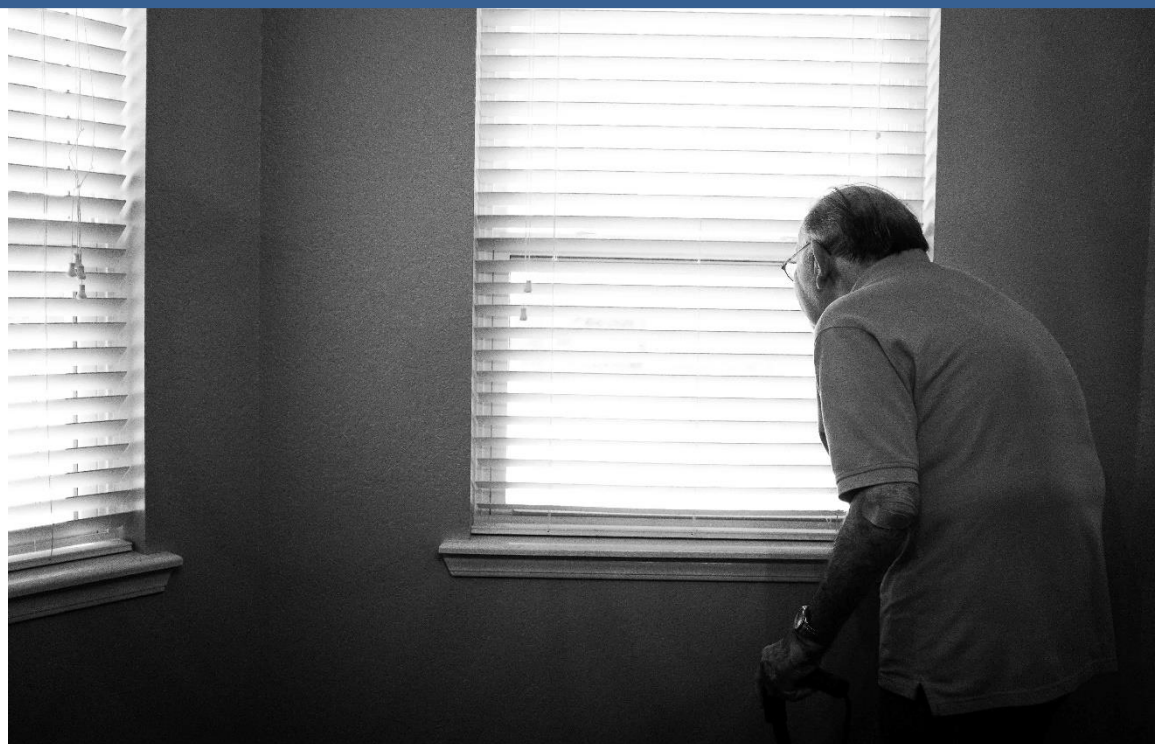




COVID-19 and human rights concerns for older persons



AGE Platform Europe

Updated version:

18 May 2020

Introduction

This paper from AGE Platform Europe (AGE) presents the state-of-play of a reflection we have engaged with our members and external experts on how the COVID-19 pandemic and measures taken by governments affect the human rights of older persons. As the situation evolves rapidly and responses in different countries and local contexts vary, our paper must be seen as a living document, rather than a definite assessment of how the current circumstances influence the human rights of older persons.

This version dated 18 May 2020 includes updates with regard to risks to the right to health, including mental health and palliative care, how digital exclusion adversely impacts older people's opportunities for social contact and access to information, medical and other services and the increased risk of violence and abuse during the lockdown. Our reflection also includes new information regarding the specific challenges faced by older people in residential settings, those who live alone and older persons who receive care at home, as well as multiple disadvantage for older women, older LGBTI and older Roma. To highlight the updates, new material is presented in **blue fonts**.

Our document refers both to alarming and promising practices and measures. However, it does not pretend to be comprehensive. We are aware that our analysis does not adequately cover the diversity of the older population. Sub-groups of older persons face additional risks due to underlying health issues, adverse living conditions (such as those living in institutions, in refugee camps and those experiencing homelessness), support needs, socio-economic inequalities and other factors¹.

Some countries are under more pressure than others because the numbers of individuals affected by the virus are increasing more quickly. Responses to the pandemic will depend on the national and local context. In our paper we just try to bring forward issues that have come to our attention and how they particularly affect older persons. Evidently, in addition to initiatives that aim to address the most urgent needs, more comprehensive solutions supporting the wellbeing and health of all will be needed in the mid- and long-term, including reforms of our social and health care systems across Europe to better protect human rights in case of such crises.

We are also aware of the high levels of volunteerism that the pandemic has prompted, all of which cannot be captured in this short paper. AGE has

¹ See for example this statement by the informal coalition Nobody Left Outside: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-statement-on-COVID-19.pdf>

developed a dedicated [webpage](#) aiming to highlight formal and informal types of support for older persons and other people in vulnerable situations.

We welcome all input about how to make this paper as reflective as possible of the human rights situation of older persons across the EU during the pandemic. If you wish to contribute to our work, please contact: Nena Georgantzi, Policy Coordinator on Human Rights & Non-Discrimination, nenageorgantzi@age-platform.eu

Table of Contents

| | |
|---|----|
| Introduction..... | 0 |
| Our key message | 2 |
| Our key recommendations..... | 2 |
| Maintaining the highest attainable standard of health..... | 3 |
| Intersectional approach to health | 6 |
| Mental health | 8 |
| Informed Consent and Palliative care | 10 |
| Ensuring social inclusion and combatting digital exclusion..... | 11 |
| Addressing the risk of discrimination, hate speech and stigma | 13 |
| Facilitating social, civic and economic participation..... | 17 |
| Risk of violence, abuse and financial exploitation..... | 19 |
| Paying attention to the rights of people in vulnerable situations | 20 |
| Older persons in residential care | 20 |
| Older persons who live alone..... | 25 |
| Older persons who receive care in the community | 27 |
| Useful resources..... | 29 |
| Statements by international human rights bodies and experts..... | 29 |
| WHO Guidelines | 30 |
| Civil society resources | 30 |
| For more information..... | 31 |

Our key message

***Older persons have the same rights as others,
and these must be equally protected during the pandemic***

We all have equal rights, regardless of age. However, the COVID-19 pandemic might pose distinct threats to the equal enjoyment of human rights by older persons. We all have a shared responsibility to help contain the spread of COVID-19 and make sure that care is delivered to those who mostly need it. Solidarity between and within generations and societal cohesion is the best answer to the pandemic.

Because older persons are at higher risk of serious complications due to COVID-19, targeted action may be necessary. Their particular health risks and support needs must be taken into account in policy planning and responses including during pandemics. Some older persons – alongside other people in vulnerable situations – will need additional support to access essential goods (e.g. food), services (e.g. social or health care), and to maintain human interaction. States must take additional social protection measures so that support reaches those who are at most risk of being disproportionately affected by the crisis². Failure to deliver essential support during the crisis amounts to a breach of human rights.

Our key recommendations

- Older persons have the same rights as others, and these must be equally protected during the pandemic.
- Measures taken as a response to COVID-19 must be necessary, limited in time, proportionate and non-discriminatory.
- Chronological age should not be used for the allocation of goods and services and should not be a criterion for determining people's vulnerabilities, prognosis, or treatment options.
- While protecting everyone's human rights, States are required to take special measures to ensure protection from discrimination, prevention of abuse, inclusion and access to essential services for people in vulnerable situations, such as those living in institutions, those living alone, people receiving care in the community, people at risk of digital exclusion and people at risk of experiencing neglect and abuse.

² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>

- Availability of health and social care staff should be reinforced, to ensure continuity of care.
- Adequate support and safety protection must be guaranteed for formal and informal caregivers as well as for people in need of care.
- Information must be transparent and fully accessible, including to people that can be digitally excluded or experiencing cognitive difficulties.
- Older persons must have an equal say in public debate, to be consulted regarding planned measures and to contribute to efforts for post COVID-19 recovery.

Maintaining the highest attainable standard of health

Everyone – regardless of age – has an equal right to the highest attainable standard of health. There are reports from several countries where medical and social services and hospitals are lacking resources, like masks, gloves and antiseptic, which puts health and social care professionals and patients at risk³. Governments must do their utmost to provide necessary personal protection equipment (PPE) to all medical and social care staff who are at the forefront, as well as for those who continue to care for chronic patients in order to avoid a second wave of cases. A large number of paid and unpaid care workers are older women, who can become vulnerable to infection unless provided with protective equipment.⁴

All population groups should be able to access health care, including medicines and protective equipment, without discrimination. Applying supplementary charges on care home residents for PPE or forcing staff to buy masks and gloves out of their pocket is a form of discrimination.⁵ Healthcare must be effective and affordable to everyone, while ensuring that groups at particularly high risk, such as those living in institutions are adequately

³ <https://www.ouest-france.fr/sante/virus/coronavirus/coronavirus-malgre-le-confinement-les-ehpad-ne-sont-pas-epargnes-par-l-epidemie-6788024>; <https://www.lalibre.be/debats/opinions/je-ne-peux-pas-taire-ce-que-j-ai-vu-dans-ce-home-5eafb7ab9978e23845a32d68>

⁴ https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf; <https://www.oecd-ilibrary.org/docserver/b768405f-en.pdf?expires=1589371534&id=id&accname=quest&checksum=E292555C97DC7EB69E1FD2B5BF775D27>; http://www.euro.who.int/_data/assets/pdf_file/0019/290440/Core-Health-Indicators-European-2015-human-resources-health.pdf

⁵ <https://www.theguardian.com/society/2020/may/04/higher-ppe-costs-of-care-homes-passed-on-to-clients-uk-charity-warns>; <https://www.bbc.com/news/uk-england-dorset-52472482?fbclid=IwAR1SuyorRKWXKvNCbzu61vks31CyiVLxpCOGY8QHqMsrltViuuJW2w0Liq0>

protected.⁶ Additional funding to cover costs for PPE and other COVID-19 related expenses must be made available for health and social care providers that struggle, in order to ensure that everyone has equal standards of care during the pandemic.

