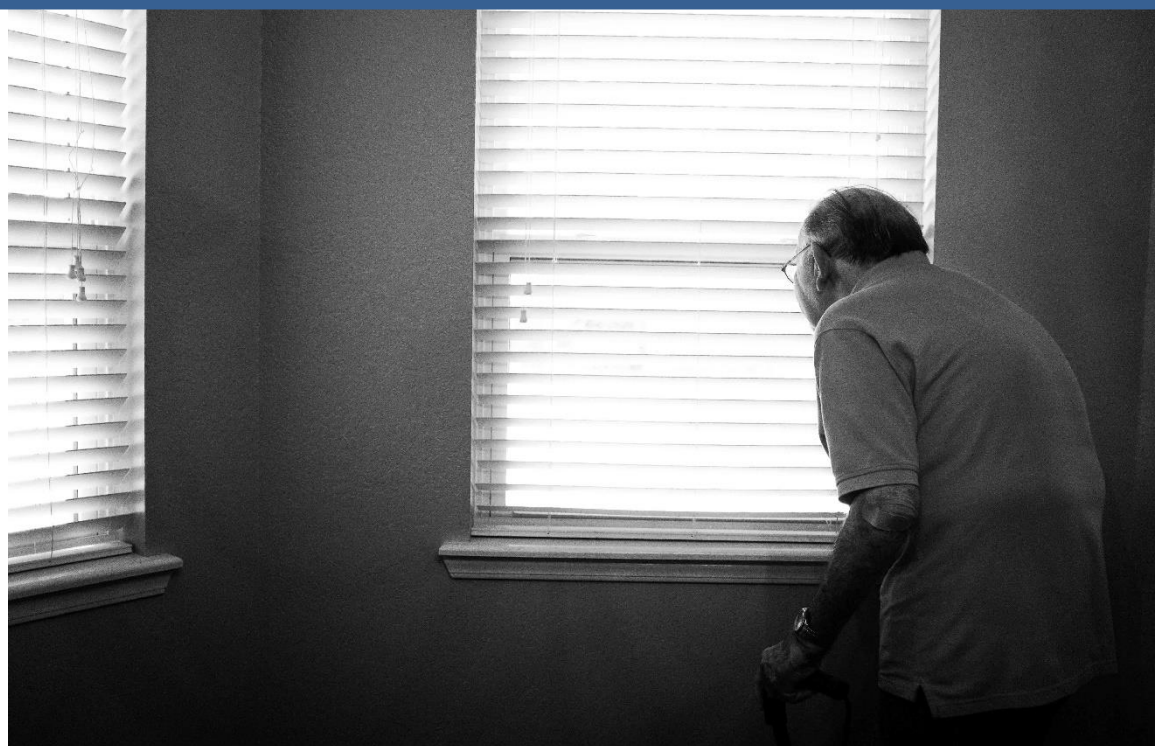




COVID-19 and human rights concerns for older persons



AGE Platform Europe

1 April 2020

Introduction

This paper from AGE Platform Europe (AGE) presents the state-of-play of a reflection we have engaged with our members and external experts on how the COVID-19 pandemic and measures taken by governments affect the human rights of older persons. It highlights key issues faced in particular by older persons, in terms of access to health and social care, discrimination and social exclusion. Our reflection addresses the specific challenges faced by older people in residential settings, those who live alone and older persons who receive care at home. As the situation evolves rapidly and responses in different countries and local contexts vary, our paper must be seen as a living document, rather than a definite assessment of how the current circumstances influence the human rights of older persons. AGE intends to regularly update this document based on information gathered from our members across the EU and official sources.

Our document refers both to alarming and good practices and measures. However, it does not pretend to be comprehensive. We are aware that our analysis does not adequately cover the diversity of the older population. Sub-groups of older persons face additional risks due to underlying health issues, adverse living conditions (such as those living in institutions, in refugee camps and those experiencing homelessness), support needs, socio-economic inequalities and other factors¹.

Some countries are under more pressure than others because the numbers of individuals affected by the virus are increasing more quickly. Responses to the pandemic will depend on the national and local context. In our paper we just try to bring forward issues that have come to our attention and how they particularly affect older persons. Evidently, in addition to initiatives that aim to address the most urgent needs, more comprehensive solutions supporting the wellbeing and health of all will be needed in the mid- and long-term, including reforms of our social and health care systems across Europe to better protect human rights in case of such crisis.

We are also aware of the high levels of volunteerism that the pandemic has prompted, all of which cannot be captured in this short paper. AGE has developed a dedicated [webpage](#) aiming to highlight formal and informal types of support for older persons and other people in vulnerable situations.

¹ See for example this statement by the informal coalition Nobody Left Outside: <https://nobodyleftoutside.eu/wp-content/uploads/NLO-statement-on-COVID-19.pdf>



We welcome all input about how to make this paper as reflective as possible of the human rights situation of older persons across the EU during the pandemic. If you wish to contribute to our work, please contact: Nena Georgantzi, Human Rights Coordinator, nenageorgantzi@age-platform.eu

Our key message

***Older persons have the same rights as others,
and these must be equally protected during the pandemic***

We all have equal rights, regardless of age. However, the COVID-19 pandemic might pose distinct threats to the equal enjoyment of human rights by older persons.

