



Older People's Inclusion in the Global Humanitarian Response Plan (HRP) for COVID-19

HelpAge briefing and analysis

Key messages

- Older people face multiple risks in the COVID-19 Pandemic. They are among those most at risk of complications and death from the virus. Age discrimination and barriers accessing humanitarian assistance present further challenges and undermine their rights.
- Weaknesses in the UN Global Humanitarian Response Plan for COVID-19 (HRP) will limit life-saving support available to older people at national level.
- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and members of the Inter-Agency Standing Committee (IASC) must ensure that revised HRP reflects specific risks faced by older people who are disproportionately affected by the virus and provide leadership and coordination to ensure an inclusive response.
- Donors must support targeted actions towards older people within contributions to the COVID-19 appeal and other financial contributions to address the pandemic.

The rapid spread of COVID-19 has created an unprecedented global health crisis which is rapidly accelerating into a global humanitarian crisis. The evidence is clear that people in older age are among those most at risk of complications from COVID-19. Initial research in China based on over 44,000 cases of Covid-19, showed a mortality rate of 2.3% for the general population, rising to 8% in those aged 70-79 and nearly 15% in those 80 and over.

In humanitarian situations, the risk to older people is amplified due to well documented barriers they face accessing information and humanitarian assistance. Older people may also be discriminated against in decisions regarding the allocation of scarce resources. It has never been more urgent to address these challenges and avoid a catastrophic outcome for older people.

On 25 March 2020, UN Secretary General launched an ambitious [global humanitarian response plan \(HRP\)](#) to fight COVID-19 with a US\$2.1 billion appeal. The plan will be reviewed and updated monthly in response to the rapidly evolving situation.

While older people are mentioned several times throughout the plan and explicitly included in two of the plan's objectives, HelpAge International has major reservations about how these will translate into action at national level and is concerned that the multiple risks facing older people have been poorly understood. Most worryingly, older people have not been specifically included in a list of "most affected and at-risk" population groups¹. The list has implications for funding, implementing and monitoring the plan. It will undoubtedly drive donor and operational decisions and have an impact on the humanitarian support provided to older people at national level. The analysis also fails to recognise the longstanding barriers older people face accessing humanitarian assistance. This cannot continue in a COVID-19 response if humanitarians are to fulfil our mandate and save lives.

While specific attention to older people is needed, we can only suppress the spread and the impact of the virus if we work together across communities, organisations and countries. HelpAge International is asking OCHA, members of the IASC and the whole humanitarian community to stand in solidarity with older people and take concrete steps to strengthen the approach in the next iteration of the Humanitarian Response Plan.

This document sets out our analysis of the HRP and our overall recommendations.² Where page numbers are indicated they refer to the relevant pages in the [HRP](#).

Analysis of the Humanitarian Response Plan

Welcome references to disproportionate risk for older people

We recognise and welcome the fact that the HRP correctly reflects the additional risks older people face in terms of mortality and morbidity in its humanitarian risk analysis. The response plan also explicitly includes older people in two objectives under strategic priority one (p21) to "contain the spread of the COVID-19 pandemic and decrease morbidity and mortality":

1.1: Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.

1.4: Provide safe and effective clinical care: treat and care for individuals who are at the highest risk for poor outcomes and ensure that older patients, patients with comorbid conditions and other vulnerable people are prioritised, where possible.

Attention to the needs of different age groups is also highlighted as a guiding principle in the response approach (P24).

Urgent need to strengthen the humanitarian needs analysis

Limited analysis of risks to older people

While the analysis of risks rightly indicates that older people are more at risk of mortality and morbidity from COVID-19, it fails to acknowledge that older people face additional challenges which, in combination, exacerbates the threat to older people from COVID-19.

¹ The list includes: People suffering from chronic diseases, undernutrition including due to food insecurity, lower immunity, certain disabilities, and old age; IDPs, refugees, asylum seekers, returnees, migrants, people with disabilities, marginalized groups and people in hard-to-reach areas; Children; Women and girls; People who have frequent social contacts and movements for labour or other livelihood activities; People who are losing their income.

² Concrete proposals to strengthen the next iteration of the plan are available to support this analysis.

These include ageism and discrimination in response actions, which are already features of responses in countries with current outbreaks, as well as longstanding barriers accessing humanitarian assistance. These are well documented and include physical, institutional and attitudinal barriers³. This support is desperately needed to ensure that older people have the information they need, have good access to water and sanitation facilities, can access health services and be supported to self-isolate when needed. Without this support, many lives will be lost.

