

THE IMPACT OF COVID-19 ON OLDER PERSONS





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(SUMMARY REPORT AND RECOMMENDATIONS)

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INTRODUCTION

The impact of the COVID-19 pandemic on older persons - as on one of the most vulnerable groups - has been dramatic. The aim of the study was to evaluate the effectiveness of the measures and regulations implemented by the government of the country to prevent the spread of the infection among older persons, on the one hand, and to study the impact of COVID-19 on the senior citizens of Georgia, including older persons living in long-term care facilities.

For the purpose of achieving the above-mentioned goal, the following objectives were identified:

- to evaluate the availability of essential information regarding COVID-19 for senior citizens (including older persons living in long-term care facilities) and to measure the level of awareness of the issues related to the pandemic among older persons;
- to evaluate the availability of healthcare and other social services for senior citizens (including the older persons living in long-term care facilities);
- to evaluate international and local practices and anti-crisis approaches developed and adopted as part of the efforts to fight the COVID-19 pandemic, and in particular, to prevent the spread of the infection among senior citizens (including older persons living in long-term care facilities).

Qualitative research using methods such as: desk research, focus groups and in-depth interviews (interviews with experts) was conducted in order to attain the identified goal and objectives.

Within the frames of **the desk research** the recommendations of the World Health Organization (WHO) regarding the COVID-19 pandemic issued for older persons as well as the

experience of different countries with regard to the measures taken to protect older persons living in long-term care facilities from being exposed to COVID-19 were analysed. The desk research also covered the analysis of the policy implemented by the Government of Georgia and the Ministry of Health of Georgia. Relevant documents issued by the Government and directly related to older people were also examined. The desk research included the analysis of the studies on similar issues conducted at international and national levels.

In-depth interviews were conducted with representatives of relevant state agencies, international and local government organizations, which facilitated the process of collecting expert opinions. The interviews aimed to evaluate the activities developed for the purpose of raising awareness of the issues related to COVID-19 among older persons and prevention of the spread of the infection among older persons, as well as the recommendations issued by the state and the health sector, and relevant social policies, including the policies aimed to address the needs of residents of long-term care facilities. A total of **14 interviews with experts** were conducted.

Focus groups were conducted with the participation of residents of long-term care facilities to assess the level of awareness among them and, at the same time, the effectiveness of the regulations adopted for their protection. Residents' behaviour as well as their skills to observe infection prevention and control measures were also studied. During the focus groups, respondents talked about the negative and positive impact of the pandemic-induced reality on older persons, both residents and non-residents of long-term care facilities. A total of **6 focus groups** were conducted.

The field research was conducted in late September and early October 2020.

SUMMARY REPORT

Older people were found to be the most vulnerable group with regard to the COVID-19 pandemic as they face increased risk of becoming infected with COVID-19. They are at a significantly higher risk of mortality and severe disease caused by the infection - due to their age, pre-existing health conditions, unhealthy lifestyle and limited access to health services.

The World Health Organization emphasizes the importance of pursuing a policy to reduce the harm caused by COVID-19 in long-term care settings. First and foremost, the World Health Organization considers it appropriate for the issues related to COVID-19 (and concerning both service users and service providers) to be put high on the agenda of the agency responsible for long-term care facilities. It is also recommended to establish joint steering committees and information- and data-sharing systems between sectors and subnational policy levels.

The long-term care system is not the responsibility of a single government department and is managed by national, regional and local governments. The services are quite often performed by private providers. Establishment of national working groups bringing together different government departments and levels, as well as relevant agencies and experts is recommended. The national working groups will also ensure that, the response to COVID-19, within the frame of services provided to residents of long-term care facilities, is brought in line with other measures and policies. There are also different groups capable of providing long-term services: these can be public or private for-profit service providers. In addition, civil society (not-for-profit) organizations play an important role in providing long-term care services. A number of family categories volunteers providing care to older persons are not covered by the health system and therefore it is very

important to involve them in the process of information sharing.

The World Health Organization recommends introducing effective monitoring and evaluation of long-term care facilities. In particular, it is important to register individuals who have restricted access to specific care services and are therefore particularly vulnerable to the virus. The data should be disaggregated by age, sex, health status. Simultaneously, it is important to establish a mechanism, which will ensure that the information is processed regularly and provided to government agencies, enabling them to respond appropriately and provide all the necessary resources to the facilities in a timely manner.

It is important to maintain the sustainability of long-term care facilities. This requires from the facilities to maintain the trust of residents and their families during the crisis. An evaluation system for service recipients can be introduced to monitor the process.

In order to minimize risks in long-term care facilities, it is necessary to create decent working conditions for staff members, to minimize their movement from one department to another i.e., to ensure long-term job stability. It is also important for the facilities to have an internal monitoring scheme in place and to have persons responsible for coordination. It is also important to keep track of the supply of personal equipment to staff, which ensures the continuity of service delivery.

In terms of safe case management, according to the World Health Organization, it is essential to monitor changes in the residents' health conditions. This is especially problematic when it comes to pre-symptomatic and asymptomatic patients. To identify suspected cases of SARS-CoV-2, it is advisable for the staff to be familiar with the contact tracing guideline in order to be able to monitor their own contacts as well as the contacts of residents.

There are many options of the use of technology to facilitate virtual contact of older persons in isolation with their family members. However, there is also evidence that not all care facilities (including in Georgia) are connected to the Internet or have appropriate technical equipment to organize such contacts. Hiring volunteers to enhance social interaction for isolated residents is recommended. In a number of facilities residents are encouraged to meet their visitors through a window or watch some entertainment activities through windows.

There is a risk of psychosocial impact among caregivers in the long-term care facilities. To prevent such impact, psychological services should be available to staff to reduce the level of stress among them and prevent staff burnout.

According to the report (4th revision) of the National Centre for Disease Control and Public Health of Georgia, as of September 30, 2020, more than half of the infected are 30-59 year-olds, while the share of older persons (60 years or older) is 18.5%. As for the deaths, 18 cases of death were reported in patients under 70 years of age, 10 individuals were in the age group of 70-79, and 11 cases of death were in the age group of more than 79 year-olds.

In June 2020, a report on “The Measures Implemented by the Government of Georgia against COVID-19” was published, describing the measures taken and activities implemented in the country. The Government of Georgia has identified four main stages in the fight against the pandemic: 1) preventing the spread of the virus, 2) slowing the spread of the virus, 3) managing the spread of the virus, 4) gradual lifting of restrictions and adaptation. A number of restrictions were introduced in the country taking into account 3 main factors: 1) the degree of virus transmission and the readiness of the healthcare system to respond to the crisis, 2) the degree of acceptance of recommendations by the society, 3) socio-cultural characteristics of the society (multiple generations living together). In accordance with the regulations

introduces in the country and in order to ensure the continuity of services, the beneficiaries of assistance programmes for specific medications were provided with the necessary medications at home. In addition, from July 1, the old-age pension for 410,000 older persons over 70 years of age has been increased by GEL 30. In order to prevent the presence of older persons in crowded areas, under the conditions of the pandemic, pensions/compensations/allowances/ were administered or renewed electronically.

Under the Decree N975, 15/06/2020 issued by the Government of Georgia “On the Approval of the List of Priority Groups of Individuals Eligible for Mandatory Testing for the Disease (COVID-19) Caused by the Novel Coronavirus (SARS-CoV-2) and the Rules for Conducting the Testing”, groups of individuals eligible for mandatory testing include persons associated with long-term care facilities for senior citizens and persons with disabilities (including residents, staff members and eligible residents of the facilities).

Due to an age restriction imposed on 31 March, 2020, banning persons aged 70 and over from leaving their homes (except for urgent needs or moving to the nearest grocery store, pharmacy or medical facility), at the joint initiative and on the basis of cooperation between the Ministry of Economy and Sustainable Development of Georgia, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, local municipalities and the Georgia Red Cross Society, a programme aimed at supporting older persons living alone with access to livelihoods, on the one hand, and providing home care services to them, on the other hand, was launched. In addition, some recommendations related to the disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) were published for older persons; the recommendations covered five key components: personal hygiene, home, environment, health, products and medicines.

