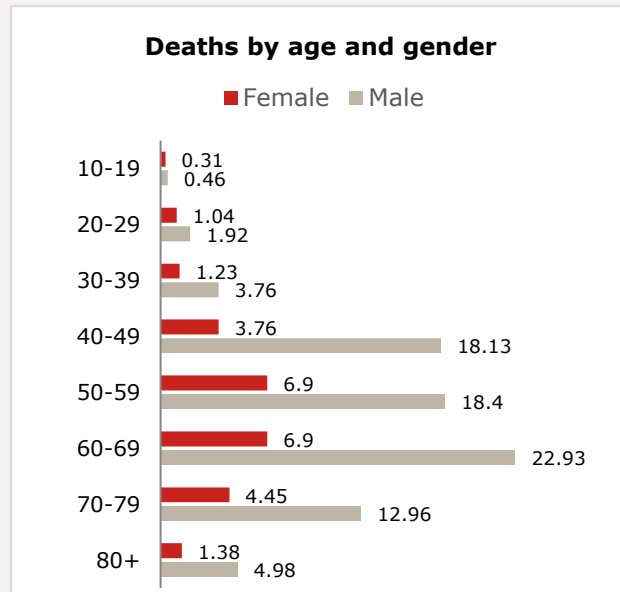
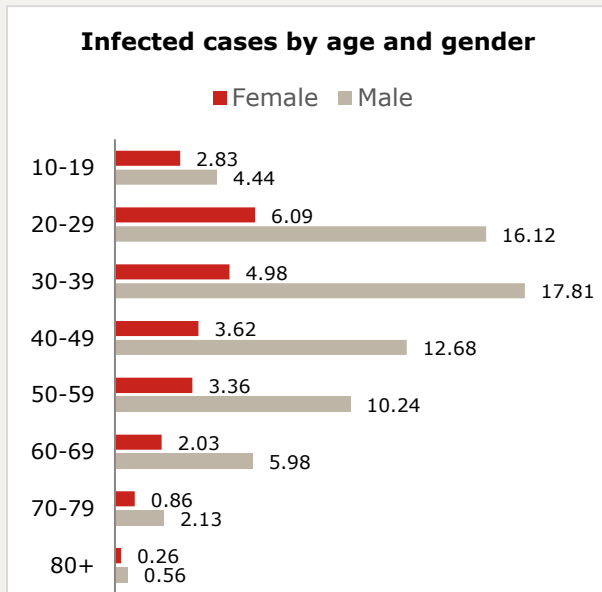
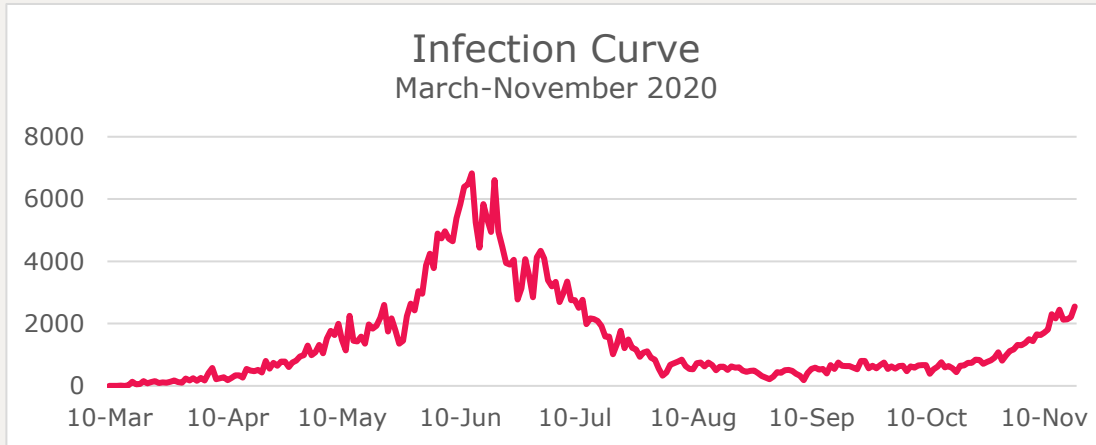


