



United Nations Population Fund

UNFPA Global Technical Brief

Implications of COVID-19 for Older Persons: Responding to the Pandemic



This technical brief was developed by the UNFPA Global Ageing Network to complement the UN Department of Economic and Social Affairs' (UN DESA) Issue Brief: Older Persons and COVID-19, which emphasized the humanitarian imperative of addressing older persons' specific needs within preparedness and response to the COVID-19 pandemic.

UNFPA focuses on human rights, health and protection of older persons in light of COVID-19, and this document highlights relevant initiatives underway in offices worldwide. Responding to the rights and needs of older persons is fully in line with one of the accelerators of the UNFPA COVID-19 Global Response Plan, i.e. to leave no one behind.

The document underscores UNFPA's role in supporting the UN COVID-19 response at the country level, under the leadership of the United Nations Resident Coordinator system and the World Health Organization (WHO). UNFPA also supports civil society to advocate for older persons' participation in the policy arena, and for their voices to be heard in preparedness and response to a crisis in which they are the most affected.

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SUMMARY OF KEY MESSAGES

- Older people are particularly affected by COVID-19. They need special attention during the COVID-19 crisis, and their voices, opinions and concerns must be heard.
- Global data are extremely uncertain at present, nonetheless, the heightened risks of COVID-19 for older persons are evident in all national data. The scale of testing and nature of reporting vary between governments and hence there is risk of misinformation by generalizing from the experience and reports of a given country. For global data please refer to the COVID-19 communication from the WHO. [<https://who.sprinklr.com>]. To strengthen data systems, COVID-19 information should be disaggregated by sex and age, among other criteria.
- While the number of older persons is relatively and absolutely smaller in developing countries, particularly in Africa, this coincides with other serious structural risks. Countries with the fewest older persons (such as many of the least developed countries), have the fewest health resources, limited experience caring for older patients (including few geriatric specialists), less institutional care for older persons, and far fewer public or NGO support structures for outreach, screening and community-based care of older persons.
- Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to infection and adverse outcomes from COVID-19¹.
- Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions² and community outreach is required.

1. WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

2. Lloyd-Sherlock & Ebrahim & Geffen & McKee. Bearing the brunt of covid-19: older people in low and middle income countries.

- Older persons, especially in isolation, those with cognitive decline, and those who are highly care-dependent, need a continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers.

Role of UNFPA

Provide demographic data for preparedness. UNFPA supports governments to rapidly generate population data that illustrates demographic risks, including the relative and absolute numbers of older persons in different localities, and their living conditions.

Advocate for investment in rights and health of older persons within the COVID-19 Response and facilitate coordination of UN system action for older persons. Support national-level coordination between Ministries of Health and Social Protection, WHO, UNFPA, and other UN/ non-UN partners to ensure that the care and support for older persons and their caregivers is prioritized. Develop COVID-19 response and recovery strategies that focus on the protection of older persons, and support the continuity of essential services.

Bring a gender perspective to the analysis of challenges faced by older persons in the context of COVID-19. UNFPA provides a gender lens to identify particular vulnerabilities faced by older women, such as gender-based violence, in a context in which intersecting discrimination on the basis of gender, disability and socioeconomic status is compounded by ageism.

Support older people to remain autonomous and important pillars of their communities. UNFPA is supporting this effort through the development of public health messaging specifically tailored to older individuals with information on how they can protect themselves while continuing important care functions (such as taking care of grandchildren).

Harness Inter-generational Solidarity and address age based discrimination. Cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and social norm change, eliminate stigma and discrimination of older persons, health workers, and caregivers through established UNFPA community networks including youth and women's organizations and religious and traditional leaders.

