



Ageing and COVID-19 in the Arab region: Leaving no one behind



Introduction

Older persons are the most vulnerable to COVID-19 and therefore more likely to require hospitalization when infected. Ageing is commonly associated with morbidities such as hypertension and diabetes, making older people more susceptible to hospitalization and death.¹ In resource-poor settings, limited health care facilities and the lack of ventilators and oxygen supply can significantly add to death rates among older persons with COVID-19.

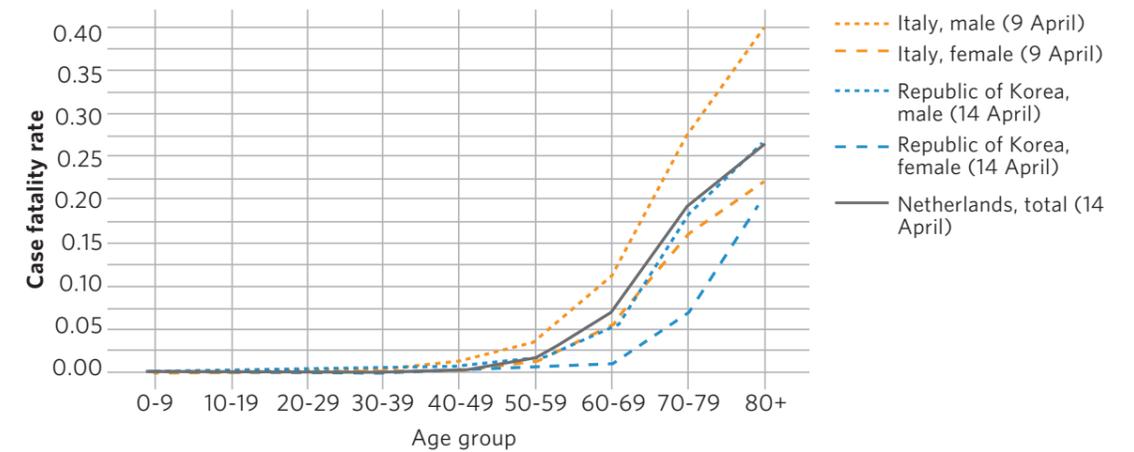
The COVID-19 mortality rate varies across regions and is determined by a range of factors. Of these, the most notable are: demographic profile, population age structure, number of persons tested and cases detected, health system capacity, accuracy of reporting of COVID-19 deaths, plus compliance in implementing WHO guidance for prevention against transmission of the disease (e.g. physical distancing, isolation of infected people and frequent sanitizing).²

Data from Italy, the Netherlands, China, and South Korea suggest that among those infected with COVID-19, fatality rates increase with age. Initial research in China based on over 44,000 cases shows a mortality rate of 2.3% for the general population identified as having contracted the virus. This rises to 8% among those aged 70-79 and jumps to nearly 15% for those aged 80 and above.³



Update on COVID-19 data and census status

Case fatality rate COVID-19, selected countries

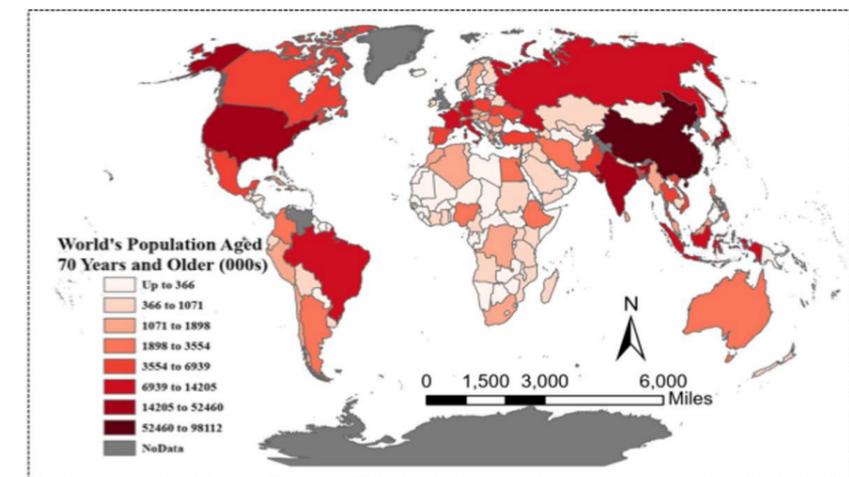


Source: Rijksinstituut voor Volksgezondheid en Milieu Ministerie van Volksgezondheid, Welzijn en Sport; Prodotto dall'Istituto Superiore di Sanità (ISS); Korea Centers for Disease Control and Prevention (KCDC)