Given the socio-cultural peculiarities of the country, it is common for three generations to

live together in Georgia, though there are also older people who are residents of specialized institutions. They have different living conditions and types of communication. Accordingly, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, with the support from the United Nations Population Fund (UNFPA), developed “Standards for the Prevention and Control of the Spread of Novel Coronavirus (SARS-CoV-2) Infection (COVID-19) for Older Persons and Persons with Disabilities in Long-term Care facilities”. This document contains recommendations aimed at raising awareness of the coronavirus among residents and staff of long-term care facilities, on the one hand, and, activities necessary for prevention of the spread of the infection, on the other hand. In addition, the document also identifies various administrative issues, such as keeping records of health conditions and symptoms revealed among staff, residents, and visitors, and measures implemented to prevent and control the coronavirus. According to the standards, there is a need for a stock of disinfectants. Physical distancing is considered the most important rule of ensuring infection control and prevention. The document also describes standard actions related to confirmed cases.

Studies on the impact of coronavirus on older persons in Georgia¹ reveal that the virus and the epidemiological situation have had a negative impact on the psycho-emotional health of older persons, as well as on their social integration and their needs associated with group affiliation. The current situation has negatively affected their economic situation as well. Given that a large

number of older persons living in Georgia are experiencing economic deprivation, they need special support. Studies show that the majority of senior citizens live on state pensions alone, while some continue to live on social security or financial assistance for internally displaced persons. In addition to financial assistance, local authorities and various non-governmental organizations provided older persons affected by economic hardship with some non-financial support (food, medicines, and clothing) as part of socio-economic relief measures during the COVID-19 crisis. The mental health of older persons, especially that of residents of long-term care facilities, worsened with the declaration of a state of emergency in the country, as the restrictions enacted were extended to the visitor policies in long-term care facilities, further exacerbating fear and anxiety among the residents.

As the representative research conducted in Georgia² shows, respondents aged 65 or over have accurate information about the coronavirus as they are able to correctly identify symptoms, risk groups, ways to prevent the infection, etc. At the same time, the majority of older people surveyed say that they strictly follow relevant recommendations and observe regulations - they are mostly at home, observing hygiene norms and social distancing. However, it should be noted that, in their view, when the restrictions are lifted, they will find it difficult to continue adherence to preventive measures. The results of the research illustrates that emotional state of older people is dire, COVID-19 has caused lack of communication, stress and additionally in some cases discrimination/ageism and cases of

1. World Health Organization, the Institute of Social Studies and Analysis (ISSA), *Monitoring population awareness, risk perception, preventive behavior and public confidence against the background of the coronavirus pandemic in Georgia*, 2020;

GRC, IFRC, Austrian Red Cross, Swiss Red Cross, UNFPA, *Impact study of COVID19 on older people and caregivers in Georgia*, 2020

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2. World Health Organization, the Institute of Social Studies and Analysis (ISSA), *Monitoring population awareness, risk perception, preventive behavior and public confidence against the background of the coronavirus pandemic in Georgia*, 2020;

violence. In addition, the mental health of older persons is affected more than that of the rest of the population because they believe that the coronavirus is dangerous, is spread rapidly and they face an increased risk for developing severe illness in case they become infected.

Given the current situation, preventative measures practiced by older persons are mainly confined to maintaining supplies of medicines they take regularly and restricting active interactions with strangers. The research also emphasises the necessity of older people to access healthcare services and highlights that most of them have problem getting relevant medical examinations and medications prescribed by the doctor.

As studies show, older people mainly trust certain institutions (central and local government, representatives of the medical field, media); consequently, imposing restrictions and regulations is considered by most respondents as an adequate measure. In particular, the majority of older people agree that: the government should restrict personal freedom as part of its effort to fight the coronavirus, activities involving more than three people should be cancelled, leaving the house should be allowed only for professional, health or some urgent reasons, etc.

Given the abovementioned situation, the regulations and the action plan developed in Georgia can be considered to be in line with the guidelines and recommendations issued by the World Health Organization, especially for older people, including residents of long-term care facilities.

Special assistance, subsidies, programmes and projects for older people

In the state health programmes implemented in Georgia, older persons represent one of the priority groups. There is a targeted chronic disease management programme focused on the provision of medicines for older persons, the implementation of which began in 2017 and

became more affordable since 2019, as it became free for the population above retirement age.

Municipalities implement similar social programmes for older age target groups, which are mainly focused on the provision of one-off assistance: annual one-off financial assistance for persons over 100 and participants of the Great Patriotic War, and free funeral ceremonies for the veterans. There are several municipal programmes whose beneficiaries are mostly older persons; the programmes include: free meals, financing (or co-financing) medical treatments and services, and financing medicines.

Tbilisi City Municipality is currently implementing 28 social assistance and health care programmes and beneficiaries of three of the programmes are mainly older persons. The programmes include provision of emergency (temporary) shelter services, free meals and social homecare.

Data related to the beneficiaries of the programmes implemented by municipalities is not subject to disaggregation by age, therefore, accurate information about the number of the beneficiaries of retirement age is not available.

With the technical support of the United Nations Population Fund (UNFPA), the municipal government of Kutaisi is implementing an active and healthy aging programme for senior citizens at a dedicated centre. A similar programme is planned to be implemented in the city of Rustavi.

Awareness of COVID-19 Infection among Older Persons and their Adherence to Preventive Measures

According to the surveyed experts (decision makers on health issues and researchers), residents of long-term care facilities are more informed about the COVID-19 infection than older people living alone. The administration of the institutions is constantly providing them with updated information on coronavirus infection, while the sources of information available to older people

living alone are limited. *Older persons living alone also have limited access to the information concerning services available to them.* Older persons living in long-term care facilities assess their own level of awareness as high. They get information about the COVID-19 infection mainly from several sources: facility staff members, medical service providers, and the media (mostly television). Some older persons find it difficult to determine the accuracy and credibility of some of the information they receive about the COVID-19 infection through the media. This mainly concerns the timing of availability of the vaccine and the “authenticity” of the COVID-19 infection. In the period of the first wave of COVID-19, with the support of international organizations, residents of long-term care facilities were trained on the issues related to infection prevention and control. Since the outbreak of the Covid-19 epidemic, residents of long-term care facilities have been quite enthusiastic about the information concerning the COVID-19 infection. However, they seem to show less interest in the issue with time, as some signs of information overload can be observed among them. In addition, it turns out that information overload is also a source of stress among older people.

Residents of long-term care facilities take the COVID-19 infection seriously. According to them, the coronavirus poses a threat to public health. Therefore, they understand the importance of the restrictions imposed in long-term care facilities. According to experts, there is a lack of information about the COVID-19 infection among the older persons living in the regions heavily populated by ethnic minorities.

Residents of long-term care facilities fear that they will suffer from complications in case they become infected, because of their pre-existing medical conditions. However, those older persons who do not have any health concerns think that the virus might cause some severe complications solely because of their age. One part of the older persons welcomes the idea of being vaccinated against the COVID-19 because they have confidence

and think immunization is a way to avoid the risk of infection. The other part is cautious because they think the vaccine might be harmful to their health.

Measures taken to assist older persons during the COVID-19 crisis

In the early stages of the outbreak, important measures taken by the state included: developing and issuing recommendations, informing older people about the new coronavirus, restricting movement to prevent the spread of the infection, and providing all necessary protective equipment (face masks, disinfectants, etc.). In addition, a change in the shift schedule was introduced at long-term care facilities - the transition to a 12-day per month shift regime, which was reduced to a 6-day shift regime during the second wave of COVID-19 outbreak. The change in the shift schedule helped reduce the risk of so-called “employee burnout”. Long-term care facilities should introduce the monitoring project implemented by the Agency for State Care and Assistance For the (Statutory) Victims of Human trafficking with the support from the United Nations Population Fund (UNFPA). The project envisages checking the compliance of the facilities with the standards. Monitoring is carried out in large long-term care facilities in Kutaisi and Tbilisi, as well as in community institutions.

One of the main challenges for older persons outside long-term care facilities is an access to health treatment and care. The first targeted step taken by the Ministry of Health was the introduction of the **home delivery of medicines** component under the programme. It was decided to give individuals aged 65 and older **pneumococcal vaccine**. This is one of the most important innovations introduced during the COVID-19 pandemic as part of infection prevention among older persons. Despite the above mentioned measures, older people (especially those living alone) face the problem of access to medical examinations. Isolation of persons due to the conditions created by the pandemic has made the practice of medical surveillance of their health all the more difficult.

