

THE IMPACT OF COVID-19 on Older Persons in the Arab Region



Shared Prosperity Dignified Life



World Health Organization

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Introduction

The COVID-19 pandemic has affected all aspects of life in the Arab region. Older persons and older persons with disabilities, especially women, will bear a double burden reflected in the health risks posed by the virus and in weak social protection systems, which leave a large group of older persons without protection.

Impact assessment

THE OLDER POPULATION

The mortality risk of COVID-19 increases with age, as older persons (individuals aged 60 and above) have a higher risk of suffering from acute symptoms and health complications.



COVID-19 has heightened the vulnerability of around 32 million older persons in the Arab region.

Disability is a compounding factor elevating COVID-19 risks and impacts on older persons. Older persons with disabilities suffer from additional health conditions, which increase their vulnerability and dependency, and limit their mobility. The majority may also face multiple functional difficulties in carrying out daily routines. Over 46 per cent of older persons have disabilities, including more than 7 million vulnerable older persons who suffer from moderate to severe disabilities.

Persons with disabilities are twice as likely to find health-care services and facilities inadequate, which makes it more difficult for them to recover from COVID-19.

Moreover, persons with disabilities are three times more likely to be denied health care, which puts them at risk of not receiving treatment.

Almost half of persons with disabilities cannot afford health care. They are also more likely to face unaffordable health expenditures, rendering them among the most vulnerable groups in a pandemic.

Older women with severe to moderate disabilities are particularly vulnerable due to the COVID-19 pandemic. Of the 7 million older persons in the region with moderate to severe disabilities, 4 million are women.

LIVING ARRANGEMENTS

The majority of older persons in the Arab region live with their families. The family continues to act as the primary caregiver of older persons, as home-care services tend to be absent or limited in most Arab countries.

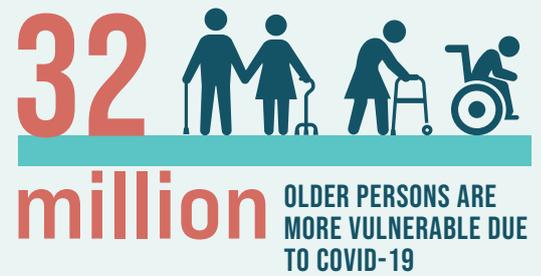
However, nearly 2 million older persons (14 per cent) live alone, or are single parents with children.

Older persons, especially those with disabilities, could suffer from decreased autonomy as they depend on family members or caregivers to support them. Lockdown measures could prevent family members and caregivers from regularly visiting and providing older persons with the necessary care and services.

There are more older women living without a partner than older men. Older women with disabilities are twice as likely to live without a partner (66 per cent) than older men with disabilities (34 per cent).

While a minority of older persons live in nursing homes, they constitute some of the most vulnerable groups of older persons given the heavy toll that COVID-19 has had on these institutions globally and the increased risk of the spread of the virus.

High illiteracy rates among older persons, as well as high technological illiteracy, limit their ability to stay informed about COVID-19 impacts and preventative measures, and to connect with others to reduce the feelings of isolation. Older women are more vulnerable in the Arab region, given that there are twice as many illiterate older women (68 per cent) than men (36 per cent).