## The impact of COVID-19 on older persons in Pakistan 2020 in review

### COVID-19 pandemic situation 2020

Pakistan population: Men: 106,449,322 Women: 101,314,780

Number of older people: Men: 5,961,162 Women: 5,673,627



Source: PIDE (Pakistan Institute of Development Economics).<sup>1</sup>

As part of an Asia-Pacific regional initiative, this HelpAge International brief summarises trends in the situation of older people and responses to their situation in the wake of the COVID-19 pandemic. Any parts of this publication may be reproduced without permission for non-profit and educational purposes. Please clearly credit HelpAge International and send us a copy or link.

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The first case of COVID-19 infection in Pakistan was identified on 10 March 2020. The country experienced an upward trend in the number of infected cases until mid-June. From July the curve started decreasing, but again the infection rate reached 7.7 per cent in November. This is termed as the second wave of COVID-19 in country. As a result, government is now again implementing smart lockdown options to control infections until the availability of a vaccine in the country. The government already announced the closing of educational institutes until 10 January 2021 and advised all government and private organizations to have no more than 50 per cent of staff in an office at one time.

The government established a National Command and Operation Centre for COVID-19 (NCOC). The federal and provincial governments have implemented a range of measures to contain and mitigate the spread of the virus. Measures include localised quarantines, border closures with neighbouring countries, international travel restrictions, school and university closures, a ban on public events, social distancing measures, and varying levels of lockdown in cities and provinces across the country.

The NCOC undertook a "comprehensive review" of potential COVID-19 clusters and, during the month of June, identified 20 cities that contained high-risk areas, reporting large numbers of COVID-19 infection cases. These areas were targeted for limited locality-based lockdowns for 14 days. Mobility of people was restricted, and only general stores and medicine shops were allowed to operate from morning to evening. A testing, tracing and quarantining (TTQ) strategy was employed as part of the containment strategy.<sup>2</sup>

During the month of August, the Federal Minister for Planning, Development & Special Initiatives announced that the COVID-19 pandemic had been controlled to a great extent. Therefore lockdown was over and everything across the country was to reopen, while following the Standard Operating Procedures (SOP). He also shared that lockdown would be imposed again if the situation changed.<sup>3</sup>

Economists predicted that due to COVID-19, Pakistan's GDP growth rate could drop to negative 1.57 per cent this year. The economic difficulties will affect not only workers within Pakistan but also Pakistanis working abroad. For example, thousands of Pakistanis working in the United Arab Emirates lost their jobs and 40,000 are waiting to repatriate to Pakistan.<sup>4</sup>

The International Monetary Fund (IMF) projects a sharp reversal, with up to 40 per cent of Pakistanis living below the poverty line in COVID-19's viral wake. Real GDP growth is expected to slow by 3 per cent. Those most at-risk include people already living below poverty line, women, children, people with disabilities, older people, and other marginalized groups whose lives, livelihoods, nutrition, and access to basic services are least secure.<sup>5</sup>

Government has allocated USD 100 million to purchase the COVID-19 vaccine in the first phase. Priority will be given to senior citizens, health practitioners and those with chronic diseases.<sup>6</sup>

COVID-19 cases continued to decline in Pakistan from July to mid-September. On 13 July, a total of 2753 cases were reported, after which daily cases decreased. On 16 September only 545 cases were reported. As of 17 September, the number of active cases was 6066.<sup>7</sup>

In the month of October and November 2020 again there was an increase in COVID-19 cases. Therefore, looking into this NCOC met the prime minister and decided to continue the strategy of smart lockdowns and strictly implement the NCOC decisions.<sup>8</sup>

The government provides COVID-19 diagnostic tests free of charge to people who have obvious symptoms, while instructing those with minor symptoms to stay at home. The test is also available in private laboratories at a rate of Rs. 7,000-9,000 (USD 43-56). A COVID-19 antibodies test is also available in private laboratories at the rate of Rs. 2000 (USD 12.5). Tests are unaffordable to many people (including poor older people).