COVID-19 and Older Persons

- COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, i.e. COVID-19 virus). It causes higher mortality among older persons, particularly in persons with underlying medical conditions, such as cardiovascular disease, chronic respiratory disease, diabetes, and cancer³.
- **The COVID-19 pandemic is a significant challenge to all governments and represents a global threat to public health and the global economy.**
- Risks are especially high in countries, cities and territories where, *inter alia*:
 1. Public health systems are fragile, underfunded and understaffed;
 2. Government information, evidence and communication systems are weak;
 3. Population density is high;
 4. There are large populations of older persons;
 5. State budgets lack sufficient resources to assure capacity for preparedness or response.
- Many of the countries where UNFPA operates experience the above risks, increasing the likelihood of those potential public health and economic threats associated with the pandemic.
- The UNFPA Global Programme on Ageing and corresponding inter-agency network was established in 2016, and works closely with partners at the WHO, UNDP, ILO, the UN Regional Economic Commissions, the Titchfield City Group on Ageing, HelpAge International, among other global and regional partners, to support governments adapting to population ageing.

3. WHO. (2020, March 21) Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf.

Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*. 2020;395(10229):1054-62

UNFPA supports policy research and advice for governments, including government-government dialogues, helping governments to characterize the demography of ageing, address low fertility, understand household structure of older persons, and develop policies that promote a second demographic dividend.

- As the pandemic of COVID-19 poses global threats to older persons, partnerships with WHO and HelpAge are in force to share data and assure alignment on the use of evidence on risks, outcomes and promising interventions. The protection of older persons should be at the center of preparedness and response efforts, to leave no one behind, using the “One-UN” approach.
- **Global data are extremely uncertain at present**, as governments vary greatly in the scale of testing and the nature of reporting, and hence the known caseload. As the caseload underpins estimates of hospitalization and case-fatality rates, there is high risk of misinformation by generalizing risk from the experience of a given country. For latest global data please refer to the COVID-19 communication from the WHO [<https://who.sprinklr.com/>]. [Additional Resources in Annex 2]
- Nonetheless, **the heightened risks of COVID-19 for older persons are evident in all national data** (see below). Available data also suggest that there are **added risks for older males, relative to older females**; this sex differential is being tracked closely by WHO and academic researchers as the pandemic generates more case data worldwide.
- Policies to reduce COVID-19 transmission through physical distancing are now in place in most countries. **Physical distancing can pose added burdens for older persons**, as they are less likely to rely on online social interaction, particularly among the oldest old (persons age 80+). Older persons may also rely heavily on long term care providers at home, or in facilities, to meet their basic needs,

placing unique demands on their families, health workers and caregivers trying to reduce their own exposure, and keeping older persons safe.

- UNFPA is committed to support and promote collective **inter-generational solidarity**, to avoid stigmatization and discrimination against older persons, health workers, and caregivers.

Vulnerability of Older Persons

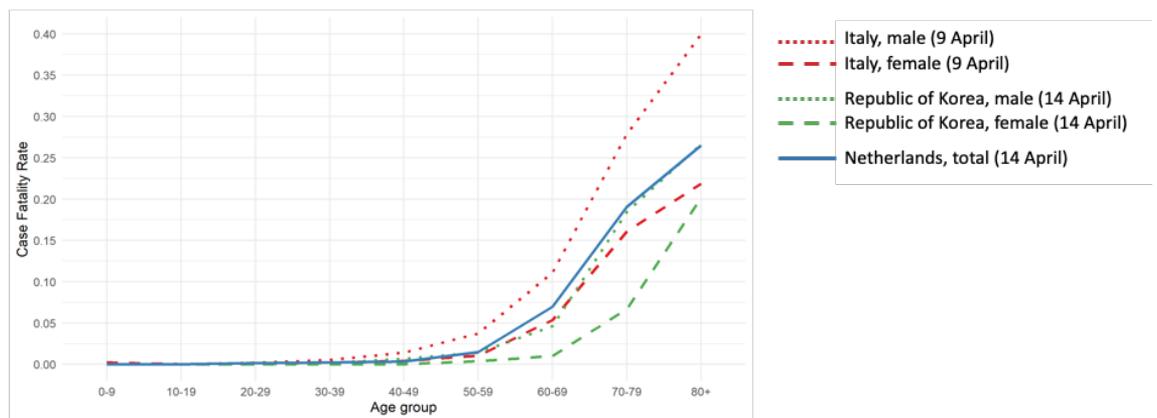
The Imperial College London COVID-19 Response Team reports that symptomatic individuals in their seventies are twenty times

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more likely to require hospitalization than those in their twenties⁴. Recent case fatality rates (Figure 1, below) from the Republic of Korea, Italy and the Netherlands suggest a major jump in risk for those in the 70-79 year age group in these countries, and still more dramatic increase in the 80+ age group; where sex-disaggregated data are available the risk at older ages is higher for males.