The analysis also fails to acknowledge that older people will suffer significant secondary impacts from the pandemic: the knock-on effects of the virus and measures to contain it, that go beyond the direct impact on health but have significant impact on people's lives. HelpAge's rapid needs assessments in humanitarian situations⁴ reveal high levels of income insecurity and borrowing among older people, food insecurity and perceived risks of violence and abuse. All of these are likely to worsen as a result of COVID-19. HelpAge staff at country level are also reporting high levels of stress anxiety among older people about the immediate effects of the virus and the longer-term impact on their lives, as well as increased distress due to physical distancing and isolation measures. Many older people are reporting concerns about their ability to get medicine they need to manage ongoing conditions.

As a result of the limited focus, older people are entirely located within the public health aspect of the response and the plan offers no guidance in relation to the broader risks older people face and how humanitarian actors should respond.

Similarly, the analysis in the plan regarding refugees and displaced people treats them largely as a homogenous group and does not acknowledge issues of age, gender, disability that amplify the significant challenges refugees and displaced people face in this pandemic.

Older people not included as a “most affected and at-risk population group”

The most significant omission in the plan is that the document includes a list of “most affected and at risk” population groups but fails to include older people as a distinct group (p16). This is in spite of the fact that some 70 per cent of the country level plans annexed to the HRP specifically identify older people or older age in their assessment of those most at risk, and despite all the available evidence that points to older people as most susceptible to serious illness and death as a result of COVID-19.

Reflecting the broader limitations in the humanitarian needs analysis, “old age” is included at the end of a list of “conditions” that people suffer from, increasing their susceptibility to the viral infection. Older age is not a condition that people suffer from and it is unacceptable to represent it in this way. As the group with the highest primary needs in this crisis, it is unthinkable that they are not included explicitly, acknowledging the range of risks they are exposed to by the virus.

This is not a question of semantics. Older people's visibility in this list matters and will undoubtedly drive donor and operational decisions at global and national level. It is likely to have a significant impact on the humanitarian support available to older people, the population group with the highest primary health needs in this pandemic. References to the ‘most affected and at risk population groups’ in the funding section of the HRP suggests that older people's absence in the list will have a direct effect on funding allocations.

³ See: [Missing Millions; how older people with disabilities are excluded from humanitarian response](#); [Older people in displacement: falling through the cracks of emergency responses](#); [The role and vulnerabilities of older people in drought in East Africa: progress, challenges and opportunities for a more inclusive humanitarian response](#); [When older people flee their homes from danger, ageism is a barrier to accessing help](#); HelpAge rapid needs assessments are also a good source of information on access barriers. Country level reports are available on the HelpAge International website: <https://www.helpage.org/resources/publications/>

⁴ A global report based on recent assessments in forthcoming in June. Country level reports are available on the HelpAge International website: <https://www.helpage.org/resources/publications/>

We are concerned that this reflects both a structural and institutional bias against older people and towards existing priorities within the humanitarian system and wider UN system as a whole, possibly reflecting a structural gap – older people do not have a dedicated UN agency representing their interests. In theory, ageing and older people should be mainstreamed. In practice, they are often falling between the gaps.

Unanswered questions on how the response will meaningfully reach older people

Strategic priorities and response approach and coordination mechanisms

In spite of welcome references to older people in objectives 1.1 and 1.4, there are practical questions to be answered about how these objectives will be operationalised.

Specifically, there is nothing to guide action on the objectives in the enabling factors and conditions under strategic priority 1 and consultation with older people is not explicitly referenced alongside women and people with disabilities as an enabler for strategic priority 2, despite the significant secondary risks they also face. Lack of consultation is common and has been identified as a significant issue in HelpAge’s rapid needs assessments with older people.⁵ Older People’s Associations (OPAs) have an important role to play, alongside other community-based groups such as women and youth led organisations and organisations of people with Disabilities.

The overall framing for the strategic priorities and objectives (p20) commits to prioritising the most vulnerable and at risk groups identified on p16. The omission of older people as a distinct group will therefore directly affect prioritisation in implementation of the plan. This is further reflected in strategic priorities 2 and 3 and their objectives which refer several times to those ‘most vulnerable and at risk’. It is assumed this links directly to the analysis presented on p16.