Everyone, without exception, has the right to life-saving interventions.

Medical guidelines/triage protocols are necessary in countries where healthcare professionals will not be able to provide the same level of care to everyone due to lack of life-saving equipment. Triage protocols must be developed to support decision-making of healthcare professionals on the basis of medical needs, scientific evidence and ethical principles. **Whereas some older persons will have comorbidities that impact their chance of surviving intensive medical intervention, age should never be a criterion for medical triage**⁷. Protocols based on non-medical criteria such as age or disability, deny persons their right to health and life on an equal basis with others.

Once vaccine or treatment for COVID-19 becomes available this must be accessible without discrimination. In case of need of prioritisation, decisions for allocation must be based on sound medical evidence and the individual urgency of the required treatment or prevention⁸.

Positive measures should be applied for older persons who are particularly at risk of infection and severe outcomes. For example, early testing and vaccination – when it becomes available- for older people in institutions and those with comorbidities, as well as for staff employed in residential care facilities could mitigate the risks of COVID-19 on the concerned individuals and further propagation of the virus. In case retired persons or older volunteers are called to service as frontline workers, safeguards for their health, safety and wellbeing must be applied.

Primary care as well as specialised geriatric care must remain available during the pandemic. **Whereas physical medical visits have been largely replaced by online services, health services must remain open for physical access**

⁶ <https://rm.coe.int/statement-of-interpretation-on-the-right-to-protection-of-health-in-ti/16809e3640>

⁷ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>;
<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>;
<http://www.sanita.sm/on-line/home/bioetica/comitato-sammarinese-di-bioetica/documents-in-english/documento2116023.html>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

⁸ https://www.coe.int/en/web/commissioner/thematic-work/covid-19/-/asset_publisher/5cdZW0AJBMLI/content/learning-from-the-pandemic-to-better-fulfil-the-right-to-health?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Fcommissioner%2Fthematic-work%2F-covid-19%3Fp_p_id%3D101_INSTANCE_5cdZW0AJBMLI%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-1%26p_p_col_count%3D1

when remote consultation is not possible or equally effective, so that every person in need of health care can access appropriate health services. Support for self-management of health during the confinement, such as remote advice for physiotherapy and activity, healthy nutrition, cognitive stimulation, etc must be available to prevent health deterioration. For older people who face barriers in accessing health services during the pandemic, such as those who are digitally excluded and those living in remote area, alternative means like phone consults or home visits must be available.

Different means of communication in accessible formats, including in print and other offline formats, TV or radio broadcast should be used to disseminate critical information around protective and preventive measures and how to access health services during the pandemic. For older people at risk of poverty and social exclusion, the possibility to contact health services must be guaranteed even if they are unable to pay the normal telephone tariffs.⁹ States must work together with phone and internet providers to ensure the application of low tariffs for disadvantaged groups, as their unavailability could impact their possibility to contact health services and reach their loved ones in case of sickness.

Emergency services must remain available throughout the COVID-19 crisis. In many countries emergency numbers are overwhelmed with calls, which means that people who have life threatening emergencies, like a stroke or a heart attack, may be unable to reach medical care in time. There is some evidence that there is under-reporting of health emergencies, which may have dramatic consequences for patients who do not resort on time to medical services¹⁰. Separate lines should be available for patients with non-COVID-19-related symptoms and information should be widely disseminated as well as targeted toward chronic patients.

The pressure on health care systems should not deprive patients of essential health care. Discharging of patients must be made on the basis of medical criteria. Discharging patients early¹¹ to free hospital beds and not

⁹ <https://www.defenseurdesdroits.fr/fr/covid-19-et-urgence-sanitaire-le-role-du-defenseur-des-droits>

¹⁰ https://www.lemonde.fr/societe/article/2020/03/31/coronavirus-les-medecins-inquiets-des-degats-collateraux-de-l-epidemie_6034977_3224.html

¹¹ At a nursing home in Gilleleje, Denmark a resident was hospitalized after showing symptoms of Corona virus. In the hospital he was tested positive, but was discharged again after a day, as his condition was not required by the hospital. Back at the nursing home, he was isolated in his own home. Subsequently, another four residents as well as four nursing home employees were tested positive for Corona virus. <https://www.aeldresagen.dk/om-aeldresagen/liqe-nu/corona/Synspunkt/corona-det-mener-aeldresagen?scrollto=start>

ensuring that there are adequate alternative care arrangements could breach patients' right to adequate medical care.¹² Emergency measures taken as a response to COVID-19 must be necessary and proportionate.¹³ This implies that transferring a patient from hospital care to a care institution or care in the community must be made only after ensuring that the individual can have access to the medical, rehabilitative and palliative care they need. Coordination between health and social care is essential to avoid care gaps.

Promising practices

The WHO has developed a Health Alert messaging service, which offers information on symptoms and how to protect yourself¹⁴. Several national and local health authorities have developed apps to self-evaluate symptoms and get additional information¹⁵. These initiatives can help direct attention of medical professionals to those that need it most.

In [Austria](#) testing has been extended prioritizing the testing of all employees and residents in old people's and nursing homes.

Intersectional approach to health

Older women are more likely to be exposed to COVID-19 because they form the majority among older people needing care, social care staff and informal carers. Older women are more likely to have only minimum or lower pensions than average and live at-risk of poverty and social exclusion, a manifestation of life-long inequalities. They are also more likely than men to live alone in their household. These aspects may in turn exacerbate the impact of the virus, and older women's access to protective items, food, water, information and health

¹² <https://www.hrw.org/news/2020/05/06/hungary-kicks-patients-out-hospitals-prepare-covid-19>. At a nursing home in Gilleleje, Denmark a resident was hospitalized after showing symptoms of Corona virus. In the hospital he was tested positive, but was discharged again after a day, as his condition was not required by the hospital. Back at the nursing home, he was isolated in his own home. Subsequently, another four residents as well as four nursing home employees were tested positive for Corona virus. <https://www.aeldresagen.dk/om-aeldresagen/lige-nu/corona/Synspunkt/corona-det-mener-aeldre-sagen?scrollto=start>

¹³ https://www.ohchr.org/Documents/Events/EmergencyMeasures_COVID19.pdf

¹⁴ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---20-march-2020>

¹⁵ <https://web.gencat.cat/ca/actualitat/detall/Nova-app-per-detectar-la-Covid-19-a-Catalunya;>
<https://www.emprendedores.es/gestion/a31644550/la-comunidad-de-madrid-crea-una-app-contra-el-coronavirus/>

services.¹⁶ Gender aspects must regularly be considered in measures to cope with the pandemic.¹⁷

The impact of quarantines, lockdowns and physical distancing measures on people with chronic or non-COVID 19 related conditions must be evaluated and their access to necessary health treatment, including medicines must be guaranteed. Even before the pandemic older persons have been facing discrimination in access to health care.¹⁸ The current crisis must not be used as a pretext to exacerbate such inequalities. Denial of health treatment is a violation of human rights. Older persons should be able to receive necessary integrated health and social care, including palliative care and rehabilitation during the pandemic.¹⁹ When the curve of the pandemic is flattened, older persons should not be deprioritized in accessing health services that could not be delivered due to lockdown measures.

The living conditions of some groups, such as older Roma, or people living in deprived and remote areas, might also hinder their capacity to access health and care services, especially when lockdown measures allow older people to leave their homes only during very specific hours or for a very short distance.²⁰

Similarly, when lesbians, gays, bisexuals, trans, or intersex (LGBTI) people can find trusted health professionals, they are more likely to return to them regardless of the geographical distance. In situations where these trusted professionals might be inaccessible, e.g. due to travel restrictions, the mistrust between LGBTI patients and health providers might lead LGBTI people not to seek the medical advice and care they need. Health services that are particularly relevant to LGBTI people should not be deprioritized on a discriminatory basis. While older LGBTI individuals have higher rates of human immunodeficiency

¹⁶ <https://eige.europa.eu/covid-19-and-gender-equality/gender-impacts-health>

¹⁷ https://www.coe.int/en/web/commissioner/thematic-work/covid-19/-/asset_publisher/5cdZW0AJBMLI/content/learning-from-the-pandemic-to-better-fulfil-the-right-to-health?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Fcommissioner%2Fthematic-work%2F%2Fcovid-19%3Fp_p_id%3D101_INSTANCE_5cdZW0AJBMLI%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-1%26p_p_col_count%3D1

¹⁸ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0220857>

¹⁹ https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

²⁰ Older Roma living in Northern Macedonia for instance are not allowed to leave their home, except from 05:00 to 11:00 daily, while many live far away from the next pharmacy or medical institutions <https://www.age-platform.eu/policy-work/news/older-roma-forgotten-dramatic-experience-ageing-time-pandemic>

virus (HIV), it is critical that continued access to proper treatment is ensured as the absence of it would weaken the immune system of people living with HIV.²¹

Mental health

Health experts are increasingly warning about the potential health risks due to long-term containment measures²². Physical exercise is key to the maintenance of everyone's physical and mental health. Safety measures should not discourage people catching fresh air and natural light and doing physical exercise while observing the safety recommendations provided by the WHO and national governments.²³ The above should also hold true for persons living in institutional settings²⁴. Physical distancing measures applied to the general population should not disproportionately affect older people's ability to go out and exercise. Ways to encourage physical activity while self-isolating should be available, such as through video or television programmes.

