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Follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report is submitted pursuant to General Assembly resolution [75/152](#) on the follow-up to the Second World Assembly on Ageing. It provides an analysis of the impact of the coronavirus disease (COVID-19) on older persons and serves to explore pathways to ensure that older persons are better incorporated into efforts to recover from the COVID-19 pandemic in various policy areas. It also features selected work carried out by the United Nations system on ageing and older persons. The report contains key recommendations for consideration by the Assembly.

* [A/76/50](#).



I. Introduction

1. The present report is submitted pursuant to General Assembly resolution [75/152](#) on the follow-up to the Second World Assembly on Ageing. It follows the previous report of the Secretary-General ([A/75/218](#)) on the same subject, which provided an analysis of the impact of population ageing, among other global trends, on the future of work, and served to explore pathways to guarantee economic security in old age.
2. In its resolution, the General Assembly called for, inter alia, taking issues of relevance to older persons into account in the implementation of the 2030 Agenda for Sustainable Development in order to ensure that no one is left behind, including older persons. The pledge to leave no one behind is now more important than ever as countries recover from the devastating impact of the global coronavirus disease (COVID-19) pandemic.
3. Section II of the present report sets the stage for the ensuing analysis, by establishing a link between the post-pandemic economic context in which a global agenda on older persons will operate and the impact that COVID-19 has had on older persons and their human rights. The section serves to highlight the effects of age-based discrimination during the pandemic and emphasize the need to address age-based discrimination in recovery efforts to ensure that older persons are adequately integrated into initiatives to build forward better.
4. Section III serves to explore policy perspectives on the goal of guaranteeing that the needs, challenges and contributions of older persons are addressed as Member States respond to and recover from the pandemic. The section provides analysis on areas that are relevant to that goal, in particular economic security, various aspects of social inclusion, health-care systems, data and age-inclusive international cooperation.
5. Section IV features selected work carried out by the United Nations system on ageing. Section V sets out key recommendations for consideration by the General Assembly.

II. Older persons and building forward better from the coronavirus disease (COVID-19) pandemic¹

6. In a post-pandemic world marked by a weaker global economy, fewer resources, more debt and greater financial fragility, the road to recovery will be arduous. According to available data, most countries around the world have experienced lasting loss and damage to their economies as a result of the pandemic, which has had

¹ The content of section II is drawn from the information and analysis presented in the following reports and documents: United Nations, “Policy brief: the impact of COVID-19 on older persons” (May 2020); and World Health Organization (WHO) *Global Report on Ageism* (Geneva, 2021); and the following background papers prepared for the expert group meeting on building forward better for older persons post-COVID-19, held by the Department of Economic and Social Affairs from 2 to 5 March 2021: Andrew Byrnes, University of New South Wales, “Building forward better with human rights law and procedures and law reform”; Rio Hada, Office of the United Nations High Commissioner for Human Rights (OHCHR), “Addressing the age-old problem: impact of intersectional discrimination on older persons in the COVID-19 pandemic”, available at www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2021/03/20200302-Rio-Hada-Intersectional-discrimination-COVID-older-persons.pdf; Independent Expert on the enjoyment of all human rights by older persons, “Mandate of the Independent Expert on the enjoyment of all human rights by older persons”, available at www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2021/02/IE-_paper.pdf; and Andrew Scott, London Business School, “Older persons and the post-COVID-19 agenda”.

a disproportionate impact on the people who are most vulnerable. The number of people living in extreme poverty has surged by an estimated 114.4 million globally, and gross domestic product per capita fell by 4.6 per cent in 2020.²

7. Countries with limited policy space to respond to the pandemic or with economies that rely largely on tourism and commodity exports have been hit particularly hard by the crisis. While global economic prospects remain highly uncertain, forecasts indicate that a year and a half into the pandemic, large economies are experiencing initial growth owing mainly to unprecedented policy support during the pandemic. However, the scenario for emerging markets and less developed countries is bleaker because of limited fiscal support and vaccine availability. Disparate economic prospects might likely result in divergent recovery paths, whereby the gaps in living standards between more and less developed countries might widen significantly compared to pre-pandemic projections.³

8. To the extent that the economic impact of the pandemic has a lasting effect on public budgets, fewer resources will be available to support public initiatives. By shedding light on the human rights challenges faced by older persons and magnifying existing violations to their rights, the pandemic has increased the urgency of placing older persons at the centre of public policy. Advocating and highlighting the need for an invigorated agenda for older persons will be crucial in recovery efforts, including with regard to pro-growth policies, to ensure that this group is not left behind or overlooked after the pandemic.

9. The COVID-19 pandemic has raised the profile of the pervasive repercussions of ageism, a type of discrimination that was already prevalent prior to the pandemic, on the lives of older persons. According to data gathered before the crisis, one in two people holds ageist attitudes towards older persons globally; in low- and lower-middle-income countries, rates are higher. The crisis has amplified and exacerbated the widespread practice of discrimination against older persons. For example, reports of discriminatory practices in the provision of health and other critical services and resources, especially in long-term care facilities, have been reported in several countries during the pandemic.

10. Ageist attitudes and practices are frequently major contributors to disadvantage and discrimination older persons may already suffer on the basis of their gender, race, ethnicity, disability or other grounds. Older women are at particular risk to the extent that ageism intersects with gender inequalities. The multifarious discrimination that women suffer during their lifetime has a cumulative impact in old age and thus renders them more likely than men to be deeply affected by any crisis, including the COVID-19 pandemic. The intersection of older age and disability similarly results in aggravated forms of discrimination and in specific human rights violations against older persons with disabilities. Where insufficient resources hamper the ability of public systems to respond to the pandemic and its consequences, older persons might face exacerbated discrimination.

