



The Impact of COVID-19 on Older Persons

Iran Annual Country Report

November 2020

Highlights

- On February 19, 2020, the Ministry of Health and Medical Education (MOHME) of the Islamic Republic of Iran reported the first two COVID-19 cases. As of November 20, 2020, the total number of cases having tested positive and deaths were 828,377 and 43,896, respectively.
- It is estimated that almost 45 percent of all patients and nearly 74 percent of deaths due to COVID-19 are among older persons.
- The main strategy to confront the pandemic in Iran was primarily adaptation and socioeconomic coexistence with minor restrictions. As a result, controlling the outbreak and reducing its subsequent implications in the short term appear farfetched.
- The socioeconomic and psychological heterogeneity of older persons has diversified their degree of vulnerability and their recovery following the COVID-19 outbreak thus culminating in a range of social, mental, and economic consequences. Therefore, the response pattern of all older persons is not uniform as they represent different capacities in facing the consequences of COVID-19 in everyday life.
- Quantitative and qualitative content analyses of the media in Iran (including the social media) demonstrate their largely positive and constructive roles in the various dimensions of dealing with COVID-19. For instance, most of the dialogues among different people on social media are inclined towards respect for humanity and human rights, especially regarding older persons.
- *Partial lockdown*, or complete quarantine for older persons, is highly recommended as an effective and, at the same time, low-cost choice to reduce both new cases and the death toll.

This country analytical brief was produced by Professor Majid Koosheshi in collaboration with the Secretariat of National Council of Older Persons as a contribution to a UNFPA-HelpAge International regional initiative to monitor the situation of older persons in Asia Pacific in light of the COVID-19 pandemic. Any parts of this document may be reproduced without permission for non-profit and educational purposes. Disclaimer: This document has been produced with the financial support from UNFPA. The views expressed herein can in no way be taken to reflect the official opinion of UNFPA.

Changes in the General Context

According to the National Accounts data for Iran, following the agreement with the P5+1 (the JCPOA¹), the GDP growth – which climbed from below zero to around seven percent in 2016 and 2017 – dropped to –5 percent over 2018 and 2019¹. Although the COVID-19 pandemic has, more or less, affected the economies of all countries, Iran is currently doubly hit by both the dire consequences of the outbreak and the pressures imposed by the sanctions. According to a report by the Statistical Centre of Iran (SCI), the economic growth rate (excluding oil) during the first quarter of the current Iranian calendar year (the period from March 20 to June 19, 2020) was 1.7 percent, which represents approximately one percent reduction compared to the same period in the previous year².

A World Bank report in June 2020³, however, projected a return to a positive GDP growth in 2021 for Iran reaching 2.1 percent. The aftermath of the shrinkage of Iran's economy has led to heightened economic pressure on both the government and the general public such that even the imports of medicine and medical equipment for dealing with COVID-19 have been restricted. These arduous economic circumstances are perhaps unique at the international level while the government faces an unpaved road ahead in confronting the pandemic compared to other nations.

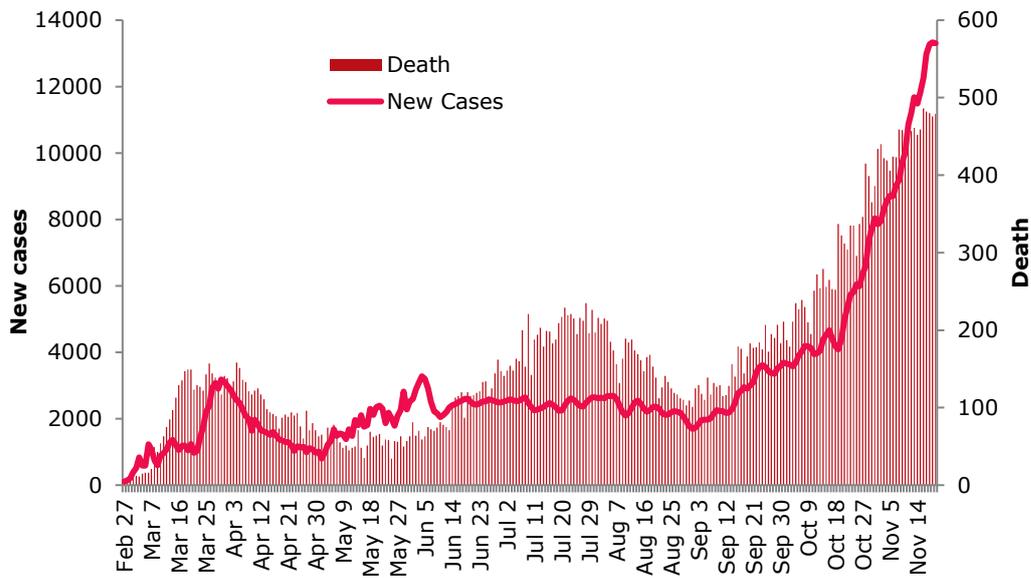
COVID-19 in Iran

Outbreak and changes

According to an official report by the MOHME, the total number of cases diagnosed with COVID-19 up to November 20, 2020 was around 828,000 with a death toll of almost 44,000⁴. Subsequent analyses demonstrate that the daily and accumulated cases of COVID-19 and the deaths caused by the pandemic have increased three-fold so far with growingly severe intensity each time. In the process of the changes in the deaths caused by the outbreak and following a drop in May 2020, the second peak of the death toll marked a 50-percent rise compared to the first peak. Then again, the second such decline in September 2020 was succeeded with a gradual increase bringing about the third peak with a 100-percent escalation compared to the second peak (Figure 1).