Measures taken as a response to the pandemic create significant risk for mental health. Prolonged periods of isolation could have a serious effect on the mental health of older persons.²⁵ Older people who suffer from anxiety and depression may see their symptoms worsen while self-isolating and without access to mental health care. Mental health treatment must be continued during the pandemic and emotional support should be available, especially for those who live alone. Measures extending confinement for longer periods must be timebound and applied only when strictly necessary and proportionate. Measures to combat social isolation, such as the introduction of helplines for social and psychological support must target all population groups, with special attention to those in most vulnerable situations and marginalized, such as people experiencing homelessness²⁶. Alternatives to face-to-face contacts must be guaranteed also

²¹ <https://www.aidsmap.com/about-hiv/coronavirus-covid-19-and-hiv>

²² <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

²³ <http://www.lrski.lt/en/news/794-the-parliamentary-ombudsman-calls-for-the-protection-of-human-rights-in-social-care-institutions-to-be-guaranteed.html>

²⁴ <http://www.leparisien.fr/societe/coronavirus-les-residents-des-maisons-de-retraite-voudraient-un-peu-sortir-aussi-19-03-2020-8283990.php>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

²⁵ <https://www.nejm.org/doi/full/10.1056/NEJMp2008017>

²⁶ <https://www.age-platform.eu/coronavirus-covid-19/>; <https://www.theguardian.com/lifeandstyle/2020/mar/05/coronavirus-self-quarantine-might-not-sound-so-bad-but-loneliness-will-be-hard-for-many>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>; <https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>

for people in institutions, such as telephone or video calls to connect residents with their relatives.²⁷

In the case of older people with cognitive decline, such as dementia, the disruption of their daily routine, lack of stimulation and memory training, lack of regular contact with their loved ones, peer groups as well as with their health and social care team could cause them additional confusion and distress and lead to further decline. They may also become more anxious, angry, stressed, agitated, and withdrawn while in quarantine (e.g. because care professionals will enter the room with a mask, etc.) and may require additional support²⁸. Public broadcasting of activities, information and support for people with dementia and their carers could be a way to help them and their families cope better during the pandemic.²⁹

Promising practices

Several associations and gyms offer online classes, including specialised classes for seniors and exercising with kids.³⁰

In Brussels, Belgium a helpline has been put in place by mental health professional aiming to support individuals who are struggling due to the confinement measures.

In Ireland, the Dementia Services Information and Development Centre, has responded to the crisis by developing a collection of resources to support family carers and mitigate the impact of social isolation on people with dementia. A selection of meaningful activities for people with dementia, families and carers has been compiled into a booklet by an occupational therapist attached to a Memory Technology Resource Room (MTRR).

The Flemish NGO OKRA has been working together with public broadcasting channel Eén to produce Beweeg in uw kot!, a daily physical work-out episode on television, including exercises adapted for older people.

Age UK has developed a [webpage](#) with key tips for older persons who feel anxious.

²⁷ For example, some nursing homes in Belgium organize communication between residents and their relatives through social media or video door phones to foster contacts and reassure everyone <https://www.age-platform.eu/age-member-news/flemish-older-people%E2%80%99s-organisations-get-mobilized-relieve-isolation-among-older>

²⁸ <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

²⁹ https://hrbopenresearch.s3.amazonaws.com/manuscripts/14125/8b0c5427-227c-4600-b3a7-10c4b5da1366_13030_-_eamon_o_shea.pdf?doi=10.12688/hrbopenres.13030.1&numberOfBrowsableCollections=4&numberOfBrowsableInstitutionalCollections=0&numberOfBrowsableGateways=0

³⁰ <https://ageandopportunity.ie/age-opportunity-movement-minutes-week-3/>; <https://www.aeldresagen.dk/om-aeldresagen/lige-nu/corona/faa-gode-raad/effektiv-traening-med-stoemotion>; <https://www.sielbleu.org/>

Mental Health Europe has developed a [map](#) of helplines across the EU
DaneAGE has developed a set of [tutorials](#) including tips to help older people manage with video calls

Informed Consent and Palliative care

Older people dying from COVID-19 have the right to be attended to and to receive end-of-life care, including psychological, social and spiritual help, and symptom relief with adequate medication, surrounded by their loved ones.³¹ Whereas older people have an equal right to receive medical treatment, they also have a right to deny treatment and to receive appropriate palliative and end of life care. The autonomy of older people to take decisions about their lives and their health must be respected during the pandemic. Their informed consent and wishes must be sought at all stages of care and treatment.

Support must be given to people in vulnerable situations, such as those with cognitive decline or in terminal conditions to take free and informed decisions while weighing risks and advantages. Specific protocols for palliative care for COVID-19 patients need to be developed as they are largely missing and integration between hospices and health care systems is inadequate.³² Such guidance should be comprehensive and also include training for staff and support for families.³³ As mentioned by the UN Special Rapporteur on the right to health, the supply of drugs for palliative care must be guaranteed.³⁴

"Conversations around 'advanced care planning', as it is called, should be shared between patients, healthcare professionals and families, based on an honest assessment of the risks and benefits, and factoring in people's wishes"

Caroline Abrahams, Age UK in the Huff Post³⁵

During the pandemic cases of older people being pressured to sign 'do not resuscitate' agreements have been reported.³⁶ Palliative care must not be used

³¹ <http://www.euro.who.int/en/media-centre/sections/statements/2020/statement-invest-in-the-overlooked-and-unsung-build-sustainable-people-centred-long-term-care-in-the-wake-of-covid-19>; [https://www.jpsmjournal.com/article/S0885-3924\(20\)30372-9/pdf](https://www.jpsmjournal.com/article/S0885-3924(20)30372-9/pdf)

³² <https://www.medrxiv.org/content/10.1101/2020.03.18.20038448v1>; [https://www.jpsmjournal.com/article/S0885-3924\(20\)30372-9/pdf](https://www.jpsmjournal.com/article/S0885-3924(20)30372-9/pdf); <https://www.ncbi.nlm.nih.gov/pubmed/32278097>

³³ [https://www.jpsmjournal.com/article/S0885-3924\(20\)30372-9/pdf](https://www.jpsmjournal.com/article/S0885-3924(20)30372-9/pdf)

³⁴ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E>

³⁵ https://www.huffingtonpost.co.uk/entry/do-not-resuscitate-age-uk-coronavirus_uk_5e877643c5b609ebff0b746

³⁶ [https://amp.theguardian.com/world/2020/apr/01/uk-healthcare-regulator-brands-resuscitation-strategy-unacceptable?](https://amp.theguardian.com/world/2020/apr/01/uk-healthcare-regulator-brands-resuscitation-strategy-unacceptable?_twitter_impression=true) [twitter_impression=true](https://www.ageuk.org.uk/latest-press/articles/2020/04/age-uk-response-to-dnr-forms/); <https://www.ageuk.org.uk/latest-press/articles/2020/04/age-uk-response-to-dnr-forms/>

as an excuse to deny hospital treatment to older patients. Putting undue pressure to older people to sign such agreements breaches their rights. Everyone's human dignity must be respected without putting into question the fundamental equality of every person's life.³⁷

Promising practices

In Austria, the national association for palliative care published a position paper on palliative care during the outbreak, including guidance how to ensure access to palliative care for people who will – as a result of lack capacity – not receive the intensive care they would have normally received.

The Scottish government has also published a COVID 19 palliative care [toolkit](#).

Ensuring social inclusion and combatting digital exclusion

Physical distancing should not lead to social isolation. Social contacts are necessary to maintain people's health and wellbeing. Social and emotional isolation is associated with an increased risk of dementia and cognitive decline. Being disconnected from family and friends exacerbates feelings of loneliness and vulnerability among older people, especially those who are digitally excluded.³⁸ In this context, helplines are a lifeline for many older people living alone. Communities and the non-profit sector play an important role in maintaining such helplines, but public initiatives could increase their availability and accessibility.

NGOs and community groups have been organizing several online activities to facilitate interaction and engagement during the pandemic.³⁹ Whilst digital means are now being widely used to communicate and to access services during the current lockdown, an important number of older persons cannot access

³⁷ https://www.coe.int/en/web/commissioner/thematic-work/covid-19/-/asset_publisher/5cdZW0AJBMLI/content/learning-from-the-pandemic-to-better-fulfil-the-right-to-health?inheritRedirect=false&redirect=https%3A%2F%2Fwww.coe.int%2Fen%2Fweb%2Fcommissioner%2Fthem-atic-work%2F-covid-19%3Fp_p_id%3D101_INSTANCE_5cdZW0AJBMLI%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-1%26p_p_col_count%3D1

³⁸ Individual level of digital skills, on average in the EU 28 (2019) reaches 26% for people aged 65-74 (against 58% for all individuals) <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>: <https://www.irisht Examiner.com/breakingnews/ireland/coconers-terrified-of-dying-alone-as-many-feel-like-burden-on-society-997642.html#.XrETGiSq-j0.twitter>

³⁹ <https://www.age-platform.eu/age-news/covid-19-good-practices-initiatives>

online shopping, banking, video call platforms, e-learning and other opportunities to meet their basic needs or remain socially engaged.

Many older people do not have access to a PC, tablet or smartphone, an Internet connection or the necessary digital skills to maintain remote contacts with family and friends during the current crisis. On average only 61% of 65-74 year olds living in the EU have used the internet during the last trimester of 2019.⁴⁰ Around 6-7 % of people 55+ cannot afford to use the internet for personal use.⁴¹ The digital divide is expected to be even higher amongst the oldest old, but not reliable data for people aged 75+ are available. These numbers do not include people in institutions, who are likely to lack the means and/or the necessary support to connect with their loved ones when health and care professionals are already overwhelmed with other extraordinary measures. For people with cognitive decline, such as dementia, maintaining contact through online means may be complicated or even stressful. These groups are likely to be more affected than others from physical isolation.