Since the declaration of the state of emergency on March 21, 2020, municipalities have been collecting information on the needs of local older persons through a 24-hour hotline. With the help of international organizations and the private sector, senior citizens were provided with food, medicine, and other basic products. During the second wave of the outbreak, the activity of both the private sector and the municipal authorities, in general, in this direction, slowed down. This has led to an increase in the degree of vulnerability of older persons living alone. The slowdown in the activity also hinders the registration of older persons living alone.

Health and social programmes have been modified to incorporate measures needed to prevent the spread of COVID-19 infection. In particular, according to the changes introduced in the home care programmes, older persons involved in the programme had to be provided with food and medicines by having them delivered to their homes. To cover additional costs, funds were allocated from the Municipal Reserve Funds.

In some municipalities, social activities were carried out with the financial support from the private sector: for example, Signaghi Municipality bought TVs and mobile phones for senior citizens living alone, to facilitate their access

to information about COVID-19 infection and, if necessary, to contact the self-government or other organizations.

Situation of Older Persons Living Alone Under the Poverty Line during the Covid-19 Pandemic

The study conducted by associate Professors at Ivane Javakhishvili Tbilisi State University Tamar Makharadze and Anastasia Kitiashvili supported by UNFPA Georgia in four municipalities of Bolnisi, Dmanisi, Tianeti and Kaspi aimed at assessing the general condition and the needs of older persons living alone and below the poverty line in light of COVID-19. The survey was conducted in July-August, 2020 and 475 respondents participated in the survey. The research revealed that the pandemic had hardly changed the daily lives of many (46.9%) older persons. As for the general attitude, majority (71.9%) of the older persons interviewed believe that COVID-19 is an infectious disease which is dangerous for everyone, whereas almost a quarter (24.9%) of the respondents believe that that it is only dangerous for older people. Significant challenges encountered by older persons during the epidemics were related to financial problems (49.7%) and emotional state, including the fear of contracting the disease (44.3%) and related stress and anxiety (34.3%) (see Table #1).

Table #1

Challenges	Bolnisi	Dmanisi	Tianeti	Kaspi	All four municipalities
Isolation	41%	91.8%	37.6%	2%	33%
Lack of communication	54%	2.3%	2.5%	17.9%	22.5%
Lack of personal space	6%	0%	2.5%	0%	1.7%
Immobility	40%	29%	28.5%	1.9%	19.7%
Financial problems	25%	16.2%	46.7%	75.6%	49.5%
Stress, anxiety	36%	61.6%	32.4%	22.3%	34.3%
Fear of contracting the disease	42%	100%	35%	24.8%	44.3%
Have become more dependent on others	13%	37.2%	11.6%	17.4%	19.7%

The main sources of information about the coronavirus included: magazines and newspapers (98.8%), television (57.5%) and local self-government (42.5%). The information and recommendations provided to older people regarding the pandemic were understandable to almost all respondents. However, 33% of the older persons living in Bolnisi Municipality found the information about what to do and how to behave during the epidemic difficult to understand. Considering the high level of their vulnerability to COVID-19, older persons participating in the survey reported observing the recommendations – wearing masks (86.2%), only leaving homes when it was absolutely necessary (74.2%), strictly following social distancing rules (62.6%).

Despite the special recommendation issued for older people and instructing them to stay home, the study revealed that majority of survey participants purchased products (64.4%), collected pensions (56.9%), and bought medicines (59.7%) by themselves. At the same time, the survey revealed that during the pandemic, older people have become more dependent on others, to a certain extent, as they found it difficult to cope with everyday routines. Participants of the survey reported that most often they received support from their neighbours (see Table #2).

Table #2

	Bolnisi	Dmanisi	Tianeti	Kaspi	All four municipalities
Purchasing products					
By myself	49%	84.8%	44.1%	71.1%	64.4%
With the help of neighbours	30%	59.3%	25.9%	14.9%	28.2%
Provided by local self-government	71%	25.5%	9%	0%	21.6%
Collecting pension					
By myself	35%	83.7%	46.7%	60.1%	56.9%
With the help of relatives / family members	17%	13.9%	12.9%	24.3%	19%
With the help of neighbours	25%	6.9%	33.7%	15.4%	19%
Buying medicines					
By myself	37%	86%	46.7%	64.6%	59.7%
With the help of relatives / family members	20%	13.9%	19.4%	19.9%	18.5%
With the help of neighbours	23%	52.3%	32.4%	15.4%	26.7%

It is noteworthy that local self-governments (69%) were most interested in providing for the needs of older persons, followed by neighbours (58%), and relatives and family members (26.5%) appeared to be least interested in providing for the needs of older persons.

None of the participants of the survey earn their living through working and/or running a business. Majority of surveyed older persons live on pensions and social assistance (80.8%). Only a small percentage of senior citizens living alone receive some income from selling their own agricultural products, and 2.4% of them receive regular financial assistance from their relatives or family members.

The study showed once again that the health conditions of older persons, especially of those living alone, are not satisfactory at all. 78.9% of surveyed older persons would assess their health conditions as “poor” or “extremely poor”. Considering the above mentioned, it is crucial for older people to have access to regular medical examinations and medication. However, the study showed that nearly half (48.8%) of respondents had not always been able to undergo medical examinations prescribed by a doctor; and more than a quarter (28.3%) of the respondents had really been able to undergo medical examinations prescribed by a doctor. Likewise, 25.1% of respondents had rarely been able to buy medicines prescribed by their doctors, and the majority (56.7%) of the respondents had only sometimes been able to buy medicines prescribed by their doctors (see Table #3).

Table #3

	Bolnisi	Dmanisi	Tianeti	Kaspi	All four municipalities
How often have you been able to buy medicines prescribed by your doctor?					
Always	2%	0%	4%	0.5%	1.3%
Often	11%	0%	5.3%	27.4%	15.2%
Sometimes	40%	97.7%	54.7%	48.3%	56.7%
Rarely	42%	2.3%	33.3%	23.4%	25.1%
Hardly ever/ Never	5%	0%	2.7%	0.5%	1.7%
How often have you been able to undergo medical examinations prescribed by your doctor?					
Always	1%	0%	3.9%	0%	9%
Often	3%	0%	5.3%	26.4%	13%
Sometimes	25%	98.8%	30.3%	46.3%	48.8%
Rarely	60%	1.2%	28.9%	23.9%	28.3%
Hardly ever/ Never	11%	0%	31.6%	3.5%	9.1%

The survey showed that social contacts of older persons are limited - 45.9% of respondents only rarely interact with their neighbours, hardly ever visit their relatives (36.6%) and rarely meet their friends (80.4%).

According to the recommendations developed on the basis of the survey findings, it is important to raise awareness among older persons. The need is especially urgent in Bolnisi Municipality, where majority of senior citizens failed to understand the recommendations concerning what they had to do and how they had to behave during the pandemic. While choosing the sources of information preference should be given to the ones widely available to older persons, such as newspapers and central or local TV channels. Key recommendations include increasing access to medical services for older people. Taking into consideration the fact that being isolated for a prolonged period of time has a negative impact on the health conditions of older persons, it is essential to help them stay physically active. In order to enable older persons to exercise their rights and to stop growing ageism in societies, the study recommends avoiding portraying older persons as the only risk group for coronavirus infection on social and other media.

The study highlighted the necessity of considering individual needs of older persons. A specific recommendation has been developed to address the challenge - for local governments to continue economic support programmes for the vulnerable older persons and to tailor this assistance to their needs. In this regard, it is considered important to promote the involvement of older people in social activities and to encourage and support their activities.

Different effects of COVID-19 on residents of long-term care facilities and older people living outside of residential institutions

According to surveyed experts, despite certain risks of spreading the infection in long-term care facilities, older people living in these facilities

are more protected from being infected with COVID-19 than those outside them. The following **advantages** of living in long-term care facilities have been identified: a) despite the lockdown, different forms of communication are maintained in long-term care facilities, b) residents are under constant observation, especially in terms of constant monitoring of their health, c) residents have little or no financial expenses, d) they have access to medicines, food, clothing and other basic products or services.

The following **disadvantages** of living in long-term care facilities have been identified: a) due to the fact that many older people have to share a common space in long-term care facilities, a single case of infection significantly increases the risk of spreading the infection, b) being in isolation (which means not being able to visit family members and relatives) negatively affects the psycho-emotional state of older persons.