Figure 1: Recent case fatality rates by age reported by Republic of Korea, Italy, and the Netherlands



Source: Rijksinstituut voor Volksgezondheid en Milieu Ministerie van Volksgezondheid, Welzijn en Sport; Prodotto dall'Istituto Superiore di Sanità (ISS); Korea Centers for Disease Control and Prevention (KCDC)

The International Covenant on Economic, Social and Cultural Rights (ICESCR) article 12 refers to the accessibility, availability, acceptability and affordability of quality health services for older persons without discrimination⁵. Therefore, the following characteristics of older persons must be taken into consideration when planning and implementing preparedness and response strategies.

4 Ferguson, N. M., Laydon, D., Nedjati-Gilani, Gemma. et al. (2020, March 16). Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Retrieved from <https://doi.org/10.25561/77482>

5. ESCAP. (2017, March 8). Ageing in Asia and the Pacific: Overview. Retrieved from <https://www.unescap.org/resources/ageing-asia-and-pacific-overview>.

- A growing share of older persons are no longer living with extended family, but reside alone or in retirement homes, due to demographic shifts such as population ageing, more dual-earner households, internal migration and urbanization.
- Older persons confront multiple barriers in accessing quality health care, including affordability, accessibility, age discrimination, and age-related stigma. Their experience varies by different gender, income levels, and racial or ethnic backgrounds; therefore, such social determinants of accessing health-related services should be taken into consideration.
- Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to adverse outcomes and infection of COVID-19⁶.
- Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions⁷, and community outreach is required.
- Caregiving of grandchildren, a role undertaken by some older persons, can augment the risk of COVID-19, as it makes it impossible for older persons to self-quarantine⁸. In addition, the higher mobility of younger family members living under the same roof adds additional risk of infection for older persons.
- Although older men appear to have higher case fatality rates than women according to available data from high-income countries (see Figure 1 above), older women in many countries may be at particular risk of COVID-19 because they experience multiple and intersecting forms of discrimination.

6. WHO. Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance.

7. Lloyd-Sherlock & Ebrahim & Geffen & McKee. Bearing the brunt of covid-19: older people in low and middle income countries.

8 Lloyd-Sherlock & Ebrahim & Geffen & McKee. Bearing the brunt of covid-19: older people in low and middle income countries.

These include (but are not limited to) greater risk of nutritional deficiencies, risk of gender-based violence, less educational opportunity and higher risk of illiteracy, lower lifetime earnings, greater risk of living alone, and greater risk of poverty.

- Older persons, especially in isolation and those with cognitive decline, dementia, and those who are highly care-dependent, may become anxious, angry, stressed, agitated, or withdrawn during the outbreak or while in isolation⁹. All stakeholders need to be cognizant of the fact that loneliness is a serious health risk to older persons who are compelled to avoid social contact. The continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers should be ensured by any means.



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9. WHO. (2020, March 18). Mental health and psychosocial considerations during the COVID-19 outbreak. Retrieved from <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.

- Finally, older persons risk abuse during the COVID-19 pandemic, including but not limited to physical, psychological, sexual abuse, financial abuse/exploitation and neglect. Urgent public health action is needed to protect the rights of older persons¹⁰.

The Vulnerability of Health Workers and Caregivers: Programme responses need to address the **vulnerability of health workers and caregivers** of older persons. Their **physical and psychological stress** can be extremely high during the pandemic response phase, due to a high workload, shortage of protective equipment, potential stigma, and being in extensive and close contact with potentially infected individuals. Their wellbeing is of utmost importance, and specific measures such as the provision of Personal Protective Equipment (PPE), regular monitoring, access to mental health and psychosocial support should be prioritized.