Measures of physical distancing need to be accompanied by social support measures for isolated people and marginalised groups, including by increasing their access to digital technologies.⁴² Partnerships with the private sector are crucial to ensure that disadvantaged groups can have equal access to phone, internet and other media. Radio and TV broadcasts, text messages, print material and other alternatives must be used to provide information and support during the lockdown.

Although the World Health Organization and the European Central Bank confirm there is no evidence that the virus is spread through cash, the use of credit or debit cards is widely promoted as a preferred form of payment. Cases have been reported of grocery stores and other shops have started refusing customers to pay with cash.⁴³ Yet, some older persons may lack access to such forms of payment or feel less secure using them. The European Central Bank has asked researchers to check whether cash may spread the virus. The results of these studies is published on a blog⁴⁴ where the ECB reports that overall, banknotes do not represent a particularly significant risk of infection compared with other kinds

⁴⁰ <https://ec.europa.eu/eurostat/documents/3217494/10166544/KS-02-19%E2%80%911681-EN-N.pdf/c701972f-6b4e-b432-57d2-91898ca94893>

⁴¹ https://ec.europa.eu/eurostat/web/products-datasets/-/ilc_mddu07a

⁴² https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

⁴³ <https://www.market.se/debatt/att-strypa-tillgangligheten-av-kontanter-pa-grund-av-corona-ar-olyckligt?fbclid=IwAR28441jaEEBEG355SatTOXQuxmMxL1E56mfjDyLOnj7QletghLLsK-ie4>

⁴⁴ <https://www.ecb.europa.eu/press/blog/date/2020/html/ecb.blog200428-328d7ca065.en.html>

of surface that people come into contact with in daily life. Paying in cash must always remain an option to avoid indirect discrimination and to ensure that everyone has access to basic necessities.⁴⁵

Promising practices

Several associations take action to relieve isolation among older persons, organising telephone calls and other measures of support.⁴⁶

Internet and phone providers in the UK are working with customers who find it difficult to pay their bill as a result of COVID-19 to ensure that they are treated fairly and appropriately supported as a way to ensure that they can remain socially connected during the pandemic.

Radio have a key role to play for people who are self-isolating. In the UK, Later Life Audio and Radio Network (LLARN) is providing audio content produced by older adults.⁴⁷

In Poland 'Halofon', which was introduced by the municipality of Łódź some time ago, has proven to be an even more useful tool to support older persons living alone in the current context of the pandemic. The motto of the initiative is: "If you feel lonely, don't have anyone to talk to or want to share your thoughts on what's happening, call us, we're here for you". Halofon is a local project on Łódź, but older people from all over Poland can call.⁴⁸

Many NGOs also keep helplines to offer advice and support to older persons, especially to those feeling lonely.⁴⁹

Alzheimer Europe has a useful [webpage](#) with resources for people with dementia, their families and caregivers to cope with COVID-19.

Addressing the risk of discrimination, hate speech and stigma

COVID-19 is *not* an older persons' disease. The World Health Organization (WHO) [made it clear](#) that people of all ages can be infected by the new coronavirus. Picturing older persons as the only group at serious risk tends to put

⁴⁵ <https://www.defenseurdesdroits.fr/fr/covid-19-et-urgence-sanitaire-le-role-du-defenseur-des-droits> ; <https://www.unia.be/fr/articles/unia-sinquiete-au-sujet-de-laccessibilite-des-supermarches-pendant-le-confi>

⁴⁶ <https://www.age-platform.eu/age-member-news/flemish-older-people%E2%80%99s-organisations-get-mobilized-relieve-isolation-among-older> ; <https://mailchi.mp/dbadabbbc3e2/bras-dessus-bras-dessous-newsletter-doctobre-828630?e=9f0ae39415>

⁴⁷ <https://www.mixcloud.com/LLARN/>

⁴⁸ <https://uml.lodz.pl/seniorzy/projekty/telefon-zyczliwosci/>

⁴⁹ <http://nagusilan.org/hilo-de-plata/>

in the shadow all other groups (younger persons with disabilities, heart disease, lung disease, diabetes, high blood pressure or cancer, among others), who might need specific support measures, such as priority testing⁵⁰.

Even though older persons are in a vulnerable situation during the pandemic, stigmatizing them as frail, passive or a burden is a breach of their inherent dignity. Older persons are valued and valuable members of our societies. They contribute in numerous ways to their families and their communities, including during the pandemic, providing social care to family members and neighbors remotely or while keeping safety distancing, offering support to those who are in more disadvantaged situations, continuing to work or volunteering to return to work and being at the forefront of efforts to contain COVID-19 and to provide care to individuals affected by the virus.

Since the outbreak of the COVID-19, we have witnessed an unprecedented amount of ageist comments in the media.⁵¹ Almost a quarter of twitter posts concerning older people and COVID-19 has been classified as ageist.⁵² Recently a proposal to impose a corona tax on older persons has been suggested '*because younger people are doing sacrifices for them*' in the current crisis.⁵³ This discourse is symptomatic of the way in which older people are often being perceived or even blamed the state of public finances for instance.⁵⁴ Casting all older people as highly vulnerable and frail creates an attitude that we have no obligation to prevent their deaths.⁵⁵ By generalising older people as burdensome, we risk creating a perception that their lives are less valuable, or even expendable. Using the narrative labelling older people as merely vulnerable

⁵⁰ See example of individual not getting tested despite history of chronic illness: <https://nationalpost.com/news/world/real-people-wont-die-why-the-rhetoric-around-who-is-at-risk-for-coronavirus-is-so-harmful>

⁵¹ <https://www.petitsfreresdespauvres.fr/informer/nos-actualites/coronavirus-des-reactions-choquantes-sur-les-reseaux-sociaux>; https://metro.co.uk/2020/03/11/telegraph-journalist-says-coronavirus-cull-elderly-benefit-economy-12383907/?ito=social&fbclid=IwAR2uRxlqusSLyXT1sN_P2UKVXwjSAPV6He3A87wXdGYa2fpVfAvNn6m2RyQ; <https://academic.oup.com/psychsocgerontology/advance-article/doi/10.1093/geronb/gbaa051/5820621>; <https://www.cambridge.org/core/journals/international-psychogeriatrics/article/there-is-nothing-new-under-the-sun-ageism-and-intergenerational-tension-in-the-age-of-the-covid19-outbreak/E14BB8E757B3861FFB198E8C0CDB38DA>

⁵² <https://www.ncbi.nlm.nih.gov/pubmed/32338787>

⁵³ <https://www.lesoir.be/300796/article/2020-05-14/un-economiste-belge-propose-une-taxe-corona-uniquement-pour-les-personnes-agees>

⁵⁴ <http://okra.leefdaal.be/2020/05/14/okra-neemt-aanstoot-aan-de-coronatax-voor-ouderen/>

⁵⁵ <https://eachother.org.uk/ageism-in-the-age-of-covid-19/>

ignores their numerous contributions and tends to increase the risk to pit generations against one another.⁵⁶

"We need to give voice to older persons who feel left out and promote a positive image of older persons. How older people contribute to the economy is not measured by GDP."

David Luxton, the Civil Service Pensioners' Alliance

At a time when we need solidarity more than ever, ageist statements are not only discriminatory, they also undermine the tremendous efforts undertaken to contain the virus and save as many lives as possible. Hate speech must not be tolerated on whatever ground. Language used by governments, media and others to communicate about the coronavirus must not be stigmatizing⁵⁷. States should monitor the increased risk of hate speech and discrimination during the pandemic, as well as cases of assault against older persons⁵⁸.

As many countries are planning for deconfinement, concerns about singling out older persons for prolonged confinement have been raised by several older people's organisations across Europe.⁵⁹ According to human rights law, emergency measures must be necessary, proportionate and non-discriminatory.⁶⁰ Using age as a criterion for extending lockdown is discriminatory and could have detrimental impact on older people's mental and physical health. Such measures lump together people with very diverse capacities and needs.

⁵⁶ <https://www.ageing-better.org.uk/blogs/generational-blame-game-will-only-hinder-our-recovery> ; <http://okra.leefdaal.be/2020/05/14/okra-neemt-aanstoot-aan-de-coronatax-voor-ouderen/>

⁵⁷ <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>;
<https://twitter.com/greatermcr/status/1238501622919114753?s=20>

⁵⁸ https://www.theguardian.com/uk-news/2020/mar/23/three-teenagers-held-for-allegedly-coughing-at-elderly-couple-hertfordshire?CMP=share_btn_link

⁵⁹ <https://pvoe.at/content/pensionistenverband-befuerchtet-wegsperrren-von-aelteren-menschen>;
<http://www.engagenet.org.uk/2020/04/22/an-extended-lockdown-of-over-70s-will-hurt-the-whole-country-not-just-older-people/>; https://www.publico.pt/2020/04/21/opiniaio/opiniaio/sociedade-nao-respeita-velhos-nao-merece-1913000?fbclid=IwAR0EMU0SpCkAlht-3n0iY8_goCz5JMWvE85yyxUa4SrfB7ZP3XIUIdTn8gw;
<https://pvoe.at/content/pensionistenverband-befuerchtet-wegsperrren-von-aelteren-menschen>;
<https://www.retraite-cfr.fr/cp-n-138-les-modalites-du-de-confinement-ne-doivent-pas-discriminer-les-personnes-agees/>; https://www.age-platform.eu/sites/default/files/FIAPA-AIUTA_Age%26deconfinement-Apr20.pdf;
https://www.age-platform.eu/sites/default/files/OLD%27UP_position_on_COVID19_exit_strategy.pdf;
<http://ceoma.org/opinion-de-ceoma/notas-de-prensa/notas-de-prensa-2020/el-peligro-de-que-nuestros-derechos-se-vean-postergados-bajo-un-criterio/>; https://www.age-platform.eu/sites/default/files/ZDUS_response_to_EU_exit_strategy_for_Covid-19.pdf

⁶⁰ https://www.ohchr.org/Documents/Events/EmergencyMeasures_COVID19.pdf

"The French Confederation of Retired People will oppose with the utmost firmness measures that would not respect the dignity of "senior citizens" and would constitute discrimination contrary to the principles of French law and the European Charter of Fundamental Rights".

