

Ageing in times of COVID-19 global pandemic



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*And he knew, also, what the old man was thinking as his tears flowed, and he, Rieux, thought it too: that a loveless world is a dead world, and always there comes an hour when one is weary of prisons, of one's work, and of devotion to duty, and all one craves for is a loved face, the warmth and wonder of a loving heart (Albert Camus, *The Plague*).*

Ageing and health has been a priority issue across countries in both the Global North and Global South. The United Nations Sustainable Development Goals (SDGs) underline the significance of ageing population, proclaiming that “no one will be left behind.” It seeks to ensure “healthy lives” and promote “well-being at all ages.” In its commitment to achieve SDGs, the UN further stated that “all indicators should be desegregated by age” (United Nations, Department of Economic and Social Affairs 2015a; 2015b; United Nations Development Programme 2017). While such proclamations apparently remain a distant goal in the neoliberal era (with no more blanket promises to ‘social security’ and welfare measures), the state and non-state actors cannot but make explicit commitment to the protection of vulnerable people whose number has been increasing in low-and middle-income countries. This is increasingly due to the intervention and activism of judicial agencies, human rights and civil liberties organisations etc. In situations of national and international emergency (such as disasters and pandemics), the role of these agencies is critical and reassuring. The current scenario of COVID-19 with its attendant implications for older persons is a case in point.

Even as the global pandemic witnessed a tidal surge in India and across the world, the Supreme Court of India directed all states to file a comprehensive affidavit, bringing out the details and the measures put in place by them (apropos a petition seeking proper facilities for the ageing population in the country). The court also gave one month to those states which have not filed affidavits yet (Supreme Court of India 2020b). The Supreme Court bench was hearing a plea which sought the intervention of the judicial body with regard to the elderly, saying they need more care and protection in this critical time of the pandemic. Earlier, on 4 August, the matter had come up before the apex court which, in turn, directed that all eligible old age people should be paid pension without any interruption and that the states should provide them necessary medicines, masks, sanitisers, and other essential goods in the wake of the pandemic (Supreme Court of India 2020a). In its August 4 direction, the court had pointed out that given their vulnerability, the ageing people should be rendered priority in admission in government hospital and if any complaint emerged in this direction, lodged by them, the hospital authorities should take immediate measures to remedy their grievance. Senior advocate and former Union Minister Ashwani Kumar who moved the court said that the elderly living alone constituted the “worst sufferers” and they were not able to get medicines, masks, sanitisers, and other essential goods (Ibid).

It may be noted that even months before the first case of COVID-19 was reported in India, the Supreme Court in its 13 December 2018 verdict had said that the statutory rights of over 10 crore elderly persons in India must be recognised and implemented, directing the Centre to obtain information from all states and Union Territories about the

number of old age homes in each district (Supreme Court of India 2018). The court, while emphasising the social justice aspect, said that the state is obligated “to ensure that right to live with dignity, shelter and health of citizens, including the elderly, are not only protected but also enforced.” It also directed that a plan of action should be prepared for giving publicity to provisions of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 to make the elderly aware about their constitutional and statutory rights, and that the Centre must exercise its power and issue appropriate directions to the states for effective implementation of the provisions of the Act, and also conduct a review for the purposes of monitoring its progress (India, Ministry of Law and Justice 2007; Supreme Court of India 2018).

It is more than a coincidence that the August 4 direction of the Supreme Court came just a day after the 73rd World Health Assembly (WHA) endorsed the proposal for a Decade of ‘Healthy Ageing’ (2020-2030). The ‘Healthy Ageing’ is the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value (WHO 2020a). The Decade of ‘Healthy Ageing’ is envisaged as an opportunity “to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live” (Ibid). The WHA, in its resolution on 3 August, noted that populations across the world “are ageing at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society.” It further noted that a decade of determined world-