# COVID-19 situation of older persons in Pakistan



## Health and care

Pakistan, being the world's sixth most populous country, has more than 14 million older people, and this number is expected to reach 27 million by 2050.<sup>9</sup> These growing numbers of older people are highly susceptible to COVID-19. In this unprecedented time, older people living in Pakistan experienced several challenges including limited medical access due to lockdowns, public transport limitations, and lack of access to telehealth services.

As in other countries, the risks associated with a COVID-19 infection rise with age in Pakistan. Although most of the infected people are below the age of 60 (81.4 per cent), more than 50 per cent of those who have died from the virus are aged 60 and above.<sup>10</sup> The Sindh provincial government reported that more than nine in every 100,000 older people are at risk of being infected. For those aged 70 and over, this risk increases to 17 in every 100,000 people.<sup>11</sup>

A Pakistani reporter on Al Jazeera news shared that Pakistan's demographics and age structure may have played a part in lower death rates compared to some countries. An estimated 64 per cent of the country's 220 million population is under the age of 30. Worldwide, older patients have proven more susceptible to serious complications from COVID-19. In Pakistan, the data is similar, with 76 per cent

### Infection impact on older people

The infection rate among those aged 60–69 is 1.75 per cent for women and 7.61 per cent for men. For those aged 70 and older, the infection rate is 0.78 per cent for women and 2.69 per cent for men.

The death rate for the 60–69 age group is 6.9 per cent for women and 22.92 per cent for men.

Source: Pakistan Institute of Development Economics (PIDE)-COVID Dashboard

of deaths among patients aged 50 or higher.<sup>12</sup> The infection rate among the age group of 60–69 is 1.75 per cent for women and 7.61 per cent for men. For those aged 70 and older, the infection rate is 0.78 per cent for women and 2.69 per cent for men. The death rate for the 60–69 age group is 6.9 per cent for women and 22.92 per cent for men. Health officials suggest one of the reasons for this gender gap is that men leave the house more frequently than women.

COVID-19 has caused psychological stress for all including older people. A number of free health helplines were established by hospitals and private institutes to provide counselling and mitigate risks from psychological stress.<sup>13</sup> Some of the very small number of care homes in the country have restricted movement, including replacing family visits with virtual family meetings.<sup>14</sup>

A number of studies have been carried out on psychosocial and mental health during the pandemic by various academic and policy researchers and institutes. According to findings of a study carried out by Aga Khan University, the social and psychological impacts of COVID-19 and associated preventative measures are of a major concern to the health and wellbeing of older people during COVID-19. 75 per cent of Pakistani adults are experiencing stress and anxiety during the pandemic, suggesting that the country is at risk of a mental health crisis. Three out of four Pakistani adults are suffering from moderate or high levels of stress during the pandemic, while nearly one in three are experiencing moderate or severe anxiety.<sup>15</sup>

Researcher Sonia Mukhtar from the University of Management and Technology, Lahore, found that mental health concerns are common in older adults with prevalent depressive symptoms. The impact of mental health difficulties varies around the world, and factors impacting geriatric mental health could differ from low- to high-income countries. Moreover, many older people have limited knowledge of technologies and internet services, making it difficult for them to overcome the challenges of loneliness and boredom associated with COVID-19.<sup>16</sup>

A national newspaper *Pakistan Today* reported a study which showed that almost 11 per cent of people in the country have developed protective immunity against coronavirus. It means that every tenth Pakistani has developed antibodies in the blood against the COVID-19 virus. The Ministry of Health said that the study found that seropositivity was more common in urban areas compared to rural areas. Those who had contact with a COVID-19 positive person were more likely to have antibodies in their blood. It was more common in young adults and significantly less common in children and older adults. The research findings backed other studies that identified that older individuals are at the highest risk from additional waves of infection. The study warned that areas with lower immunity rates may be at higher risk during the waves of outbreak. The ministry said that seroprevalence studies are carried out

to assess what percentage of the population has developed protective immunity (antibodies) to the virus. It added that the “findings of the study will be used for policy decisions” in the future.<sup>17</sup>

