) were often mentioned as measures many older people cannot do. Older people found other measures, such as hand washing, easier.

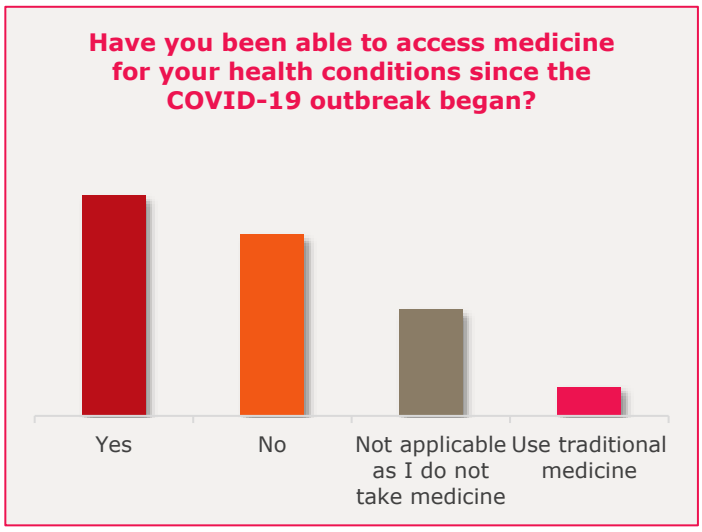


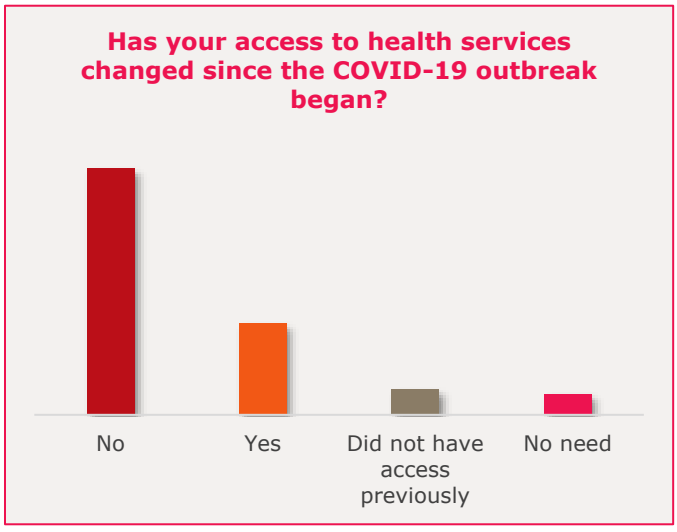
Older people in rural and conflict-affected areas face additional challenges to preventing the spread of COVID-19. A 2012 survey found that 56 per cent of older people lack running water, and even higher in rural areas.[6] Only 40 per cent of the population in Rakhine have access to improved water systems in both the dry and rainy seasons (nearly half the national average), and 46 per cent of households have no toilet facilities. Moreover, many shelters and facilities provided for IDPs are not adapted to the needs of older people and people with disabilities. That makes it difficult for many older people to conduct activities such as regular hand washing and leaves them reliant on the support of others to use facilities, so they are less able to socially distance. Overcrowding in IDP camps creates further barriers to social distancing. The health systems in rural, conflict and ethnic minority areas may not have the capacity to deal with increasing numbers of COVID-19 cases. In Rakhine State, for example,

some quarantine centres began to turn people away due to overcrowding[7] in August, and activities and resources have been diverted towards the COVID-19 prevention and response, with Ah Pauk Wa station hospital, Myauktaw Township, being closed. The situation remains critical, as the peak of the outbreak is not reached yet – Rakhine has the fourth-highest confirmed cases in the country, and they continue to grow. Although the government has responded through the provision of PPE in Rakhine, there are concerns about congestion in IDP camps that could spread the infection.[8]

Indeed, access to health facilities and medication is a key issue faced by older people across Myanmar. The HelpAge International RNA from May and June 2020 found one in three older people were unable to access their regular medication and many older people indicated that local medicine stocks were running out. Travel restrictions suppress supply chains, including those reaching rural health centres. 60 per cent of those interviewed have existing health conditions, and diseases requiring medication are highly prevalent, giving rise to concerns surrounding co-morbidity. One in four older people struggle to access health services due to travel restrictions. Older people may be unable to travel to health centres, and health workers may be unable to visit villages.