10. Ibid

UNFPA Response Interventions

Support the provision of demographic data for preparedness: UNFPA is well-positioned to support governments to rapidly generate population data that illustrate demographic risks, including the relative and absolute numbers of older persons in different localities, and their living conditions. The map below shows the distribution of persons age 70+ in different regions, in absolute numbers. While the number of older persons is relatively and absolutely smaller in developing countries, particularly in Africa, this coincides with other serious structural risks. Countries with the fewest older persons (such as the least developed countries), have the fewest health resources, limited experience caring for older patients (including few geriatric specialists), less institutional care for older persons, and far fewer public or NGO support structures for outreach, screening and community-based care of older persons.

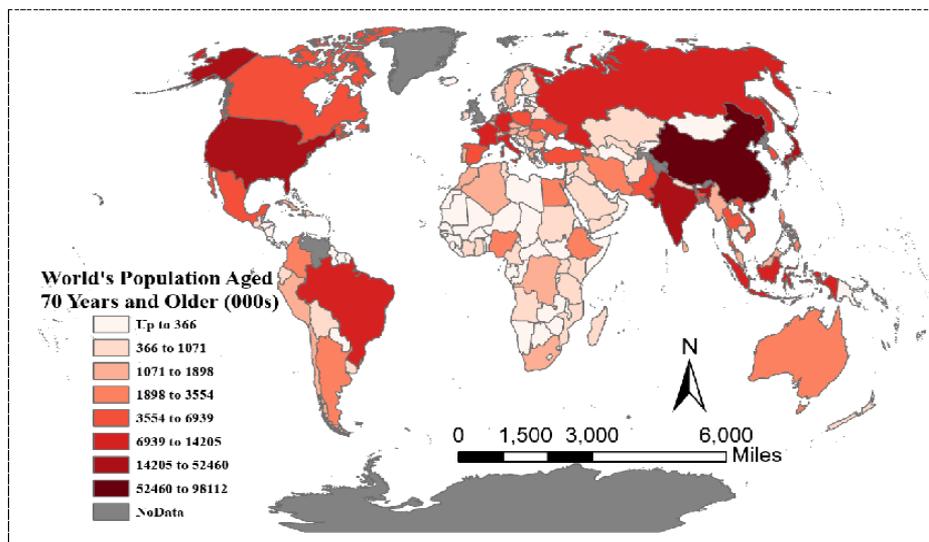
Countries not only vary in the relative and absolute numbers of older persons, but also in whether older persons are more likely to be living in rural or urban areas, including dense slums or areas with high numbers of refugees or displaced persons; also whether older persons are more likely to live within a family, alone, or in a retirement home. Each of these factors matter to preparedness.



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- If recent census or good registry data are available, UNFPA Country Office (CO) staff are encouraged to support the National Statistics Office (NSO) to map where older persons are clustered; provide basic demographic information on the current living arrangements of older persons, and assure that these data are available to UN Country Teams.
- Focus on the absolute number of older persons and their living conditions, as that is most important for COVID-19 and the scale of needed community outreach, home visits, food and nutrition support, hospital beds, ICU facilities, etc.

Absolute number of persons age 70+, by Country, 2020 (UN WPP, 2019)



Surveillance and tracking: Data systems for surveillance and tracking of COVID-19 cases have needed to respond quickly to this fast-moving pandemic, and because current reporting and surveillance systems for COVID-19 vary between countries, the global data remains uneven and difficult to compare between countries. The UN Statistics Division, with support from other UN agencies including UNFPA, is launching a new website to support NSOs and ministries with standardized collection advice. Likewise, UNFPA (including the Geo-referenced Infrastructure and Demographic Data for Development partnership - GRID3) are among the agencies and projects that have responded to support an appeal from the

UN-ECA and the Global Partnership on Sustainable Data for Development (GPSDD) to provide data support to African countries for COVID-19.