The ex Deputy Director General of the Health Department from Khyber Pakhtunkhwa province discussed basic health services during the initial lockdown situation. He shared that because of the lockdown and suspension of outpatient services in hospitals, basic health services have been denied to older people. Older people are facing health risks because they are unable to access the health services they normally receive. He worried that “If this situation continues, older people will die because of non-COVID reasons such as diabetes, high blood pressure, heart diseases etc. [for not having access to relevant healthcare]”.

Retired Director General from the Ministry of Special Education and current CEO of Social and Economic Development Associates (SEDA) in an interview shared that healthcare services provided by government are not satisfactory for older people. In government health facilities, there are long queues, complex mechanisms of patient registration and no separate counters to cater for older people. He added that it may not be possible for an older person to sit and wait for long, so they should be treated on a priority basis. He shared his recent experience of getting a 20 per cent discount on a lab test in a private laboratory. He suggested government health facilities should also provide such types of concessions for older people. He further shared that during current pandemic, government failed to provide affordable COVID-19 tests and treatments for older people in government health facilities.

A study conducted by Atif Bilal et al. explored the perceptions and experiences of staff providing direct caregiving services to elderly residents at three care homes during the pandemic in Karachi. The main findings were 1) Elderly care in the time of the Coronavirus is challenging. 2) Coronavirus changed typical caregiving patterns and work relations. 3) Staff constantly lived and worked in anxiety and fear but found their hazardous work to be important. 4) Knowledge, preparedness, and training were crucial for safety and trust, and for managing risks successfully. 5) Government ministries and care home administration should not overlook the mental and physical trauma faced by the care workers and their families.<sup>18</sup>

Atiqa Khalid in an article highlighted challenges for health care systems during the pandemic. Initially Pakistan lacked SOPs and government had to ship testing kits from China and Japan. Moreover, due to violations of the lockdown and SOPs, the rapidly increasing number of cases created a burden on the health care system. During the early days, Pakistan lacked medical facilities and suspected samples were sent to China. Moreover, only few specific quarantine centers were available, with limited diagnostic and treatment facilities, until the government received primers, testing kits and equipment from other countries. Over time, more quarantine centers were established with foreign assistance. Before the pandemic, sufficient face masks were available; but with the increase in infection rates and exporting of masks to other countries, these became scarce and costly. Many drugs and equipment needed during the pandemic ran short. As the virus cases grew in Pakistan, hospitals groaned under the weight of patients. Caregivers were stressed, laboratory facilities were strained, and emergency rooms overflowed with infected patients. Likewise, the workforce dwindled, intensive care units ran short of space, and the cost of care increased. Even basic medical equipment was dysfunctional and there was a lack of doctors and paramedical staff. No specialised training was provided to health professional regarding the pandemic. Elite class got a preferential treatment, leaving poor and vulnerable people behind.<sup>19</sup>

A key informant from an international organisation shared that during the pandemic, physiotherapy sessions became difficult and expensive for patients because during lockdown physiotherapy centres and hospitals remained closed. Poor patients could not afford private services and hence they were the most affected. The ones who have financial resources can hire a private home-based physiotherapist for sessions.



## **Income security**

Older people in Pakistan typically live with their families and rely on their extended families for income. The average household size in Pakistan is 6.7 persons (high compared to the average of 5.0 persons across Asia Pacific).<sup>20</sup> Any shocks to household income are anticipated to heavily affect older people’s income too. Pakistan has a labour force of 63 million (including older people), which is now in crisis due to COVID-19. The Federal Minister of Planning and Development estimates that around 18 million people will lose their jobs due to the pandemic.<sup>21</sup> The Pakistan Institute of Development Economics projects that remittances will decline by 9–14 per cent from the target of \$23.8 billion in the fiscal year