Ageing in the Arab region

A combination of increasing life expectancy and declining fertility rates in the past few decades has seen commensurate growth in the size of the older population in the Arab region in both absolute and relative terms. The social and economic implications of this ageing trend include the impact on government budgets and planning decisions as well as policy measures plus the rights of older people to access high quality social and health services and to enjoy a long life with dignity that is free of violence.⁴

Absolute number of persons age 70+, by country, 2020 (UN WPP, 2019)



4 Population Ageing and Policy Options in the Arab Region, UNFPA ASRO. Policy Brief, December 2017.

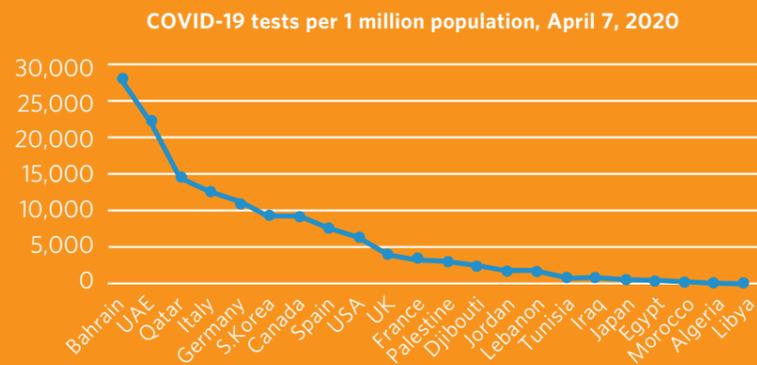
1 <https://www.who.int/emergencies/diseases/novel-coronavirus2019->
 2 Kissler, Stephen, Christine Tedijanto, Marc Lipsitch, and Yonatan Grad. Social distancing strategies for curbing the COVID19- epidemic (March 2020). <http://nrs.harvard.edu/urn3:HUL.InstRepos:42638988>
 3 China CDC Weekly, Vital Surveillances: The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID19-) — China, 2020 <http://weekly.chinacdc.cn/en/article/id/e53946e-2c6c41-4e9-9a9b-fea8db1a8f51>



COVID-19 estimates

As testing is not widespread and infections often go unreported, the number of confirmed COVID-19 cases reported by WHO in the Arab region is likely to be an underestimate. Thus, there is a need to model estimates in order to understand the extent of infections. Imperial College COVID-19 Response Team (ICCRT) estimated that in the absence of interventions, infections will reach 7.0 billion by end of 2020, 419 million of which would occur in the Middle East and North Africa (MENA). This level of infections would result in 40 million deaths worldwide, with 1.7 million in MENA. However, with early mitigation strategies, these estimates drop to 30.5 million infections and 113,000 deaths. If interventions are delayed until infections and mortalities increase, infections will increase to 152 million and deaths would reach nearly 600,000 (Table 1).⁵

Data is still limited on the number of cases by age and sex in the Arab region. Data reported by WHO for Iraq and Egypt (n=1,443 cases) suggest that about two-thirds (67%) of reported cases are among adults aged 20-59, almost one in four cases (24%) are among older adults aged 60 and above, and just nine percent of cases are in young people age 19 and below.⁶



Source: <https://www.worhdometers.info/coronavirus/>

5 Patrick GT Walker, Charles Whittaker, Oliver Watson et al. The Global Impact of COVID19- and Strategies for Mitigation and Suppression. WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel Institute for Disease and Emergency Analytics, Imperial College London (2020)

6 WHO COVID19- Situation in Egypt report, 2 April 2020 and WHO IRAQ: COVID19- Status (24 Feb - 1 Apr 2020)

Table 1: Estimation of COVID-19 infections over 250 days by sex and age derived from estimates from ICCRT