According to surveyed experts, some older persons are self-employed. That is why, during the COVID-19 pandemic, senior citizens have become more vulnerable in socio-economic terms and **have fallen into deeper economic hardship**. In addition, in case the restrictions are extended, older people will face the risks of being excluded, experiencing lowering of their self-esteem, being impoverished. However, it was also noted that, unlike young people, opportunities for socialization for older persons has been already limited, therefore, the restrictions have not substantially changed their lifestyle.

A few experts expressed the opinion that age alone should not be used to determine requirement to observe severe restrictions. The social life of older persons who are over 70, without existing health conditions and living an active lifestyle should not be restricted. That is why, in addition to age, **health status, lifestyle and activity** should be taken into account when drafting regulations, as regulation requiring people to stay at home only because of their age contains elements of discrimination.

The spread of COVID-19 infection has contributed to the prioritization of issues related to the needs of older persons and especially older persons living alone. The fact that during the pandemic the connection between the different generations of families **has become closer** can be seen as a positive social effect. The pandemic has put older persons in the centre of attention on the part of their family members.

The diversity of activities offered to older persons in long-term care facilities has declined due to pandemic conditions. All types of outreach activities (e.g. excursions) have been cancelled, events are no longer held on the spot (e.g. concerts, performances), and residents no longer have the opportunity to meet their family members or loved ones. Due to the restrictions introduced, activities in long-term care facilities have become monotonous, limited to watching news and entertainment programmes and soap operas on TV, reading books and newspapers.

Beneficiaries spend time playing different games (dominoes, backgammon, lotto and chess).

The focus group participants find **being isolated** to be the most difficult restriction to be observed. Residents used to leave long-term care facilities mainly for the following purposes: visiting family members, relatives and loved ones, attending various types of events, collecting their pensions and receiving medical services. These activities are virtually eliminated, which greatly intensifies the feeling of loneliness among older residents of long-term care facilities.

Residents are satisfied with the services provided in long-term care facilities. The target group members appreciate the effort of the administration of the facilities in respond to their needs. Residents of long-term care facilities feel secure and believe that the risk of them being infected in the facility is lower than outside the facility.

KEY RECOMMENDATIONS

1. Awareness raising campaigns aimed at providing senior citizens with information on the COVID-19 infection should continue in the future. Awareness raising campaigns are especially important in the period of autumn and winter, when respiratory viruses start circulating during the flu season. However, it should be noted that older persons should not be subject to information overload.
2. Data collection on the needs of older persons living alone by local municipalities/ authorities should continue and be conducted on a regular basis. The process has become less intensive during the second wave of the pandemic, which increased the degree of vulnerability of older persons living alone. Identifying older persons living alone will also help the government to register them and create a relevant database. In turn, this will facilitate adequate and targeted distribution of resources among older people who are in need of assistance in the first place.
3. It is essential to ensure that psychological first aid is fully operational and available for residents in long-term care facilities, as required by existing standards and guidelines. A psychological support module should be designed considering the particularities caused by coronavirus.
4. Long-term care facilities need to organize staff trainings on stress management that will help them cope with their own and the residents' anxiety.
5. Beside government agencies, international and local organizations and the private sector should take an active part in the implementation of measures planned to prevent the spread of COVID-19 infection. Their role is important in supporting awareness raising campaigns, capacity building of personnel, etc.
6. It is necessary to strictly monitor compliance with existing recommendations and regulations in long-term care facilities and continue provision of updated information about the COVID-19 infection.
7. Provision of basic material assistance (food, medicine, etc.) to vulnerable older persons is recommended to be continued. The private sector and volunteers should be actively involved in this process. In addition, personal protection products (face masks, hand sanitizers, etc.) should be available free of charge for vulnerable older persons.
8. Activities aimed at supporting older persons (for example, home care practices, delivery of food, medicines, volunteer visits, etc.) should be supported by the State and should be of regular and sustainable rather than of sporadic nature; especially for older persons with limited mobility.
9. Older persons (especially older persons living alone) should periodically undergo medical examinations. The services should be provided in a manner that prevents and limits their presence in crowded places. To ensure provision of health services and reduce additional risk factors during epidemic, the primary health care providers, that manage chronic diseases of older people, should be actively involved to.
10. It is necessary to provide emotional support to the residents of long-term care facilities. Various entertainment, learning etc. activities will ensure that they do not feel excluded and are not marginalized. In this regard, consideration of international experience is important.

INTERNATIONAL EXPERIENCE

Needs of and Challenges faced by older people affected by humanitarian crises - HelpAge International

HelpAge International- a global network working on issues related to improvement of lives of older people – published the report **“If not now, when? Keeping promises to older people affected by humanitarian crises”**³. The report draws on the findings of needs assessments carried out by HelpAge International during 13 months including end of 2019. In total, 8,883 people from 11 countries in Africa, Asia, Latin America and the Middle East, aged 50 to 80-plus and affected by natural disasters, conflict or socioeconomic crises were interviewed. Since the data were collected, COVID-19 has swept across the globe, making the knowledge about the general condition of older people even more important than ever before.

The results of the study show how vulnerable older people are and why it is important to include them in a humanitarian crisis management plan. Some of the results of 50-80-year-old people surveyed as part of the study include the following:

- A fifth (20%) of respondents said they had no access to shelter;
- 64% of respondents did not have enough to eat;
- 77% of respondents had no income;
- 25% of respondents had no access to safe drinking water;
- 62% of respondents had no access to bathing facilities;
- 36% of respondents had no access to hand washing facilities;
- 35% of respondents did not have a toilet;

- 36% of respondents said that denial of resources, opportunities or services posed risks for older people.

In the absence of data and feedback from older people, aid workers often have to rely on assumptions. Therefore, it is important to have accurate information about the needs of older people. The study revealed that one out of five (20%) older persons lived alone. It is often expected that families are always the best source of support for older people. In humanitarian crises, many older people are highly dependent on their families and others to meet their needs. This is particularly true under the conditions of protracted crises. However, humanitarian responses that increase older people's dependence on them may actually contribute to a reduction in older people's resilience and independence over time, increasing their risk of being subject to violence, neglect and abuse. Many older people play a significant role in their families and communities, though it is widely assumed they do not contribute. It turned out that nearly two-thirds of those interviewed (63%) were caring for at least one child, and 44% were caring for another older person. It is noteworthy that in some communities, older people have set up their own associations. Members monitor the situation of older people in the community, visit those unable to leave their homes and inform relevant authorities and humanitarian aid providers about the issues that need to be addressed.

Despite the contribution of older people to the common good, their views and needs are not taken into account in the humanitarian aid response plans:

- 69% of respondents said they did not know how to provide their opinion or make a complaint about the services being provided to them;

3. If not now, when? Keeping promises to older people affected by humanitarian crises, HelpAge, 2020

- Only 19% of respondents said they felt able to cope without support. 27% of respondents said that they could not cope at all without support;
- 77% of respondents said that they had not been asked by any other humanitarian agency about the services being provided to them;
- Only 3 out of 11 countries covered by the report considered and included the needs of older people in their respective humanitarian response plans.

Women accounted for 58% of those living alone, 56% of those caring for others, 56% of those with no access to healthcare, 58% of those with no access to food, and 58% of those with no income. Simultaneously 30% of women surveyed said that they could not cope at all without support, whereas only 23% of men admitted the same.

The survey revealed that persons in the 50-80 age group had restricted access to health services and resources. 39% of respondents could not reach aid distribution points independently, the percentage is 55% among those with a disability. It should be noted that 98% of total number of persons interviewed had at least one health condition. More than a quarter (26%) of respondents said they could not access health services. Among the respondents who reported having difficulty walking, only 28% had a walking stick. And, among the respondents who reported having difficulty seeing, only 25% said they had eyeglasses.

Based on the findings several key recommendations need to be put into practice: first of all, all humanitarian actors and agencies should proactively recognize and respond to the rights and needs of older people, the risks they face, as well as their capabilities and contributions. Older people should be included in funding guidelines, criteria and programmes; advocacy for the rights of older people within the international humanitari-

an system is essential, and investments should be made in capacity building for older people.

In addition, humanitarian actors and agencies, as part of needs assessment, should make efforts to improve data collection, analysis and disaggregation on the basis of age, sex and general health status. They should include an analysis of the risks older people are facing and the assessment of the extent to which humanitarian aid is supporting them. It is important for older people to be able to provide feedback on the services provided to them, to ensure effective programme and service development.