Confédération Française des Retraités
Press Release, 16 April 2020⁶¹

Extending the isolation for a part of the population above a certain age could reinforce stereotypical images of older persons as frail, a burden and unable to contribute to society. Such policies also deprive communities and families of the numerous and valuable participation of older people. Stigmatizing older people as vulnerable could also create barriers for older workers seeking employment, because of employers' concerns about protecting them.

"We do not accept stigmatized remarks which can subtly make the idea that older persons, just for reason of their age, are not welcome in the public space and may represent an additional risk for spreading the pandemic."

Associação de Aposentados, Pensionistas e Reformados
Open Letter to the government of Portugal, 30 April 2020⁶²

Older persons and their representative organisations must be consulted regarding exit strategies, emergency measures but also initiatives taken as part of economic recovery. Any age-based barriers that adversely affect their equal chances of contributing to and benefiting from measures taken during and in the aftermath of the pandemic must be avoided as they are discriminatory.

Measures taken as a response to COVID-19 must not undermine older people's autonomy, dignity and equal worth as human beings. Their opinions and wishes must be respected on an equal basis with others.

Promising practices

The WHO has developed guidelines to prevent and address social stigma during the pandemic.⁶³

⁶¹ <https://www.retraite-cfr.fr/cp-n-138-les-modalites-du-de-confinement-ne-doivent-pas-discriminer-les-personnes-agees/>

⁶² <https://www.publico.pt/2020/04/21/opiniao/opiniao/sociedade-nao-respeita-velhos-nao-merece-1913000?fbclid=IwAR1FWQ0jrWd-OtO5GRzy09zfShilLoGygc9oQVNSZa7Vzs5n1kGNYbTqfWE>

⁶³ <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?>

Some governments that had initially thought of prolonging the confinement only for older persons have now revised their plans.⁶⁴

Facilitating social, civic and economic participation

Many older persons are actively involved in paid and unpaid work, caregiving, voluntary activities and civic activism, among others.

Measures taken by governments should not only consider how they mitigate older people's risk of infection, but also how they may affect the contributions of older persons and the net loss that might ensue. **Many older people provide vital care and support for family members** (their partner, their own parents or grandchildren, among others⁶⁵) and depriving them of this possibility during the lockdown may be necessary for public health reasons, but it will put additional burden on younger generations, communities and businesses.

Moreover, being prevented from playing those roles may have an impact on older persons' wellbeing and mental health. Allowing older persons, when they are healthy and not presenting a risk to others and their community to contribute to volunteer work, while adhering to official guidelines for physical distancing is important⁶⁶. Remote forms of volunteering must be particularly encouraged.

In several countries, there have been discussions or decisions about health professionals and people engaged in emergency services (for instance, the police) to delay retirement or return back to their profession after retirement in order to help during this public health emergency⁶⁷. Older persons should have a choice and the necessary support and access to appropriate safety measures to enable them to take up these roles.

Older workers who belong to an at-risk group (for example due to a chronic pulmonary condition) will require additional protection, such as extending the possibility to work from home, even if the general population is gradually allowed to go back to their office.⁶⁸ However, such protective measures should not be based on age, but rather on medical criteria defined by law and based on the opinion of medical professionals. Care should be taken not to disincentivise employers to hire or retain older workers, as the effects of stigmatisation based on age are likely to last after the lockdowns. This would

⁶⁴ <https://www.notretemps.com/dossier-coronavirus/prolongation-du-confinement-des-seniors-c-est-non.i217656>

⁶⁵ <https://www.age-platform.eu/policy-work/news/informal-care-and-work-life-balance-increasing-pressure-carers>

⁶⁶ <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

⁶⁷ <https://www.theguardian.com/world/2020/feb/29/nhs-dads-army-plan-for-coronavirus-spread-pandemic-strategy>

⁶⁸ <https://www.derstandard.at/story/2000117344146/covid-19-risikogruppe-nun-amtlich-definiert>

also help increase awareness of the need of people of all ages belonging to 'at-risk-groups' to take safeguards and receive support to protect themselves. Age must not be used as a proxy in defining 'at-risk-groups'. Redundancy schemes must not be based on risk profiles or age. To the extent that decision-making about returning back to work are relegated to employers, States remain responsible to ensure that such decisions are not discriminatory, providing adequate monitoring and redress mechanisms.

Some countries have issued welfare payments to cover for unemployment or loss of income due to the pandemic. Measures introducing age limits⁶⁹ must be discontinued as discriminatory. Chronological age or the possibility to receive old age pension should not be used as reasons to withhold access to social payments, as they would disproportionately affect older workers, who wish to continue working.

Under the current restrictions, it is very difficult for some older persons to access their pensions, for example because they don't receive them by email or do not have easy access to a bank of ATM.⁷⁰ Special measures to ensure the retired older persons can receive their pensions during the pandemic must be made available.

Promising practices

'Cuistots solidaires', a volunteer organisation in Belgium providing food for asylum-seekers on the street, reorganised their functioning, with older volunteers preparing small portions of meals at their homes and younger ones distributing the meals with the necessary safety measures in place, limiting the contagion risk while allowing older volunteers to continue participating⁷¹.

German trade union DGB has issued guidance on protective measures at the workplace, avoiding to single out older persons as a target. Rather, the trade union calls for specific protection of employees belonging to 'risk groups', highlighting the multiplicity of risk criteria.⁷²

In the frame of the '[Invisible Talents project](#)' which aims to encourage and recognize the contributions of people 80+, a [video series](#) was launched where older people with a sense of humour and 'joie de vivre' show how to

⁶⁹

https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/unemployed_people/covid19_pandemic_unemployment_payment.html

⁷⁰ <https://www.ombudsman.hr/en/how-to-protect-the-rights-of-older-persons/>

⁷¹ <https://www.facebook.com/Cuistotssolidaires/posts/2768496159937272>

⁷² <https://www.dgb.de/themen/++co++42d66872-6cf9-11ea-b9de-52540088cada>

make staying at home as pleasant and diverting as possible under the current conditions.

Risk of violence, abuse and financial exploitation

During the lockdown older persons face an increased risk of violence, abuse, and neglect by family members and caregivers.⁷³ Measures taken during the pandemic could leave victims of elder abuse or gender-based violence in further isolation, without access to assistance and support services and may make it even more difficult for them to seek help and support or report abuse.⁷⁴ For example, to the extent that routine appointments with professionals have been cancelled, older people may be missing out on key opportunities for support and protection.⁷⁵ As older people in residential care settings are already vulnerable to abuse and neglect, physical isolation from friends and family may put them at an additional risk.⁷⁶

Women, who form the largest part of the oldest population and of those requiring care and assistance are at a particular risk. LGBTI people of all ages who have concealed or are concealing part of their identity by fear or threat of rejection or abuse might also be at increased threat of violence if confined in homophobic environments, be it in family or in residential care settings.⁷⁷

Although concerns about increased levels of domestic abuse and neglect of older persons in the context of the lockdown have been raised, evidence is lacking. In general, **data on experiences of violence, abuse and neglect in later life are largely missing**⁷⁸. Some surveys gather information up to a certain age.⁷⁹ Age limits in data collection are form of discrimination. Unless data about victims of domestic abuse of all ages is collected, the real extent of the problem will remain hidden and older victims of abuse will not be able to reach they help they need. Even before the pandemic, elder abuse was underreported by as much as

⁷³ https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

⁷⁴ <https://www.ageuk.org.uk/latest-press/articles/2020/04/280000-people-aged-60-to-74-experienced-domestic-abuse/>

⁷⁵ https://www.olderpeoplewales.com/en/news/news/20-05-12/We_all_have_a_role_to_play_in_protecting_older_people_from_abuse.aspx

⁷⁶ <https://www.ncbi.nlm.nih.gov/pubmed/32245346>

⁷⁷ <https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf>

⁷⁸ https://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE-WG-14.pdf;
http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/

⁷⁹ <https://www.ageuk.org.uk/latest-press/articles/2020/04/280000-people-aged-60-to-74-experienced-domestic-abuse/>; <https://fra.europa.eu/en/data-and-maps/violence-against-women-survey/survey-information>

80%⁸⁰. The current circumstances make reporting even harder. To date very limited attention has been given to older victims of domestic abuse in the context of the lockdown. Prevention and redress of elder abuse must be part of national responses to COVID-19. Helplines and support services must be widely available and professionals in contact with older persons trained to detect symptoms of abuse and how to seek help.

Older people in self-isolation appear to have become one of the targets for scammers who attempt to collect bank details, sell fraudulent products, or offer fake COVID-19 testing.⁸¹ Already before the pandemic older persons, especially those who live alone and those with cognitive decline have been victims of scams and financial exploitation. The current lockdown exacerbates this risk. Information campaigns and helplines to report scams would be crucial to prevent such instances, especially for people in vulnerable situations. Policing of online and phone illegal commercial practices must be intensified during the period of quarantine.⁸²

Promising practices

The Older People's Commissioner for Wales has set up an [action group](#) to stop the abuse of older people urging the public to report any concerns regarding an older person who might be at risk of or is experiencing abuse.