2020.<sup>22</sup> According to the Planning Commission, COVID-19 may double the number of people living below the poverty line, to 125 million from the current estimate of 50–60 million.<sup>23</sup> Indeed, in a Gallup Pakistan poll conducted in April 2020, 29 per cent of respondents aged 50 and above reported borrowing food or seeking help from a friend or relative to cover their household's basic needs. In another survey about 84 per cent of adult males and females shared that their household income had decreased since the spread of the coronavirus pandemic in Pakistan.<sup>24</sup>

During the first wave of the pandemic an estimated 75 per cent of older people remain isolated in their homes and were not involved in any livelihood activities.<sup>25</sup> In an article published in Dawn News Zofeen, T. Ibrahimi shared that large Pakistani families are often dependent on the earning of one or two persons. Losing their sole income source therefore makes families more vulnerable. She considers the extended family a safety net and emphasises that the main benefit of the extended family is provision of support and help for young children, the sick and older people.<sup>26</sup>

The Federal Government has approved an increase in Employees Old Age Benefit Institution (EOBI) pensions (contributory pension scheme for private companies and organisations), from Rs. 6500 (USD 38) to 8500 (USD 50). The increase in EOBI private sector contributory pension was announced last year but was not implemented at that time. Pensioners received the revised pension from July 2020 along with the arrears from April to June 2020.<sup>27</sup> Currently, around 400,000 people (2.9 per cent of the older population) receive benefits from the EOBI.<sup>28</sup> The increase in pension amount will provide some relief to older people in meeting their daily needs, as the prices of daily commodities have increased.

Every year the government increased pensions of government employees (non-contributory) by at least 10 per cent, but this year due to financial constraint no increase was announced for the fiscal year 2020-21. The 2020-21 budget is the first budget in decades in which government employees and pensioners did not receive a raise. The minimum wage will also remain frozen at the current level.<sup>29</sup> The situation will impact the salaried class and 2.75 million pensioners as the inflation rate is very high (around 11 per cent in May–June).<sup>30</sup>



## Social issues

### Isolation

To contain the infection rate, the government has introduced Standard Operating Procedure (SOPs) for the public, offices, markets, public buildings etc. The main point is about social distancing and avoiding public places and big gatherings. Through various electronic and print media, the government spread the message that older people and those with chronic illnesses are more susceptible and vulnerable to COVID-19. This resulted in more restrictions on older people by their families, which resulted in restriction of movement. That meant limited movement or no movement at all for many older people, thus increasing the isolation of older people. According to the Ex-Deputy Director General of Health Directorate for Khyber Pakhtunkhwa, older people are disconnected from their friends and other community members. This is a huge relationship loss for older people, who may develop a sense of loneliness and isolation. The isolation may lead to fear and anxiety amongst older people and negatively affect their mental wellbeing. He added that a lack of awareness and education regarding the treatment and prevention of COVID-19 still exists. Many people, including those who are highly literate, are still unaware of and do not abide by government directives. Rumours and myths regarding the spread and treatment of COVID-19 remain and can lead to panic and anxiety.

Deputy Director Social Welfare for Khyber Pakhtunkhwa shared that, due to the pandemic, older people have been confined to their homes, and their access to social networks and community-based support has been limited. As a result, many are socially isolated. The isolation and household management pressure may create social challenges and hopelessness among older people and their families. Ultimately, instances of domestic violence and abuse have been witnessed at a large scale.

During initial lockdown, the Retired Director General and current CEO of SEDA in his interview noted that with the decreasing number of COVID-19 cases, the situation of older people is getting better day by day. Due to the decrease in cases, the government has lifted the lockdown, so social gatherings and events are taking place. The restart of social gatherings and events has had a positive impact on older people's lives, so they no longer feel as isolated and alone as they felt in previous months. Moreover, social connections are improving again, and families are engaging with their elderly members once more. He suggested government should open everything with proper SOPs so older people can get a chance to meet their friends and acquaintances. This will help them by decreasing their fear of neglect, abuse and being isolated, which they faced in previous months while staying at home for long periods.