11. Moving forward, an inclusive response must fully integrate lessons learned from the pandemic with regard to older persons in order to combat ageism, address the intersectionality of age discrimination and ensure that issues of relevance to older persons are not overlooked in any policy area. In this context, measures need to be taken to examine existing laws and procedures with a view to ascertaining whether they provide adequate protection against violations of human rights in old age or on the grounds of old age, and to ensure that they are not based on stereotypes or

² United Nations, "World economic situation and prospects as of mid-2021".

³ International Monetary Fund, *World Economic Outlook: Managing Divergent Recoveries* (Washington, D.C., 2021).

assumptions. Furthermore, Governments should enact new laws or strengthen existing laws in respect of ageism and age discrimination in all areas of life while guaranteeing that such instruments fully integrate an intersectional dimension into their coverage. Lessons learned should also be reflected in accelerated efforts towards the development of international standards to guide actions to promote and ensure the enjoyment of human rights in older age.

12. Any agenda on older persons must reflect a recognition of the important interaction between social, economic and environmental policies and address structural barriers to the ability of older persons to fully enjoy a life of fulfilment, health and security. An approach with diversity at its core needs to be applied to policy provisions at all levels so that the needs of older persons, especially those who face distinct disadvantages, are adequately addressed.

III. Policy perspectives on older persons and building forward better from the coronavirus disease (COVID-19) pandemic⁴

A. Promoting economic security for older persons

13. The pandemic has had a negative impact on the income security of older persons, their social networks and their access to adequate health and support services. While comprehensive data on poverty and older persons are not available, old age increases the risk of poverty in several ways, including barriers in labour markets, inadequate social protection systems and the accumulation of disadvantages throughout the life course. Many older persons rely on multiple income sources,

⁴ The content of section III is drawn from the information and analysis presented in the following reports and documents: [A/74/170](#); Department of Economic and Social Affairs, “World population ageing 2020 highlights: living arrangements of older persons”, document [ST/ESA/SER.A/451](#) (New York, 2020); and International Labour Organization (ILO), *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017); and the following background papers and presentations prepared for the expert group meeting on building forward better for older persons post-COVID-19: Naiara Costa, Department of Economic and Social Affairs, “Key extracts from the impacts of COVID-19 on stakeholder engagement for the SDGs”; Ignacio de la Puerta Rueda, Directorate of Territorial Planning and Urban Agenda of the Basque Country, “Building forward better for older persons post-COVID-19”; Jeremiah Dery, Ghana Statistical Service, “Response to data”, video, available at www.youtube.com/watch?app=desktop&v=LldGFQwwbNw; Israel Doron, University of Haifa, “Care and support for older persons post-COVID-19”; Karen Gomez Dumpit, Philippines Commission on Human Rights, “Human-rights-based approach to socioeconomic response plans at the country level”, available at www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2021/03/KarenGomezDumpit.Presentation.pdf; Rio Hada, OHCHR, “Addressing the age-old problem”; Florian Juergens, HelpAge International, “Older people’s livelihoods, income security and access to social protection during COVID-19 and beyond”; Yumiko Kamiya, Department of Economic and Social Affairs, “Living arrangements”, video, available at www.youtube.com/watch?v=fMKF0PWIWcE; Peter Lloyd-Sherlock, University of East Anglia, “Vaccinations and trials”, video, available at www.youtube.com/watch?v=lnQcd5xyyCc; Ruthy Lowenstein Lazar, Clinical Centre for Law and Society and Haim Striks School of Law, “Me too: The invisible older victims of sexual violence”; Aleksandr Mihnovits, “COVID-19 and older people: the data challenge”; Heidrun Mollenkopf, German National Association of Senior Citizens’ Organizations, “The digital divide”; Angela Mwai, United Nations Human Settlements Programme (UN-Habitat), “Age-friendly cities”, video, available at www.youtube.com/watch?v=p29oe_WrXYQ; Pytrik Oosterhof, O-Land Consulting, “Ageing and the decade of action to deliver on the SDGs”; Ritu Sadana, WHO, “Fostering older people’s capacities and abilities: scenarios from 2021 to 2030”, video, available at www.youtube.com/watch?v=x4H-99UhoAY; Yuka Sumi, WHO, “Learning from COVID-19 to strengthen care for older persons”, video, available at www.youtube.com/watch?v=HTVrSBAGD5g; and Natasa Todorovic, Red Cross of Serbia, “Wake-up call: prevention and response to the violence, abuse and neglect”.

including paid work, savings and assets, financial support from family and pensions. Where income sources have been negatively affected by the pandemic, the income security of older persons is at risk.

14. In-depth panel surveys carried out during the pandemic in Kenya and Nepal⁵ illustrate the impact of the pandemic and ensuing lockdowns on the economic well-being of older persons, with all respondents reporting some level of decline in household income. The situation was exacerbated by an increase in the cost of staple goods and services and resulted in the need to reduce household expenditures. Older persons relying on relatives who lost employment or income saw a knock-on effect on their own livelihood.

15. The results of the panel surveys are consistent with those of another survey carried out by the national statistical office of Ghana, a co-leader of the work strand on the conceptual and analytical framework of the Titchfield Group on Ageing-Related Statistics and Age-Disaggregated Data. The survey showed that households with older persons aged 60 years and over as the principal respondent were the hardest hit in terms of their ability to buy medicines. According to the data, the main coping strategy used by older persons during the pandemic was to ask for assistance from friends and family. This strategy was employed in 44.3 per cent of such households.

1. Protecting the employment of older persons

16. The past decade has witnessed gains in the labour force participation rate of older persons, albeit with significant variations between countries and between older men and women. Still, as a result of the pandemic, unemployment has risen sharply. Usual labour market dynamics suggest that unemployment will be a lagging indicator during the recovery.