¹ The Joint Comprehensive Plan of Action or JCPOA, known commonly as the Iran nuclear deal or simply the Iran deal, is an agreement on Iran's nuclear program reached in Vienna on July 14, 2015, between Iran and the five permanent members of the United Nations Security Council, i.e. China, France, Russia, the United Kingdom, and the United States, plus Germany together with the European Union.

Figure 1. The trend of daily new cases and deaths caused by COVID-19, Iran, Feb. 20 to Nov. 19, 2020



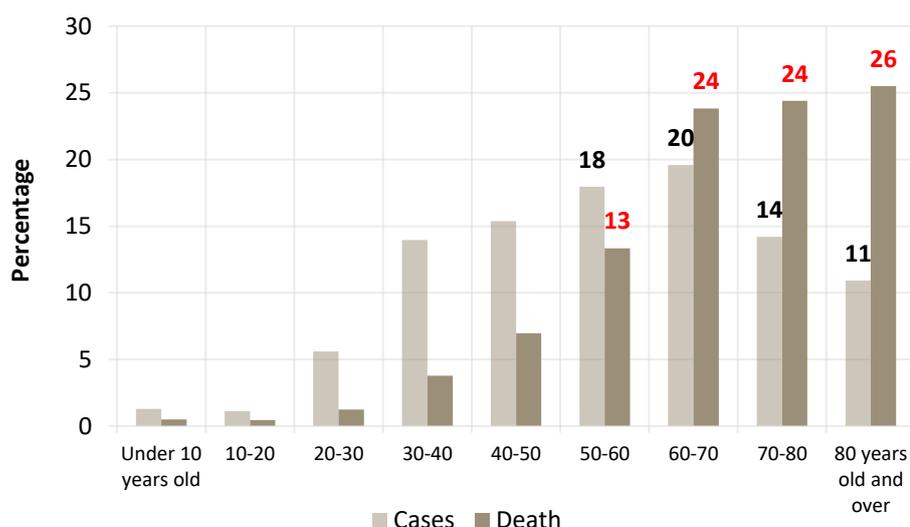
Source: MOHME

COVID-19 and Its Impact on Older Persons

When the first COVID-19 case was identified in Iran (mid-February 2020), the overall population of the country stood at slightly above 83 million with approximately 8.5 million people (or roughly 10 percent of the populace) aged 60 and above⁵. Furthermore, a total fertility rate of lower than two sets the country on the course towards population ageing. With respect to the importance of this ratio in defining population ageing, the number of individuals exposed to emergencies such as the COVID-19 pandemic gains more momentum. To this end, the figure of 8.5 million is large and significant with its significance being further amplified when the vulnerability extent of this 8.5-million population of older persons is analyzed against the socioeconomic backdrop currently surrounding older generations.

Concerning the fact that the COVID-19 cases aged 60 and above comprised 44.7 percent of the cases in the overall population and that the deaths caused by the pandemic in the aforesaid age group accounted for 73.7 percent of the total deaths (Figure 2), one could estimate that the total number of older persons suffering from this disease stands at roughly 370,000 to this day with the death toll within this age grouping topping 32,000. The above figures lead to the further estimation that around 8.7 percent of all older persons who were inflicted with COVID-19 lost their lives until November 20 last year. Compared to the 50-59 age group (3.9 percent), the aforesaid ratio is almost twice as much and over three times as much vis-à-vis the under-60 population (2.5 percent).

Figure 2. Percentage of COVID-19 diagnosed cases, deaths, and hospitalized patients in ICU disaggregated by age



Source: MOHME

Macroeconomic Consequences of COVID-19

As noted above, Iran's economy has been under pressure from sanctions in the two years before the COVID-19 outbreak and has been shrinking at a relatively high rate, mainly because of declining oil revenues. The conditions resulting from the shrinkage of the economy has led to increased economic pressure on both the government and households while the country is grappling with the pandemic very much like many other countries. According to the estimations for the first half of 2020 and the projections for the second half, the prevalence of the disease has reduced 10 percent of the number of employed people and at least seven percent of production⁶ (Table 2).

Table 1. Estimation of the percentage of reduction in employment and value added by economic activities, Iran, 2020

Activities	Employment		Value Added	
	Minimum	Maximum	Minimum	Maximum
Agriculture	0.55	0.6	0.167	0.192
Housing	2.38	2.73	0.995	1.141
Wholesale and retail	1.8	2.06	0.688	0.789
Transportation	2.08	2.31	1.019	1.132
Restaurant and hotel services	0.69	0.74	0.486	0.524
Property and real estate services	0.38	0.44	2.204	2.526
Industrial production	0.79	0.89	0.453	0.698
Total	10.13	11.39	7.281	8.216

Source: Planning and Budget Organization, 2020

Table 2. Participation and unemployment rate by age group before and during the pandemic

Year/Season	Participation Rate (%)		Unemployment Rate (%)	
	15-59	60 and above	15-59	60 and above
2019 ⁷	44.1	16.5	10.7	1.9
Second quarter, 2020 ⁸	41	14.9	9.8	1.5
Third quarter, 2020 ⁹	41.8	15	9.5	1.1