Paying attention to the rights of people in vulnerable situations

Older persons in residential care

Older persons in residential care facilities are at a higher risk for adverse outcome and for infection due to living in close proximity to others and underlying comorbidities⁸³. Institutions were deprioritised in terms of intervention in the beginning of the crisis, which has left residents and staff unprotected. According to WHO, nursing homes are linked to about half of all COVID-19-related deaths in Europe.⁸⁴ Now most countries and the World Health

⁸⁰ <https://apps.who.int/iris/handle/10665/43869>

⁸¹ <https://www.expressen.se/kvallsposten/aldre-kvinna-forlorade-140-000-i-coronabluff/?fbclid=IwAR3H4Mby5vtO1WFD60WYFvyyKPENQZFsiVnc5R-fTS-hloREo8IMDoO-sc;>
<https://www.age-platform.eu/age-member-news/age-members-warn-against-online-fraud-during-covid-19>

⁸² https://ec.europa.eu/info/live-work-travel-eu/consumers/enforcement-consumer-protection/scams-related-covid-19_en; <https://rm.coe.int/sg-inf-2020-11-respecting-democracy-rule-of-law-and-human-rights-in-th/16809e1f40>

⁸³ https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

⁸⁴ [http://www.euro.who.int/en/media-centre/sections/statements/2020/statement-invest-in-the-overlooked-and-unsung-build-sustainable-people-centred-long-term-care-in-the-wake-of-covid-19;](http://www.euro.who.int/en/media-centre/sections/statements/2020/statement-invest-in-the-overlooked-and-unsung-build-sustainable-people-centred-long-term-care-in-the-wake-of-covid-19)

Organisations have developed guidelines for coping with COVID-19 in institutional settings. Better monitoring of the situation in nursing homes during the COVID-19 pandemic is necessary.

In addition to the lack of PPE, the shortage of caregivers is one of the key challenges for the long-term care sector during the pandemic. In many countries care homes were already understaffed before the crisis, but as some staff become ill, self-isolate for preventive reasons or cannot work due to family duties, the remaining caregivers can offer only the most rudimentary care to residents.⁸⁵ In some cases, professionals in the health sector without any experience or any specific training in social care have been obliged to work in care homes to replace staff members who fell ill. At best, without sufficient support, older people in care homes are left alone to cope with the emotional stress of the pandemic. At worst, older persons are abandoned or even found dead in care institutions, after they have been neglected for days.⁸⁶ Institutions should make available additional resources to cope with the intense care needs and the staff shortage and worsening working conditions caused by the pandemic, with as much public support as needed to ensure continuity of care and prevent rights violations.⁸⁷

"It is tragic that the coronavirus has entered elderly care. Immediate measures are needed to reduce the spread of infection and insecurity. Staff must have access to adequate protective equipment, tested for coronavirus and provided training on COVID-19."

Eva Eriksson and Gösta Bucht, SPF Seniorerna, 14 April 2020⁸⁸

In several countries people living in institutions do not even have access to necessary diagnostic and medical care. In some cases, testing in care homes is not foreseen, whereas in others, appropriate care including transfer to hospital is

https://www.washingtonpost.com/world/europe/nursing-homes-coronavirus-deaths-europe/2020/04/23/d635619c-8561-11ea-81a3-9690c9881111_story.html

⁸⁵ For example, see report of more than 70% of the staff being in sick leave in one Belgian care home: <https://www.lalibre.be/debats/opinions/je-ne-peux-pas-taire-ce-que-j-ai-vu-dans-ce-home-5eafb7ab9978e23845a32d68>

⁸⁶ <https://english.elpais.com/society/2020-03-18/at-least-19-dead-at-madrid-senior-home-due-to-a-coronavirus-outbreak.html> ; <https://www.reuters.com/article/us-health-coronavirus-spain-lockdown-ins/lockdown-nursing-homes-in-spain-a-vector-for-deadly-coronavirus-idUSKBN2190N1> ; <https://www.dw.com/en/german-retirement-homes-isolate-the-elderly-from-covid-19-threat/a-53082145>.

⁸⁷ <https://itccovid.org/wp-content/uploads/2020/04/COVID19-Long-Term-Care-situation-in-the-Netherlands-26-April-2020.pdf>

⁸⁸ <https://www.spfseniorerna.se/nyheter/kategori-3/2020/april/omsorgenapril2020/?fbclid=IwAR3tG4D96lglVaovJSx88JKrSs9JI9Y23AJ8z7Rpcas1OBkSZFe42xzefmU>

denied.⁸⁹ Such practices are discriminatory and a breach of the human right to the highest attainable standard of health. As reminded by the WHO, “[e]ven among very old people who are frail and live with multiple chronic conditions – many have a good chance of recovery if they are well-cared for.”⁹⁰

Authorities must ensure that people in institutions have access to medical, social and palliative care on an equal basis with the general population. The interim guidelines published by the WHO to respond to the crisis in long-term care facilities should be strictly respected to prevent and control infection of residents⁹¹. Information should be available in language and formats that residents can understand.⁹² Authorities need to take all appropriate measures to prevent the risk of neglect and degrading treatment. They should develop and disseminate guidelines for proper hygiene and distancing to protect the residents and staff. Proactive testing of staff and residents is also advisable to avoid widespread infection.⁹³ If a person is isolated as a means of prevention, meaningful human contact should be provided every day.⁹⁴ Authorities should also conduct visits and intervene, if necessary, to protect individual rights and prevent further violations. In cases where care in institutions poses threats to individuals’ health and human rights, a reassessment of the need to transfer residents out of social care, while ensuring access to community services must be made.⁹⁵

⁸⁹ <https://ltccovid.org/wp-content/uploads/2020/05/LTC-COVID19-situation-in-Italy-30-April-2020.pdf> ; <https://www.lalibre.be/debats/opinions/je-ne-peux-pas-taire-ce-que-j-ai-vu-dans-ce-home-5eafb7ab9978e23845a32d68>; <https://www.lalibre.be/debats/opinions/la-lettre-ouverte-d-une-fille-de-residente-en-maison-de-repos-les-soignants-sont-devenus-gardiens-nous-en-souffrons-5e9d5e687b50a64f9cf06541>; https://www.lemonde.fr/planete/article/2020/04/05/coronavirus-en-souffrons-une-association-saisit-le-conseil-d-etat-devant-l-inegalite-d-acces-aux-soins-hospitaliers_6035652_3244.html; https://www.lemonde.fr/societe/article/2020/03/24/coronavirus-les-ehpad-confrontes-aux-deces-lies-a-l-epidemie_6034213_3224.htmlhttps://www.elconfidencial.com/mundo/europa/2020-03-27/paises-bajos-coronavirus-colapso-cultura-muerte_2517808/; https://www.rtf.be/info/societe/detail_coronavirus-les-residents-de-maisons-de-repos-infectes-et-affaiblis-ne-sont-pas-hospitalises?utm_source=newsletter&utm_medium=email&utm_campaign=Info&id=10465825; <https://ltccovid.org/wp-content/uploads/2020/04/Ireland-COVID-LTC-report-updated-28-April-2020.pdf>; <https://ltccovid.org/wp-content/uploads/2020/05/LTC-COVID19-situation-in-Italy-30-April-2020.pdf>; <https://ltccovid.org/wp-content/uploads/2020/04/COVID19-Long-Term-Care-situation-in-the-Netherlands-26-April-2020.pdf>

⁹⁰ <http://www.euro.who.int/en/media-centre/sections/statements/2020/statement-invest-in-the-overlooked-and-unsung-build-sustainable-people-centred-long-term-care-in-the-wake-of-covid-19>

⁹¹ https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

⁹² <https://www.ohchr.org/Documents/Press/HCCOVID19lettertoNHRIs.pdf>

⁹³ https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19&download=true; <http://edf-feph.org/newsroom/news/residential-institutions-are-becoming-hotbeds-infection-and-abuse-governments-need-act>; <https://rm.coe.int/16809cfa4b>

⁹⁴ <https://rm.coe.int/16809cfa4b>

⁹⁵ <https://rm.coe.int/16809cfa4b>; <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDStatements.aspx>; https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf;

Special attention must be given to balancing the need for safety and protection and the risk of social isolation. In many countries, a 'no visitor policy' has been implemented for all residential care facilities; such measures breach the human rights of residents, who are mainly older persons with high care needs, but also persons with disabilities⁹⁶. The emotional stress caused by such policies can lead to mental and physical decline, as cases of depression or refusal to eat have been noted.⁹⁷ Some countries have applied exceptions to this rule for terminally ill residents.⁹⁸ Although welcome, such policies sometimes leave a lot of room for discretion to the institutions, resulting in cases where even the closest relatives were denied to accompany individuals who were dying.⁹⁹ Additionally, these targeted measures do not adequately address the emotional and health risks for the rest of the residents. Even though some care homes have been proactively organizing phone and video calls and other measures to compensate for the loss of physical contact, as mentioned above, when staff is limited and care needs increase, this is not possible.

"The complete cut from the dearest ones after 6 weeks is unbearable for residents. Psychological weight is enormous. With all necessary health and security conditions, visits in seniors' and care institutions must again be made possible."