17. According to research on unemployment across age groups in select high-income countries following the onset of COVID-19, while the greatest impact in terms of numbers affected has been on the younger age groups, the greatest percentage increases in unemployment have been among older workers. Previous economic crises, such as the 2008 recession, showed that it took older workers longer than their younger counterparts to find new employment.⁶ Furthermore, evidence from the Middle East respiratory syndrome outbreak suggests that, following the crisis, older workers experienced higher rates of unemployment and underemployment and greater decreases in working hours than younger workers did.

18. The pandemic could reverse recent increases in labour force participation among persons over the age of 50. Given the many barriers facing older workers in the hiring market, reversals could lead to the permanent withdrawal of older persons from the world of work. At the individual level, becoming unemployed from age 50 to 69 is likely to have a permanent effect on wealth and retirement planning and contribute to financial insecurity; at the macroeconomic level, it represents the loss of a significant driver of economic growth over the past decade.

19. The same economic trends that will lead to higher unemployment will also exert downward pressure on the informal sector, where it is estimated that 77.9 per cent of older workers are employed globally. Workers in the informal economy are likely to be poorer than their formally employed counterparts and also more likely to work in sectors that have been particularly affected by the pandemic, including hospitality and tourism.

⁵ Chronic Poverty Advisory Network, “Kenya COVID-19 poverty monitor” (January 2020); and “Nepal COVID-19 poverty monitor” (October 2020).

⁶ Carla Henry, “How to ensure older workers fully participate in the recovery after the pandemic”, ILO blog, 25 May 2020.

In addition, workers in informal employment are highly exposed to economic crises, as their jobs are more unstable and, in general, do not provide social protection benefits.

20. Supporting longer working lives in the face of ageism and post-pandemic vulnerabilities will require targeted measures, including wage subsidies, reskilling programmes for older workers and lifelong learning, as well as job creation schemes focused on small firms and sectors well suited to the skills of older workers. It will also be necessary to encourage employers to create age-friendly work environments and flexible working conditions. The strengthening of laws that prohibit age-based discrimination in all areas of employment will be key. Addressing the digital gap that currently affects many older persons can also empower them to continue professional or economic activities in evolving economic markets. For Governments, retaining older workers would be less costly than supporting them in finding new employment, which reaffirms the importance of ensuring that their access to employment and livelihoods is taken into account in recovery efforts.

21. The pandemic has revealed the extent to which a healthy population and a healthy economy are interconnected. It is crucial that efforts are made to ensure that older persons enjoy the right to health and the ability to participate and take the lead not only in their own betterment but also in that of society and the economy as a whole. Indeed, such efforts have become more pressing as the world continues to experience an unprecedented and sustained change in the age structure of its population.

2. Role of social protection in building forward better for older persons

22. Social protection systems are an effective tool in enhancing the income security of older persons and combating poverty and social inequality. Income protection for older persons is the most widespread form of social protection in the world, with 68 per cent of people above retirement age receiving a pension globally. In a significant number of countries, substantial progress in social protection coverage has been achieved in recent decades. However, considerable regional differences persist. While the coverage rate in high-income countries approaches 100 per cent, the rates in sub-Saharan Africa and southern Asia are 22.7 per cent and 23.6 per cent. Owing to a gender gap in access to social protection systems, largely the result of inequalities throughout the life course, women face inequalities in access to pensions in old age.

23. Social protection systems played an integral role in government responses to the pandemic and proved vital in contributing to the income security of older persons. According to research conducted in 2020 between March and December, 1,414 social protection measures were taken in a total of 215 countries to protect livelihoods, well-being and economies from the impact of the pandemic.⁷ Measures included increased transfers, increased coverage through new schemes or the expansion of existing ones, and adapting delivery systems to reduce the risk of infection among beneficiaries. Some of the interventions targeted specific groups. For example, in 80 countries and territories, measures specifically addressing older persons were implemented.

24. Nonetheless, the pandemic has exposed the limitations and inadequacies of many social protection systems. The lack of comprehensive approaches has denied many older persons access to emergency social protection measures and cash transfers during the crisis. The recovery phase provides an opportunity to build stronger and more resilient social protection systems that can protect people from future shocks and crises.

25. Many of the measures introduced at the national level in response to the pandemic were financed using State revenue, demonstrating the importance of

⁷ Ugo Gentilini, Mohamed Almenfi and Pamela Dale, "Social protection and jobs responses to COVID-19: a real-time review of country measures", 11 December 2020.

non-contributory provisions that ensure basic levels of protection for all.⁸ Evidence from the Philippines supports the view that including non-contributory pensions along with other programmes is critical to tackling poverty and inequality, especially among older persons in vulnerable situations, including older women. In southern Africa, in countries with rights-based, institutionalized and domestically funded social protection systems, such as Botswana, Mauritius, Namibia and South Africa, Governments were expeditious in providing emergency assistance to mitigate the effects of COVID-19-related lockdowns, in contrast to countries with weak social assistance systems that rely on international aid.

26. As the economic crisis deepens in many countries, social protection is likely to become even more necessary to protect people and contribute to an inclusive recovery. The prevention of large-scale humanitarian crises and suffering as well as setbacks in human development requires filling gaps in the coverage, scope and adequacy of social protection systems.

B. Promoting social inclusion for older persons

1. Living arrangements, urban settings, the coronavirus disease (COVID-19) and older persons

27. There are pronounced global interlinkages between ageing and broader social and economic changes. Human activities and decisions related to declining fertility, changing patterns of marriage, cohabitation and divorce, and continued rural-to-urban and international migration are reshaping the context in which older persons live. With regard to their living arrangement preferences, older persons are influenced and constrained by a number of factors, including the following: health status, limited functional ability and financial situation; the availability of family members to share housing; cost of housing; and prevailing cultural norms and traditions.