The Impact of COVID-19 on older persons -WHO

The World Health Organization published the Policy Brief to assess the risks faced by older persons and to highlight other important issues.⁴ Although all age groups are at risk of contracting COVID-19, older persons are at a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five times the average rate. An estimated 66% of people aged 70 and over have at least one underlying condition, placing them at increased risk of severe impact from COVID-19. The factors that make older persons more vulnerable to the pandemic are not confined to only medical reasons, but are extended to include social dimension as well:

- Imposed regulations and restrictions have highlighted concerns about issues such as increased risks of violence, abuse, and neglect displayed against older persons locked down with their family members or caregivers.
- Older persons living in precarious conditions – such as 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 poten-

4. Policy Brief: The Impact of COVID-19 on older persons, May 2020

tial challenges related to their access to humanitarian support and assistance.

- Furthermore, older persons are also often among the caregivers responding to the pandemic, which increases their risk of exposure to the virus.
- The virus also threatens social networks of older persons, which in turn, can have a serious effect on their mental health. Prolonged periods of isolation could have a serious effect on the mental health of older persons, especially on older persons who do not have access to digital technology.
- For many, the Internet and other digital technologies have become a window to the world during the lockdown, enabling us to connect with family, friends and the community. However, many older persons have limited access to digital technologies and lack necessary skills to fully exploit them.
- This digital divide can also impede older persons' access to essential information regarding the pandemic and related health and socio-economic measures. Older persons may also be unable to access services, such as telemedicine or online shopping and banking. Working with communities and using a variety of formats, such as radio broadcasts, print notifications, and text messages, may ensure that critical information on measures to protect themselves from COVID-19 and how to access services reaches older persons.
- The types of care and support services available to older persons vary. For most, family members are the only care and support providers available to them.

Though, older persons who live alone are deprived of the opportunity to take advantage of such care and support.

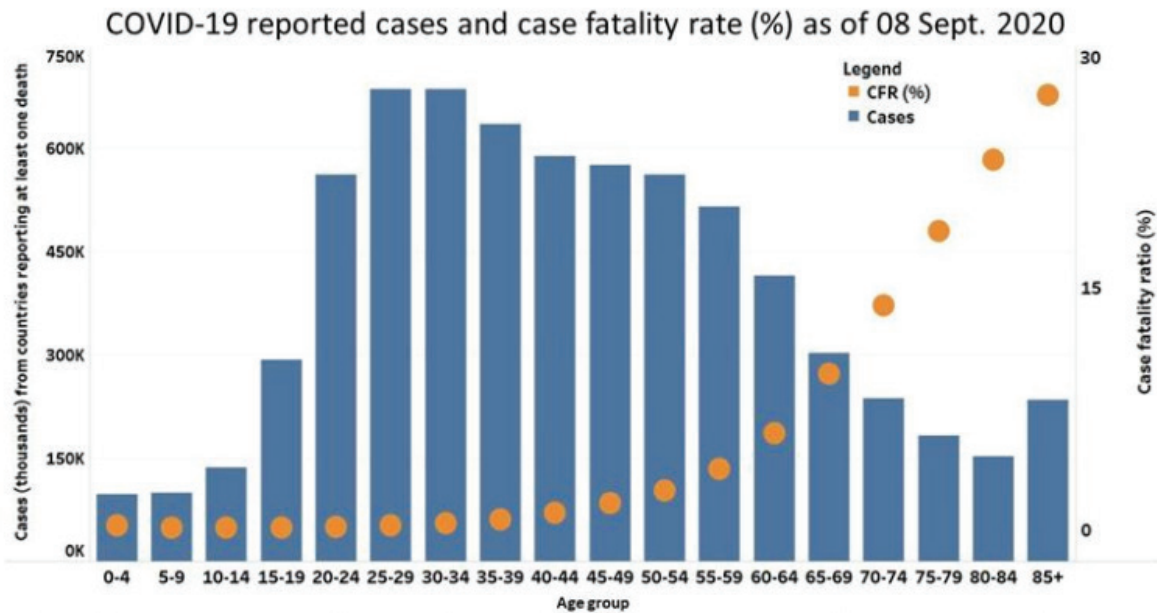
- Many countries lack adequate legislation at the national level to protect the rights of older persons and to prevent discrimination, exclusion, marginalization, violence and abuse. The absence of a dedicated legal framework may contribute to at times inadequate responses to the COVID-19 crisis.
- The crisis has revealed important gaps in the availability of age-specific data. Data on older persons disaggregated by age groups are crucial to identifying the full picture of pandemic impacts and to targeting responses. For example, COVID-19 fatalities are often reported in broad age groups, such as among persons 60+ years. Disaggregation of COVID-19 data by age, sex, disability, and underlying health conditions is essential in order to differentiate accurately the risks to older persons.

As of September 8, 2020, the World Health Organization had collected statistics related to COVID-19 from 135 countries, according to which, a total of 7,164,286 cases of infection had been recorded from different parts of the world up to the period indicated above.⁵

According to WHO statistics the number of cases of infection decreases with the increase in the age of population, however the Case Fatality Ratio increases with age. The Ratio starts to increase in the 35-39 age group and continues to increase in the 85 and older age groups. In particular, in the 85+ age group the Case Fatality Ratio totals 35% (see Chart #1).

5. <https://www.who.int/data/maternal-newborn-child-adolescent-ageing/covid-19-data>

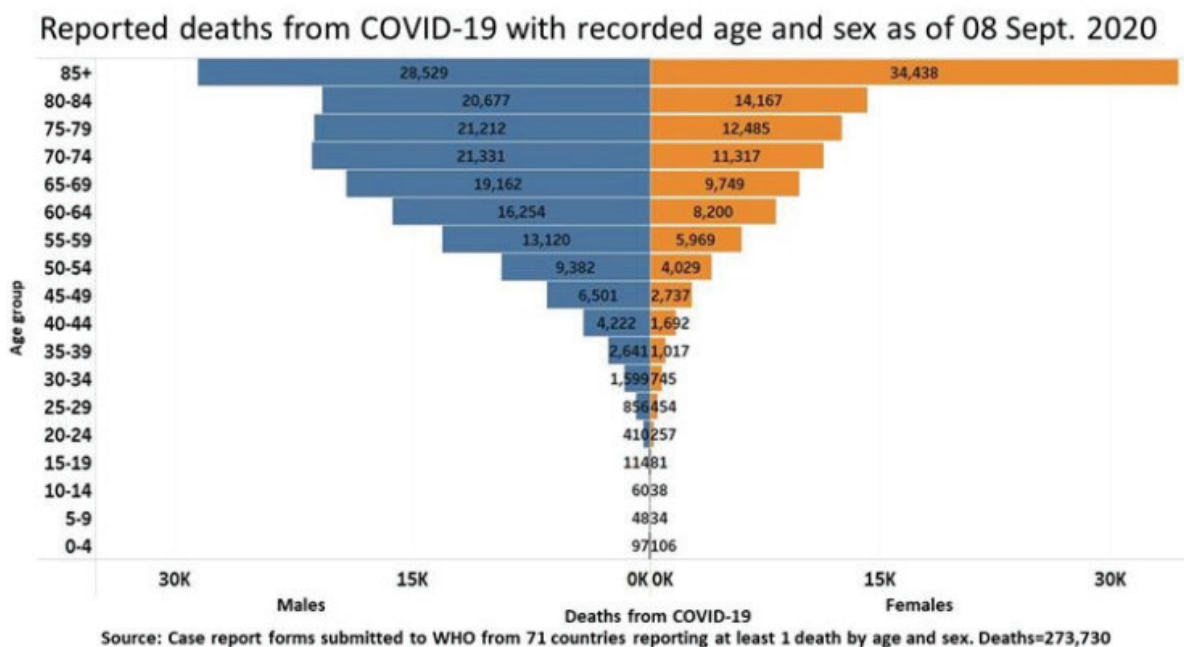
Chart #1



Reports from 71 countries show that 217,518 persons belonging to the 60+ age group had died of COVID-19-related complications, as of September 8, 2020, which made up 79.5% of the total number of deaths. Analysing the data using the disaggregation by sex reveals that the number of deaths in all age groups is higher among males

than among females, except for a single age group, namely 85 + age group. Specifically, the number of women who died of COVID-19-related complications in the 85 + age groups exceeds the number of COVID-19-related deaths among men of the same age group by 5,909 (see Chart 2#).