An assessment by CARE International found disruptions to health services are likely to disproportionately affect non-communicable diseases, which are particularly common among older people, with a higher prevalence in women. Mitigation measures are causing challenges to NCD follow-up and treatment. Clinics responsible for providing diagnosis, treatment and referral for NCDs closed temporarily. While services now continue to operate, health care workers interviewed by CARE noted that patient numbers were down and many people were reluctant to attend centres for fear of contracting COVID-19. A KII with a Health Assistant from MoHS noted that many family members do not want older people to visit clinics, given their high-risk status. KIIs also reported that when older people did access health services, they received lower quality care due to constraints in diagnostic and examination facilities and health workforce shortages. The combination of reduced health services, social distancing measures, and loss of income (outlined below) is likely to have a negative effect on the health of older people. This is exacerbated in conflict-affected areas, where people rarely accept referrals to government health facilities.[9] However, evidence on this is currently informal; further research is needed.





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

Recommendations

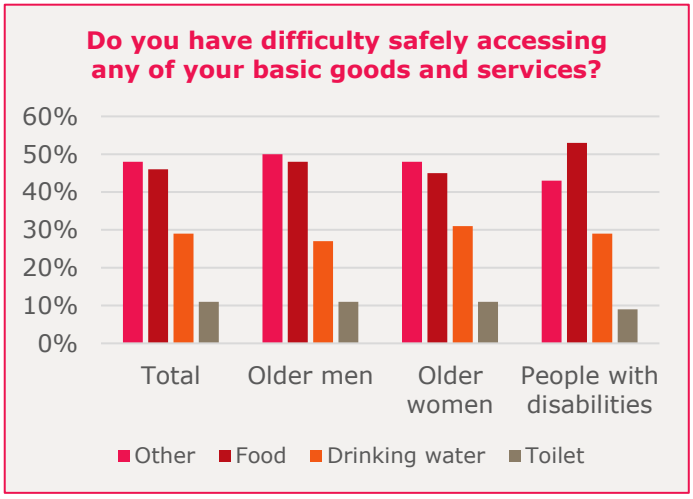
- Collect and make publicly available data about the number of COVID-19 cases, recoveries and morbidities that is disaggregated by sex, age, disability, ethnicity and geographic location.
- Conduct research into older people's mental health during COVID-19.

- Provide older people and their caregivers with reliable and accessible information about the national COVID-19 situation, how the virus spreads, and nearby health providers, taking into account the communication needs of older people and people with disabilities.
- Enable NCD clinics to continue operation, including through continued staffing and provision of PPE.
- Ensure continued access to medication during the pandemic through safety protocols for health centers, and innovative approaches such as telehealth and online pharmacies.
- Provide older people with reserve funds to support emergency health expenses.
- Ensure ongoing coordination between government run services, private sector organisations, civil society organisations, and communities.
- Develop and implement safety protocols for older people's care homes.

Food security

Key changes for older people

Government imposed restrictions are limiting older people's supply of food, drinking water and other basic items. The HelpAge International RNA found almost a third of older people have trouble accessing drinking water, for reasons including few wells with low water levels (linked to a late rainy season) and living far from places selling drinking water. One in four older people reported a reduction in the quantity and/or quality of their diets. Nearly twice as many older women reduced their food intake compared to older men. Many reported their usual markets were inaccessible due to travel restrictions, and others said the shops near their homes had closed. Research conducted prior to COVID-19 found that food shortages are likely to have a disproportionate impact on older people, many of whom have specific nutritional needs and are less likely to be able to pursue work.[11]



Older people who did not report challenges accessing food commonly relied on kitchen gardens, small farms, or support from others. Additionally, older people may benefit from the government's provision of essential items to approximately 3.99 million households, including staple foods.

Recommendations

- Conduct research into older people's income sources both pre and during the pandemic, including the income sources of older women, people with disabilities, and people living in rural and ethnic minority areas.
- Put in place policies to enable food transport to continue, including supporting market vendors to travel to villages.
- Provide mobile food services for older people.