28. The Households and Living Arrangements of Older Persons 2019 database of the Department of Economic and Social Affairs shows that, globally, the proportion of older persons living in extended family households is declining, whereas the proportion of those living alone or with a spouse only is increasing. Living arrangements of older persons vary greatly by country and region. The most common living arrangement of older persons in less developed regions is living with at least one child or with extended family members. In more developed regions, older persons prefer to live independently, either alone or with a spouse only, although they tend to live near their children, who may provide for them or receive support from them. Globally, older women are more than twice as likely as older men to live alone. In general, among older persons living alone, women are more likely to live in poverty than men are.

29. New light has been shed on the interconnections between older persons' living arrangements and their health and well-being in the context of the pandemic. While there are many factors affecting the mortality risk that COVID-19 poses to older persons, living arrangements explain part of the international differences observed in the age patterns of COVID-19 mortality data. Older persons living alone or in institutions have higher overall mortality risks than those living with a spouse or other family members.

30. Household location, in addition to household composition, also matters. Cities have been at the centre of the pandemic, and how they emerge will impact the social inclusion of older persons. Public spaces are crucial for community and social resilience in times of crisis. For example, through agile adaptation, public spaces were

⁸ ILO, "The role of non-contributory provision during the COVID-19 crisis and beyond", Social Protection Spotlight brief, January 2021.

used for food distribution and pop-up community health centres. The pandemic highlighted the uneven distribution of public space throughout many cities, in particular in poor neighbourhoods where many older persons do not have access to shared spaces within walking distance of their homes. In age-friendly cities, older persons' great diversity is recognized, their decisions and lifestyle choices are respected, and their opportunities to enjoy safe, inclusive and accessible public spaces as they age are optimized. Progress will require an innovative and multidimensional approach. Urban and territorial planning guidelines should comprehensively address issues such as the city model, health, housing, care facilities, quality of public space, commerce and proximity of services.

31. In less developed countries, severe overcrowding, lack of water, precarious housing and the impossibility of physical isolation within multigenerational households posed major challenges in the implementation of measures to curb the outbreak, such as physical distancing and improved hygiene practices, placing older persons in situations of increased risk of infection and mortality as a result. Building forward better and greener from the pandemic necessitates taking advantage of opportunities to provide accessible, habitable, affordable and safe housing for older persons. The right to adequate housing is a component of the broader rights to an adequate standard of living and to non-discrimination.

32. The reality of care and support services for older persons is complex and diverse. Long-term care includes a wide variety of services, ranging from those provided in the community and home to institutional care, to assist older persons and support their independence. The nature of the provider of long-term care and support services is another key distinguishing characteristic. Service providers can be government entities, private enterprises and charitable organizations, and funding sources are also diverse. Caregivers and those delivering support services range from formal, paid and professional caregivers to family members acting in an informal capacity. Much of this care is provided by people without support services, training or financial assistance. There is also some overlap between medical and social care, often complicated by the involvement of multiple government ministries, diverse funding and budget sources and a wide variety of guidelines and regulations.

33. The pandemic and its unique characteristics put long-term care and support services to the test. Health systems have a responsibility to offer safe, accessible, affordable and quality health care, including assistive and palliative care, for all people, without discrimination. However, mounting evidence suggests that COVID-19 disproportionately affected older persons, especially those living in long-term care facilities. Older persons experienced high rates of morbidity and mortality, as well as reduced access to essential health services as health systems struggled to cope in the context of a COVID-19 surge. There were several reports of insufficient staffing, protective equipment and testing, as well as non-compliance with infection control protocols.

34. Throughout the pandemic, care and support service providers adopted new policies, emergency measures and local practices that directly influenced older persons. In many cases, during policymaking processes, older persons were not heard or taken into account and their representatives were not party to the discussions. In many countries, evidence has linked more than 40 per cent of COVID-19-related deaths to long-term care facilities, with rates as high as 80 per cent in some high-income countries. There is limited evidence to show the impact of the COVID-19 pandemic on people who use and provide community-based care services, including home help and unpaid care. Movement restrictions, physical distancing and curfews implemented to

safeguard public health and prevent infection may have disrupted the provision of care and services, directly affecting older persons and causing further isolation.⁹

35. With a high concentration of fatalities and isolation among residents at long-term facilities, there are concerns about the loss of public confidence in long-term care facilities, leading to calls for a reimagining of care and support services for older persons. Measures are needed to improve the provision of long-term care, including to guarantee the right to long-term care and support at home, in the community and in institutional settings, with a view to ensuring the right of older persons to autonomy and independence. In that regard, older persons should be provided with support that will enable them to live their lives as they wish and not limit them in the exercise of their other human rights and fundamental freedoms.¹⁰

2. Violence, abuse and neglect

36. Public health concerns and challenges related to COVID-19, such as financial hardship, anxiety about contracting the virus and increased stress on caregivers, and infection prevention measures such as social isolation, may have also amplified factors associated with increased risk of older persons being subject to forms of violence, neglect, exploitation and abuse. According to the World Health Organization (WHO), acts of violence, neglect and abuse committed against older persons have risen sharply since the beginning of the pandemic, occurring in homes, institutions and online, with a surge in scams targeting older persons.¹¹ The pandemic has unveiled widespread ageism, with public discourse suggesting that all older persons are vulnerable, frail and helpless, resulting in their becoming targets of unjust rage or in the adoption of protective and paternalistic policies. Derogatory comments in the media constituted a direct attack against the dignity of older persons. According to the Independent Expert on the enjoyment of all human rights by older persons, COVID-19-related media articles and posts associated with the “boomer remover” hashtag, calling for older persons to sacrifice themselves by exposing themselves to the virus to safeguard the economy or younger generations, were a clear reflection of bias against older persons.¹² Sexual abuse, despite being a distinct form of violence against older persons in general and older women in particular, whether by intimate partners, caregivers or strangers, remains unnamed, unrecognized, underreported and at the margins of policy formulation and intervention.