UNFPA Country Offices should:

- Support the governments and the UNCT to be aware of these resources, and advocate to align national surveillance with the emerging global standards/recommendations.
- Advocate with the Ministry of Health to ensure age, sex, and disability status disaggregation of all national surveillance data.
- In collaboration with WHO, support the development of guidance notes for health workers and caregivers for the systematic screening and surveillance of older persons

Advocate and Facilitate Coordination for the Rights, Health and Protection of Older Persons: UNFPA Country Offices are encouraged to activate and/or convene within the UN coordination mechanisms for older persons, under the leadership of the Resident Coordinator system, and support the efforts of Ministries of Health and Social Protection to ensure that the care and support for older persons and their caregivers are prioritized. With UN partners, particularly WHO, develop COVID-19 response and recovery strategies that focus on the protection of older persons, and support the continuity of essential services.

- Strengthen advocacy and leadership for the rights and needs of older persons. Through disability technical working groups and/or humanitarian coordination architecture, advocate for the support to programmes and specific responses for older persons and their caregivers.
- Procure and ensure appropriate administration of kits for older persons that contain essential drugs, equipment, and supplies where needed, UNFPA-approved medical supplies and equipment for clinical management of COVID-19, and essential hygiene and sanitation items (e.g., soap and hand sanitizers) as required.
- Assure access to timely communication and provision of care with accurate updates, and support training of first-line responders on the provision of Mental Health and Psychosocial Support (MHPSS) and Psychological First Aid (PFA).

Risk Communication and Community Engagement: Activate local health and social care networks to facilitate continuous care of older persons through clinics, acute-care hospitals, day-care centers, and volunteer groups.

- Support Ministries of Health and Social Protection, and partners to ensure that measures are put into place to track, prevent and address potential abuse of older persons during the pandemic.
- Support experts and organizations providing support for older women and older persons living with disabilities, to enable them to appropriately prevent and respond to COVID-19 in both residential facilities and home settings.

Assure access to WHO and HelpAge resources and information on COVID-19 risks, symptoms, and transmission and on how to prevent discrimination of persons that present with COVID-19-like symptoms, persons that have confirmed COVID-19 infection, and health workers and caregivers working in facilities with COVID-19 cases. Additional resources in Annex 1.

- [WHO Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#)
- [WHO Checklists for Risk Communication and Community Engagement \(RCCE\) readiness and initial response for novel coronaviruses](#)
- More public health messaging is needed that is specifically tailored to older persons who live in communities outside of long-term care facilities, with information on how they can protect themselves and obtain necessary support while continuing important care functions (such as taking care of grandchildren);
- [WHO: Coronavirus disease \(COVID-19\) advice for the public](#)
- [HelpAge Guidance and advice for older people in the context of COVID-19](#)
- [HelpAge Guidelines for care homes for older in the context of COVID-19](#)

Address Age-based Discrimination and Harness Inter-generational Solidarity:

Convene briefings with implementing partners, key interlocutors such as older persons' and women's rights groups and other organizations representing marginalized communities to ensure that the response to COVID-19 does not reproduce or perpetuate discriminatory practices and inequalities, including within the quarantine experience. The risk of discrimination in accessing medical services, such as the exclusion of older persons in accessing care needs and medical treatment, should be closely monitored.

- In partnership with research institutions and academia, support research and strengthen the availability of evidence on the age implications of health emergencies to inform advocacy and programmatic interventions that are age-sensitive and responsive.
- Cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and social norm change, reduce stigma and discrimination of older persons, health workers, and caregivers through established UNFPA community networks including youth and women's organizations and religious and traditional leaders.



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Annex 1: Ongoing initiatives undertaken by UNFPA Country Offices

The Arab States Regional Office has prepared an advocacy brief addressing older people and COVID-19 with different scenarios for the estimated number of cases among various age groups. It also addresses vulnerability among older persons, UNFPA efforts to support older persons in the region, challenges and opportunities, policy recommendations and risk mitigation. Country Offices in Egypt and Jordan have responded to COVID-19 in a comprehensive way, including care of older persons as a part of the overall response.

In Armenia, UNFPA assisted the Ministry of Labour and Social Affairs and the Post Office with personal protective equipment (PPE) to directly distribute pensions of older persons to their homes. At the same time, PPE has been provided to social workers caring for older persons.