The HRP provides some information about coordination mechanisms at global and national level. However, there is no information or guidance on how those at high risk should be represented within these mechanisms, in line with commitments to enhance accountability to affected populations. Ensuring appropriate representation in coordination mechanisms at every level is vital to ensuring an appropriate response.

Monitoring framework

It is unclear how the monitoring framework outlined in the HRP will effectively scrutinise the impact of the response on older people.

Response monitoring indicators for the two objectives that directly mention older people (1.1 and 1.4) do not have any population-based aspects making it impossible to monitor the extent to which any specific action is taken under these objectives. Once again, it is assumed that targets and indicators that refer to the risks and needs of “most affected” and “vulnerable” populations (e.g. 2.1, 2.2 and 3.1) will take their steer from the population groups identified as “most affected and at-risk” earlier in the humanitarian needs analysis (p16). Since older people are not identified as a distinct group, it is difficult to see how any meaningful monitoring will take place in relation to older people.

Financial requirements and UN agency plans

There is nothing in the HRP to indicate that any resources raised via the appeal will be allocated to older people, despite acknowledgement of the significant risk posed to them by the virus.

⁵ A global report based on recent assessments is forthcoming in June. Country level reports are available on the HelpAge International website: <https://www.helpage.org/resources/publications/>

The financial requirements section indicates that response funding takes due consideration of critical programmes that need to be protected and expanded for women and girls, as well as other vulnerable population groups identified in the analysis of ‘most affected and at-risk population groups’. This indicates that the omission of older people as a distinct group will have significant budget implications.

Less than 0.5 per cent of the total budget is allocated to unearmarked funds for country-level NGO response, despite the fact that NGOs and local actors are best placed to identify and respond to the needs of at-risk population groups, particularly those who already face significant barriers accessing humanitarian assistance. The other 99.5 per cent of the budget is allocated to UN agencies, funds and programmes⁶. The HRP includes top line plans⁷ for each of these organisations in the budget which indicate how implementation of the HRP’s objectives will be undertaken. None of these plans mention older people or indicate any specific actions responding to the risks they face in this crisis, even in relation to objectives that specifically refer to older people.

It has never been more urgent to address the barriers older people face accessing humanitarian support and the HRP should provide much needed leadership on this issue. Over the coming month, national humanitarian response plans and refugee response plans are expected to be updated in light of the COVID-19 pandemic. However, the HRP fails to provide the necessary guidance for UN Country Teams, humanitarian responders, donors and national governments to pivot towards meeting the most immediate and direct humanitarian needs facing older people.

Recommendations

To UN OCHA and the IASC:

- Recognise older people explicitly alongside other populations groups considered “most-affected and at risk”.
- Strengthen the analysis of risks posed to older people throughout the HRP, recognising that older people face a combination of disproportionate incidence of serious illness and death, significant risk of discrimination in the allocation of scarce resources, and pre-existing and systematic barriers accessing information, services and assistance provided through the humanitarian system.
- Strengthen the monitoring system to ensure that implementation of measures to reduce risk and respond to older people’s needs is appropriately monitored.
- Ensure local organisations are adequately consulted in the revision of the HRP.
- Provide clear guidance to country teams on the importance of including older people within reviews of national humanitarian response plans and refugee response plans.
- Provide global leadership and coordination to efforts to operationalise the objectives in relation to older people.
- Ensure adequate representation of affected population groups in coordination mechanisms at every level, in line with commitments regarding accountability to affected populations.
- Allocate specific budgets to support targeted actions towards older people within budgets

⁶ Plans are provided by: FAO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF, WFP, WHO

⁷ Further analysis is needed of the detailed plans available via individual UN agencies but the absence from the summary plans indicates the lack of priority afforded to older people, even in relation to objectives where they are specifically referenced.

To UN agencies, funds and programmes:

- Ensure concrete actions responding to older people's increased risks are included within agency plans and budgets and publish the amounts committed to actions targeting most affected and at-risk groups.

To donors:

- Include specific financial assistance to support targeted actions towards older people within contributions to the COVID-19 appeal and other financial contributions to address the pandemic.
- Ensure appropriate prioritisation of older people through institutional relationships with UN bodies and other donors.
- Require reporting on actions taken with older people and the outcomes of these actions in all funding agreements.

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