Chart #2



Social policies aimed at older persons in different regions and countries of the world

Despite being identified as most affected and at-risk population group with regards to COVID-19, there are only a few dedicated measures aimed at lifting the barriers faced by older people worldwide. A global network HelpAge⁶ summarizes some changes that have been introduced in the Asia-Pacific region. The examples are grouped under several relevant implementing actors. It should be noted that in the absence of specifically robust external assistance, older persons rely on the support provided by their families, friends, neighbours, religious or community organizations. To a certain extent, the experience of the pandemic has strengthened the community spirit and encouraged mutual support among community members.

Governments

Ministries of health in many countries around the world have worked intensively to limit the spread of COVID-19, however, some countries are in a better position with regard to curbing the spread of COVID-19 than others. Older persons who face the highest risk of fatality from COVID-19 have received the strongest support in those countries, where the health care system is the strongest. According to the **Global Health Security (GHS) Index**, assessing countries' preparedness for epidemic or pandemic, identifies only two countries - South Korea and Thailand – as “most prepared” for epidemic and pandemic, throughout the Asia-Pacific region. On the other hand, the same report admits that no country in the world has been fully prepared for epidemics or pandemics. Owing to the abovementioned, response to the pandemic was largely reactive rather than proactive. In general, countries with universal health coverage have been in a better position, mainly because their citizens have had easier access to medical care, including testing and treatment for COVID-19. **South Korea**, for example, provides testing and

treatment free of charge and gives a subsidy to those who have to be isolated or hospitalised. Throughout the region only a few countries have universal health care systems. **Samoa** has introduced universal healthcare to respond to COVID-19 thus joining **Bhutan, China, Georgia, the Maldives, Sri Lanka and Thailand**. Countries with some experience in managing SARS-type viruses, such as Singapore, Korea, and Japan, have found themselves in a better position compared to other countries.

Older people have been specifically targeted in all the countries in their effort to respond to COVID-19. Ministries of health of some countries have made concerted efforts to continue provision of relevant services to older persons by introducing new types of online, telephone, radio and television services. Many countries in the Asia-Pacific region have used helplines, online prescriptions and Tele-health consultations. Vietnam and Indonesia have also introduced digital communication channels for disseminating information and for reaching target groups. Though it proved to be much more difficult to have strong uptake of a newly launched service than to expand existing services, that population already uses and is aware of. Inequality in access to digital sources is particularly evident among people living in rural and remote areas and older people who do not have either knowledge needed for using the technology or access to internet.

Social Protection

While older people are the hardest hit by the pandemic, they are not a priority in the global social protection response. Of the 1,092 social protection measures introduced globally, only 6% focus explicitly on older people. It is also worth mentioning that, many reforms to pension schemes during COVID-19 do not increase benefits provided. Of the 71 adaptations to pension schemes in 50 countries, only 16 increase the benefit level to satisfy increased needs of older persons. The remainder include advance payment of monthly

6. The impact of COVID-19 on older persons Asia Pacific regional report, HelpAge, UNFPA, June 2020.

pensions; deferring, reducing or waiving of social security contributions, which helps to reduce immediate costs but does nothing to improve older people's income.

Asia-Pacific Region lags behind in terms of focusing on older people. Of the 50 countries that have adapted pension systems during this crisis, only 8 belong to the Asia-Pacific Region. In the

region, only Samoa has introduced a new social protection benefit specifically for older people. Australia, Hong Kong, India, Malaysia, Singapore and Myanmar have increased pension amounts. Bangladesh, Sri Lanka and Samoa have expanded the coverage of population with the service in addition to increasing pension payments. (see. Table 4)

Table #4

Government social protection responses to COVID-19 specifically targeting older people in Asia (22 May 2020)				
Temporary or permanent increases in pension transfers	New social pensions or expanded coverage	Pension advances ⁷	Allowing premature access to pension savings	Social assistance (besides pensions)
Australia, Hong Kong, India, Malaysia, Singapore, Myanmar	Bangladesh, Sri Lanka, Samoa	Australia, Fiji, Samoa	Australia, Fiji, India, Malaysia, Samoa	Malaysia, Nepal, Russia, Philippines

Pakistan is a prominent example of a large-scale cash transfer for poor households. The Government of Pakistan is providing a one-time cash transfer (\$80) to 12 million households experiencing economic hardship during COVID19. HelpAge International conducted a review of the coverage and access of older people to the programme. The review found that many older people were unaware of the programme, struggled with the digital enrolment processes, could not afford costs associated with enrolment (text message fees), and faced mobility challenges in accessing the cash points.

Vietnam faces challenges with regard to reaching socially vulnerable people, including senior citizens. In response to the crisis, the Government of Vietnam allocated a (USD 2.66 billion) relief package, which aims at providing financial support

to various population groups that have been particularly affected (including older persons). HelpAge estimates that at least 3.5 million older people will benefit from these support measures. Nevertheless, a challenge Vietnam is facing is ensuring coverage for and registering those in need.

The COVID-19 induced economic crisis is also affecting contributory pensions. The economic decline has led to a sharp drop in returns on financial assets and investments, which has an immediate and direct effect on pensions, in particular on defined contribution pensions. These are pensions, mainly managed by the private sector, which are not based on intergenerational transfers, and do not provide a guaranteed income in older age but rely on individual savings accounts.

7. Pension advances, also known as pension sales, loans, or buyouts, require signing over all or some of your monthly pension checks for a period of time — typically 5 to 10 years. In return, the person gets a lump sum payment.

The UN Agencies

Various UN agencies have issued documents related to older people and COVID-19. The UN's most prominent statement on older people has been the Policy Brief issued by the Secretary General on 1 May 2020, setting out four priorities for action:

- (1) Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health;
- (2) Strengthen social inclusion and solidarity during physical distancing;
- (3) Fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19;
- (4) Expand participation by older persons, share good practices and share knowledge and data.

Organizations, such as WHO, UNDESA, UNFPA have also issued statements regarding the situation of older persons or interventions on their behalf. The Social Protection Interagency Cooperation Board issued a joint statement calling for urgent expansion of social protection as a crucial response to the current crisis.

It should be noted that the United Nations Population Fund (UNFPA) has several ongoing global initiatives in place, which include fundraising proposals, need assessments in elderly centres, developing guidelines for personnel at care centres, and assisting care personnel with infection control, preventive measures, care and referral. The United Nations Population Fund (UNFPA) is also involved in the mobilisation and training of community-based teams and youth volunteers for provision of social care services to older people.

Community-based Organizations

There are more than 700,000 community-based organizations in Asia-Pacific Region performing

activities aimed at meeting the needs of older people. Two-thirds of these organizations are established in China. The organizations have provided older persons with hygiene-related information and supplies, during the COVID-19 pandemic. The community groups have also helped the most isolated older people to restore their contacts with others via mobile phones and also to have access to services offered by the government.

Preventing and managing COVID-19 in long-term care services

On July 24, 2020, the World Health Organization (WHO) published a policy brief – “Preventing and managing COVID-19 across long-term care services”⁸. The policy brief provides 11 policy objectives and key action points to prevent and manage COVID-19 across long-term care. Its intended audience is policy-makers and authorities.

According to the review of the system presented in the document, the COVID-19 pandemic has disproportionately affected long-term care facilities, especially older persons living in these facilities. Data from high-income countries show a rather “mixed” picture: some countries have had no or very few cases of COVID-19 among residents in long-term care facilities, others report the incidence of COVID-19 among residents in long-term care facilities to be as low as 3% to 6%. Whereas, some countries report that on average nearly half of all deaths linked to COVID-19 in the country were of long-term care facility residents (ranging from 24% in Hungary to as high as 82% in Canada). Data disaggregated by age and sex are not available in many countries. For example, studies in the United Kingdom of Great Britain and Northern Ireland and the United States have shown incidence rates between 40% and 72% among residents, with infection rates among staff between 1.5% and 5.9%.

8. Preventing and managing COVID-19 across long-term care services : policy brief. Geneva: World Health Organization; 2020 (WHO/2019-nCoV/Policy_Brief/Long-term_Care/2020.1). Licence: CC BY-NC-SA 3.0 IGO.

According to the document, in many countries the initial plans to contain the pandemic did not include long-term care facilities; it was only when media reports of large numbers of deaths started to emerge that resources were mobilized. In some countries, the army and other emergency response units had to be deployed to support long-term care facilities that had been overwhelmed by large numbers of deaths and insufficient staff.