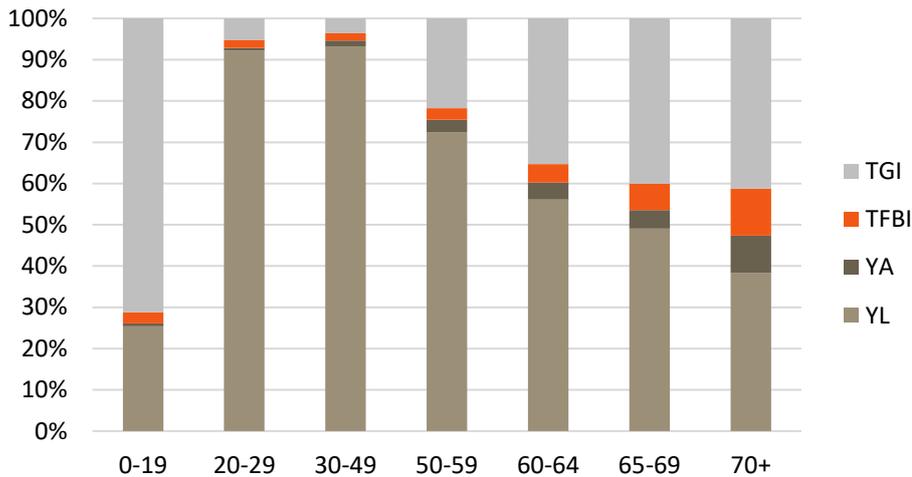
Source: SCI, Annual and Seasonal report of Labor Force Survey

The Situation of Older People: Pre- and Post-COVID-19

Income Security

The economic analysis based on Iran's NTA estimates¹⁰ demonstrates that the older persons today, who themselves are the survivors of generations born during the era of high fertility, have undergone their economic lifecycle with downward age reallocations. Accordingly, the mean savings and wealth of the lifecycle of these generations are significantly low. Based on these estimates, the mean age of consumption of Iranians is five years lower than their mean age of production; this discrepancy reveals a downward age reallocation (to provide for the needs of children who were many in numbers) has left no room for savings and accumulation of wealth in the lifecycle. Furthermore, the composition of financing to respond to older persons' needs vividly illustrates that the transfers of the amounts received from the government and the family (within and between the household) comprise a major share and, compared to asset incomes, are considerably larger than the resources used to respond to the needs of old age (Figure 3). Nevertheless, one must not fail to see that for a portion of older persons who enjoy neither adequate asset income nor probably sufficient transfers and remittances, labor income regardless of its paucity remains a valuable resource to compensate for deficits. Evidently, the COVID-19 pandemic which per se comes with negative economic outcomes such as business closures has exacerbated the already existing economic complications and burdens for older persons, families, and the government in Iran.

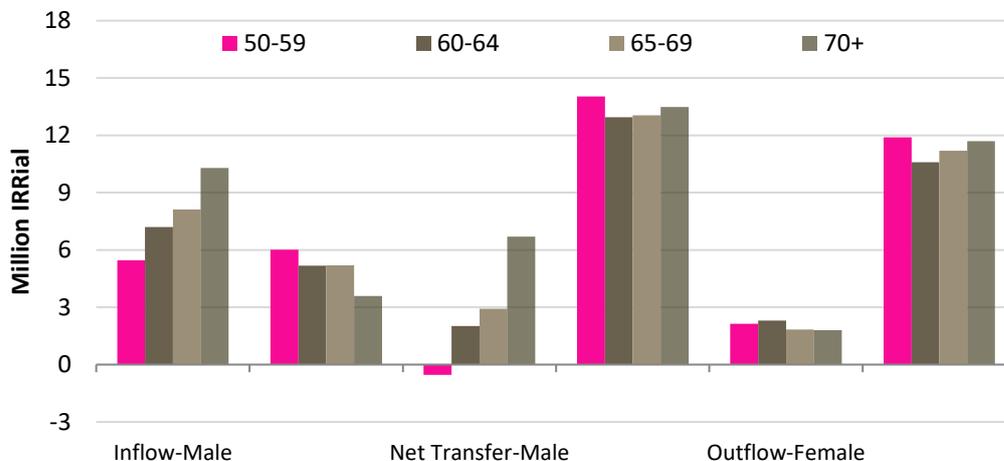
Figure 3. Share of various sources of inflows disaggregated by age, 2019



Source: NTA individual data based on household expenditure-income survey, 2019
 YL: Labor income; YA: Asset income; TFBI: Inter-household transfer inflow; TGI: Public transfer inflow

Another issue that has further extended the challenges of ageing and also the prevalence of the pandemic is the existence of certain social discrepancies and inequalities for older persons. Generally speaking, gender is among the most significant sources of disparity in socioeconomic life of older people in Iran. To this end, a sizeable portion of older women was most probably not within the workforce in their younger days and thus not without an income from employment in this stage of their lives; as a result, their average assets and income are much lower than those of men (Figure 5). So are their literacy rate and the likelihood of remarriage after being widowed which, in turn, raises the probability of their living alone. In effect, to be able to understand more clearly the living conditions of older persons in Iran, one needs to take into consideration gender as a factor underlying the exponential divide in the socioeconomic conditions of this population group.

Figure 4. Inter-household transfer inflow, outflow, and net among population aged 50+ by age group and sex, Iran, 2019



Source: Calculated based on NTA methodology and data from Household Expenditure-Income Survey, 2019.