In Azerbaijan, UNFPA, through its Active Ageing project, implemented by the initiative of the First Vice President of the Republic of Azerbaijan Ms. Mehriban Aliyeva, is currently shifting all its activities online to support the #stayhome campaign. Together with its partners, the Ministry of Labour and Social Protection of Population and local NGO Uchuncu Bahar (Third Age), conduct online webinars and peer-to-peer discussions for older persons using the power of social media. Along with it, a number of videos and animations are produced and shared on social networks to support older persons with effectively organizing their leisure time as well as protecting themselves against COVID-19.

In Belarus, UNFPA collaborates with Belarus Red Cross to reach older persons including those who are housebound due to health and social reasons. Info materials are developed for older persons and their families and caregivers on protection routines at home, how to go out safely, what to do when back home, what families can do to protect older persons. The efforts are set to reach over 180,000 people.

In Cabo Verde, UNFPA is working with WHO, the UN Joint Office and the government to include the specific message on heightened risks for older persons within COVID-19 communication plans.

In Côte D'Ivoire, UNFPA supports the government to sensitize older persons on the pandemic, and to develop and implement a plan to keep older persons out of harm's way. UNFPA supported the government to conduct a mapping and identify more than 175,000 vulnerable households, including those headed by older persons, in order to allocate financial support to these households.

In Costa Rica, UNFPA works under the leadership of the United Nations Resident Coordinator and in compliance with the United Nations system emergency strategy, supporting the government's efforts to reach out to older persons through a campaign with preventive measures and techniques on how to manage the isolation caused by COVID-19. The campaign is directed at older persons and caregivers, and seeks to convey that quarantine and physical distance does not necessarily mean emotional detachment.

In the Dominican Republic, the National Council for Aging Populations (CONAPE) operates and supports different types of facilities for assisted living, day care, and health services tailored to people 65 years of age or older. Due to the risks related to transportation and mobilization of these populations during the COVID-19 pandemic, CONAPE initially resolved to shut down their Day Care Centers and ration out food to their users. With UNFPA's support, actions are being undertaken to adequately transform these centers into specialized clinical facilities for the care of older adults at risk and/or with pre-existing health issues, in order to minimize their contact with potential COVID-19 patients in hospitals and clinics. UNFPA has also included other needs presented by CONAPE in the UN Coordinated Response Plan to gain support from WHO, WFP, and other agencies.

In Georgia, UNFPA disseminates hygiene kits and the brochure "COVID-19: guidance and advice for older people" through 60+ Clubs (established by UNFPA Georgia in partnership with local municipalities and NGOs) in three municipalities.

In Indonesia, UNFPA partakes in the National Elderly and Disability Sub-cluster with the Ministry of Health and other partners to ensure the care and support for older persons and persons with disability is prioritized in the COVID-19 response. UNFPA works closely with the National Disaster Management Agency (BNPB) and the Central Bureau of Statistics (BPS) to support the collection of age, sex, and disability disaggregated data concerning COVID-19, and is preparing a targeted programme for older persons and caregivers, including rapid needs assessment, risk communication, provision of life-saving supplies and protection kits.

In Iran, since the outbreak of COVID-19 the UNFPA Country Office joined UN agencies to support the government's efforts to contain the disease. Considering the vulnerability of older people particularly older women, the UNFPA Country Office took immediate actions, ensuring that their health and dignity are preserved, and support for the social care sector is in place.

In Maldives, UNFPA works with the Ministry of Gender, Family and Social Services to undertake a rapid assessment of the economic impact of COVID-19 on the general population and groups with special vulnerabilities including older persons without pension, people who are bedridden, migrants and others.

In the Republic of Moldova, a real-time monitoring data dashboard to track COVID-19 cases and provide disaggregated data on age and sex was established based on the global platform developed by Johns Hopkins University. In addition, as a country where many young people live with their grandparents since their parents are abroad for work, UNFPA is mobilizing young Moldovans to get their grandparents to stay home and safe and support older people.