Age	Unmitigated scenario			Early intervention (Suppression at 0.2 deaths per 100,000 population per week)			Delayed intervention (Suppression at 1.6 deaths per 100,000 population per week)		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-19	21,784,719	18,299,164	40,083,884	1,583,108	1,329,811	2,912,919	7,913,825	6,647,613	14,561,439
20-39	60,416,288	82,781,933	143,198,222	4,390,486	6,015,811	10,406,297	21,947,676	30,072,536	52,020,212
40-59	54,026,104	88,300,729	142,326,833	3,926,108	6,416,865	10,342,973	19,626,287	32,077,372	51,703,659
60+	37,179,254	56,349,807	93,529,062	2,701,838	4,094,973	6,796,811	13,506,262	20,470,428	33,976,690
Total	173,406,366	245,731,634	419,138,000	12,601,541	17,857,459	30,459,000	62,994,050	89,267,950	152,262,000

Table 1 shows the estimated COVID-19 infections broken down by age and sex using the ICCRT model, and distributing cases by age and sex using the same percentage distribution observed in Iraq and Egypt. With no interventions, infections in persons aged 60 and above could reach 93.5 million. Early interventions could lower this number to 6.8 million while delaying interventions would result in approximately 34 million infections in older persons. Therefore, for the protection of older persons and other vulnerable groups, it is imperative that governments take early action to prevent the spread of COVID-19.

Older people's vulnerability



Older persons have weaker immune systems and higher prevalence of chronic diseases such as diabetes, hypertension, heart disease, and cancer, causing them to be more vulnerable to COVID-19. In the Arab region, poverty is one of the major factors contributing to poor health, especially where older persons are concerned. In recent years, some countries in the Arab region have experienced political instability that has led to economic regression, which has impoverished more and more people, adding to the burden on governments to assist the poor.

The pandemic is straining health systems, and is expected to severely impact the already over-stretched health systems of low- and middle-income countries. Even more drastic impacts are anticipated in

countries already made vulnerable and fragile by conflict and humanitarian crises as is the case in many countries in the Arab region. As the COVID-19 global crisis continues to tear through the world and shatter global norms, it is likely to have an unprecedented economic impact unlike any experienced in our lifetime. Coupled with the struggle to achieve universal health coverage as part of the 2030 agenda, the financial burden of COVID-19 and the limited availability of well-trained health personnel could result in the health service needs of older people being put behind those of younger age groups that need life saving measures.



Industrialization and the growing demand for a work force trained in new skills has resulted in a labor market that tends to favour youthful workers over older members, despite their prior experience. This preference renders older workers more economically vulnerable. In the Arab region, the acknowledged role of older persons as head of the household is far more than a symbolic role. In many cases, this role comes with a lot of responsibility, particularly economic and financial responsibility. The results of PAFAM surveys conducted in a number of Arab countries showed that 85% of the population age 60+ reported being the head of their household (63%) or spouse of the head (22%). Among older men, 94% are the head of household as compared to 30% of older women. The financial strain of having economic responsibility for other household members can make older persons more vulnerable, especially in situations where they forego their own health care in order to meet other household expenses.

Gender norms and pre-existing inequalities can become exacerbated during emergencies, which can increase older women's vulnerability. In the COVID-19 health emergency, a number of gendered impacts have emerged, notably, the fact that since women are more likely to provide home care and community services, they are more likely to be exposed to the virus.⁷ Some women may have limited access to accurate, official information and public service announcements due to their limited access to public spaces and group gatherings. Older women with mobility issues would have even less exposure to critical life-saving messaging and alerts in a health emergency such as COVID-19. A study in Egypt, Jordan, and Tunisia found that older women were more likely to be living alone than older men. In Egypt and Tunisia, one in four women aged

⁷ Impact of COVID19- on Gender Equality in the Arab Region. E/ESCWA/2020/Policy Brief.4

65+ lived alone, increasing their vulnerability.⁸ Finally, overwhelmed health services, reduced mobility and diverted funding will likely hamper women's access to health services.⁹ Stress and fear may further aggravate violence against older persons, especially older women, making them even more vulnerable in the absence of necessary support and services.