37. There is a need to gather evidence on the scope and types of elder abuse in various settings, in particular in low- and middle-income countries for which data are insufficient. To address violence against older persons, Governments should foster collaboration among relevant sectors, such as criminal justice, health and social services, to ensure the provision of coordinated consistent support. States have an obligation to take all necessary measures to protect older persons, including preventing and punishing violations against older persons in institutions run by the State and those managed by non-State actors.

⁹ WHO, “Preventing and managing COVID-19 across long-term care services”, policy brief, 24 July 2020.

¹⁰ OHCHR, “Update to the 2012 analytical outcome study on the normative standards in international human rights law in relation to older persons”, working paper (March 2021).

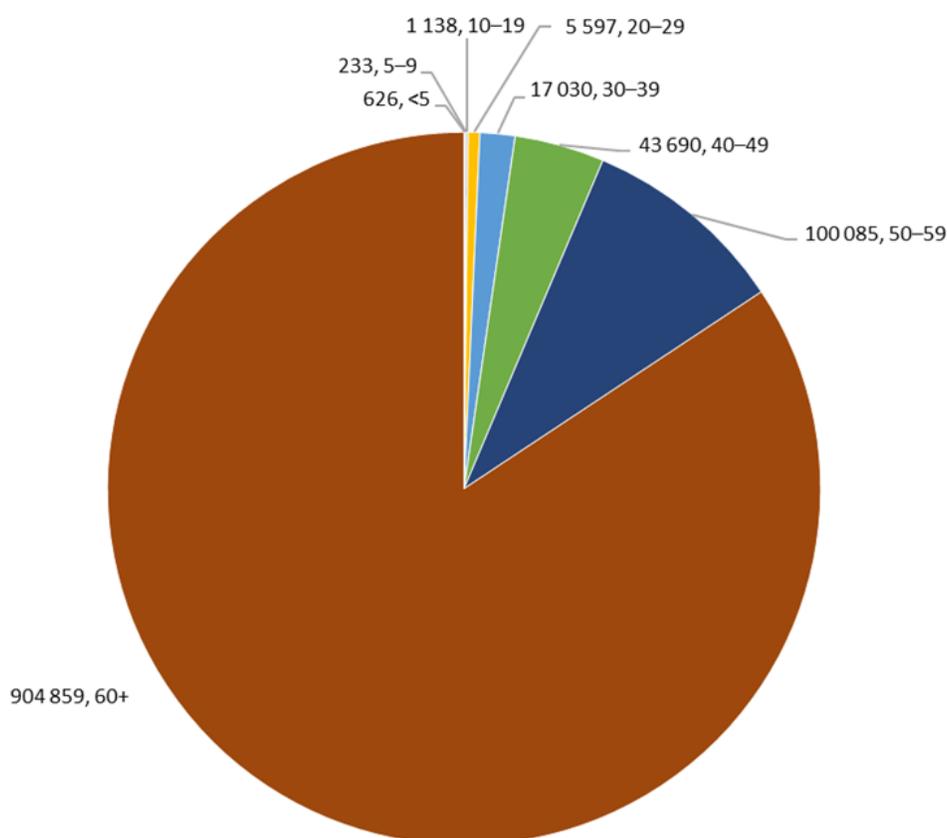
¹¹ “COVID-19 and violence against older people”, 14 June 2020.

¹² “World elder abuse awareness day”, statement, 15 June 2020.

C. Learning from the coronavirus disease (COVID-19) to strengthen care and support services for older persons

38. According to the data from 166 countries, areas or territories presented on the WHO COVID-19 Detailed Surveillance Data Dashboard, as of 3 May 2021, approximately 84 per cent of the mortality reported globally occurred in people aged 60 years and over. In other words, 8 out of 10 deaths from COVID-19 occurred in older persons. Among women who died from COVID-19, 87 per cent were aged 60 years and over, compared to 82 per cent among men. The case fatality ratio, which estimates the proportion of deaths among identified confirmed cases, increases according to age, surpassing 37.5 per cent in people aged 80 years and over (see figure I).

Figure I
Confirmed and probable coronavirus disease (COVID-19) deaths globally, by age group (as of 3 May 2021)



Source: World Health Organization (WHO), COVID-19 Detailed Surveillance Data Dashboard. Available at <https://app.powerbi.com/view?r=eyJrIjoieWRiZWVkdWUtdmM0Ni00MDAwLTljYWVtN2EwNTM3YjQzYmRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOjhh9> (accessed on 3 May 2021).

39. The COVID-19 pandemic has disrupted essential health services for older persons with pre-existing chronic conditions, such as hypertension, diabetes, cancer and cardiovascular disease. This disruption constitutes an overlaying crisis which, in turn, will continue to have an impact on the current and future health of older persons. Mental health consequences of the pandemic among older persons are considerable and expected to persist. While much is still unknown about how COVID-19 affects people of all ages over time, including older persons, WHO has published a post-COVID-19 case report

form, for use in the context of its global COVID-19 clinical platform, to document prolonged symptoms or related illnesses after people recover from the disease.¹³

40. In October 2020, more than 100 experts from all regions participated in a WHO technical meeting on learning from COVID-19 to strengthen care for older persons, aimed at sharing lessons learned and drawing on experiences to identify gaps in health and long-term care services and systems. The gaps identified included the following: fragmented assessment of the diverse needs of older persons with COVID-19; insufficient support and training for caregivers; inadequate systematic investment in long-term care services in the community; and lack of disaggregated data on infection, mortality and morbidity, including by such socioeconomic factors as mental health, income and ethnicity, to identify vulnerable populations and understand long-term consequences. Experts recommended improving the assessment and management of older persons' needs, including their access to food, medication and essential supplies and their physical and mental capacities, in particular for those who were living alone, socially isolated or experiencing grief and loss in the community.