Dr. Peter Kostelka, Austrian pensioners' federation PVÖ
Press release, 21 April 2020¹⁰⁰

https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf?fbclid=IwAR2k4WVrFxfGLiKXDUAnfRb509X_NDFux_wYm1L0oXBW1tyNfKwBWOHYtYk4

⁹⁶ <https://www.hrw.org/news/2020/03/20/us-nursing-home-visitor-ban-isolates-seniors> ; <https://www.coe.int/en/web/commissioner/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

⁹⁷ <https://soirmag.lesoir.be/295963/article/2020-04-22/nos-aines-sont-sacrifies-la-preuve>; <https://www.lalibre.be/debats/opinions/faites-passer-de-maniere-prioritaire-un-acces-rapide-aux-maisons-de-repos-5e8b1c7b9978e228414e1cf6>; <https://www.lalibre.be/debats/opinions/je-ne-peux-pas-taire-ce-que-j-ai-vu-dans-ce-home-5eafb7ab9978e23845a32d68>;

⁹⁸ <https://lccovid.org/wp-content/uploads/2020/04/COVID19-Long-Term-Care-situation-in-the-Netherlands-26-April-2020.pdf> ; https://www.age-platform.eu/sites/default/files/BAGSO_statement_COVID19_End_social_isolation-April2020.pdf;

⁹⁹ https://www.age-platform.eu/sites/default/files/BAGSO_statement_COVID19_End_social_isolation-April2020.pdf; <https://www.defensordelpueblo.es/noticias/residencias-mayores-la-crisis-del-covid-19/>

¹⁰⁰ <https://pvoe.at/content/pensionistenverband-besuche-seniorenheimen-moeglich-machen>

Some countries are now reintroducing visiting policies for nursing homes, which is very positive.¹⁰¹ Even in countries where such formal policies do not currently exist, visits should be gradually allowed, especially where the physical and mental health of the resident is at stake. Whereas restrictive measures can be legitimate for reasons of public health and safety, these need to be timebound and proportionate and to take into account human rights implications. Meeting certain conditions, such as prior testing of visitors, absence of COVID-19 cases in the facility, additional safety precautions (for example meeting only outdoors) and evaluating on a case-by-case the individual situation, such as in the case of people with dementia, who do not always respond well to phone or video calls, could be proportionate measures to allow controlled visits in care facilities.¹⁰²

Lack of information and transparency regarding the situation in care homes has also been noticed.¹⁰³ In several cases, communication between families of residents and staff in residential care homes has been insufficient, leaving families for days without any news about the situation of their loved ones. Information must be given in a continuous and transparent way to family members of residents both regarding the situation of the concerned individual and that of the institution (number of cases, deaths, available resources, etc)

The fact that in some countries deaths in care homes are unrecorded in official statistics is also a breach of human rights obligations. The UN General Assembly, the UN Commission for Social Development, the Office of the High Commissioner for Human Rights, the UN Open-Ended Working Group on Ageing, the World Health Organisation, Treaty Bodies and Special Procedures, among others, have repeatedly called for collecting, analysing and disseminating data on older persons¹⁰⁴. Every life matters and all deaths need to be counted

¹⁰¹ https://www.age-platform.eu/sites/default/files/BAGSO_statement_COVID19_End_social_isolation-April2020.pdf; https://www.age-platform.eu/sites/default/files/BAGSO_statement_COVID19_End_social_isolation-April2020.pdf

¹⁰² https://www.ehpa.fr/pdf/Rapport-Guedj.pdf?utm_source=sendinblue&utm_campaign=Protocole_Guedj&utm_medium=email; https://www.bagso.de/english/publications-in-english/End_social_isolation.pdf; <https://www.aeldresagen.dk/om-aeldresagen/lige-nu/corona/Synspunkt/corona-det-mener-aeldre-sagen?scrollto=start>; https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

¹⁰³ <https://www.defensordelpueblo.es/noticias/residencias-mayores-la-crisis-del-covid-19/>

¹⁰⁴ United Nations, General Assembly (2006). Follow-up to the International Year of Older Persons: Second World Assembly on Ageing. Report of the Secretary-General.; United Nations, General Assembly (2013b). Follow-up to the Second World Assembly on Ageing. Resolution 68/134 adopted by the General Assembly; United Nations (2014). Follow-up to the Second World Assembly on Ageing. Resolution 69/146 adopted by the General Assembly; United Nations, Human Rights Council (2019) Activities of the Office of the United Nations High Commissioner for Human Rights, the United Nations system and regional organizations to support States' efforts to promote and protect the human rights of older persons, Report of the Office of the United Nations High Commissioner for Human Rights, A/HRC/41/32; United Nations (2014) Resolution on the World Conference on Indigenous Peoples, adopted by the General Assembly on 22 September 2014 (A/RES/69/2) para 10; *Report of*

and reported. Greater monitoring and transparency about cases and deaths in nursing homes is essential, including reporting of any clusters of deaths to understand the reasons and prevent further infection.¹⁰⁵

Promising practices

The Seimas Ombudsman of the Republic of Lithuania has begun the [monitoring of social care homes through social media](#), aiming to provide assistance to caregivers and collect information on challenges which the institutions face.

[Recommendations](#) for allowing visits to care facilities for older people have been developed in France, among other countries.

Older persons who live alone

Older persons who live alone are at higher risk of isolation and lack of access to necessary services during the pandemic. Older women, who constitute the majority of the oldest old, are disproportionately affected¹⁰⁶. Older people who live alone do not always have family members nearby, to share information about the 'barrier gestures', to look after them in case of symptoms, and to call for help if needed. Physical distancing measures must explicitly allow people to leave their house to take care of those who live alone and may need help with everyday tasks.

People ageing without children might be at higher risk of isolation during the pandemic. Ageing Without Children reports that until poor health or care needs arise, people ageing without children have stronger and wider social networks.¹⁰⁷ Physical distancing and lockdown measures having stopped the activity of several clubs and charities, people relying on those alternative networks find themselves at higher risk of isolation.¹⁰⁸

The general inaccessibility of public and private spaces means that some people, such as persons with disabilities and older persons are highly at risk when leaving their home as they may need support from other people or to physically touch more surfaces (for example: wheelchair wheels, blind persons

the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: A/HRC/7/11, 31 at 42; WHO World Report on ageing and Health, para 17-18

¹⁰⁵ <https://www.theguardian.com/world/2020/apr/13/callous-neglect-of-people-in-care-homes-is-a-scandal>

¹⁰⁶ <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

¹⁰⁷ <https://www.thesilverline.org.uk/coronavirus-news-and-views/the-invisible-million/>

¹⁰⁸ <https://inews.co.uk/opinion/comment/its-vital-we-address-how-coronavirus-disproportionately-affects-lgbt-people-2546322>

may need to use physical touch to assist them, etc). Special measures are necessary to ensure priority access and home delivery among food retailers and other providers of essential goods.

There have been reported cases where older people cannot obtain a medical certificate from their general practitioners, who are busy with dealing with COVID-19 to renew their driver's licenses. Yet for people in remote areas and others who do not have easy access to necessary facilities, like pharmacies and shops, driving is essential. Measures to ensure that everyone can access essential goods and services are indispensable, ensuring the functioning of local markets and other means of informal support.

Promising practices

In Spain all drivers' licenses, ID cards and other official documents with validity dates have been extended until the end of the quarantine.

In Belgium nursing homes organize communication between residents and their relatives through social media or video door phones to foster contacts and reassure everyone.

In Cyprus the Municipality of the town of Phafos, in an effort to assist older or disabled persons, who are recommended to stay home due to COVID-19, organised a task force available by phone to respond to older persons' request for assistance to shop for them or buy their medicine.

Informal support provided by neighbours and other spontaneously organised solidarity networks to go for grocery shopping, buy medicines or walk dogs for people in self-isolation can be found in several countries¹⁰⁹.

In Ireland the national postal services An Post have introduced extended opening hours and have worked with Department of Social Protection to introduce emergency "Temporary Agents" who can collect pensions on behalf of those who are self-isolating.

In Sweden, the Municipality of Berg, in the region of Jämtland, offers free food delivery at home once per week to people over 70 years. The Region pays half of the cost and the food store the other half¹¹⁰.

In many countries, leading stores have scheduled older customer-only hours. Many have also introduced floor markings to adhere to physical distancing recommendations. Some stores have also ensured that limits on purchases

¹⁰⁹ https://www.rtf.be/info/societe/detail_coronavirus-un-mouvement-de-solidarite-en-ligne-mis-en-place-pour-effectuer-les-courses-des-personnes-isolees?id=10459744 ; <https://www.theguardian.com/society/2020/mar/16/community-aid-groups-set-up-across-uk-amid-coronavirus-crisis> ; <https://twitter.com/hashtag/solidarit%C3%A9covid19?src=hash>; <https://theconversation.com/coronavirus-why-young-and-old-must-pull-together-to-survive-this-133973>; <https://bit.ly/3bCSjc9>; <https://www.euskadi.eus/ante-la-crisis-del-coronavirus-ante-la-crisis-del-coronavirus-guztion-artean-red-de-solidaridad-organizada/web01-a2bolunt/es/>

¹¹⁰ <https://www.svt.se/nyheter/lokalt/jamtland/fri-hemleverans-av-matkassar-till-alla-over-70-i-bergs-kommun>

are set in the response to stock piling. At local level smaller shops are ramping up home deliveries particularly essential services such as prescriptions from pharmacies. Several local restaurants are continuing to cook meals for older people and delivering them in the community.