The World Health Organization identifies 11 policy objectives serving the purpose of mitigating the impact of the COVID-19 pandemic among residents of long-term care facilities. With regard to each objective, the World Health Organization discusses a number of challenges and ways to overcome them in the Policy Brief:

1. Include long-term care in all phases of the national response to the COVID-19 pandemic

Challenges to inclusion of long-term care in all phases of the national response to the COVID-19 pandemic are in general associated with lower political priority given to long-term care compared to health and other policy areas. It is also noteworthy that governance of the long-term care system often involves multiple sectors, different ministries and different levels of government, making coordination difficult.

In addition, the groups responsible for the provision of long-term care services can have different mixture of public, private for-profit and private not-for-profit service providers, in addition to caregivers hired by families. According to the document, particularly in low- and middle-income countries, nongovernmental organizations (NGOs) play an important role in the provision of long-term care services.

In response to the challenges described above, the World Health Organization (WHO) recommends making the issue of long-term care (with a special focus on long-term care users and providers) a focal point of the activities implemented by the COVID-19 governing body. In addition,

it recommends establishing joint steering committees and information- and data-sharing systems between sectors and subnational policy levels to ensure a coordinated response. Priority is given to establishing a mechanism to support unregulated providers, focusing on cooperative support.

In **Singapore**, the Agency for Integrated Care and the Ministry of Health, together with long-term care service providers, have jointly developed a number of measures to respond to the COVID-19 pandemic. These include infection control and prevention measures. The Agency for Integrated Care also set up an incident response team to support long-term care providers in responding to COVID-19 infections. The Silver Generation Office, which is an outreach arm of the Agency for Integrated Care, has supported older people with contact, information and the provision of services during the COVID-19 pandemic.

In **Austria**, a COVID-19 working group has been established within the Ministry of Social Affairs, Health, Care and Consumer Protection. The working group consists of representatives of ministries, consultants from various medical professions and other stakeholders. The Red Cross has been involved in the processes as a non-governmental organization. In addition, regional governments have established crisis groups responsible for long-term care facilities. Long-term care facilities themselves took part in drafting the recommendations. Long-term care facilities actively participated in the process of developing the recommendations.

2. Mobilize adequate funding for long-term care to respond to and recover from the COVID-19 pandemic

With respect to mobilizing adequate funding, the policy brief emphasizes the challenge related to the generally limited funding allocated for long-term care from national budgets, especially in countries in which the provision of long-term care services is mainly financed by non-governmental

organizations (NGOs). It is also noteworthy that in a number of countries, co-payment schemes are in place covering particular services. More funds may be allocated for the needs of the most vulnerable beneficiaries, though there are usually limits on the amounts allocated for this purpose. It should also be noted that the epidemic situation increase service delivery costs (e.g. provision of PPE - Personal Protective Equipment). In response to the challenges described above, the World Health Organization (WHO) offers countries to create funds dedicated to the pandemic (the funds can be used to cover additional staff costs, infection prevention and control (IPC) training, and materials such as PPE and sanitizers). It also recommends finding ways to reduce costs to service providers and providing flexibility in the use of emergency funds. Supporting providers (particularly not-for-profit facilities) that are experiencing loss of revenue or have to close some services, is of high importance.

In **the United States**, the US\$ 3 trillion COVID-19 stimulus package (under the Coronavirus Aid, Relief, and Economic Security (CARES) Act) provides some funding for the long-term care sector. Out of the US\$ 100 billion funding allocated to health care providers under the CARES Act, US\$ 50 billion is being distributed to hospitals and long-term care providers, including providers of home health.

In **China**, subsidized long-term care providers were allocated a special one-off allowance to support staffing (for example, hiring and redeploying workers and reimbursing overtime) to ensure the continued provision of long-term care services. It is estimated that this support will amount to a total of around US\$ 1.6 million.

3. Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channelling between health and long-term care systems to optimize responses

According to the document, implementation of relevant activities for the purpose of monitoring

and managing COVID-19 is hindered by several factors. There are only a few countries which collect information about the peculiarities and individual needs of residents of long-term care facilities. This also applies to availability of age- and gender-disaggregated data. Very few countries publish data on the numbers of residents of long-term care facilities who have been infected with or died of complications related to COVID-19. Without data on the impact of the infection on long-term care facilities, there is a risk of the facilities not receiving all the necessary resources. Under the circumstances, it is also important to register people who have had limited access to specific health services and have thus become particularly vulnerable to the virus. Accordingly, it is necessary to introduce a registration system which includes statistics on COVID-19 cases in long-term care facilities. It is recommended to collect data disaggregated by age, gender, and existing health condition. As a follow-up, establishing a mechanism regularly processing and updating the information and transmitting it to relevant government agencies for the purpose of developing adequate response is required.

The European Centre for Disease Prevention and Control (ECDC) (EU agency) has included long-term care facilities in its COVID-19 surveillance strategy at the national and EU/European Economic Area levels and has been collecting relevant data from member states. Information includes situation management measures, incidence rate, and mortality rate.

An integrated IT system has been installed in China for sharing information and data between service providers and local governments. Caregivers are encouraged to share and exchange experiences with the representatives of other facilities through messaging apps, online meetings, or phone calls.

4. Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality long-term care services

The COVID-19 pandemic has affected the workplace environment for the staff in long-term care facilities in many ways. According to the World Health Organization (WHO), problems stemmed from pre-existing workforce shortages, poor working conditions and inadequate pay. Due to staff shortages, in a number of facilities, non-medical staff has been trained to provide medical care to residents. Long-term care providers and caregivers faced difficulties in accessing PPE and other resources such as disinfectants. Long-term care facilities should be provided with adequate supplies of PPE. Adequate training of staff (including family caregivers and volunteers) on infection prevention and control measures and the necessity to comply with basic IPC rules should be conducted. It is important to facilitate flexible arrangements for palliative care teams to ensure access to palliative care as needed.

In **Austria**, staffing and licensing regulations for care workers have been relieved substantially during the COVID-19 pandemic. This enables people who have done national service and opted for civilian duties to provide basic care. People in the national service have contributed to managing the logistics of the pandemic. Their employment as care workers can be enforced by the government. In addition, people undertaking training in relevant areas and interested people who are currently unemployed can also be hired.

If long-term care facilities in **Israel** experience a shortage of staff, the Ministry of Health will send a special team for 7–14 days to support the provision of care for the period of crisis.

In the **Netherlands**, since 19 May 2020 PPE has been available free of charge to care workers providing care activities requiring close contact with persons with long-term care needs.

In **Ireland**, nursing homes started a recruitment campaign (private and NGO operated). Furthermore, the staff is allowed to provide assistance to private nursing homes on a voluntary basis.

5. Ensure the continuum and continuity of essential services for people receiving long-term care, including promotion, prevention, treatment, rehabilitation and palliation

People with long-term care needs often require continuous, complex and personalized support. Assistive care for personal tasks in particular requires high levels of physical and emotional contact. Under pandemic conditions, it is also important to ensure equitable access to health services. At the sectoral level, it is important to ensure that national and regional policies and programmes are in place to support the provision of health care, including palliative, psychological and social care. Under the circumstances, the acceptable practice is to use technology to carry out remote counselling. Involving the residents of long-term care facilities in the development of protocols will ensure that their needs are fully met.

In the **United States**, remote monitoring of patients is practiced. This enables social workers, clinical psychologists, physical therapists, occupational therapists and speech-language pathologists to perform remote evaluations and therapy. Communication takes place using digital technologies.

In **Austria**, the National Association for Palliative Care has issued a position paper on palliative care during the COVID-19 pandemic and has provided guidance on ensuring access to palliative care for people who will not receive the intensive care that normally is provided. The Association has also published guidelines for family caregivers and long-term care workers. Multidisciplinary guidance provided by the government is available to support people with COVID-19 who are reaching the end of life. There are also clinical guidelines and resources on how to support care workers providing care to persons who require palliative care.

In **Italy**, a shift from hospice inpatient services to home care services was implemented. The

experiences also highlighted the need for case conferences to determine priorities and make appropriate decisions on resource distribution.

6. Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases

According to the World Health Organization, even where guidance and training are available, implementing some of the measures can be challenging. This is partly due to the infrastructural arrangement of long-term care facilities. While in some long-term care facilities staff members and residents have private rooms with en-suite bathrooms, this is not the case in others, which makes it difficult to isolate residents exhibiting COVID-19-related symptoms, as well as those who have been in contact with people who are suspected of having or confirmed to have COVID-19. To minimize risks, it is necessary to create decent working conditions for employees, to limit staff working with multiple residents or moving across multiple departments. Long-term care facilities should have an internal monitoring scheme and have coordinators. Training staff members on a regular basis and providing them with updated information about COVID-19 is essential.

In **Israel**, staff work two 12-hour shifts; each employee works in the same department, treating the same patients; Staff teams do not meet, but communicate by telephone; residents are divided into groups of 10 people. Cafeterias in long-term care facilities are closed and meals are served to the residents in their own rooms.

In the **Netherlands**, some home care workers are organized into special “Corona teams”. These teams look after people with COVID-19, while other teams care for people without infection.

7. Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services

In the early phase of the COVID-19 outbreak, available testing capacity was used mostly in hospitals, which made it difficult to identify COVID-19 infected residents in long-term care facilities. This approach is increasingly understood to have been a major problem, given the high rates of pre-symptomatic or asymptomatic patient. Besides, regular monitoring makes it possible to trace changes in residents’ health status and, in case of necessity to respond to residents’ needs in a timely manner. In addition, it is advisable for staff to be familiar with the World Health Organization guidelines for contact tracing in order to be able to monitor their own contacts as well as the contacts of residents.

In the European Union, the European Centre for Disease Prevention and Control guidance recommends testing strategies that distinguish between “affected areas” (random testing of residents and staff) and “unaffected areas”.

In **Denmark**, both symptomatic and asymptomatic residents and staff in long-term care facilities can access testing at regional hospitals (since 12 May 2020). If one of the residents start showing the symptoms of coronavirus, all residents and staff are tested within 24 hours and retested after seven days.

In **Israel**, since the beginning of April, all employees and residents of the long-term care facility where a staff member (staff members) or a resident (residents) have tested positive for COVID-19 are tested. Medical personnel are required to examine any resident with respiratory symptoms. All residents transferred from a hospital to the facility are also tested.

8. Provide support for family and voluntary caregivers

The World Health Organization recommends supporting paid family caregivers (persons hired by families to provide care for an older person at home) or voluntary caregivers. As a rule, these

categories are not covered by the health care system and, therefore, it is very important to provide them with relevant information about virus prevention, symptoms and management.

In **India**, it was decided to issue passes for caregivers enabling them to travel during the period of movement restrictions. Also, NGOs and specialist services (National Institute of Mental Health and Neurosciences, Cognitive Disorders Clinic) offer information and resources for caregivers of people living with dementia. A special app has been developed, which offers expert advice to caregivers. The Ministry of Health and Family Welfare offers some strategies and practice to people with psychosocial and behavioural disorders. In addition, it offers videos for stress management and mental health tips for different age groups on its website.

9. Prioritize the psychological well-being of people receiving and providing long-term care services

Older persons with long-term care needs have been isolated in homes or facilities for many weeks, leading to reduced social contact and disrupted and changed routines. Some people with long-term care needs, such as people living with dementia, have experienced changes in their physical and cognitive status, which has led to an increase in their vulnerability. Long-term care facilities have recognized the importance of supporting residents with social contacts and have introduced innovative solutions, such as technical tools that enable virtual contact with their families and friends. Under these circumstances it is recommended to increase recruitment of volunteers to help with providing social interaction for isolated residents. There is a risk of a significant impact on the mental health of the staff of long-term care facilities as well. Therefore, mental health and psychosocial support should be available to staff delivering long-term care to reduce the stress and prevent staff burnout.

In the **United Kingdom**, the COVID Trauma Response Working Group has developed guidance for managers concerned with looking after staff of long-term care facilities and ensuring their stability. The country has introduced support for caregivers through video calls, which has been shared by a number of other countries (Chile, Mexico, Malaysia, etc.).

10. Ensure a smooth transition to the recovery phase

The World Health Organization (WHO) highlights the importance of a smooth transition to the recovery phase. In this regard, the WHO considers it important to maintain the sustainability of long-term care facilities; thus it is essential to maintain public confidence and trust of residents and family members of the residents in long-term care facilities during the crisis. For this purpose, surveillance mechanisms to monitor the quality of care within long-term care facilities should be made available.

In **Germany**, strict restrictions regarding visits in long-term care facilities started to be relieved in May 2020. While specific rules on the frequency and length of the visits are in place, all visitors to long-term care facilities are required to strictly follow infection prevention and control measures. Visitors also have to register so that they can be identified for contact tracing purposes in case it becomes necessary.

11. Integrate and ensure continuous, effective governance of long-term care services

Strengthening relationships between different levels of government involved in long-term care and health care and developing concrete vertical and inter-sectoral coordination mechanisms is recommended to ensure continuity of service provision. Mechanisms for regular data collection and analysis of health and long-term care systems should be in place to enable system wide evaluation and monitoring. Lessons learned from

the COVID-19 pandemic should be analysed to identify and address weaknesses in the health and long-term care system. Appropriate mechanisms should be developed to ensure quality services in the unregulated long-term care facilities.

In most countries, care facilities (and the long-term care system more generally) are not the responsibility of a single government department and quite often national, regional and local

governments are also involved in their governance. This is also evident when care is delivered by private providers. A number of countries have encountered problems in coordinating an effective response to COVID-19 for care facilities and have created National Taskforces to bring together different government departments and levels. A National Taskforce can also help ensure that the COVID-19 response in care facilities is well coordinated with other policies and measures.

INTERNATIONAL EXAMPLES OF MEASURES TO PREVENT AND MANAGE COVID-19 OUTBREAKS IN RESIDENTIAL CARE AND NURSING HOME SETTINGS

The International long-term Care Policy Network published a report “International examples of measures to prevent and manage COVID-19 outbreaks in residential care and nursing home settings”⁹ drawing on experiences of different countries. According to the report, the following measures have been taken by different countries to prevent and manage COVID-19 outbreaks in residential care and nursing home settings:

- A few countries have information systems that collect individual level data on the characteristics and health status of residents of long-term care facilities and link the information to the health and long-term care system for planning and monitoring purposes.
- One of the first measures countries have adopted has been to restrict visits to long-term care facilities by relatives and others. While this measure has been widely adopted, on its own, it has not been sufficient to prevent infection, as staff (and sometimes new and returning residents) continue to come into the long-term care facilities from outside.
- Measures to reduce the risk of staff bringing in infections include ensuring that staff only work in one section of the long-term care facility, ensuring that staff have sick pay so they do not feel compelled to work while feeling unwell, offering alternative accommodation to staff, which is particularly important where staff live in high-density accommodation (in some cases, staff have moved into long-term care facilities, typically voluntarily).
- Many countries have taken measures to limit direct hospital discharges to long-term care facilities. There is increasing recognition of the danger of discharging people directly from hospital into long-term care facilities without ideally two negative tests within 24 hours (due to the risk of false negative tests), even in the case of people who were not originally hospitalized for COVID-19. Ideally, all new residents admitted into long-term care facilities should be isolated and tested.
- Measures to ensure that potential infections are detected in time include regular testing of long-term care facility residents and staff. In addition, it is recommended to conduct contact tracing of staff and residents. Regular symptom assessments of both residents and staff and tracing changes in their health condition is recommended.
- In the event of a case of infection being detected, long-term care facilities should be divided into risk zones for possible, probable and confirmed cases, and staff should only work in one of the zones.
- While some long-term care facilities may already have nursing and medical

9. Comas-Herrera A, Ashcroft E and Lorenz-Dant K. (2020) International examples of measures to prevent and manage COVID-19 outbreaks in residential care and nursing home settings. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 11 May 2020.

personnel, some care facilities may not have access to in-house health care provision. In case residents with the virus have increasingly complex healthcare needs, telehealth is recommended to be used for virtual visits by healthcare providers. Adequate supply of medicines and equipment will also be required.

- Many countries have increased pay and provided additional benefits to care staff, in recognition of the additional stress, workload and risk they are facing during COVID-19. A number of countries are

providing psychological support for the trauma and grief experienced by many staff members of long-term care facilities.

- There are many examples of the use of technology to facilitate virtual contact with families, although there is also evidence that not all long-term care facilities have access to the internet or the devices to facilitate virtual contacts. There have been many examples of window visits and entertainment being delivered from the windows.

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