Income security

Key changes for older people

A KII with two representatives from the Ministry of Social Welfare, Relief and Resettlement (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 over 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. Similarly, the KII with a representative from the Department of Social Welfare highlighted a lack of evidence and statistics relating to the impact of COVID-19 on older people's incomes.

However, overall, older people in Myanmar tend to live in low-income households.[12] Prior to COVID-19, older people's most common source of material support was support from adult children: a 2012

survey found over 80 per cent of older people receive some type of material support from their children.[13] Older people's role as economic providers within households was also noted. Older people also earn income from work; data from the 2014 Myanmar Population and Housing Census shows one in five people aged 65 and above still work.[14] Their work is likely to be informal, offer little social protection, and be vulnerable to economic shocks associated with the pandemic. People aged 85 and older are eligible to receive a universal social pension of 10,000 MMK ($7.15) a month. Otherwise, there is close to no social protection coverage for older people.[15]

The income support older people receive from household members is anticipated to fall. A RNA by World Vision found 32 per cent of respondents had fully or severely lost their livelihoods.[16] Research by the World Bank found that between March and May 2020, more than half of households main workers had stopped working.[17] While this rate decreased to 25 per cent in June 2020, further research is needed to document the impact of Myanmar's 'second wave' and associated preventative measures. Moreover, a survey conducted mid-September by the International Food Policy Research Institute found 27 per cent of respondents viewed their households to be extremely poor (up from 11 per cent in August).[18]

Remittances play a key role in the support provided to older people; in 2015, it was estimated that international migrants sent 8 billion USD to Myanmar (13 per cent of GDP) and many long-term domestic migrant workers provide essential support to family members in other parts of Myanmar.[19] As a result of preventative measures, many domestic workers will lose their jobs. It is estimated that over 160,000 Myanmar citizens returned to the country between January and June 2020.[20] The World Bank found remittance flows have been disrupted, with 41 per cent of households reporting a fall in remittances in May 2020, and 31 per cent reporting no remittances. (These figures improved to 33 per cent and 25 per cent respectively in June 2020 but need to be revisited in light of Myanmar's second wave.) The KII with a Health Assistant from the MoHS noted older people in rural areas are particularly at risk from falls in remittances.

Sectors that provide older people with paid work, including farming and fishing, are anticipated to be heavily hit by the economic downturn. Indeed, an Asia Foundation survey conducted in May of 750 enterprises found they had laid off 16 per cent of employees on average.[21] Those employed in the informal sector are especially vulnerable to layoffs, and informal employment in Myanmar is more common among those aged over 60 and youth.[22] Moreover, decisions about who to let go can reinforce existing patterns of exclusion. Disability rights organisations in Myanmar note those with disabilities are usually top of the list when cuts are made, and workers with disabilities face much greater uncertainty during the pandemic than other workers.[23] Given the link between age and disability, this has implications for those older people in (formal or informal) employment. This is consistent with the KII with a representative from the Department of Social Welfare, who reported a reduction in older people's income from work, as well as from the support provided by children. Reports from HelpAge International project staff, whilst locally based, also suggest increased pressure on older people's incomes and on the ability of older people's community organisations to generate funding to provide assistance.

The Department of Social Welfare worked to continue social pension payments throughout the pandemic. The social pension, provided to older people age 85 and over, 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 Department of Social Welfare and technical assistance from HelpAge, 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 the Livelihoods and Food Security Fund) was provided to all recipients of the social pension. This was completed in June 2020 and reached 200,301 people. However, it should be noted that the pension currently has limited coverage (approximately 5.7 per cent of those aged 65 and above who live in conventional households). A 2020 study of 50 households found 10 households reported the social pension (10,000 MMK a month) made a big difference to their households, 10 found it made some difference, 27 found it made not much difference, and 3 didn't know.[24]

Additionally, the Department of Social Welfare provided a one-off cash transfer of 30,000 MMK per person to people aged between 80-84 in September and October. It reached 292,702 older people, costing a total of 8.78 billion MMK (around 6.7 million USD). In this context, discussions emerged around lowering the eligibility age of the social pension to 80 years old. 500 MMK per day was provided to people residing in homes for older people across the country on an ad hoc basis between April and June 2020. Older people may also benefit from the provision of cash to approximately 5 million households across the country. Decision making for that programme was devolved, leading to some

concerns regarding the methodologies used to determine eligible households and consistency of the programme across and within Myanmar's states and regions.

