



Older people and COVID-19 in informal settlements

April 2020

COVID-19 is likely to have a particularly significant direct and indirect impact on the older urban poor living in informal settlements – slums, shanty towns and favela communities.

The ineffectiveness of standard control measures, high rates of pre-existing medical conditions and precarious and disrupted livelihoods and incomes all place older urban residents at greater risk.

Rapid and poorly managed urbanisation and non-existent services mean densely populated informal settlements are particularly at risk. These communities are routinely stigmatised and neglected.

Older residents in particular risk being excluded from COVID-19 responses and face inappropriate measures that fail to consider the unique characteristics of their communities and context. There are likely to be higher rates of direct and excess mortality as a result.

Specific and tailored actions are required to address these risks.

Local community level organisations must be involved, and each individual community should have its specific needs assessed. Medical resources will need to be prioritised towards informal communities and older residents that are at greater risk.

Measures and activities should ensure the inclusion of older people who are particularly excluded and at risk and provide additional support to mitigate against the significant indirect consequences of COVID-19.

Further information can be found by contacting Sion Jones at sjones@helpage.org or visiting www.helpage.org/cities

Why do older people in informal settlements require specific attention?

Control measures are less effective

Many of the measures being implemented to control the spread of COVID-19 are likely to be less effective in informal settlements. Multiple inter-generational households are often crammed into small spaces and buildings making social distancing and self-isolation largely impossible for many older people. Poor sanitation infrastructure and the absence of clean running water makes hand washing difficult.

Simply informing residents to practice these measures is insufficient and likely to prove ineffective. Poor or non-existent health services mean testing and case tracking will likely be more complex and the number of cases will be under-estimated.

High rates of existing medical conditions

Poverty and inadequate health services in informal communities mean residents, particularly older people, suffer high rates of chronic illnesses. The absence of health services means many older people are likely to have undiagnosed and untreated existing medical conditions. These conditions include respiratory infections, cancer and diabetes and place older residents at greater risk from COVID-19.

Precarious incomes and disrupted

Older people and their families in informal settlements have low and precarious incomes that are being significantly disrupted during the crisis and often have no savings. Older people are particularly vulnerable to poverty, hunger and destitution as an indirect consequence of COVID-19. Most households are unable to stockpile food and medicines in preparation for long periods of isolation. Working from home is often not an option and many will understandably try to continue earning an income.

Homelessness and destitution

Informal settlements are home to high numbers of homeless and destitute people who are particularly vulnerable to the direct and indirect consequences of COVID-19, including many in older age. They suffer high rates of pre-existing medical conditions, have no residence to isolate themselves within, and often have no access to medicines, supplies or health services.

What actions can be taken to address the risk to older people in informal settlements?

1. Multi-stakeholder responses

Public, private and non-governmental partners must work together to deliver joint community responses that build on existing capacity and infrastructure. All stakeholders should include organisations and representatives from poor and informal communities who are best placed to identify and address gaps in service provision and outreach.

2. Assessments

Basic needs in each community must be properly understood, appreciating the diversity of the urban context of different communities so that public health measures can be tailored and adapted, avoiding overly simplistic one-size-fits-all city-wide policies.

3. Resource prioritisation

Medical resources - equipment and staff - should be prioritised to vulnerable informal communities where the population is at greater risk and control measures such as handwashing and social distancing are likely to prove less effective.

4. Inclusion

Activities targeted at older residents who may live in isolation, have disabilities or have undocumented status and are excluded from standard response activities are required to ensure no one is left behind.

5. Socioeconomic mitigation

The indirect social and economic consequences of COVID-19 should be addressed with income support schemes as livelihoods are disrupted, continued supply and access to vital medications, protection for residents at increased risk of violence and abuse and measures to mitigate social isolation and loneliness.

6. Communication

A positive case for the need to invest resources to respond to COVID-19 in informal settlements is required to secure political and public support. Investing in the response in these areas not only protects the most vulnerable but also reduces the risk for the overall urban population by tackling the virus in potential hotspots

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Published in April 2020 by HelpAge International, PO Box 70156, London WC1A 9GB, Registered charity no. 288180

Further information can be found by contacting Sion Jones at sjones@helpage.org or visiting www.helpage.org/cities