HEALTH OF OLDER PERSONS

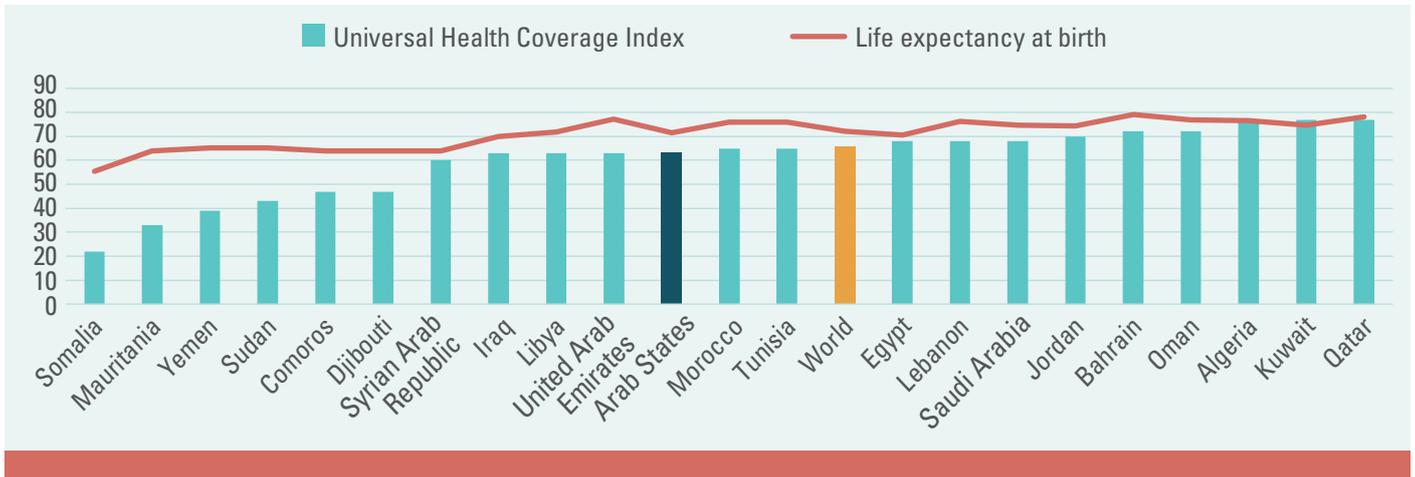
Ongoing research on COVID-19 has shown the heightened risk of mortality among patients with underlying health complications, including non-communicable diseases (NCDs). Older persons have higher NCD rates than other age groups. NCDs among older persons can range between 35 and 51 per cent, meaning that older persons are exposed to much greater risks during a pandemic.

This situation is compounded by limited universal health coverage (UHC) and inadequate social protection services for older persons. Many older persons have limited access to medical services in case of infection, increasing the probability of a shorter life expectancy. The majority of older women are less likely to have the financial means to access required health services.



The availability of UHC increases life expectancy. However, in 2017, the UHC Index for the Arab region was only 63 per cent compared with 81 per cent for the European Union, leaving many social groups vulnerable, especially older persons.