Older persons who receive care in the community

Many older persons rely on care and assistance at home and in the community to cover daily tasks. Even before the pandemic such services were irregular and often inadequate. Now older persons and other people in need of support may be left unattended due to measures of physical distancing, shortage of care workers and other extraordinary measures imposed by governments.¹¹¹

Day and respite care centers and other services in the community have been closed. In some cases, home support has been cancelled due to fears that allowing home care workers to visit the house will increase the risk of infection¹¹². Caregivers are sometimes reassigned to residential care.¹¹³ Migrant caregivers are stranded in their home countries due to lockdown restrictions, leaving the people they care for without help and themselves without work.¹¹⁴ Home care workers are also not reporting to work due to illness, family care duties or fear of infection. Likewise, some families chose not to provide formal care due to fear of infection.

This context creates additional burden on informal caregivers – primarily older women – to provide care for their loved ones. Often home care workers and informal caregivers attend older people without PPE, thus putting their lives and those for who they care at risk. Compared with State guidance and planning for

¹¹¹ The recently adopted UK Coronavirus Act temporarily suspends most of the duties local authorities must adhere to, including the duty to assess and meet care needs. As a consequence, it has been argued that many people who require support might be left with no entitlement to care, at a time when their care needs may have increased due to containment measures. The Act states that local authorities must provide care if not doing so would amount to a human rights breach. But this a “low bar” for what support council must provide and it is unclear how such human rights assessments will be made: <https://insights.doughtystreet.co.uk/post/102g29e/the-coronavirus-bill-and-adult-social-care>

¹¹² <https://ltccovid.org/wp-content/uploads/2020/04/Ireland-COVID-LTC-report-updated-28-April-2020.pdf>

¹¹³ <https://ltccovid.org/wp-content/uploads/2020/04/Ireland-COVID-LTC-report-updated-28-April-2020.pdf>

¹¹⁴ <https://ltccovid.org/wp-content/uploads/2020/04/The-COVID-19-Long-Term-Care-situation-in-Austria-28-April-2020-1.pdf>; <https://ltccovid.org/wp-content/uploads/2020/05/LTC-COVID19-situation-in-Italy-30-April-2020.pdf> ; https://www.age-platform.eu/sites/default/files/BAGSO_statement_COVID19_Better_support_for_family_caregivers-Apr20.pdf

institutional care settings, there is very little COVID-19 specific information for people with care needs living in their own homes or for their carers.¹¹⁵

The WHO's guidance on disability¹¹⁶ should also apply in the case of older people who require care and assistance in the community. This includes adopting measures to ensure the continuity of care, such as funding for families and carers who need to take time off work to care for loved ones; planning in case they need to self-isolate; and that care agencies providing in-home care have continuity plans for situations in which the number of available carers may be reduced.¹¹⁷

In some cases, older people who are left without care due to COVID-19, are transferred to care homes.¹¹⁸ According to Human Rights Watch

*"[d]isruption of community-based services can result in the institutionalization of persons with disabilities and older people, which can lead to negative health outcomes, including death"*¹¹⁹. But even if older persons do not end up being institutionalised, they run a high risk of neglect if their daily assistance needs are not met. The risk is particularly high for people who do not have family or a social network to rely on when services are stopped. But even those who have family may be suffering from depression, stress or disorientation when their familiar services and contact with their regular caregivers is discontinued.¹²⁰

During the quarantine, the continuity of essential services must be guaranteed,¹²¹ including through virtual means.¹²² PPE must be available for paid and unpaid home caregivers and older people who receive care at home. Remote support for family caregivers in terms of physical exercise, activities for cognitive stimulation, handling stressful situations, etc is critical. Official guidance for people who receive care in the community and their carers is urgently needed. Additional support for the informal and domiciliary care workforce is important. Barriers to essential travel so that caregivers can attend

¹¹⁵ <https://ltccovid.org/wp-content/uploads/2020/04/Ireland-COVID-LTC-report-updated-28-April-2020.pdf> ; <https://ltccovid.org/wp-content/uploads/2020/04/COVID19-Long-Term-Care-situation-in-the-Netherlands-26-April-2020.pdf> ; <https://www.bmj.com/content/368/bmj.m1141/rr-5>

¹¹⁶ <https://www.who.int/publications-detail/disability-considerations-during-the-covid-19-outbreak>

¹¹⁷ <https://insights.doughtystreet.co.uk/post/102q27s/disability-coronavirus-and-international-human-rights>

¹¹⁸ <https://ltccovid.org/wp-content/uploads/2020/04/The-COVID-19-Long-Term-Care-situation-in-Austria-28-April-2020-1.pdf>;

¹¹⁹ https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446581

¹²⁰ https://amp.20minutos.es/noticia/4243530/0/el-dia-a-dia-sin-centros-de-dia-mi-madre-ha-vuelto-a-la-torpeza-de-hace-12-anos/?fbclid=IwAR3dbsneLa3T3Bk4HM-X0DSuS3xczKK5b9763XSjU4-TwQbk8hlaeqj2lWg&_twitter_impression=true

¹²¹ https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/04/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

¹²² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E> ; <https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>

to people in need must be lifted. Governments and local authorities should develop systems to track and reach out to those who are in vulnerable situations and may require additional support during the pandemic. Innovative ways to provide support to people at home, including through volunteers, must be explored.

Promising practices

The UK government has made an appeal for volunteers to deliver food and provide care during the pandemic. The appeal was to gather 250,000 volunteers but in fact over 620,000 persons have responded to the appeal showing how communities are coming together during the current crisis.

The Flemish Government has extended the free volunteer insurance - normally covering only activities in the frame of non-profit organisations - to all people who are helping out people in their vicinity. This means they are insured in case of physical accidents and other incidents during the help they provide.

In [Austria](#), measures for informal carers include telephone hotlines, which provide psychological counselling, self-help through online support networks, and various guidance and resources.

The [German](#) government has announced an increase in care workers' wages, who provide support during the pandemic. They have also [increased the number of days](#) that employees can take for informal care duties due to the COVID-19 crisis; from 10 to 20 per year.

In [Ireland](#) guidance for health and social care workers who visit people's homes has been developed by the Health Service Executive (HSE).

Useful resources

Statements by international human rights bodies and experts

- Council of Europe Commissioner for Human Rights, 'Older persons need more support than ever in the age of the COVID-19'
<https://www.coe.int/en/web/commissioner/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic>
- European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (COVID-19) pandemic
<https://rm.coe.int/16809cfa4b>
- Council of Europe Secretary General Respecting democracy, rule of law and human rights in the framework of the COVID-19 sanitary crisis A toolkit for member states
<https://rm.coe.int/sg-inf-2020-11-respecting-democracy-rule-of-law-and-human-rights-in-th/16809e1f40>
- UN Special Rapporteurs and Independent Experts, ' COVID-19: States should not abuse emergency measures to suppress human rights – UN experts'

- <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E>
- UN Special Rapporteur on the human rights of person with disabilities, ' COVID-19: Who is protecting the people with disabilities?'

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>
- UN Independent Expert on the human rights of older persons, "'Unacceptable" – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic'

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>
- UN Secretary General Policy Brief The impact of COVID 19 on older persons :

https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf
- UN Secretary General Policy Brief on human rights and COVID 19 :

https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf
- Statement of UN Independent Expert on rights of older persons and UN Secretary General Special Envoy on disability :

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25829&LangID=E>
- UNHCR: COVID 19: age, gender and diversity considerations :

<https://data2.unhcr.org/en/documents/details/75295>
- UN DESA Policy Brief on older persons and COVID 19 :

<https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-68-covid-19-and-older-persons-a-defining-moment-for-an-informed-inclusive-and-targeted-response/>
- UNFPA policy brief implication of COVID 19 for older persons:

<https://www.unfpa.org/resources/implications-covid-19-older-persons-responding-pandemic>
- UNECE useful resources on COVID 19 and OP:

https://www.unece.org/fileadmin/DAM/pau/age/Covid-19/Covid19_OlderPersons.pdf

WHO Guidelines

- WHO – Interim Guidelines on Infection Prevention and Control for LTC facilities in the context of COVID-19

https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf
- WHO – Guidelines to avoid social stigma

<https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>
- WHO – How to maintain good mental health

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>
- WHO – COVID 19 Strategy Update (14 April 2020)

https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19&download=true

Civil society resources

- AGE Platform Europe webpage on COVID-19: <https://www.age-platform.eu/coronavirus-covid-19>
- Equinet - <https://equineteurope.org/2020/no-crisis-can-undermine/>

- Human Rights Watch - https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586;
<https://www.hrw.org/news/2020/04/07/rights-risks-older-people-covid-19-response>
- European Disability Forum - <http://edf-feph.org/newsroom/news/open-letter-leaders-eu-and-eu-countries-covid-19-disability-inclusive-response>
- European Disability Forum - <http://edf-feph.org/newsroom/news/residential-institutions-are-becoming-hotbeds-infection-and-abuse-governments-need-act>
- European Anti Poverty Network - <https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>
- HelpAge International- <https://www.helpage.org/newsroom/latest-news/older-people-at-increased-risk-in-low-and-middle-income-countries-if-coronavirus-takes-hold/>; <https://www.helpage.org/what-we-do/coronavirus-covid19/>
- European Public Health Alliance - <https://epha.org/covid-19/>
- European Consumer Organisation BEUC - <https://www.beuc.eu/press-media/news-events/coronavirus-covid-19-outbreak-advice-consumer-groups>
- Eurocarers - <https://eurocarers.org/covid-19/>
- European Network of National Human Rights Institutions - http://ennhri.org/covid-19/#Ennhri_Statements

For more information

Nena Georgantzi, Policy Coordinator on Human Rights & Non-Discrimination,
nena.georgantzi@age-platform.eu



AGE work is co-funded by the Rights, Equality and Citizenship Programme of the European Union. The contents of this document are the sole responsibility of AGE Platform Europe and can in no way be taken to reflect the views of the European Commission. EC Transparency Register ID: 16549972091-8