Besides gender, living alone is another significant feature in the final stage of life which mainly propels concern for the policymakers of the ageing domain. If older persons were divided into the two groups of those living alone and those living with others, the comparison of the two groups would delineate huge disparities and differences. For instance, the literacy rate of older persons living alone is higher, their activity is less, and they are more dependent on public and private (family) transfers to cater to their needs compared to those not living alone (Figure 6). A final crucial point for describing the pretext in which older persons are confronted with COVID-19 is that around 10 percent of Iran’s older women are living as a dependent (non-caretaker or as the caretaker’s spouse) in households while this ratio is almost three times as much among men. This trend could also juxtapose older women to the harms of negative family ties such as elder abuse more than older men.

Figure 6. Per capita income by sources and living arrangement of older people, 2019

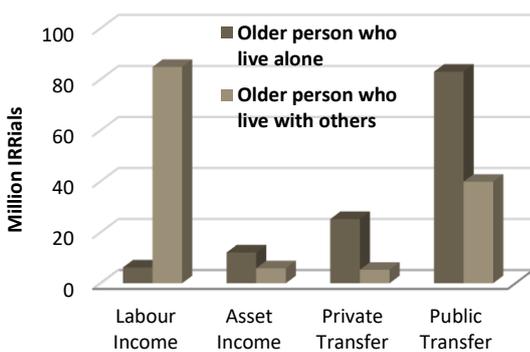
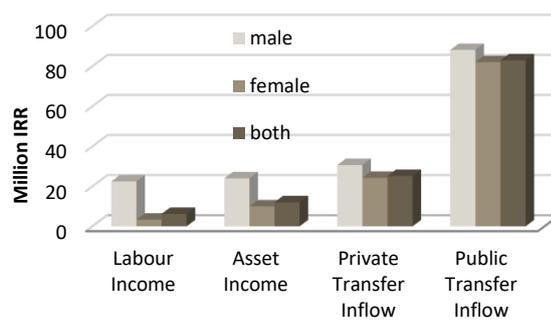


Figure 5. Per capita income of older people who live alone by sources and sex, 2019



Source: Calculated based on NTA methodology and disaggregated data, 2019

The sector of livelihood and financial support in emergencies such as natural disasters and epidemics always appears much easier than done. In other words, governments – particularly in the developed world – which are already entangled with economic burdens and restrictions during the hard days of emergencies, further limit their financial support for citizens and older persons. Interestingly, different economic studies and recent findings on Iran’s national transfer accounts reveal the very low portion of assets and the considerably high share of transfers (especially public transfers) in older persons’ financing. Evidently, the low share of assets from the resources for financing older persons’ needs for life is caused by the low rate of their savings and inability to accumulate wealth during their lifecycle in the period of the surplus of work income.

These studies further portray the critical and decisive role of the young age structure of the population in this equation. In any case, where public transfers shape the most

important backbone for older persons to cater to their needs, there is no alternative but governmental and public sector intervention and sharing. This intervention can happen through both an increase in retirement pensions and payment of cash and non-cash subsidies. A review of the measures fulfilled proves that with the limited resources available due to the sanctions, Iran’s government has taken steps proportionate to its capability through gratuitous aid and/or loans albeit insufficiently. It is thus proposed that a reserve fund be set up to confront probable similar scenarios in the future; this initiative requires of course feasibility studies.

Health and Healthcare

One key aspect of health and healthcare, especially for older persons, is hospital treatment and care services. As Figure 7 shows, both the total and average number of active beds (per 1000 people) has enjoyed an upward trend during 2011-17 but stands still lower than the global average (2.7 beds per 1000 people) and lags far from that of developed countries¹¹ (Figure 8).

Figure 7. The number of hospital beds and the per capita ratio, Iran, 2011-2017

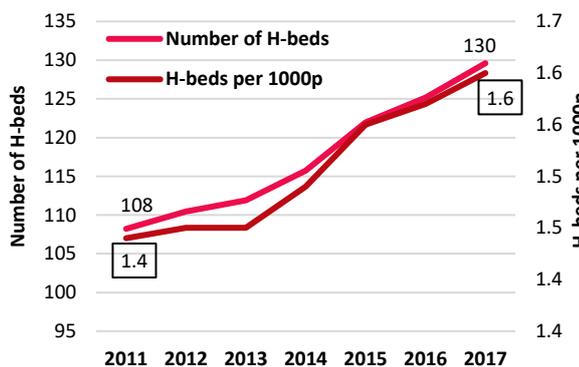
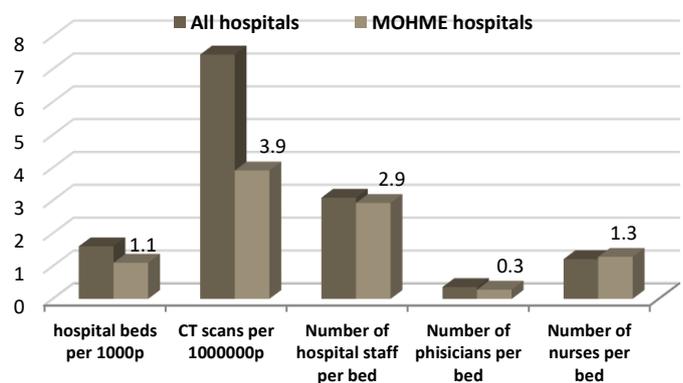


Figure 8. The average number of health and hospital equipment, Iran, 2017



Source: MOHME, 2018¹²

Analyses of reports and assessments of healthcare infrastructures illustrate that the health system is not capable of dealing with circumstances worse than what the country is currently experiencing. For instance, in 2018, the total number of ICU beds was 8264 with only 5494 of them in hospitals administered by the MOHME and 3043 beds (i.e. around 55 percent) were for general purposes while 2451 for surgery and other specialized cases. Meanwhile, the daily peak of COVID-19 cases in three phases was between 3000 to at least 13,000 which translates into the limited capacity of hospital care and ICU, in particular, against a large range of changes within COVID-19 cases.