wide action on ‘Healthy Ageing’ would be urgently needed. This is quite significant because there are already more than 1 billion older people aged 60 years or above, with most living in low-and middle-income countries. Many find it quite difficult to have access to even the basic needs of existence to lead a life of minimum dignity. Others face numerous impediments that inhibit their full mobility and participation in society. The WHO projected that in the next three decades, the global ageing population is expected to be more than double, reaching over 1.5 billion persons (WHO 2020b). By 2050, the ageing people will have increased to 21.5 per cent of the global population. The demographic shift will be more discernible in the Global South countries which, by 2050, will have eight out of 10 of the world’s over 60s. The emerging scenario of low-and middle-income countries has prompted many to say the Global South is “growing old before it grows rich” (UNDP 2015). However, the WHO warns that the Universal Health Coverage cannot be achieved without addressing their needs (WHO 2020b).

An unprecedented contagion for older people

While the international declarations on ageing people continue to emerge, the COVID-19 has already taken the largest share of fatalities from the older persons. Health experts agree that the present pandemic is unprecedented in history. Admittedly, it is for the first time that the people over 65 are more vulnerable to risks and fatalities than they were any time in history. This has tremendous implications for how the pandemic sweeps, how many people will succumb to death and what the economic and social consequences would be (Holt et al. 2020; CDC 2020; WHO 2020c). The influenza pandemic of 1918-19—

which killed more than 50 million people and caused more than 500 million (one-third of the world population) infections across the world—was not too bad for older people. The worst victims were the adult population (Martini et al. 2019). However, COVID-19 set a bad health scenario for the older. Those over 65 and above, particularly with comorbidities will continue to be disproportionately vulnerable to hospitalisation and fatality. This is the trend globally. Those above 85 or above faced the highest risk for severe illness from the coronavirus (CDC 2020).

Thus, the pattern of COVID-19 deaths by age has been palpable since the beginning of the pandemic. Investigations in the United States, Spain, England, Italy, China, Brazil, Russia and other countries in Europe have estimated the risks involved. They reveal that age is undoubtedly the strongest factor of an infected person's danger of fatality (Mallapaty 2020; Greenwood 2020; Daoust 2020). In China, where the pandemic took its origin, nearly 80 per cent of deaths occurred among adults aged 60 years or older. In the United States, where the death toll has crossed 2 lakhs (with nearly 7 million confirmed cases by 20 September) older people remain at risk of becoming fatally ill. People 65 and older account for 16 per cent of the US population, but 80 per cent of coronavirus deaths in the US are from this age range—higher than their share of deaths from all causes (75 per cent) over the same period. It means 8 out of 10 COVID-19-related deaths reported in the United States have been among people aged 65 years and older (CDC 2020). *The New York Times* reported that more than 40 per cent of COVID-19 deaths were linked to nursing homes (*The New York Times*, 13 August 2020). According to

BBC, an analysis by a non-partisan foundation found that 45 per cent of US deaths had come from such care homes (Prasad 2020).

There were also some disturbing reports, in the early stage of the pandemic, that a section of hospitals in the US and Europe had discouraged older people with coronavirus symptoms approaching for medical care in the context of dwindling facilities. More than 95 per cent of the deaths reported from COVID-19 infection in Europe were people in the age category of above 60 (Seethi 2020). In Australia people aged over 65 and those with comorbidities remain extremely susceptible to hospitalisation and death. They were also reported to be at heightened risk of psychological distress from prolonged social distancing procedures and the changing pattern of health care delivery (Holt et al. 2020). In Italy, the spread of COVID-19 affected mostly people over 50 years of age. It claimed more than 35,000 lives since it entered the country. The mortality rate appeared to be very high for the order patients. For people above 80 years of age, the fatality rate was above 34 percent. At some stage, the mortality rate had reached 13.8 per cent, higher than that registered in other countries (Statista 2020).