Figure 1. UHC Index and life expectancy at birth, latest data

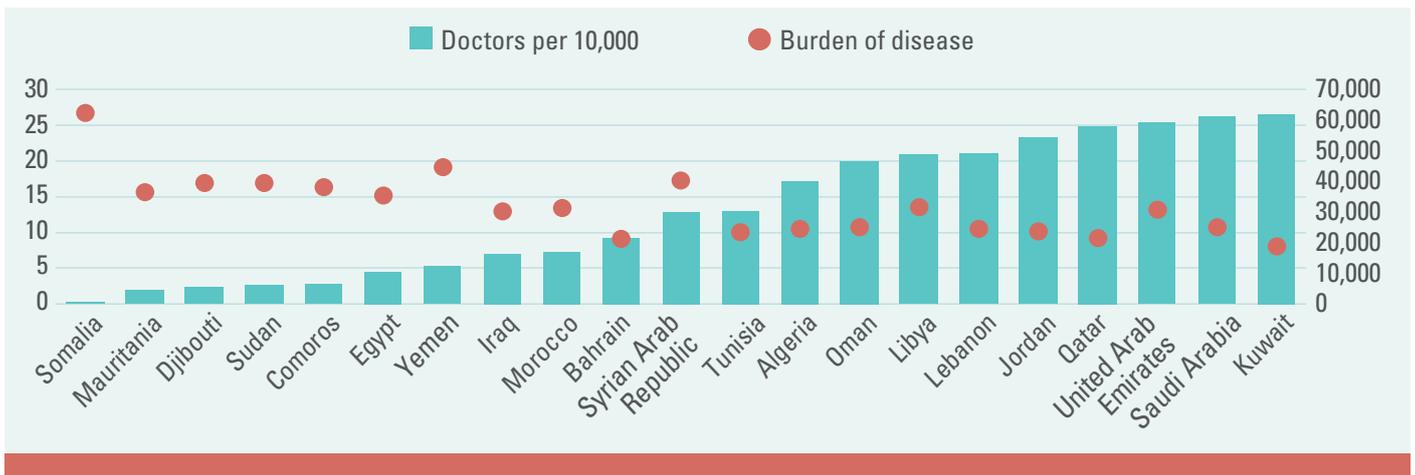


MEDICAL SERVICES

Medical services in Arab countries differ in their capacity to respond to COVID-19. The least developed countries are at higher risk, given their limited capacity.

The need for medical professionals is urgent in the Arab region. Nearly half of Arab countries have less than 10 medical doctors per 10,000 people, and nearly a third report having less than five.

Figure 2. Medical doctors per 10,000 people and the burden of disease, latest data



Many countries with a higher burden of disease have access to only two or fewer doctors per 10,000 people. The doctor-population ratio is almost 3 per 1,000 people, and there are on average two nurses per doctor across the Arab countries.

Geriatric services in most Arab countries continue to be limited. COVID-19 response strategies should ensure that older persons are not subject to discrimination and are able to access primary and emergency health-care services needed.

Policy response

Governments and policymakers should undertake the following:

1. Increase the coverage of social protection platforms to ensure that all older persons enjoy access to affordable health services;
2. Ensure that difficult health-care decisions affecting older persons are guided by a commitment to dignity and the right to health. Health care is a human right, and every life has equal value. Risks faced by older persons in accessing health care in residential institutions, including age discrimination, neglect, mistreatment and violence, need to be properly monitored and fully addressed;
3. Strengthen social inclusion and solidarity during social distancing. Restrictions on freedom of movement and physical distancing can lead to a disruption of essential care and support for older persons. Physical distancing is crucial but must be accompanied by social support measures and targeted care for older persons, including by increasing their access to digital technologies;
4. Create awareness of the increased risks COVID-19 poses for older persons, and provide information via radio, television, print media and the Internet on preventative measures and how older persons can safely seek help and receive support;
5. Work with essential services, such as grocery stores and pharmacies, to display information about existing services and reporting mechanisms;
6. Establish and maintain national helplines for older persons, their families and communities;
7. Arrange for the older persons to visit care institutions in case of emergency when movement is restricted;
8. Collaborate with various sectors to address abuse of older persons, including the judicial, health and social services;

9. Increase awareness of the health and social needs of older persons among community workers and volunteers dealing with COVID-19, and train them to identify and respond to those needs.

Health-care and COVID-19 testing facilities should provide information about local services (hotlines, counselling services) for older persons, including opening hours, contact details, online availability, and referral pathways.

Health-care and social services providers should undertake the following:

1. Provide information, support and, if possible, respite to caregivers, particularly those caring for older persons, including those with dementia and disabilities;
2. Be aware of the risks and health consequences of COVID-19 measures, such as physical distancing, on older persons and offer first-line support and medical treatment.



Residential and nursing facilities for older persons should ensure the following:

1. Facilitate closer monitoring by relevant authorities;
2. Enable contact between residents and their family and friends via phone, the Internet, or written messages if access is restricted;
3. Review staffing procedures (flexible schedules, work breaks) to better manage the burden of care;
4. Reduce the use of physical restraint on older persons.

Community members should ensure the following:

1. Keep in touch with older persons and encourage others (family members, friends, neighbours) to do the same, online or by phone, to reduce social isolation;
2. Safely provide support to older persons subjected to violence.



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