41. Experts also suggested priority actions including the following: allocation of adequate resources; adaptation of service provision for safe delivery; and strengthening the monitoring of changes in the availability, delivery and utilization of services. In addition, they highlighted the importance of testing for COVID-19 in long-term care facilities, securing emergency funding for such facilities, applying telemedicine and tele-health methods for mitigation purposes; and ensuring universal health coverage with regard to COVID-19-related diagnosis and treatment. Providers using tele-health and telemedicine need to integrate and address the digital divide affecting many older persons, so that digital disparities do not reinforce regional, social and health inequalities.

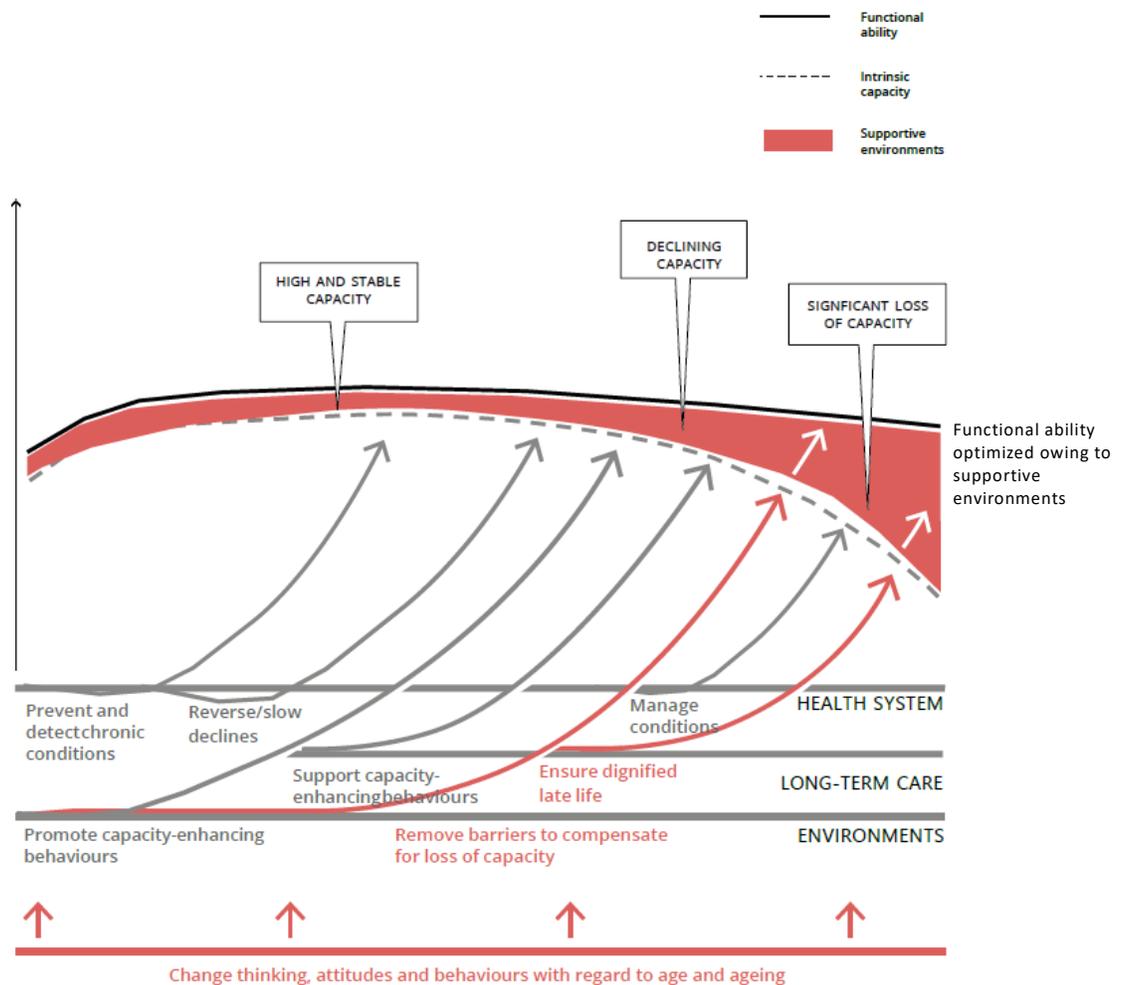
42. Governments should emphasize people-centred, comprehensive and integrated health-care services at the clinical level, with coordination at the national policy level, to achieve the effective, sustainable and equitable provision of health and long-term care, including the further integration of mental health care, non-communicable disease management and adult immunization efforts.

43. Older persons have been systematically excluded from some COVID-19 vaccine trials. To build forward better, an approach that is both ethical and practical will be required for the inclusion of older persons, with specific exemptions, in future trials for vaccines, drugs or interventions. As COVID-19 vaccines become available, many Member States have established prioritization plans which, beyond according some or all health workers the highest priority, differ markedly. Some Member States have prioritized people aged 80 years and over, followed by those aged 70–79 years and 60–69 years. Others have prioritized older persons living in long-term care facilities. Few focused on younger people in the first phase of their vaccination roll-out. With regard to the COVID-19 Vaccine Global Access (COVAX) Facility, WHO published guidelines on fair vaccine allocation in a paper entitled “WHO concept for fair access and equitable allocation of COVID-19 health products”. In national pandemic response and recovery efforts, it is crucial to consider the reality of local contexts, including the speed of procurement of particular vaccines, access barriers and vaccine hesitancy, as well as the national capacity to roll vaccines out to various groups. Building forward better will require developing national vaccination plans that are guided by the principles of equity and social justice, based on informed societal debate and anchored in the right to health.

¹³ Form available at https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true.