The extended joint family system in Pakistan means all family members (including older people) tend to live in one house. It can be difficult for those living in the same house to maintain proper social distancing, and many older people cannot or do not want to live in isolation or in separate houses from their families.<sup>31</sup>

National Humanitarian Network coordinator in her interview shared that due to this pandemic, many older people remained in their houses because they were considered more vulnerable to coronavirus, which ultimately resulted in an increase in other diseases. She added in some cases, educated and aware older people voluntarily remained in isolation, while other older people were involuntarily excluded by family from social gatherings, which caused negative perceptions in their minds. Because of this older people remained in stress and anxiety.

### **Domestic violence**

Sabahat Riaz, a human rights lawyer working at the Dastak shelter for women told Dawn news that calls to their helpline have nearly doubled since the start of the coronavirus crisis, adding that the nature of complaints has also changed. "In the past, we mostly received calls from young women facing domestic violence, but now we are also getting calls from the elderly."<sup>32</sup>

## **Responses**

The Government of Pakistan developed a Pakistan Preparedness and Response Plan (PPRP), which outlined the international assistance required to stop the transmission of COVID-19 and respond to emerging public health needs. Some international financing has been made available, including a \$200 million World Bank project which will support preparedness and emergency response in the health sector, social protection measures, food rations, and remote education.<sup>33</sup>

### **Awareness raising**

During the pandemic over 286,522 religious leaders were engaged and mobilised to emphasise the importance of physical distancing and promote preventive measures. A total of 549 million information messages related to COVID-19 were transmitted through TV, radio, WhatsApp and social media.<sup>34</sup>

Additionally, the government is conducting an awareness raising campaign through media and mobile phones (via the Pakistan Telecommunication Authority), which highlights the vulnerabilities older people face and need for them to take steps to avoid the virus. The Ministry of Human Rights issued specific guidelines on how to protect and assist older people.<sup>35</sup> HelpAge developed messages for older people in six local languages, which were spread through radio stations in 10 districts.

Retired Director General (Punjab) also shared that the government and other organisations have played an important role in responding specifically to the situation of older people, though not on a larger scale. He added, SEDA with the support of Sightsavers, WHO and UNDP have developed awareness raising content in Urdu language as well in Braille for people with disabilities including older people with disabilities. He also suggested efforts should be made to teach sign language.

### **Financial Support**

Government provided 1.5 million retired citizens with pensions in their homes through post offices, ensuring older people did not need to leave their homes in order to collect their pensions.<sup>36</sup>

The government initiated the Ehsaas emergency cash transfer programme – a one-time USD 80 cash allowance to 12 million people living in poverty, including older people. This aimed to reach 4 million women already registered under the Benazir Income Support Program and an additional 8 million people who meet the criteria outlined in a poverty

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*Government shall ensure inclusive and accessible financial programs for older people and persons with disabilities.*

*Source: Review of Ehsaas program for inclusion of older people: HelpAge report*

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score card. A study conducted by HelpAge found that older people, especially older women, face problems accessing the programme, including accessibility issues at cash distribution points, challenges relating to use of mobile technology, and difficulties in use of fingerprint identification due to age or disability.<sup>37</sup> Older women with limited access to mobiles were dependent on family members, neighbours or community volunteers for registration. Recommendations were put to the Ehsaas management team to make the programme more inclusive and accessible for older people. Government introduced alternate mechanism of cash receiving directly from bank counter for those older people who were facing fingerprint identification problems.