Older people in humanitarian settings are particularly at risk of the worst impacts of the virus because of overcrowding, under-resourced services, and lack of access to national health services. Water and sanitation facilities may not be available or of a standard to enable people to follow advice on hygiene. Once the virus hits these populations, the impact will be much more severe, pushing the delivery of health and social services to the breaking point.

The Arab Regional Strategy for Older People

The Arab Summit in 2019 has adopted the Arab Regional Strategy for Older People that was endorsed in 2018 by The Arab Ministers of Social Affairs and Health. The strategy was developed by The League of Arab States in collaboration with UNFPA ASRO and other UN partners. The strategy M&E framework has been finalized and will soon announce the finalization of its legal framework.

The regional strategy is built around five main themes, namely: (1) the status of older persons and their social and living conditions; (2) health conditions of old persons; (3) social, economic and cultural participation of older persons; (4) Older people in Conditions of War and Conflicts; and (5) the role of the media in improving the image of older persons and serving their issues.

⁸ Angeli, A. and Novelli M. Transitions In Late-Life Living Arrangements And Socio-Economic Conditions Of The Elderly In Egypt, Jordan And Tunisia. Economic Research Forum Working Paper2017 .1083. <https://erf.org.eg/wp-content/uploads/1083/04/2017.pdf>

⁹ World Humanitarian Data and Trends, 2016. <https://reliefweb.int/sites/reliefweb.int/files/resources/WHDT2016.pdf>

Data challenges

Additional and more disaggregated data and information are crucial to understanding which groups are most vulnerable to COVID-19, e.g. employed vs. unemployed, household type (living alone, couples without children, living with extended family etc.). More disaggregated data can inform who is most in need of better access to social protection and to mobile and virtual (health, education and financial) services especially during enforced physical distancing and/or isolation. These data are important to understand the different burden and impact of COVID-19 on women and men among older age groups as well as address shortcomings and specific vulnerabilities and risks such as mental health disorders because of ageing or domestic violence.¹⁰

Recommendations

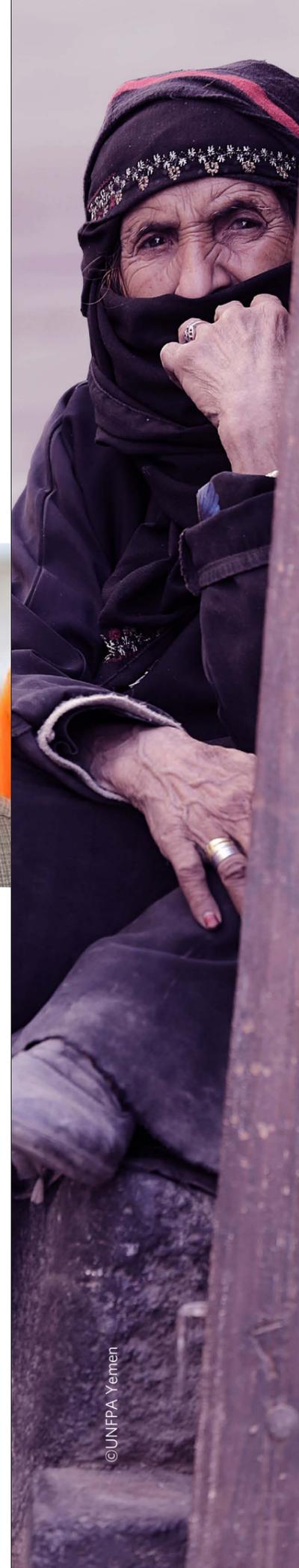
COVID-19 is a serious illness, which continues to spread worldwide, and with variable rates among different Arab countries. Older people, and those with underlying health problems like asthma, high blood pressure, heart disease or diabetes, are more likely to become seriously ill with COVID-19, and are more likely to die. The world has witnessed the challenges of the developed world trying to respond to the critical care needs of older people with COVID-19, sometimes unsuccessfully. Ensuring no one is left behind is more important now than ever amid the current crisis.¹¹

Governments should prioritize the health needs of older age groups in their response to the COVID-19 pandemic. Older population groups are assets to their communities, families and their countries at large. It is important to recognize their social, cultural, and economic contribution and to strengthen intergenerational solidarity.