44. The proclamation of the United Nations Decade of Healthy Ageing (2021–2030) presents an opportunity for collective action with diverse stakeholders to enable older persons to do what they value, retain the ability to make decisions, and preserve their purpose, identity and independence. According to the *Decade of Healthy Ageing Baseline Report*, published by WHO in 2020, at least 142 million older persons worldwide are unable to meet their basic needs, with older women at a particular disadvantage. People’s intrinsic capacity and environments are influenced by multiple factors and potential pathways. Over time, the cumulative impact of social and economic disadvantage or privilege on health sorts people into different life course trajectories, which can further affect their intrinsic capacity and functional ability. Almost all underlying determinants are amenable to improvement through policy change, which can contribute to the optimization of healthy ageing. This amenability is highly relevant to the COVID-19 pandemic, including with regard to mitigation and response efforts. Only 25 per cent of countries have comparable data on intrinsic capacity or functional ability, and those data are limited. The lack of data on healthy ageing or older age groups increases the invisibility of older persons. Governments and other stakeholders must invest in data to monitor and improve healthy ageing throughout the life course (see figure II).

Figure II
Trajectories of healthy ageing: optimizing functional ability



Source: WHO, *Decade of Healthy Ageing Baseline Report* (Geneva, 2020).

45. Member States have already expressed commitments to support several elements of healthy ageing through a variety of instruments, including the 2030 Agenda and conventions at the global and regional levels. Some have declared healthy ageing a human right that all people should enjoy. The scenarios described in figure III present an opportunity for stakeholders to identify actions, in the context of the Decade of Healthy Ageing, that can lead to the fulfilment of a brighter future for older persons by 2030.

Figure III
Healthy ageing scenarios



Source: WHO, *Decade of Healthy Ageing* (see figure II).

46. In the deterioration scenario (see figure III), the number of older persons who cannot meet their basic needs increases significantly by 2030 relative to the baseline, in particular those persons with few opportunities because of age, gender, location or other markers of inclusion or exclusion. In the scenario, the pandemic response and recovery efforts are not inclusive of older persons, further services for them are cut back, including pension benefits, and the unequal pace of global progress continues.

D. Strengthening data systems for an age-inclusive recovery from the pandemic

47. Successful public policy requires good data as a foundation. Even before COVID-19 struck, most countries lacked reliable age-disaggregated data to adequately inform public efforts aimed at understanding and addressing the realities,

contributions, needs and challenges faced by older persons. Experience shows that, often, there is a bias against older persons in routine data reporting and indicators.¹⁴

48. Disruptions to the day-to-day operations of national statistical offices because of the pandemic may have exacerbated the lack of data. The ability of the offices to continue producing statistics was particularly impaired in the context of development and humanitarian efforts, and research shows that many offices struggled to collect data on the various effects of the pandemic on older persons. When data were collected, they were not fully analysed, disaggregated by age, sex and disability and other relevant characteristics, or publicly reported.

49. Approximately half of national statistical offices in low- and middle-income countries adapted to the new reality in order to ensure the collection of data for pre-planned surveys. In Ghana, for instance, a mixed approach to data collection was adopted during the pandemic, combining data from routine surveys with modern forms of data collection, in particular computer-assisted telephone interviews. Monitoring by the United Nations and the World Bank in 2020 shows that 56 per cent of national statistical offices changed their data collection mode or used alternative data sources. The predominant change was to phone surveys (82 per cent of national statistical offices), followed by web surveys (37 per cent), administrative data (27 per cent) and modelled estimates (14 per cent).¹⁵ However, the increased use of non-traditional data sources masked a technological divide across regions.

50. If modifications to data collection made in response to the pandemic do not take into account the digital divide, older persons might be excluded from data collection exercises. Older persons are more likely to experience a disability related to sight, hearing, communication and physical impairment than other groups. In addition, they tend to have lower rates of access to technology and digital literacy. These gaps highlight the need to better understand and address the inclusion of older persons in new methodologies, sample designs and non-traditional modes of data collection and potential bias in collected data.

51. As countries recover from the pandemic, the need to ensure that data systems address challenges and are age-inclusive should be prioritized in order to shed light upon the structural and systemic ways in which older persons are left behind and to build forward better. To ensure that data systems at the national and international levels are resilient and age-inclusive requires concerted efforts and close cooperation between national statistical officers, donor and multilateral agencies and members of the wider data community. Older persons and their associations should be adequately involved in efforts to develop an age-inclusive response and recovery in all stages of the data production cycle.

52. Several initiatives at the international level are aiding data-related efforts. The WHO Ageing Data Portal, launched in October 2020, is the first platform for global data on the health and well-being of older persons, with data disaggregated by age, sex and country to allow a better understanding of relevant trends and support progress towards global goals. The Titchfield Group on Ageing-Related Statistics and Age-Disaggregated Data aims to develop standardized tools and methods for producing ageing-related statistics and age-disaggregated data.

¹⁴ Peter Lloyd-Sherlock and others, “Problems of data availability and quality for COVID-19 and older people in low- and middle-income countries”, *The Gerontologist*, vol. 61, No. 2 (October 2021).

¹⁵ “Survey of national statistical offices during COVID-19”, 16 December 2020.

E. Age-inclusive international cooperation in the wake of the coronavirus disease (COVID-19)

53. Six years into the implementation of the 2030 Agenda, progress on the Sustainable Development Goals has been uneven and insufficient. Against the backdrop of the Sustainable Development Goals Summit, held in 2019, at which global commitments were made to accelerate efforts during a decade of action for the Goals, the pandemic struck, with a devastating impact on all the Goals, including regression in some areas. The pandemic also affected stakeholder engagement and partnerships for the implementation, follow-up and review of the Goals. According to government responses to a 2020 survey, COVID-19-related changes affecting stakeholder participation in the 2020 voluntary national reviews had a particularly negative effect on the participation of older persons.

