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HUMAN RIGHTS & OLDER PERSONS

How COVID-19 is compounding vulnerabilities of older adults

The statistics are now all too familiar: eight out of ten COVID-19-related deaths in the U.S. have been among people age 65 and older; across Europe, 94 percent of fatalities, on average, have been among people over age 60 at the height of the outbreak. These trends also cascade across Asia, Africa, and Latin America.

But not only is COVID-19 disproportionately threatening the lives of older adults, it is also bringing into view the institutional deficiencies and risks to human rights that have long affected older adults and for which legal protections remain tenuous at best.

As the UN commemorates the thirtieth anniversary of the International Day of Older Persons on October 1, institutions around the globe continue to grapple with systemic problems across a range of areas. The pandemic is illuminating chronic deficiencies in long-term care facilities, as well as ageism and discrimination in health care settings, and is exacerbating abuse and violence against older adults. Further, restrictions risk worsening isolation, poverty, and unemployment among older adults. Some of the deficiencies in the U.S. are due to a lack of a comprehensive person- and family-centered long-term care policy that would enable more older adults to live at home with supportive services rather than in a nursing home. This requires recognition of, and support for, family caregivers.

Aging trends make addressing these challenges an imperative for all countries, as the global population over age 65 is set to more than double over the next three decades. While dire, the present crisis presents opportunities to more fully understand the gravity of these issues and to take meaningful actions to more fully and durably protect the human rights of older adults across the world.

OUTBREAKS IN LONG-TERM CARE (LTC) FACILITIES EXPOSING CHRONIC DEFICIENCIES

As has been widely reported, COVID-19 fatalities have been concentrated in long-term care facilities, where older adults, many of whom have underlying conditions, live in close proximity. Congregate facilities represent hotspots where the virus has been particularly lethal. In the U.S, roughly 40 percent of coronavirus deaths are linked to nursing homes, with the virus infecting nearly half a million people at 19,000 facilities by mid-September. Concentrated outbreaks and high fatality rates have been documented in the United Kingdom and across Europe and other regions around the world.

Ensuring a high quality of care and quality of life across LTC settings remains an ongoing challenge. In nursing homes, staffing shortages, lack of adequate staff training, and gaps in the implementation of infection-control protocols have been documented across facilities, and together these factors create conditions ripe for infection and its spread. The lack of testing and shortages of personal protective equipment have made these issues worse. Sounding the alarm, the Centers for Disease Control and Prevention (CDC) now warn that nursing home populations remain at an exceptionally high risk of infection and death, but the quality-of-care issues in these facilities and other long-term care settings, such as assisted living, predate the COVID-19 outbreak and remain critical priorities to safeguarding the health and safety of older adults through the pandemic and beyond.

In addition to concerns regarding quality of care in LTC settings, the severe gaps in access to long-term care and health care services more broadly are also being exacerbated during the pandemic. A study by the International Labour Organization (ILO) that assessed long-term care protection in 46 developing and developed countries—80 percent of the world's population—found that the majority of countries provide no LTC coverage, and only 5.6 percent of the world's population lives in countries that provide LTC coverage to the whole

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population through national legislation. Further, major gaps in health care access for older adults stemming from a range of issues, including high out-of-pocket costs, critical shortfalls in care workers—most of whom are low-paid or unpaid women and informal workers with limited paid sick or family leave, insufficient infrastructure, and lack of legal protections — are being further strained under the pandemic.

Beyond long-term care, basic health care services remain all but out of reach for older adults living in extreme poverty, in informal settlements, and in refugee camps, where the lack of water and sanitation facilities magnifies risks for this age group. The ILO, the United Nations, and other international bodies continue to call for the recognition of health care as a right and expanded health care access for older adults, but the urgency of the pandemic underscores the need for more national legislation and service delivery to that end.

PANDEMIC EXPOSING AGEISM AND DISCRIMINATION

Resources constraints during COVID-19, including hospital bed shortages, limited ventilators, and other scarce medical resources, heighten the risks of discrimination and denial of services for older adults, as concerns emerge that strained health care facilities may triage the allocation of medical resources based on age. As acute resources shortages prompt hospitals and officials around the world to develop guidelines for health care delivery, the failure to explicitly prohibit triaging based on age or disability has put older adults and those with chronic conditions or disabilities at greater risk in many of the plans. Though the Office for Civil Rights and the U.S. Department of Health and Human Services issued a bulletin emphasizing the need for compliance with civil rights protections, vigilance is needed to ensure that safeguards are in place and enforced to protect older adults and persons with disabilities in the U.S. and countries around the world as COVID-19-related strain continues.

