



Statement

Older People during Covid-19

We, the members of AgeNet International Gerontological Network and HelpAge Global Network in Eastern Europe and Central Asia

call on

governments, donors and agencies

to recognise the heightened risk that older people face to their dignity and wellbeing in coronavirus pandemic, listen to their voices, and ensure they have equal access to prevention measures, support and services in all settings.

Today, the world is facing an unprecedented health crisis and older people are disproportionately affected. A pandemic is spreading among people of all ages, but evidence suggests that older people and those with concomitant illnesses are at a higher risk of illness and death from Covid-19.

This sad reality highlights the specific problems and needs that older people face in times of crisis, and the need for planning and implementation, and responses that are informative and targeted.

Even before the coronavirus spread to more than 100 countries, early data from China, where it all started, showed that older people were the most vulnerable and prone to the most serious complications, which will later be called Novel Coronavirus Pneumonia and COVID-19.

Now these data, along with new studies from Italy (the second most affected country in the world), show how dangerous COVID-19 is for older people, while the mortality rate is growing exponentially from over 65 years old. According to WHO, the risk of death from coronavirus exceeds, in particular, pathologies of the heart and blood vessels, diabetes, chronic lung diseases, hypertension and cancer.

In addition to physiological problems, it is important how society and the state relate to older people. Measures such as social distance and quarantine remain an effective tactic for protecting the most vulnerable people during this pandemic, but, in the case of older people, particularly those living alone, it must be implemented in a way that guarantees older people's access to social and practical support.

It should be noted that public discussions around Covid-19, which show it as a disease of older people, can lead to social stigma and exacerbate negative stereotypes about older people. Age discrimination can have a direct and often catastrophic effect on the ability of older people to access services and goods. A physical distance policy that does not take into account the needs and circumstances of many older people can lead, in particular, to increased social exclusion, ageism and food insecurity.

At the same time, this outbreak provides an opportunity to rethink and strengthen our personal health and social infrastructure.

Referring to the Madrid International Plan of Action on Ageing, in emergencies such as natural disasters and other humanitarian emergencies, older people are particularly vulnerable, which must be kept in mind as they may be away from family and friends and will be more difficult to find food and shelter. In addition, they may be assigned the primary responsibility of caring for others.

Governments and international relief agencies must recognize that older people fulfil important roles in families and communities, providing support with caregiving, income generation

and activities of community groups, and are able to contribute positively to emergency response by participating in reconstruction activities.

Given the commitment of organisations, members of our networks, we appeal to Governments, international organisations and society to:

- Provide protection and humanitarian assistance to older people in Covid-19 emergency;
- Take measures to ensure the availability of appropriate services, physical access for older people, and their involvement in the process of planning and providing services online;
- Raise the awareness and protection of older persons with regard to physical, psychological, sexual or financial exploitation in emergency situations, with particular attention to the specific risks faced by women;
- Include older people in community relief and rehabilitation programs, including by identifying and helping vulnerable older people;
- Pay special attention to older people in the context of quarantine humanitarian aid programs and packages;
- To organise work on the exchange of experience and success stories gained during the emergency;
- Assist older people in restoring family and social ties and relieving their post-traumatic stress;
- If possible, equip isolated single older people with electronic means of communication to ensure access to information and to optimize communication with them to provide the necessary assistance;
- Take measures to develop guidance for medical personnel in deciding on the allocation of resources and monitoring discrimination in accessing health services for all high-risk groups, including older people. Equal rights of older people should not be undermined. Access to healthcare must be based on medical need, scientific evidence and ethical principles. Basing decisions on non-medical characteristics such as age is unethical and discriminatory;
- Provide protection and treatment for older people with pre-existing diseases with the highest risk of developing a serious illness from Covid-19;
- Take measures to provide sufficient social services for older people to live independently in the community so that people do not end up in nursing homes in the absence of other options, because the inability of governments to provide adequate social services leads older people in nursing homes where, on evidence from other countries, they are at higher risk for infection, illness and death during Covid-19;
- Provide older people living in refugee camps with medical care, including access to national health systems and hospitals, and older people should have access to shelters, water and sanitation facilities that they need to maintain health, with particular attention to the available support for washing hands, regardless of their legal status;
- Provide appropriate working conditions, transport and protective equipment for social workers serving older people at home.

We are ready to be involved online in the discussion processes to improve the medical, social and humanitarian situation in our countries.

Signed:

Svetlana Bashtovenko, Resource Center for Elderly (RCE), Kyrgyzstan

Chris McIvor, HelpAge International, Eurasia and Middle East

Aidai Kadyrova, Babushka Adoption, Kyrgyzstan

Igor Litvinov, ADRA Kyrgyzstan

Sveta Hansen, House of Projects, Russia

Galina Poliakova, TLU, Ukraine

Alban Ylli, Albanian Association of Geriatrics and Gerontology

Natasa Todrovic, Red Cross of Serbia

Dono Tursonova, Makhalya Belaryk, Uzbekistan

Meri Davtyan, Mission Armenia

Saodat Kamalova, Central Asia Gerontology Center, Tajikistan

Venera Umarova, Salomati, Tajikistan

Bayan Akhmetjanova, Ardager, Kazakhstan

Vitaut Rudnik, Third Age University, Belarus

OSMIJEH, Bosnia and Herzegovina