The Employees Old Age Benefit Institute (EOBI), where employees from private organisations/factories and corporations are registered in a contributory pension system and receive Rs. 6500 per month, has announced another package through which pensioners will get a discount at stores through the EOBI *Sahulat* card from 1 August 2020. Discounts of 10 per cent or more on essential food items such as rice, sugar, flour, oil and pulses will be provided. More than 7.5 million people are expected to benefit from this facility.<sup>38</sup>

To support of very small businesses and low-income individuals, the State Bank of Pakistan raised the limit of housing finance and microenterprise loans to Rs. 3 million (about USD 18,150) from existing Rs. 1 million (about USD 6050) for borrowing from microfinance banks. In order to combat the pandemic, the government has also lifted the ban on the export of all kinds of personal protective equipment.<sup>39</sup>

### **Needs Assessment**

HelpAge International conducted a study on the problems faced by older people and persons with disabilities in accessing the Ehsaas programme and registering and receiving cash and shared recommendations to the Ehsaas management to resolve the issues identified.

HelpAge International conducted a rapid needs assessment in Sindh and Khyber Pakhtunkhwa provinces, in locations where HelpAge has ongoing programmes. The report documented the health, financial and psychosocial issues older people are facing in the face of COVID-19.<sup>40</sup> Of the respondents, 58 per cent said they do not have financial resources to buy protective items like sanitiser, masks or gloves, and 38 per cent shared that their livelihoods are already severely affected. Many felt cut off from going outside their houses to the mosque, market and other places.

The National Humanitarian Network (NHN) and the Pakistan Humanitarian Forum (PHF) Food Security & Livelihood working group conducted a needs assessment in 23 districts across Pakistan. The purpose of the assessment was to identify priority needs of target populations that have been hit hard due to lockdowns and movement restrictions to control the spread of the COVID-19. According to the results, 75 per cent of older people stayed in their homes and were not involved in any income generation activity while 17 per cent were involved in farming and only 8 per cent performed labour activities. It was reported that various ongoing development projects of I/NGOs supported 48 per cent of the elderly and persons with disabilities through provision of cash grants, 25 per cent were supported through provision of livestock or assistance for livestock management, 25 per cent were provided agriculture support/capacity building, while only 3 per cent benefited from the Ehsaas programme.<sup>41</sup>

UNFPA Pakistan has developed a comprehensive Strategic Response Framework, which includes prevention of gender-based violence, provision of protection services and psycho-social support to vulnerable populations including women, girls and older people.<sup>42</sup>

### **Free COVID-19 Testing**

Initially a private lab was providing a COVID-19 test facility and charging Rs. 10-12 thousand (USD 66-80). Since health is a provincial responsibility, Health Departments of all provinces took the initiative of providing free COVID-19 tests. People across the province, including older people, can contact a toll-free number if they experience any symptoms or have come in contact with anyone experiencing COVID-19 symptoms. A Rapid Response Team, including doctors, will then administer swabs at people's doorsteps.<sup>43</sup> Chughtai Laboratories, one of the private labs across Pakistan, started offering COVID-19 tests and also announced a 50 per cent discount for older people.<sup>44</sup>

### **Online Psychosocial Support**

Liaquat national hospital, Karachi, introduced free online counselling sessions for older people during COVID-19. Within the hospital, a dedicated unit was established for older citizens which provides a number of services, including mood-boosting sessions, dietitian appointments, anger management and physiotherapy services. The unit aims to improve older people's quality of life through promoting physical, social, and psychological wellbeing.<sup>45</sup> Moreover, a local community in Pakistan has started an online group for its older adults. It is run by a volunteer base and organises online sessions via Zoom where older individuals connect with friends and family once a week and receive 30 minutes of basic healthcare advice.<sup>46</sup>

The Ministry of National Health Services, Regulations, and Coordination, Government of Pakistan, shared guidelines for the care of older people regarding reducing the risk of infection, COVID-19 transmission, and complications associated with co-morbidities and risk of mortalities. The guidelines are a complete package of information outlining how to provide mental health and psychosocial support for older people, and how to care for older people with suspected or confirmed COVID-19 cases.<sup>47</sup>

HelpAge provided support to the older people in Khyber Pakhtunkhwa and Sindh by diverting funds from existing BMZ funded projects in both the provinces. HelpAge provided personal hygiene and safety kits, food packages and psychosocial support. HelpAge being a member of consortium funded by ECHO, is implementing a COVID-19 relief project in Sindh.

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