As shown in Figure 2 regarding the age distribution of the number of cases and deaths, the share of both COVID-19 infections and deaths increases by the age of 70. Alternatively, such a direct relation is not observed between the share of cases and deaths above the age of 70. That is to say that despite the reduction in the share of this age group among confirmed cases, their share in the number of deaths is slightly increased. It can thus be speculated that factors such as higher rates of employment and social activity and the number of social relationships among the majority of younger older persons (60-70 years old) compared to older older persons have resulted in higher rates of infection.

Estimations suggest that nearly 61 percent of patients in need of admittance to ICUs were aged 60 and above. It is clear from the details presented in Figure 2 that older persons infected with COVID-19 require admittance to ICUs to a higher extent than younger patients. As a result, a large portion of the pressure imposed by admittances for hospital care involves cases of infected older persons.

The COVID-19 pandemic has also strongly challenged older persons' health information system and reveals a serious and noticeable gap within a generational monitoring system for older persons. Inattention to long-term care in studies and planning has led to a lack of information regarding the number and ratio of older persons receiving care at home and/or care facilities under the pandemic. There is even no data on the share of paid and unpaid caregivers in the healthcare market, let alone other detailed pertinent information.

In the absence of older persons' healthcare information system, monitoring the situation in the nursing market and managing and planning this market has become extremely strenuous. Nevertheless, it is clear that older persons requiring long-term care are either mainly at home with their family members providing domestic and unpaid services meaning that they are offered the services of low-skilled caregivers, on the one hand, and continuously exposed to the disease through contact with caregiving family members, on the other, or that they used to have professional caregivers at their disposal prior to the outbreak who have left (due to fear of contracting the disease) leaving the older person deprived of receiving care. In case the caregiver has not quit, there would then be the risk of a non-resident individual at home. All the aforesaid issues need planning during the pandemic and to be prepared against probable future outbreaks.

Self-care training is essential for older persons to have the ability to look after themselves in contexts such as the ones described in the previous paragraph. Self-care training includes specific knowledge on how to prevent the emergence of health problems such as falling, dietary issues, and poisoning while observing health protocols, maintaining mobility through using the limited space inside the home, and avoiding probable harms and risks; all these require the development of protocols by experts who are fully aware of the fact that the literacy and education level of the current generation of older persons is low. Indeed, the most recent nationwide census of 2016 shows that almost half of older persons – around 40 percent of the males and

over 60 percent of the females in this age category – are illiterate with a marginal percentage of the literate having a university education.

For those older persons in need of care for conducting their everyday life, the interventions of the health system are necessary to address their needs throughout the COVID-19 pandemic. Based on previous studies¹³, almost 10 percent of older persons aged 60 and above are either in need of or dependent on others' help for taking care of their daily routine; with the overall population of older persons, i.e. 8.5 million, the above percentage constitutes a significant number of individuals. The caregivers are either unpaid family members for whom producing an educational protocol is crucial or paid professionals, again for whom there is a need for the intervention of the state health system as they would indubitably benefit from such interventions and protocols under the pandemic.

The analysis of the data generated through in-depth interviews with older persons indicates their concern regarding the procrastination of their periodical tests and examinations which jeopardizes their health. To this end, decisions based on professional experience and producing accurate protocols to address this issue is necessary. Of course, as the pandemic has adopted a prolonged course, appropriate processes such as laboratory sampling outdoors and at home or examinations conducted by the private and public sector which are not face-to-face together with screening systems and telephone hotlines have been set up in the public sector.

The findings of a content analysis also illustrate that older persons who are either living with a chronic disease and/or struggling with disability are simultaneously faced with two major problems: first, their fear of coming down with COVID-19 makes them worried when it comes to pursuing their treatment process and, second, they would have to undergo more expenses should they wish to follow up their treatment in hospitals with lower risks.

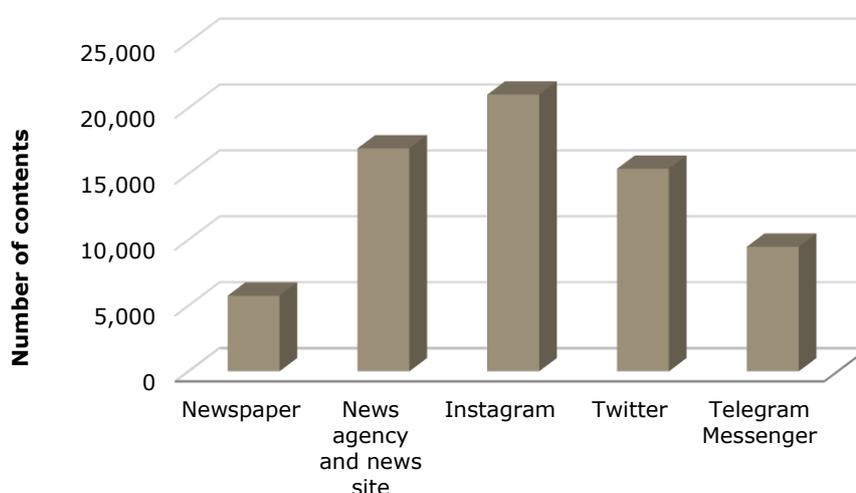
Setting up counselling systems to promote coping mechanisms against anxiety and stress caused by COVID-19 – particularly regarding family members and children who are obliged to be present in their workplace – beyond existing counseling systems can help reduce certain problems among older persons. Altogether, incorporating this modality after expert assessments in future planning is useful. Attempts to develop programs and protocols to reduce ageism, gerontophobia, and elder abuse in times such as those of the prevalence of COVID-19 are thus essential.