54. For age-inclusive recovery actions to be aligned with the 2030 Agenda, studies and analyses of the impact of COVID-19 on older persons from a Sustainable Development Goal perspective should be carried out. Furthermore, in line with the principle of leaving no one behind, monitoring efforts should measure progress on the Goals with regard to older persons.

55. The pandemic has increased the need for humanitarian aid around the world while simultaneously disrupting its delivery. Prior to the pandemic, there was growing evidence that the specific needs and contributions of older persons were often overlooked in emergency relief systems, which aggravated the risks they faced and diminished their capacity to respond and adapt to disasters. The COVID-19 crisis has exacerbated these challenges and shed light on how future crises could impact older persons unless adequate measures are put in place. For example, in Cameroon, the armed conflict in the so-called “Ambazonia State” has had a negative impact on the containment and mitigation strategies put forward by the Government and further exacerbated such areas as older persons’ health challenges and access to food during the pandemic.¹⁶

56. The pandemic has been a call to prioritize investments on risk preparedness and prevention and has highlighted the need to involve older persons in preparedness plans for all types of emergencies and consult them about their preferences. If needs assessments carried out to inform emergency response efforts do not adequately include all age groups, older persons might be undercounted and their specific challenges and needs left unaddressed.

IV. United Nations system updates and initiatives to advance ageing issues

57. Despite facing critical challenges owing to the pandemic, entities in the United Nations system continued to deliver on their mandates to advance ageing issues. Under the aegis of the informal Inter-Agency Group on Ageing, 21 entities carried out various initiatives and activities and issued relevant publications, including the first *Global Report on Ageism*, prepared by WHO in collaboration with the Office of the United Nations High Commissioner for Human Rights, the Department of Economic and Social Affairs and the United Nations Population Fund. Members of the Inter-Agency Group have issued updated technical guidance, data dashboards, vaccine information and briefs on COVID-19 and older persons.

¹⁶ Olanrewaju Ajiboye and others, “Stakeholder group on ageing: Africa survey on the impact of COVID-19 containment and mitigation strategies on the rights of older persons in Africa”, *International Journal on Ageing in Developing Countries*, vol. 5, No. 1 (2020).

58. The International Telecommunication Union (ITU) published *Ageing in a Digital World: From Vulnerable to Valuable*, which addresses two mutually reinforcing global megatrends: the emergence of digital technologies and ageing populations. In 2021, the World Summit on the Information Society Forum partnered with the Global Coalition on Ageing, in collaboration with ITU, WHO and the Department of Economic and Social Affairs, on its first-ever healthy ageing innovation prize, which was awarded to the most innovative technology enabling healthier and more-active ageing and was presented as part of a special track on information and communications technology and older persons.

59. The Inter-Agency Group on Ageing spearheaded a joint United Nations planning platform for implementing the Decade of Healthy Ageing, which includes consideration of priority actions around advocacy, programming, data, participation and accountability. The Inter-Agency Group provided the United Nations Sustainable Development Group with a compilation of support, which the latter then made available to the resident coordinator system and United Nations country teams, addressing various potential gaps in areas including awareness, education, capacity and political will.

V. Conclusions and recommendations

60. The COVID-19 pandemic has brought the world to an unprecedented halt and upended societies, and its ramifications are expected to be long lasting. The crisis has also intensified or brought to the fore other trends, including rampant and growing inequalities, global vulnerability in economies and social protection systems, including health care, and the impact of human development on the natural world.

61. The pandemic should be viewed as a stress test measuring how prepared Member States are for an ageing society. The crisis has highlighted the gravity and urgency of the situation for older persons, many of whom have faced specific and differentiated challenges, amplified by existing structures of inequality and disadvantage that are deeply rooted in ageism.

62. However, the pandemic can drive change. Building forward better demands a stronger political will to embrace a rights-based data-driven transformation of the public discourse around ageing and older persons. Deliberate concerted actions are needed to prevent the fear and suffering experienced by older persons around the world during the pandemic from recurring. To that end, efforts must be made to explicitly and directly address the underlying structures, attitudes and practices that violate the rights of older persons and increase the risks and vulnerabilities they experience. Ensuring full and equal participation by older persons will be crucial. Their perspectives and expertise in identifying challenges, opportunities and solutions should inform and support recovery efforts. Building stronger legal frameworks at the national and international levels to protect the human rights of older persons, including accelerated efforts to develop proposals for an international legal instrument, will be the key to promoting and protecting the rights and dignity of older persons.

63. Member States may wish to:

(a) **Ensure that ageing and old-age concerns are integrated into response and preparedness plans in all policy areas at the national and international levels and that older persons and their representatives are consulted in planning and decision-making processes to reflect their diverse needs;**

(b) **Combat ageism and age discrimination and address the intersectional discrimination that affect older persons, in particular women and persons with disabilities;**

(c) **Strengthen social protection systems and adopt adequate employment measures to increase the resilience of older persons and ensure that they are able to achieve and maintain economic security during crises;**

(d) **Provide better care and support services for older persons through inclusive communities, including by guaranteeing the right to long-term care and support at home, in the community and in institutional settings while ensuring the enjoyment of the right of older persons to autonomy and independence;**

(e) **Adopt a people-centred, comprehensive and integrated approach to health care at the clinical level, with coordination at the national policy level, to achieve the effective, sustainable and equitable provision of health care, including mental health care, non-communicable disease management and adult immunization efforts;**

(f) **Develop national vaccination plans that are guided by principles of equity and social justice, based on informed societal debate and anchored in the right to health;**

(g) **Intensify efforts to report disaggregated data by age, sex, ethnicity, socioeconomic status and disability in order to assess the diverse needs of older persons, and ensure that available data are used and analysed.**