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In some parts of the world, medical professionals acknowledge the use of age cut-offs for ventilators in strained facilities. Human rights advocates from the United Nations and Human Rights Watch, among others, have raised the alarm regarding denial of care and abandonment of older persons in care facilities based on age or disability. As the Secretary-General of the United Nations points out, “Health care is human right, and every life has equal value.” During COVID-19 and beyond, policymakers and health care providers must

work to ensure that challenging health care decisions affecting older people are grounded in a commitment to dignity and the right to health. The absence of legal rights and protected status for older adults in many parts of the world makes this issue an immediate concern during the COVID-19 crisis.

INSTANCES OF ABUSE AND VIOLENCE AGAINST OLDER ADULTS ON THE RISE

COVID-19 is also exacerbating risks of abuse among older adults, already prevalent and a growing human rights issue worldwide. A synthesis analysis of 52 studies incorporating 28 countries around the world found that one in six older adults (over 141 million people) were already subject to some form of abuse, including neglect and psychological, financial, physical, and/or sexual abuse. The institutional, economic, and social strains of the pandemic heighten the risks of abuse and violence toward older adults and in particular, women. In a special report to the United Nations in July, Human Rights Watch highlighted the intersectional discrimination and marginalization that increase the risk of violence for older women, in particular, by partners, adult children or other family members, or caregivers. Where older women lack authority or autonomy over decision-making, they could be at greater risk of infection as well.

Like many forms of abuse, actual numbers are likely much higher, as cases of elder abuse go un- or under-reported. The World Health Organization projects that those numbers will more than double by 2050, given rapidly aging populations and increasingly constrained economic and institutional resources. Despite the growing risks, as human rights organizations and experts point out, the abuse of older adults remains a neglected global public health priority relative to other types of violence.

ISOLATION IS EXACERBATED BY COVID-19, UNDERSCORING NEED FOR DIGITAL CONNECTIVITY

While government lockdowns, stay-at-home restrictions, and physical distancing have been essential for containing COVID-19's spread, they can compound the vulnerability of older adults who are already experiencing or at risk of extreme isolation. Older adults in nursing homes have faced extreme isolation when, due to the risk of COVID-19, visitors have been banned in some areas in order to protect residents. Many European countries, for example, banned nursing home visits in mid-March, subsequently documenting the significant, adverse impact on older adults' well-being.

Older adults who are aging in place, particularly those living alone, also face exceptional risks of isolation amid COVID-19. Caregivers—who tend to be older adults and many of whom are

women —have, in many cases, had to limit visits to reduce COVID-19 risks to themselves and to those who need care. Reduced visits by these caregivers and other essential service providers undercut older adults’ access to vital support and social connection. A serious concern worldwide, the risks are particularly high where health systems are already weak. The impacts can be profound, as, according to the National Institute on Aging, isolation risks a range of severe physical and mental health conditions (including cognitive decline, Alzheimer’s disease) and even death —risks that are being compounded by COVID-19.

Meaningful communication between family caregivers and nursing home residents is essential, because family caregivers are the most important source of practical and emotional support for older adults with chronic, disabling, or other serious health conditions. Such isolation amplifies the need for greater connectivity among older adults, with digital technologies holding tremendous potential to minimize isolation risks associated with COVID-19 and have to benefits for multiple facets of older adults’ lives, including enhancing independent living, expanding economic participation, and improving access to, and quality of, health and social care services.

With respect to long-term care, a systematic approach on the part of nursing homes and other care facilities to provide and facilitate virtual visitation represents a near-term strategy for minimizing isolation risks and their attendant health impacts. Realizing broader gains, however, will require overcoming many hurdles to provide the necessary infrastructure to provide access to broadband Internet as well as the resources, technology, and training to ensure that it can be effectively utilized.