COVID-19 Reflections in the Media

The risk of contracting diseases among older persons and classifying them as a high-risk group in the time of COVID-19 are among the issues that have been discussed by governments, healthcare systems, and public and social media. Credible sources such as the MOHME, have issued a warning at the beginning of the outbreak of COVID-19 through press releases that older persons and people with underlying diseases are among vulnerable groups.

The trend of COVID-19 and older persons in various sources indicates that the sensitivity to older persons in the time of COVID-19 has been declining progressively and its importance has been reducing among the Iranian media and the users of social media over time. For instance, the frequency of the content of Telegram on the subject has decreased dramatically from 4000 cases in mid-March to 200 cases in mid-July. Given the mass communication theories, particularly agenda-setting theory, one important factor in highlighting subjects in the media is that the issue involves more groups of people although it is novel and unknown to them. COVID-19 as an emerging issue had these two features over the first two months.

Figure 9. Number of contents relevant to older persons and COVID-19 by print and nonprint media in Iran, March 5 to July 5, 2020



As mentioned above, a vast quantity of content related to older persons was produced in the early weeks of the outbreak containing low-quality information on this disease; this quantity was rapidly reduced as time went by. Accordingly, there exists a concern that accurate information was not provided for older persons and those related to them within this timeframe. The above trend has gradually turned into a clash among different generations in these media. Planning to manage and direct the quality and quantity of these contents is one of the most important programs and measures that could be implemented in similar circumstances even if not implemented in the current crisis. Although media studies prove a drastic fall in the volume of contents related to COVID-19 during these times, projections and plans to produce educational content and establish official health channels in social media would be very useful for probable future emergencies. Virtual social media currently bear a prominent share in information exchange and the lessons learned from the status quo of the epidemic necessitate regulating the content of information.

A review of the health messages, protocols, and warnings released by national and international institutions emphasize one mode of preventing the disease: staying at home. Despite the ubiquity of this message for all citizens and individuals, the distribution rate of COVID-19 disaggregated by age demonstrates that older persons

observe these protocols more than any other age group mainly due to their fear of death and also because staying at home is more feasible for them compared to youths.

Notwithstanding the effectiveness and advantages that staying at home has for staying intact from this pandemic, there are negativities associated with it too. Staying at home which is alongside the isolation caused by lack of contact with others and maintaining distance and also children's fear of proximity and establishing contact with their ageing parents has resulted in the prevalence of certain psychological disorders thereby endangering older persons' social health which is architected upon social interaction and participation. Accordingly, it is recommendable that in addition to highlighting the role of the radio and television in producing entertaining programs, substituting in-person meetings with virtual ones, increasing telephone and video calls and other such examples that have been broadly noted during the COVID-19 pandemic, governmental and nongovernmental entities, and organizations explore other solutions such as periodical meetings in open spaces within the framework of health protocols through innovations based upon scientific and empirical studies.

Policy Response to the COVID-19 Pandemic

Following the outbreak of COVID-19 in some parts of the world, the disease was dubbed a pandemic by the World Health Organization (WHO) on March 11, 2020, and the outbreak of the disease in Iran was officially confirmed on February 19, 2020. Research indicates that older persons and people with underlying diseases such as cardiovascular disease, diabetes, lung disease, and cancer, are predisposed to be infected with the COVID-19 virus and die of the virus^{14, 15, 16, 17}. Therefore, the importance of paying attention to the health of older persons in the time of COVID-19 is highlighted. Accordingly, international organizations including WHO and the United Nations Population Fund (UNFPA) and the MOHME as the custodian of health in Iran, the National Committee for Combating Coronavirus (NCCC), and other related NGOS and institutions at national and regional levels have addressed this issue through implementing certain programs as well as developing and publishing a variety of documents including policy strategies, recommendations, and guidelines in this regard to protect the society and older persons during COVID-19.

The primary purpose of compiling this report is to review and analyze the documents published by the aforesaid organizations and institutions both at international and national levels. To this end, the writers of this report have thoroughly looked into the documents and minutes of the NCCC's meetings and the documents, guidelines, policy recommendations, and other reports of the MOHME and NGOs (all acquired from their websites and Telegram channels. In addition, they conducted interviews with the managers of these institutions as well.

Government Responses and Recovery Plans

Following the report of the first case of the Covid-19 by the MOHME on February 19, 2020¹⁸, given both the approval of the Supreme National Security Council and the

approval of the Supreme Leader, the establishment of the NCCC was approved in the cabinet meeting on February 20, 2020. President Rouhani issued a decree to Saeed Namaki, the Minister of Health and Medical Education, instructing him to form the NCCC on February 23, 2020. All decisions regarding the necessary measures to fight COVID-19, including the announcement of closures, are made by the NCCC. The first meeting of the NCCC was chaired by President Rouhani on February 25, 2020 with a total of 45 other meetings having been held by the time of the preparation of this report¹⁹.

