

No one is safe until everyone is safe

Older people are disproportionately affected by COVID-19. They are the age group most at risk of serious illness and death from the virus, with people over the age of 60 making up approximately 84 per cent of mortality globally.¹ But the broader economic and social impacts of the pandemic, and the shocking ageism and age-based discrimination we have witnessed during COVID-19, also present critical challenges for older people and affect their wellbeing, dignity, and rights.² This is especially true for those who have experienced a lifetime of poverty, exclusion and inequality, the accumulated impact of which puts them at greater risk.

Vaccination offers a beacon of hope. But this hope will only be fulfilled when those most at risk are vaccinated

'The number of doses administered globally so far would have been enough to cover all health workers and older people if they had been distributed equitably. We could have been in a much better situation' Director General, WHO, May 2021

Vaccination is the single most effective way to reduce deaths and severe illness from COVID-19. All COVID-19 vaccines [approved](#) by the World Health Organization (WHO) have proven to be safe and effective, and there are enough doses of vaccines globally to drive down transmission and save lives, if they go to the people who need them most.³ This will, in turn, reduce pressure on health and care systems, support global economic recovery and ensure those most at risk can participate in community and family life on an equal basis with others and without fear.

Both the WHO Strategic Advisory Group of Experts on Immunization (SAGE) [COVID-19 vaccination values framework](#) and the [Roadmap for prioritizing COVID-19 vaccines in contexts of limited supply](#) call for the prioritisation of health workers and older people in vaccine rollout. They emphasise that opening-up vaccine eligibility to the whole population without first achieving the desired coverage among older age groups and other high-priority groups will reduce the impact that could be secured with the initial limited vaccine supply.

Older people in low- and middle-income countries face multiple barriers to realising their right to vaccines

Seventy percent of older people globally live in low- and middle-income countries (LMICs). However, while 56 per cent of people (1 in 2) in high income countries had been vaccinated with one dose by August 2021, less than 2 per cent of people (1 in 52) in low income countries had received their first COVID-19 vaccine.⁴ Some rich countries have now announced plans to administer "booster" doses to populations that have already received a full course of vaccination before many of those most at risk in LMICs receive their first dose.

¹ World Health Organization (WHO), COVID-19 Detailed Surveillance Data Dashboard. Available at <https://app.powerbi.com/view?r=eyJrIjoieWRiZWVkbmM0Ni00MDAwLTljYWMTN2EwNTM3YQzYmRmlwidCl6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9> (accessed on 3 May 2021).

² [A report on the impact of COVID-19 on Older People | What we do | HelpAge International](#)

³ WHO 'Vaccine equity'. Available at www.who.int/campaigns/vaccine-equity

⁴ United Nations Development Programme. COVID-19 Data Futures Platform. www.data.undp.org/vaccine-equity/

Even where vaccines are being rolled out in LMICs and older people are prioritised on paper, in practice they face multiple barriers to getting vaccinated. These barriers include weak and under-resourced health systems, poor availability of health services and facilities, human resource limitations, physical access and cost barriers, age discrimination by service providers and communities, and a lack of access to trusted and reliable information on COVID-19 and vaccines to support older people to make an informed choice about vaccination. In many settings, we know vaccine hesitancy among older women and men is also a significant barrier, whether due to lack of confidence or trust in the health system, concerns about vaccine safety or efficacy, personal beliefs about vaccination or other reasons.

Older women and men living in poverty and those who are socially and geographically isolated are most at risk of being left behind. This includes older women, older people with a disability or a care and support need, older people from minority ethnic or religious groups, migrants and refugees as well as those living in remote areas, in informal settlements and the homeless.

In **India**, 70-80 per cent of 5,000 older people surveyed reported not having received a vaccine, with 42 per cent expressing unawareness of the existence of a COVID-19 vaccine. Among those who are unaware of the vaccine, the survey has shown that internet access, digital illiteracy and language barriers are preventing older people from accessing information and registering themselves for vaccination on the digital registration app.

In **Ukraine**, the KAP COVID Survey carried out through Facebook by Johns Hopkins University reported that 57 per cent of those over 55 who responded, said they would 'probably not' (18 per cent) or 'definitely not' (39 per cent) choose to get vaccinated. In **Eastern Ukraine**, a survey of 3'587 older people in Donetska and Luhanska carried out by HelpAge International with support from USAID, found 89 per cent of older people reported unwillingness to receive the vaccine due to lack of confidence in the vaccine quality, fear of allergies and side effects, or simply because they do not believe they need it.