In response to COVID-19 crisis, The League of Arab States Social Sector in collaboration with UNFPA ASRO are forming a long standing emergency committee that will provide adequate technical support to Arab Member States including those affected by conflicts based on their needs.

¹⁰ <https://COVID-19-response.unstatshub.org/data-solutions/gender-disaggregated-data/>

¹¹ Kissler, Stephen, Christine Tedijanto, Marc Lipsitch, and Yonatan Grad. Social distancing strategies for curbing the COVID-19 epidemic (March 2020). <http://nrs.harvard.edu/urn3:HUL.InstRepos:42638988>



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Moreover, the Arab Ministerial Councils of Social Affairs and Health are calling for active actions to implement the Arab Regional Strategy for Older People focusing on the rights, health and protection components.

Preparing for an outbreak is essential to contain and delay the spread of COVID-19 and to reduce the risk to older people. All countries must prepare and respond, and each is encouraged to implement public health measures in line with WHO's global Strategic Preparedness and Response Plan.¹²

Short-term policy messages

- Preparedness and response to the COVID-19 outbreak should always be carried out in accordance with human rights standards and in a manner that is necessary and proportionate to the evaluated risk by:
 - Ensuring older persons' universal and equitable access to COVID-19 necessary health care services and adopting policies that would help prevent ill health among older members of the population.
 - Enabling a supportive environment for older people to access basic social services through provision of cash transfers or in-kind support to ensure their dignity. Digital solutions are encouraged to accommodate and take into account social distancing policies.
 - Advising older people to avoid any physical contact, stay at home, avoid travelling by public transportation, avoid shopping, and avoid any public gathering.
 - Providing technical guidance on reinforcing Infection Prevention and Control (IPC) measures within facilities, including training for all employees, imposing physical distancing, restriction on visitors and group activities, and developing response plans.
 - Identifying older people who are at higher risk of mortality from COVID-19 and ensuring they receive necessary support messages and alerts through media, family awareness, and community-based organizations. Ensuring education and information about the disease and how it is transmitted should be provided across generations, so that all are involved in taking responsibility for the protection of their society's most vulnerable.
- Risk analysis of existing data is needed to understand risk of infection and subsequent mortality rates in older people based on their living conditions.

¹² <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

- Robust civil registration and vital statistics (CRVS) systems as well as health information systems (HIS) are necessary to generate accurate mortality and cause of death data to understand the excess burden of mortality from COVID-19, particularly among the older population.
- The generation of detailed, real-time, disaggregated and robust data for emerging disease outbreaks such as COVID-19 is critical for public health decision making.
- Governments with humanitarian settings or hosting refugees should prioritize the needs of older persons, likewise women, and children.
- Promote participation of older people in the design of community COVID-19 care initiatives for effective implementation.

Long-term policy messages

- The Arab Regional Strategy for Older People adopted by the Arab Summit in 2019 and endorsed by the League of Arab States Ministerial Council of Social Affairs and Health is an appropriate roadmap for making policies to support older population groups and lessening their vulnerability.
- Countries should adhere to rights-based approaches in planning for the social security and health care needs of older people. Further, governments should ensure care providers have the skills required to serve older persons.
- Encourage older people's participation in decision making at all levels on matters affecting them, providing them opportunities to remain in or to enter the labour force, and adopting schemes to eradicate poverty among them, especially among older women and those living in rural areas.
- Evidence-based research and analysis on the increasing risk of infection and fatality for older age groups is required to estimate the potential additional burden on health systems in countries of the Arab region.
- A policy toolkit is required that includes the roles of parliamentarians in COVID-19 to amend laws and policies addressing the older population, the need to strengthen monitoring and evaluation of strategies and plans, and to raise public awareness.
- National preparedness plans must include contingency planning for refugee and IDPs where necessary, and make provisions for older people to access appropriate treatment regardless of their legal status.
- Governments need to ensure access of older persons in humanitarian settings to social and legal services to enhance their autonomy, protection, and care as well as all other rights as applicable, including pensions, welfare benefits, and compensation for loss of property.



UNFPA response plan to COVID-19

UNFPA has partnered within the IASC and other coordination mechanisms to produce technical notes on the COVID-19 response:

<https://www.unfpa.org/resources/coronavirus-disease-covid-19-pandemic-unfpa-global-response-plan>



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