

Call for older people in poor countries to be considered in global responses to COVID-19

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This transmission electron microscope image shows SARS-CoV-2 -- also known as 2019-nCoV, the virus that causes COVID-19 -- isolated from a patient in the US. Virus particles are shown emerging from the surface of cells cultured in the

lab. The spikes on the outer edge of the virus particles give coronaviruses their name, crown-like. Credit: NIAID-RML

Current guidance on coronavirus "largely ignores" the implications for public health and clinical responses in light of those most at risk, according to an international group of global health experts.

Writing in the *British Medical Journal*, researchers from the University of East Anglia (UEA), London School of Hygiene & Tropical Medicine (LSHTM) and Samson Institute for Ageing Research (SIFAR), Cape Town, lead calls for an age perspective to be included explicitly in national and global planning on [covid-19](#), as well as the urgent formation of an expert group on older people to support with guidance and response to the virus.

In their [editorial](#), Prof Peter Lloyd-Sherlock of UEA, Prof Shah Ebrahim and Prof Martin McKee of LSHTM, and Dr. Leon Geffen at SIFAR note that the largest numbers of deaths will occur among older people in low and [middle-income countries](#) (LMICs). These countries contain 69 per cent of the global population aged 60 and over, and health systems which are less extensive and less focussed on the needs of older people than in high-income countries.

Prof Lloyd-Sherlock, professor of social policy and international development at UEA, said: "The global response to [coronavirus](#) must be directed towards those groups who will face the most devastating consequences. So far, this has not happened. We are facing an unprecedented and enormous wave of mortality among older people in these countries."

In LMICs the risk of infection for older people will be high because

living arrangements are often cramped and overcrowded. Increasing numbers of older people in LMICs live in nursing homes or similar facilities, where conditions are often poor and regulation weak.

The researchers say social distancing policies must consider the already precarious existence of many older people, particularly those living alone or dependent on others for care and support. These people may face barriers to obtaining food and other essential supplies if quarantine conditions become more widespread.

As in high-income countries, the risk of dying from covid-19 in LMICs increases sharply with age and the vast majority of deaths observed are in people over the age of 60, especially those with chronic conditions such as cardiovascular disease.

The capacity of [health systems](#) in LMICs to screen, let alone treat, the virus will be very limited: in South Africa each test costs around US\$75 -this exceeds total annual government per capita health spending in many LMICs. Even before covid-19 emerged, older people already faced significant barriers of access to [health services](#) and support, including affordability, and age based discrimination.

The researchers add: "It will not be easy to deal with these problems, especially in settings where there is often weak [public health](#) infrastructure, a lack of gerontological expertise at all levels of the health system, and limited trust in government.

"However, a first step would be to recognise that these problems exist. An age perspective should be included explicitly in the development of national and global planning for covid-19, and a global expert group on older people should be formed to support with guidance and response to the virus in both residential facilities and home settings.

"As new knowledge emerges, this group can identify and evaluate cost effective therapies and interventions that respond to the particular needs of older people in LMICs living in challenging settings, where formal health service infrastructure is limited."

They conclude: "Previously, some of the authors have argued that global health priority setting is institutionally ageist. Covid-19 offers an opportunity to prove us wrong."

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