Recommendations

- Ensure regular delivery of the social pension during COVID-19.
- Expand the social pension by lowering the age of eligibility.
- Support farming activities through the provision of seeds and agricultural inputs.
- Provide targeted financial support to low-income households to ensure basic needs can be met.

Loneliness and isolation

Key changes for older people

Older people face loneliness and isolation as a result of measures to curb the spread of COVID-19. Lockdown and stay-at-home orders have been implemented at the township level across Myanmar's states and regions and older people have been encouraged to remain indoors.[25] KIIs with representatives from organisations including Yandana Myitta Development Foundation, Kadu Youth Development Association and government officials point to an increase in loneliness and isolation among older people. Older people are less likely than younger groups 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.[26])

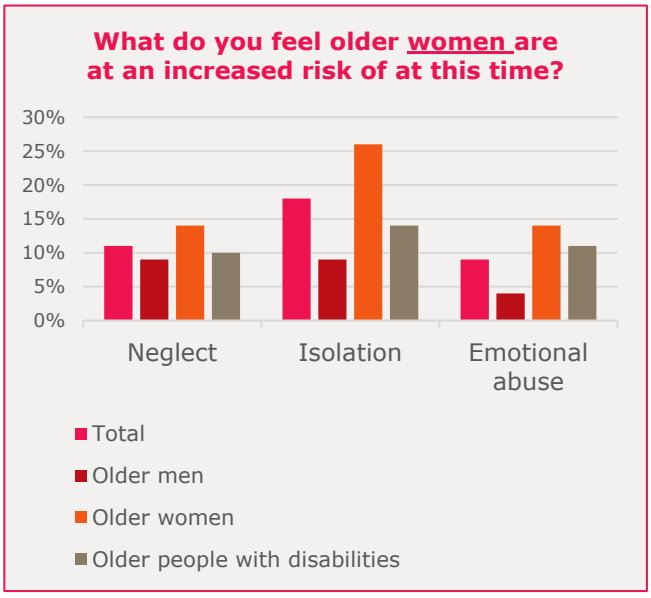
Recommendations

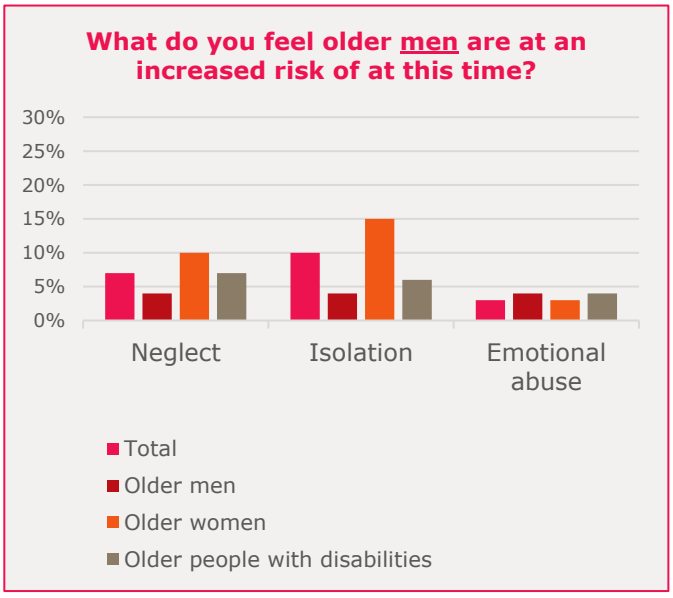
- Counter the narrative that portrays older people only as a vulnerable group in need of protection and support, emphasising instead that older people should enjoy their rights and lives whilst adhering to COVID-19 safety guidelines.
- Expand safe ways to foster engagement through inclusive community-based social activities.
- Support community-based organisations to provide regular support to older people, in keeping with COVID-19 safety guidelines.
- Create channels through which older people can talk to their friends and relatives, that take into account the specific needs of older people and people with disabilities.