A review of the documents and approvals of the NCCC indicates that the plans of this body were formulated and implemented in three general phases. However, a new phase must be added to these three phases, which is the return to the first phase.

Phase 1: this phase is the plan to increase social distancing through creating large restrictions and closures of numerous businesses, places, markets, and centers to break the chain of transmission of the Coronavirus which was implemented with the outbreak of COVID-19 throughout Iran since March 2020.

Phase 2: this phase is the smart-distancing plan, which is a continuation of social distancing and led to the reopening of businesses.

Phase 3: this phase is compatible with COVID-19 and full compliance with instructions.

Return to the first phase: this phase is an imposition of extensive restrictions and nationwide closures.

In general, reviewing the decisions and approvals of the NCCC indicates a noticeable shift in its approaches to COVID-19 after May 4, 2020. Given the plans and approvals of the NCCC to this date, it appears that restrictions and closures have been lifted in the midst of COVID-19. In other words, despite the increase in the incidence of the disease in the country, reducing restrictions, reopening markets, religious places, and normalizing other activities in the country as well as emphasizing the observance of health protocols and enculturation in this regard along with the requirement of face masks and other approvals demonstrate the government's firm decision to adapt to the disease and proceed with living and working during the spring and summer of 2020.

Meanwhile, the MOHME has expressed implicit concern regarding the reopening of shops, restaurants, mosques, businesses, and other public places as well as reopening of the cities' entrances as a result of removing restrictions²⁰. Nevertheless, the NCCC was compelled to reintroduce restrictions across the country and resort to more severe measures such as widespread closure and obligation to implement health protocols on account of the re-emergence of COVID-19 over late summer and early fall and the rapid increase in the casualties of the disease.

Despite the efforts of the NCCC to maintain public health, this committee has not adopted a resolution indicating efforts to develop and implement a special program for older persons and this age group does not have a proper place in NCCC's approvals. In this regard, nothing other than a few topics and statements such as the protection of

vulnerable groups, i.e. older persons and people with underlying diseases, as one of the strategic health programs to deal with COVID-19 and the remarks of the head of the NCCC regarding older persons and the presentation of strategies pertinent to them have been discussed during NCCC meetings¹⁹.

Albeit Iran is faced with this pandemic under very specific economic circumstances, the existing documents demonstrate that the government has employed all its power and attempts to combat the prevalence of COVID-19. Yet, the multiplicity of vulnerable groups and the intensity of a large portion of older persons' economic inability have reduced the positive effects of these measures. Under the status quo, many generations comprise the population of older persons and a large number and ratio of them rely upon transfers, particularly public ones, as a result of the problematic cycle of the formation of savings and wealth²¹. Accordingly, the only short-term solution is nothing but the continuity of formal and informal support for older persons. It is thus imperative that the resources for public transfers such as cash subsidies, allowances, social pension, support packages, and financial support and aid to extend the coverage of older persons' health insurance thereby boosting their financial power to employ health and treatment services in private sectors purposefully towards older persons.

In addition to allocating funds to strengthen the health system, the government has some economic measures to support the livelihoods of individuals and households inflicted by COVID-19 which can be summarized as follows:

- Providing livelihood assistance packages to vulnerable groups in several stages.
- Payment of subsidies to people in need in several stages.
- Payment of a loan of IRR 10 million to households who are eligible for subsidies.
- Payment of a grant of IRR 10 million to businesses inflicted by COVID-19
- Payment of a loan of IRR 150 million to businesses inflicted by COVID-19 ^{19, 22}

International Organizations and National NGOs

A review of the documents of international organizations in response to COVID-19 reveals that the measures, policies, guidelines, and recommendations were within two general categories: preventive measures and curative measures.

Preventive measures: preventing the spread of the disease and breaking the chain of transmission is the important factor in combating COVID-19, which requires cross-sectoral participation and mobilization of all governmental, public, and private sectors. In the documents reviewed, various strategies have been adopted to prevent the disease by providing necessary training to individuals and monitoring the implementation of necessary instructions. Moreover, in these documents, other measures such as access to required facilities, prevention of increasing poverty and unemployment, maintenance of people's mental health, and prevention of anxiety, stress, depression, and domestic violence have been also considered.

Curative measures: strengthening the health system, continuity of social and care services, identification of patients through the development of medical tests and

screening, protection of recipients and providers of healthcare, full monitoring of health services, and ensuring the continuity of services are among the most vital curative measures pointed out in international documents, which demand additional financial resources^{23, 24, 25, 26}.

Emphasizing the need to protect and care for older persons against COVID-19, international organizations have also drawn attention to specific measures related to older persons such as prevention of violence against them²⁷, their mental health, equal access to healthcare, age-based programs, stressing their welfare and well-being and clinical care related to this population group in addition to the general measures mentioned above^{28, 29, 30}.

Following the outbreak of COVID-19 in Iran, a meeting was held among managers of specialized networks of NGOs for consensus and cooperation concerning the pandemic. Subsequent to the establishment of the NCC and the formation of the National Working Group on Public Participation, national and specialized networks of NGOs were established and commenced their activities. The Assistance Network operates through forming the following five working groups: 1) support and distribution of resources, 2) content production and promotion, 3) public relations, information and documentation, 4) surveillance and demand, and 5) undertaking financial and nonfinancial resources. Furthermore, the Assistance Network also functions in cooperation with specialized networks, NGOs with advisory status, the UN, and national and provincial associations. The aforesaid body covers numerous networks, which consist of more than 2000 NGOs across the country and its primary goal is to prioritize prevention over treatment strategy in the time of COVID-19.

