



Mr Ken Bluestone  
Chair

In reply please  
refer to: 561365

Ms Nena Georgantzi  
Deputy Chair

Your reference:

The Global Alliance for the Rights of Older  
People  
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12 May 2020

Dear Mr Bluestone and Ms Georgantzi,

Thank you for your letter highlighting the plight of older people in the current COVID-19 outbreak. I appreciate you reaching out to me and value this very much. I want to stress that the World Health Organization (WHO) fully recognizes that older persons are being affected disproportionately by the COVID-19 pandemic, particularly in its severity. *WHO's updated strategy from 14 April 2020*<sup>1</sup> clearly states that “based on available data, the crude clinical case fatality is currently over 3%, increasing with age and rising to approximately 15% or higher in patients over 80 years of age.”

Let me reassure you that WHO fully shares your concern regarding protection of human rights of older persons including within this context. WHO fully aligns with the findings in the *UN Policy Brief on COVID-19 and Human Rights*<sup>2</sup>, that highlights that older persons “have been subjected to ageism in public discourse, age discrimination in health care and triage decisions, neglect and domestic abuse at home, isolation without access to essential services, and greater exposure and poor treatment in care institutions.”

For this reason, the *WHO Brief on Addressing Human Rights as Key to the COVID-19 Response*<sup>3</sup>, states that “human rights guarantees and protections require special measures be put in place to ensure protection from discrimination and to ensure access to information, social services, health care, social inclusion, and education for vulnerable groups in national COVID19 responses.” Respect for, and protection of, the rights of older persons should be at the core of such measures. The Global Campaign to combat ageism will further elaborate on this point, along with WHO’s first ever Global Report on ageism, expected later this year.

WHO’s overarching goal is for all countries to control the pandemic by slowing down the transmission and reducing mortality associated with COVID-19. Our guidance has consistently advised that national strategies to respond to Covid-19 require each country to find, test, isolate and care for cases and quarantine contacts to control transmission. Governments must ensure that older persons’ rights,

<sup>1</sup> [https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0\\_19](https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19)

<sup>2</sup> [https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief\\_on\\_human\\_rights\\_and\\_covid\\_23\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf)

<sup>3</sup> <https://www.who.int/publications-detail/addressing-human-rights-as-key-to-the-covid-19-response>

including their rights to the highest attainable standard of health, to non-discrimination and to social protection, are respected and protected at all times. Moreover, WHO fully supports that triage protocols must be based on medical need, scientific evidence and ethical principles, such as fairness and proportionality and not on non-medical characteristics, such as age or assumed social worth.

I also recognize that there is growing evidence that older persons in long-term care facilities are particularly vulnerable to severe COVID-19 infections, and that they are experiencing high rates of mortality. WHO emphasizes the continued importance of enforcing rigorous infection, prevention and control measures, and issued *Infection Prevention and Control (IPC) guidance for long-term care facilities*<sup>4</sup> in March. WHO's updated strategy states "that during periods of sustained community transmission, it may be necessary to prioritize testing of vulnerable populations in closed settings ... including older adults living in long-term care." Furthermore, support and protection must be ensured to dedicated workers in these facilities.

WHO's updated Strategic preparedness and response plan includes older persons in the population groups most affected and at risk, and suggests the following guidance to agencies, donors and country teams as part of decisions and planning:

- ensuring risk communication and community engagement includes messages specifically for older people and consider challenges in relation to literacy levels, language and impairments (e.g. low vision or blindness, hearing loss, cognitive decline including dementia);
- consideration of groups of older people who are at heightened risk due to their home environments – care homes, refugee camps, informal settlements, for example – and ways to tailored interventions in these circumstances, particularly in relation to protection measures (such as physical distancing and isolation in camps and informal settlements, hand hygiene with poor access to water, PPE in care homes);
- mental health and psychosocial support that is accessible for older people and their carers.

Overall, WHO emphasizes the importance of ensuring that the policies and protocols are put in place as part of the COVID-19 planning or response, do not neglect older people's needs or discriminate based on age. As indicated in your letter, WHO is planning to release further guidance to support older people in the context of COVID-19 that will include key considerations for local governments and communities (reaching older people most at risk, improving access to information, supporting older people to meet their basic needs, and combating ageism and elder abuse); and for health and social care workers in primary care, covering identifying and supporting older people, provision of care for older people with suspect/probable and confirmed cases, and coordination of services for the continuity of integrated health and social care. Related, WHO is initiating with partners and our regional and country offices, an investigation to ensure older people have ongoing access to services for existing conditions and ensure a continuum of care. This is also relevant and important because of the links between COVID-19 and underlying conditions that affect the cardiovascular, respiratory, and immune systems and the need to keep these and other conditions managed and under control.

Finally, COVID-19 has put the spotlight on the importance of health in older age and on the strengths and limitations of countries' and communities' multisectoral and multi-stakeholder responses to address the rights of older people. The proposed Decade of Healthy Ageing (2020-2030) could not be more timely. The Decade, based on the human rights approach, will support joined up engagement and collaboration to improve the lives of older people, their families and communities through actions in four areas:


- changing how we think, feel and act towards age and ageing;
- developing communities in ways that foster the abilities of older people;
- delivering person-centred integrated care and primary health services responsive to older people;
- providing older people who need it with access to long-term care.

<sup>4</sup> [https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC\\_long\\_term\\_care-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf)

With Member States' approval, WHO expects the launch of the Decade later this year along with the release of the Baseline Report for the Decade of Healthy Ageing. These will be important contributions to raise awareness of healthy ageing; each of the four action areas, including on ageism, provide an evidence based framework for policy and practice on what can be done; and generate political will to act and achieve measurable impact on the lives of older persons.

We would welcome the opportunity to work with GAROP to support the Decade of Action, including the report's dissemination and uptake.

Yours sincerely,



Dr Tedros Adhanom Ghebreyesus  
Director-General