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COVID-19 THREATENING ECONOMIC WELFARE

In addition to health risks, the economic contraction from COVID-19 threatens to increase poverty and unemployment among older adults, undermining financial stability and access to income. According the Journal of Aging & Social Policy, more than 20 percent of Americans aged 65 and older live in counties with high infection rates and high economic insecurity risks. According to the National Council on Aging, prior to the pandemic, two out of five older adults in the U.S. were living in poverty, and one-third of senior households were living in financial precarity with no money left at the end of each month, or in debt. Economic contraction in countries around the world is putting still-working older adults at risk of layoff or forced retirement, thus undermining economic security. Risks are

exacerbated for those in developing countries and those working in the informal sector. These vulnerabilities make explicit financial-support provisions for older adults through government relief packages, as well as strategies for economic inclusion of older adults, ever more important.

Like other issues, COVID-19 highlights the economic vulnerability of older adults more broadly. Though social security is a recognized human right under the Universal Declaration of Human Rights, it is not guaranteed, and many countries do not provide it—with older adults in developing countries at elevated risk, and older women disproportionately affected as they tend to have less access to income from employment, land and other property, or pensions, as compared to men. Sixty-eight percent of people above retirement age receive a pension globally (such pensions, according to the ILO, take the form of periodic cash benefits through at least one scheme and often through a combination of different types of contributory and non-contributory schemes), but that number is less than 20 percent in most low-income countries; and recent austerity and fiscal consolidation trends around the world are risk not meeting the minimum standards and needs of older adults.

AGING TRENDS MAKE HUMAN RIGHTS PROTECTIONS URGENT FOR ALL COUNTRIES

Aging trends render the protection of human rights for older adults urgent for all countries, and lower-income countries in particular. Currently, there are over 700 million persons over age 65 globally, and, according to the UN's Population Division, that number is expected to more than double over the next three decades—where one in every six people will exceed age 65. Every country in the world is expected to see growth in the share of their older population in the coming decades, but less-developed countries are projected to experience the bulk of that growth, with two-thirds of the world's older population in 2050.

These demographic shifts present an opportunity to leverage the value and contributions of an aging population while also confronting the realities for countries that are already struggling with access and quality of care and the social and economic inclusion of older adults, particularly acute in lower-middle-income and developing nations. As societies around the world age, the ratio of those of working age to those over age 65 is declining, thus carrying ramifications for countries' labor markets and economies as well as placing fiscal pressures on public health care, pensions, and social protection for older adults.

However, analysis has shown that countries that are able to leverage the aging trend, including by prioritizing investments in community social infrastructure, economic and technological engagement, and health care and wellness, will be better positioned to withstand the pressures and harness the benefits and, critically, meet the needs of older adults. COVID-19 adds another dimension to the challenge, but with lessons to be learned from the ways in

which national governments, service providers, and communities are effectively responding to older adults' needs during and after the pandemic.

HUMAN RIGHTS FOR OLDER ADULTS A GLOBAL IMPERATIVE

The immediate needs and aging trends make near-term, targeted action a health, human welfare, and human rights imperative. International political declarations have sought to recognize and formalize the human rights of older persons, most notably the Madrid International Plan of Action on Aging, which took important steps in prioritizing older persons and development; advancing health and well-being into old age; and ensuring enabling and supporting environments, but that was in 2002. A 2013 mandate of the Independent Expert on the enjoyment of all human rights by older persons importantly shifted the discourse on older adults to focus on human rights, but there is still no dedicated convention for older persons in place. In fact, older adults are the only vulnerable population lacking a comprehensive or binding international instrument to address their rights specifically. Moreover, there remains debate across countries as to whether a new specialized convention on the rights of older persons is needed.

The risks to older adults, illuminated by COVID-19, make clear that the explicit international recognition of the human rights of older persons is still needed. Many countries lacked the legal protections to prevent discrimination, exclusion, marginalization, violence, and abuse prior to the pandemic, and these issues have only been exacerbated under the crisis. Deeper analysis and more systematically tracked and age-disaggregated data are needed to understand the magnitude and regional nuances of these challenges, identify innovative approaches to address them, and scale effective interventions. This moment of crisis represents an opportunity to more deeply understand the chronic issues that have long afflicted older adults, and to target actions to more durably protect their human rights and meaningfully enhance their well-being. ■

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