

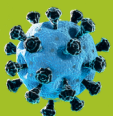
THE *LANCET* COVID-19 COMMISSION
TASK FORCE ON HUMANITARIAN RELIEF,
SOCIAL PROTECTION & VULNERABLE GROUPS

**Policy and Practice
Recommendations for the
Pandemic and Post-COVID Era
for At Risk Older People**

OCTOBER 2022



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THE *LANCET*
COVID-19 COMMISSION

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The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet*, nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

OVERVIEW

In all countries COVID-19 deaths have been disproportionately high among older people. WHO estimates that 85% of excess mortality during the pandemic has been in low- and middle-income countries, totalling 12.7 million deaths by the end of 2022. Almost the same percentage of these deaths (83%) have been among people aged 60 or over.¹ Despite this, older age groups are often excluded from official COVID-19 surveillance reports and from response efforts.² Initial COVID-19 humanitarian response plans failed to explicitly include older people as one of the groups most at risk. The health and wellbeing of older people has been affected by disrupted access to essential health and social care services, as well as the mental health effects of fear and social isolation. Older people in need of long-term care and support, particularly those living in residential care facilities, have been especially at risk.

In some countries, including The Philippines, Bolivia, India and Indonesia, older people have been less likely to be fully vaccinated than people at younger ages.³⁻⁵ In some countries this is due to a low priority for older people in vaccine policy. More generally, older people face barriers to vaccination, including limited mobility, financial barriers and a lack of access to information – due, for example, to a lack of digital inclusion or materials in accessible formats.⁶

POLICY RECOMMENDATIONS

- Identify and share key lessons from the pandemic to inform future policies for older people.
- Ensure those most at risk come first in vaccine rollout everywhere and address the specific barriers older people face in accessing vaccines.
- Improve population and health data coverage and quality, ensuring it is appropriately age-disaggregated and enables comparisons of key subgroups within older populations (such as by location, sex, disability, race, ethnicity, religion, socio-economic group and 5-year age groups).
- Conduct a robust audit of all policies to identify potential elements of implicit or explicit ageism and age discrimination.
- Respond to the specific risks that older people with care and support needs may face, including those people living at home and those in long-term care facilities.

PRACTICE RECOMMENDATIONS

GOVERNMENTS SHOULD:

- Develop age-inclusive data systems at local, regional, and international levels.
- Expand social protection schemes, including cash transfers to poor and at risk populations of all ages.
- Ensure safe and continued access to pensions and other forms of social protection.
- Invest in and accelerate progress towards achieving age-inclusive Universal Health Coverage (UHC), recognising that UHC, founded upon a strong primary health care system, is essential to reaching those most at risk with vaccines, to ending the pandemic, and to building resilient and equitable societies that respond effectively in times of crisis.
- Work with health and care service providers to develop specific interventions ensuring that at risk older people have continued access to essential health and care during emergencies.
- Recognise older women and men as being at particular risk of violence, abuse, and neglect during the pandemic. Prevention and response measures for older survivors must be included and adequately resourced in response plans and risk mitigation communication. Work with service providers to develop specific interventions to address the needs and uphold the rights of older people in long-term care facilities, as part of a wider strategy of enhanced regulation and quality-control.
- Recognise the status of paid and unpaid caregivers as key workers, with priority status for vaccination and other forms of support. This should be linked to wider strategies for improving the status and conditions of these workers and promoting gender equality in the provision of paid and unpaid care.
- Implement and scale-up effective interventions for addressing social isolation and loneliness, including face-to-face and digital interventions, and by improving accessible infrastructure and promoting age-friendly communities.
- Invest in and support community-based approaches to promote healthy ageing and strengthen the voices of older people in decision-making at all levels.

- End vaccine ageism and prioritise those most at risk, including older people, in vaccine rollout, both on paper and in practice, in line with WHO SAGE and COVAX guidance.
- Ensure all organisations responsible for delivering vaccines have the resources, information and tools needed to protect and promote older people's right to vaccines.
- Ensure Risk Communication and Community Engagement strategies actively engage, inform and empower all groups of older people and their communities, and deliver trusted and reliable information on COVID-19 and vaccines so they can make an informed choice about vaccination.
- Listen to, understand and act on drivers of vaccine acceptance and uptake among older people, managing misinformation and myths that contribute to vaccine hesitancy.

INTERNATIONAL INSTITUTIONS AND THE NGOS SECTOR SHOULD:

- Conduct and publish a robust global review of evidence on how COVID-19 has affected older people in different countries, identifying key lessons for the post-pandemic period and for future health emergency preparedness, response and resilience. This should be published as a high-level United Nations flagship report.
- Promote public and government policy-maker awareness of ageism and of effective policy responses.
- Call for a UN convention on the rights of older persons to provide a definitive, universal position that age discrimination is morally and legally unacceptable, clarify how human rights apply in older age and guide governments on how to meet their responsibilities to uphold those rights.
- Provide leadership and proactively recognise and respond to the rights and needs of older people in emergencies, ensuring responses are inclusive of older people, including those with a disability.
- Promote community-based approaches that support healthy ageing and strengthen the voices of older people in decision-making at all levels.
- Meaningfully engage all groups of older people and those working with them in the design, delivery, monitoring and evaluation of national vaccination strategies.

References

- 1 HelpAge International (2022a) COVID: millions of older people have died without being counted. <https://www.helpage.org/newsroom/latest-news/covid-millions-of-older-people-have-been-dying-without-being-counted/>
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- 5 P.Lloyd-Sherlock, G.Lasco and J.Batac (2022) The Philippines Vaccine update: older people left further behind and punished for it. <https://corona-older.com/2022/01/18/the-philippines-vaccine-update-older-people-left-further-behind-and-punished-for-it/>
- 6 HelpAge International (2022b) A vaccine manifesto: those most at risk must come first everywhere. <https://www.helpage.org/what-we-do/coronavirus-covid19/covid19-vaccine/>