In India, the fatality rate continued to be higher in the elderly with those above 60 accounting for as much as 50 per cent of the total deaths. And those in the relatively younger age band of 45–60 years also appeared to be increasingly vulnerable—accounting for 37 per cent of fatalities (*The Times of India*, 5 August 2020). Studies say that 68 per cent of India's ageing population live in rural areas, 58 per cent are illiterate, and 70 per cent (male: 55%, female: 88%) remained dependent on others (Kumar and Kumar 2019). Meanwhile, family

relations in India seem to be changing and there were cases of younger children deserting their older parents, as they were reported from rural and urban India (Varma and Babu 2010). All this shows that the emerging situation in India would deepen the susceptibility of the elderly people further with the spread of the pandemic (Ranjan and Muraleedharan 2020).

Age International, an international non-governmental organisation working for the well-being of older people, reported that the “pandemic has amplified the violence, abuse and neglect of older people around the world.” Before the COVID-19 set in, one in six older people was estimated to have suffered abuse but reports indicated that the “abuse has increased in many countries as a direct result of the pandemic” (Age International 2020). The abuse suffered by older people manifests in diverse ways, which include physical, psychological, verbal, financial and sexual abuse, besides neglect. Older women remained at higher risks, and people with disabilities and those with support needs also suffer. There were reports that economic stresses caused by the pandemic situation are intensifying the incidence of economic abuse of older people (Ibid).

The United Nations has admitted that the pandemic has triggered deep anxiety, fear and miseries for the ageing population in the world. As the virus has swept across countries in the Global South, the death rate for ageing population could mount even higher. Less noticeable but no less distressing are the larger consequences: older persons may get neglected with health care being denied for conditions not actually related to coronavirus; abuse and mistreatment in care facilities; a surge in unemployment and poverty; atypical effect on mental health; and

humiliation and discrimination (United Nations 2020). The UN noted that even before the onset of COVID-19, a significant section of the ageing population around the world were living in poverty and encountering social exclusion. It says: “The risk of poverty increases with age, with the percentage of older persons living in poverty as high as 80% in some developing countries” (UN, Department of Economic and Social Affairs Programme on Ageing 2015). In the background of the pandemic, the UN warned that the emerging situation “may significantly lower older persons’ incomes and living standards.” It also noted that the “downturn will most likely have a disproportionate impact on older women, given their limited access to income” (United Nations 2020; ILO 2018).

Drawing from the experiences of Europe and the United States, the world body further recorded that the spread of coronavirus in care homes and similar institutions has taken “a devastating toll on older people’s lives, with distressing reports indicating instances of neglect or mistreatment.” It also pointed out that the older persons living in refugee camps, informal settlements and prisons “are particularly at risk, due to overcrowded conditions, limited access to health services, water and sanitation facilities, as well as potential challenges accessing humanitarian support and assistance” (United Nations 2020).

Thus, as the UN and WHO testified, the older persons in many countries face age discrimination in the choices on health care, in deciding the urgency and priority of medical attention, and life-saving remedies. Even before COVID-19, older persons in many countries did not have access to essential health services due to the prevailing inequalities. The pandemic may also lead to a falloff of critical services

for other illnesses, further intensifying risks to the lives of ageing population. It is true that while the coronavirus infection cases have swelled everyday, overburdened hospitals and medical services encounter challenging decisions around the use of limited facilities. The WHO says that the recovery from the pandemic is an occasion “to set the stage for a more inclusive, equitable and age-friendly society, anchored in human rights and guided by the shared promise of the 2030 Agenda for Sustainable Development to Leave No One Behind” (WHO 2020b). No doubt, older people need to be supported to access their social security and other protection measures. Evidently, COVID-19 has changed the pattern of their life-world in an unprecedented manner, which include the care and support they get, and the possibilities of socially connected. Health experts warn that the global pandemic may persist in different forms with unpredictable bouts in the coming months. Now that the low- and middle-income countries are witnessing an exponential rise in the contagion, it has become imperative that the state and civil society play a more constructive and interventionist role in ensuring the social security of the older persons.

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