Violence, abuse, neglect and conflict

Key changes for older people

Lockdowns may expose older people who live with abusive family members or caregivers to higher risk of violence, abuse and neglect. There are reports of older women and men being neglected in care homes and in their own households, but there is a lack of research into violence, abuse and neglect of





older people.[27] The HelpAge International RNA found that perceptions of the effects of the pandemic differ between older women and men, with women more likely to think neglect, isolation and emotional abuse will occur. Older people's dependency on others was seen as one of the reasons for this. The KII with a representative from the Mandalay Region Hluttaw (assembly) also noted older people are more likely to experience bullying and abuse. While Gender Based Violence (GBV) services generally continue with adaptions and limitations, barriers to access remain. An interview by CARE International revealed many people with disabilities do not own a phone or television so face difficulties accessing information about GBV services. There is limited research into older people's access to GBV services; the 2015 Demographic and Health Survey[28] included questions on domestic violence, but such surveys collect data on women only up to the age of 49 and do not disaggregate data by disability. Given older people's comparatively lower access to technology, and the intersection between age and disability, it is likely that older people face similar barriers.

Moreover, older people's experience of COVID-19 must be understood within the wider context of ongoing conflict and displacement within Myanmar. An estimated 118 of 330 townships, comprising almost 25 per cent of Myanmar's population, are currently affected by active or latent conflict[29] and approximately 241,000 people remain in camps or camp-like situations.[30] The government has launched a COVID-19 Economic Relief Plan (CERP). However, criticisms of CERP note that the plan 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.[31] CERP also lacks analysis of how the plan will coordinate with ethnic health organisations such as the Karen National Union (KNU), who provide frontline health services. 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. Research conducted by The Asia Foundation and Saferworld highlighted initiatives to coordinate with Ethnic Armed Organisations (EAOs) on COVID-19 programming have been the most successful in South East Myanmar, where there are examples of joint pandemic responses between the government military and EAOs. Conflict continues in other areas, and some perceive that COVID-19 created opportunities for the continued intimidation and territorial control by the Myanmar military.[32]

Indeed, the United Nations High Commissioner for Refugees has reported an upward trend in civilian casualties since the COVID-19 outbreak began. The General-Secretary of the Women's League of Burma commented that "while the country is dealing with the COVID-19 pandemic, the military is escalating its offensives against ethnic armed groups in Rakhine, Chin, Karen and northern Shan state."[33] Escalation in the fighting in Rakhine State had undermined the efforts of civilian leaders to introduce an inclusive COVID-19 response.[34] In the last week of April, the army began shutting down Karen screening posts and on 6 May the army set fire to two checkpoints in Hpa-pun district, Kayin State, causing armed clashes and displacing over 480 people from Wa Tho Khoh village. In areas where COVID-19 may be facilitating a rise in conflict,[35] older people face heightened risks. These include inability 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;[36] and humanitarian response and services that are not designed to meet older people's needs. A pre-COVID-19 report by Amnesty International found older people in Myanmar are extremely vulnerable in conflict situations and likely to fall through the cracks in humanitarian response.[37] Humanitarian assistance is often provided on the assumption that older people live with and will be supported by other household members; this is not always true and isolation can combine with other factors such as limited mobility to create greater risks.

Moreover, there are concerns around the abuses of power that may accompany local lockdowns, which have the 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 shared hundreds of times.[38]

Recommendations

- Conduct research into: the prevalence and types of violence, abuse and neglect of older people; the services available to older people and the barriers to their utilisation; and older people's access to and acceptability of the channels used to provide services and communications.
- Establish community-level communication channels that older people can use to report instances of violence, abuse and neglect. Ensure communication channels are accessible to older people directly, without the reliance of support from family or friends.

- Provide older people, their families, communities, volunteer groups, ward/village leaders and the General Administration Department with training on the violence, abuse and neglect of older people. Training should include information on the signs of violence, abuse and neglect; the protections guaranteed in the national law on ageing; available support for older people who have experienced violence, abuse and neglect; and the punishments for violence, abuse and neglect of older people.
- Establish a policy for the protection of older people, for example following the model of the Child Protection Policy.
- Provide psychosocial support services for older people who have experienced violence, abuse and neglect.
- Ensure coordination between the Myanmar government and ethnic service providers in order to provide COVID-19 prevention and response services that meet the needs of older people.

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