The interventions of NGOs could cover the following domains:

- Supporting the livelihoods of vulnerable and needy people during the COVID-19 outbreak.
- Cultural activities to inform the public about the ways of spreading and preventing the disease through face-to-face training, campaigns, publishing infographics, posters, instructions, and other educational content.
- Supporting the provision of health supplies and equipment needed by medical centers and the community.
- Demanding the government to pay more attention to the needy during COVID - 19³¹.

Despite the extensive activities of NGOs in combating COVID -19, a review of these activities indicates that these organizations pay very little attention to the issues of older persons during the pandemic. However, considering the fact that chronic diseases such as diabetes, cardiovascular diseases, and cancer mostly affect older persons, the actions of NGOs associated with these diseases can be indirectly related to older persons. Some NGOs such as Mehrparsa Health Development Association and the International Foundation for the Prevention and Control of Iranian Diabetes emphasize that older persons as the vulnerable age group and patients with cardiovascular

diseases, diabetes, hypertension, and chronic respiratory diseases and also pregnant women, transplant recipients, and those suffering from any immunodeficiency are more likely to be severely infected with COVID -19. Having said that, the health advice for preventing COVID -19 is the same for everyone³². Furthermore, to reduce social and psychological damage, the National Psychology Association in cooperation with the Iranian Social Psychological Association and the Society of Social Mental Health Supporters of Iran assisted clients in meeting their health and daily needs and designed a brochure on ageing and stress management focusing on COVID -19³³.

The Way Forward: Policy Implications and Recommendations

Using big data on the contents of social media, from formal documents, and fieldwork applying qualitative research method, this study concluded some key points on the impact of the COVID-19 outbreak on the life of older persons. The results point out that the everyday life of older persons has been affected in various aspects as follow:

- Economic changes and their impact on older persons;
- Changes in the physical care condition of older persons;
- Changes in the mental health status of the older persons; and
- Changes in the family, social, and cultural interactions of older persons.

Furthermore, the provision of information-rich policy advice is of paramount importance in expanding policies related to economic stability, education, and enforcement of healthy lifestyle, extending voluntary, charity, community, and civil functions, and utilizing social and family capitals in order to improve older persons' living conditions. These policies could reduce the negative socioeconomic consequences during the high risk and critical situation, prevent the spread of poverty among older persons, and finally promote the health of older persons against COVID-19 virus.

A review of the performance of countries in dealing with and controlling the epidemic demonstrates that they all made a strategic mistake: choosing either a complete lockdown or no quarantine. The former failed due to inadequate resilience of economies while the latter further fueled the epidemic. To this end, we emphasize one key message and recommendation for Iran: **partial lockdown**.

Based on the figures released by the MOHME, over two-thirds of the total deaths attributed to COVID-19 are among older persons. The phobia of the high risk of older persons' mortality created mainly by the social media has encouraged a cessation of face-to-face contact and staying at home among older persons. Furthermore, the extent of older persons' economic participation is lower compared to that of other age groups and their isolation is thus more probable. According to the findings of the most recent national census, 14.9 percent of older persons are alone and around 37 percent are living with their spouses³⁴. In other words, a partial lockdown can be easily put in place for almost 52 percent of older persons and, accordingly, bring about a

proportionate decline in their mortality. This initiative can be proposed for probable future emergencies.

In addition to the above major recommendation, this study has some other minor suggestions to reduce the negative effects of COVID-19 on older persons' everyday life, as shown in the table below.

Field of intervention	Problem	Recommendation
Financial issues and subsistence	Poor older persons	Continue to pay public transfers, such as in-kind and by cash subsidies, and provide opportunities for older people to use their skills to maintain and develop their small home businesses.
	Working older persons	Provide gratuitous financial support and loans to reduce inequalities in ownership of the means of production and to develop small businesses for older persons, support the formation of a union to care for job security and prevent abuse of older persons in the labor market.
Health and healthcare	Health equipment and infrastructure for older persons	Conduct a feasibility study, construct special treatment and healthcare centers for older persons, and increase the capacity of hospital care.
	Medical examinations	Enable older persons to benefit from medical examinations without the need for physical presence.
	Self-care during the pandemic	Conduct a self-care education program for older persons who are able to take care of themselves and use the existing capacities of the radio and television to promote health knowledge by creating a special channel for older persons.
	Unpaid caregivers	Train unskilled, low-skilled, and unpaid caregivers – mostly older persons' adult children – and provide care protocols for nonprofessional caregivers.
	Paid caregivers	Establish a healthcare information system for older persons and monitor the quantity-quality and supply and demand of professional caregivers.
Social connectedness and psychological wellbeing	Equipment and infrastructure	Provide communication tools and devices to connect all seniors to their kin network members.
	Training	Develop educational guidelines for public use of communication facilities, given the fact that more than 50 percent of older persons are illiterate, and produce media programs and contents to use the capacity of the radio as the most important media for older persons, especially those living alone.
	Entertainment	Develop programs to use various capacities, especially radio and television, with the aim of providing entertainment programs and content for the period of isolation and staying at home.
	Informal support	Facilitate the capacity of various NGOs to assist older persons, especially those who live alone.

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