In Myanmar, UNFPA is working with the Department of Social Welfare under the Ministry of Social Welfare Relief and Reconstruction (MoSWRR) to support around 3000 older persons in approximately 85 care homes for COVID-19 prevention by providing masks, hand sanitizers and information. The Country Office has worked on awareness generation and scaling up mental health and psychosocial support needs through government and non-government partners.

In the Republic of North Macedonia, UNFPA delivers hygiene kits for older persons to health facilities.

The UNFPA Pacific Sub-regional Office is working in partnership with civil society, faith based organizations, and the private sector to support older persons. To date, UNFPA is working to ensure risk communication and community engagement messaging to community leaders.

In Palestine, UNFPA works mostly at community level with implementing partners, social media activists and Palestinian influencers from all over the world. They have launched a campaign entitled "Protect the Country". Through it, more than 48 educational posters, messages and videos were produced and shared on social media. They included preventive measures and educational information on COVID-19 that addressed people of different ages and called on the community to protect older persons.

In Serbia, UNFPA ensures the physical and mental health of approximately 3,000 older persons from particularly vulnerable populations through provision of necessary hygiene articles and distribution of information supporting maintaining hygiene and psychological stability. UNFPA also provides nationwide psychological first aid and psychosocial support, legal advice and advice on accessing the services of the system of social welfare.

In Thailand, UNFPA developed a fact sheet on the situation of older persons in Thailand disaggregated by provinces and mapping out COVID-19 impact to prioritize the areas for interventions. UNFPA is working in collaboration with partners on model development for COVID-19 community responses to support older persons. The Fund is currently planning a provincial model, a university led model response, and a volunteer model for Bangkok. UNFPA experts discussed with partners from academia, National Statistics Office, and line ministries to assess the impact of COVID-19 using the Gender and Generation Survey.

In Vietnam, UNFPA provided inputs to the Ministry of Health's messages for older persons during COVID-19 on how to self-care, prevent infection, and manage stress. UNFPA is also working with the Ministry of Labour, Invalids and Social Affairs (MOLISA) to develop a social protection package for COVID-19, expanding the coverage of cash transfer (increasing the amount of cash transfer and including more groups).

The West and Central African Regional Office, and eight UNFPA country offices (Benin, Burkina Faso, Ghana, Guinea, Gambia, Mali, Mauritania, and Senegal) have developed regional and national dashboards and/or situation reports (SITREPs) to monitor the daily impact of the COVID-19 pandemic, with a focus on the most vulnerable, including older persons.

The UNFPA Latin American and the Caribbean Regional Office, together with the Economic Commission for Latin America and the Caribbean (ECLAC), is hosting a series of discussions on the impact of the COVID-19 pandemic on specific populations, including older persons, and the challenges of protecting older persons not only from morbidity and mortality, but also from the socio-economic consequences of the pandemic. LACRO is convening a regional review of a vulnerability tool developed by the National Statistical Office of Colombia (DANE) <http://visor01.dane.gov.co:9000/visor-vulnerabilidad>, to promote subnational analyses on populations at risk, particularly older persons and their living conditions.

Annex 2. Key Resources, including those focused on older persons:

A range of online sites track infections, recuperations, and death related to the COVID pandemic – including some data on age-specific risks:

- [The Health GeoLab collaborative](#) (overview of platforms)
- [WHO Corona Virus Situation Dashboard](#)
- United States [COVID-19 Projection](#); [ICU Beds](#)

Additional resources:

- HelpAge International:
<https://www.helpage.org/what-we-do/coronavirus-covid19/>
- Age Platform Europe:
<https://www.age-platform.eu/coronavirus-covid-19>
- Additional WHO Guidance
https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

[WHO guideline: Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19](#)

[WHO guideline: Infection prevention and control during health care when COVID-19 is suspected](#)

[WHO technical guidance: COVID-19 Critical Items](#)

- OHCHR Independent Expert on the Rights of Older persons
<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>
<https://www.ohchr.org/EN/NewsEvents/Pages/NewsSearch.aspx?NTID=PRS>
- Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/aging/covid19-guidance.html>
- Dedicated website to COVID-19 and older persons
<https://www.corona-older.com>