In **Kenya**, where people over 58 are considered a priority, long lines, bribes and favoritism are preventing older people from receiving the vaccine in a timely manner.

Source: Babalola, S., Krenn, S., Rimal, R., Serlemitsos, E., Shaivitz, M., Shattuck, D., Storey, D. KAP COVID Dashboard. Johns Hopkins Center for Communication Programs, Massachusetts Institute of Technology, Global Outbreak Alert and Response Network, Facebook Data for Good. June and July 2021 data. Data retrieved August, 2021. <https://ccp.jhu.edu/kap-covid/>

To end the pandemic in all countries and uphold the rights of those most at risk we must:

1. Achieve global vaccine equity

“A COVID-19 vaccine must be seen as a global public good, a people’s vaccine”
UN Secretary General, June 2020

HelpAge is a member of the [People’s Vaccine Alliance](#) and we support their calls for COVID-19 vaccines to be available for all as a global common good.

Governments of rich countries and pharmaceutical corporations must:

- Commit to and provide a clear roadmap for ensuring at least 40% of people in every country are vaccinated by the end of 2021, and at least 70% by the first half of 2022.
- Tackle intellectual property barriers on vaccines and COVID-19 knowledge so that every nation can produce or buy vaccine doses at affordable rates.
- Make an immediate and large investment of public money into manufacturing more vaccine doses around the world and implement a clear plan to fund the huge increase in manufacturing of vaccines that is needed.
- Provide COVID-19 vaccines, treatments, and tests free of charge to everyone, everywhere based on need.
- Scale up global financial support for upgrading and expanding public health systems and achieving universal health coverage (UHC) to respond not only to emergencies but also to protect and save lives every day.

2. Ensure those most at risk come first in vaccine rollout everywhere

National governments in all countries must:

- Prioritise those most at risk, including older people, in vaccine roll-out, both on paper and in practice, in line with WHO SAGE and COVAX guidance.
- Meaningfully engage older people and those working with them in the design, delivery, monitoring and evaluation of national vaccination strategies to improve their chances of success
- Collect, analyse, report and use age, sex, disability and location disaggregated data on the number of vaccines administered, so that progress against national

In the Philippines, despite older people being prioritised on paper, by July 2021, only 8.9% of senior citizens were reported to have been fully vaccinated – the lowest figure among priority groups. In April 2021, the President of the Philippines said “Let’s prioritise those who, once they get a vaccine, there’s a chance that he would live, and live productively. Most of the senior citizens are no longer that productive”. Sources: <https://newsinfo.inquirer.net/1456802/govt-data-only-8-9-of-seniors-fully-vaccinated-against-covid-19> and <https://corona-older.com/2021/04/12/covid-19-vaccination-and-ageism-in-the-philippines/>

In June, HelpAge Network Member, Ageing Nepal, reported that “The first round of vaccinations has been going on for a long time, but the distribution of vaccines is very uneven. Older people are prioritised on paper, but not in reality”. Source: <https://www.helpage.org/newsroom/latest-news/older-people-are-prioritised-on-paper-but-not-in-reality/>

vaccination strategies is transparent and can be monitored by all stakeholders, including older people

3. Address the barriers older people face in accessing vaccines

National and local governments and service providers must:

- Ensure those responsible for delivering vaccines at all levels have the resources, information and tools needed to protect and promote older people's right to vaccines and understand that vaccine equity means prioritising older people in rollout as one of the groups most at risk
- Work with civil society organisations, private sector and communities to understand older people's needs and the unique barriers they face in accessing vaccines. Tailor strategies to address these, ensuring older people are reached and that no one is left behind
- Ensure [Risk Communication and Community Engagement \(RCCE\)](#) strategies actively engage, inform and empower older people and their communities, and deliver trusted and reliable information on COVID-19 and vaccines so that they can make an informed choice about vaccination
- Listen to, understand and act on drivers of vaccine acceptance and uptake among older people, managing misinformation that contributes to vaccine hesitancy, and tailoring responses to the information and communication needs of different groups – including those who are most at risk of being left behind
- Invest in and accelerate progress towards achieving Universal Health Coverage fit for an ageing world, recognising that UHC, founded upon a strong primary health care system, is essential to reaching those most at risk with vaccines, to ending the pandemic, and to building resilient and equitable societies that respond effectively in times of crisis.

3,658 older people surveyed in HelpAge's COVID-19 Rapid Needs Assessments in 12 countries said they **prefer to receive information by radio (50%), television (43%), word of mouth (26%) and loudspeaker (26%)**. Only 6% said they prefer to receive information through the internet.