Because older persons are at higher risk of serious complications due to COVID-19, targeted action may be necessary. Their particular health risks and support needs must be taken into account in policy planning and responses including during pandemics. Some older persons – alongside other people in vulnerable situations – will need additional support to access essential goods (e.g. food), services (e.g. social or health care), and to maintain human interaction. States must take additional social protection measures so that support reaches those who are at most risk of being disproportionately affected by the crisis². Failure to deliver essential support during the crisis amounts to a breach of human rights.

We are also aware that COVID-19 is *not* an older persons' disease. The World Health Organization (WHO) [made it clear](#) that people of all ages can be infected by the new coronavirus. Picturing older persons as the main group at risk tends to put in the shadow all other groups (younger persons with disabilities, heart disease, lung disease, diabetes, high blood pressure or cancer, among others), who might need specific support measures, such as priority testing³.

We all have a shared responsibility to help contain the spread of COVID-19 and make sure that care is delivered to those who mostly need it. Solidarity between and within generations and societal cohesion is the best answer to the pandemic.

Even though older persons are in a vulnerable situation during the pandemic, stigmatizing them as frail, passive or a burden is a breach of their inherent dignity. Older persons are valued and valuable members of our societies. They

² <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>

³ See example of individual not getting tested despite history of chronic illness: <https://nationalpost.com/news/world/real-people-wont-die-why-the-rhetoric-around-who-is-at-risk-for-coronavirus-is-so-harmful>

contribute in numerous ways to their families and their communities, including during the pandemic, offering social care to family members and neighbors remotely or while keeping safety distancing, offering support to those who are in more disadvantaged situations, continuing to work or volunteering to return to work and being at the forefront of efforts to contain COVID-19 and to provide care to individuals affected by the virus.

Measures taken as a response to COVID-19 must not undermine older people's autonomy, dignity and equal worth as human beings. Their opinions and wishes must be respected on an equal basis with others.

✓ **Maintaining the highest attainable standard of health**

Everyone – regardless of age – has an equal right to the highest attainable standard of health. There are reports from several countries where medical and social services and hospitals are lacking resources, like masks, gloves and antiseptic, which puts health and social care professionals and patients at risk⁴. Governments must do their utmost to provide necessary personal protection equipment to all medical and social care staff who are at the forefront, as well as for those who continue to care for chronic patients in order to avoid a second wave of cases. To the extent possible, the spare capacity and supplies of the private sector should be utilized to support the intense needs of the public health care system during the pandemic.

Everyone, without exception, has the right to life-saving interventions. Medical guidelines/triage protocols will be necessary in countries where healthcare professionals will not be able to provide the same level of care to everyone due to lack of life-saving equipment. Triage protocols must be developed to support decision-making of healthcare professionals on the basis of medical needs, scientific evidence and ethical principles. **Whereas some older persons will have comorbidities that impact their chance of surviving intensive medical intervention, age alone should never be a criterion for medical triage**⁵. Protocols based on non-medical criteria such as age or disability, deny persons their right to health and life on an equal basis with others.

The impact of quarantines, lockdowns and physical distancing measures on people with chronic or serious conditions must be evaluated and their access to necessary health treatment, including medicines (ex. dialysis for people with

⁴ <https://www.ouest-france.fr/sante/virus/coronavirus/coronavirus-malgre-le-confinement-les-ehpad-ne-sont-pas-epargnes-par-l-epidemie-6788024>

⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25746&LangID=E>;
<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>;
<http://www.sanita.sm/on-line/home/bioetica/comitato-sammarinese-di-bioetica/documents-in-english/documento2116023.html>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

kidney failure) must be guaranteed. Emergency services must remain available throughout the COVID-19 crisis. In many countries emergency numbers are overwhelmed with calls, which means that people who have life threatening emergencies like a stroke or a heart attack, may be unable to reach medical care in time. There is some evidence that there is under-reporting of health emergencies, which may have dramatic consequences for patients who do not resort on time to medical services⁶. Separate lines should be available for patients with non-COVID 19-related symptoms and information should be widely disseminated as well as targeted toward chronic patients.

Good practices

The WHO has developed a Health Alert messaging service, which offers information on symptoms and how to protect yourself⁷. Several national and local health authorities have developed apps to self-evaluate symptoms and get additional information⁸. These initiatives can help direct attention of medical professionals to those that need it most.

✓ **Ensuring social inclusion in times of physical distance**

Physical distancing should not lead to social isolation. Social contacts are necessary to maintain people's health and wellbeing. Health experts are increasingly warning about the potential health risks due to long-term containment measures⁹. Safety measures should not discourage people from keeping in touch with their usual social network via digital means where possible, catching fresh air and natural light, and doing physical exercise while observing the safety recommendations provided by the WHO and national governments.

The above should also hold true for persons living in institutional settings¹⁰. Older persons with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn while in quarantine (e.g. because care professionals will enter the room with a mask, or because family and friends will

⁶ https://www.lemonde.fr/societe/article/2020/03/31/coronavirus-les-medecins-inquiets-des-degats-collateraux-de-l-epidemie_6034977_3224.html

⁷ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---20-march-2020>

⁸ <https://web.gencat.cat/ca/actualitat/detall/Nova-app-per-detectar-la-Covid-19-a-Catalunya>; <https://www.emprendedores.es/gestion/a31644550/la-comunidad-de-madrid-crea-una-app-contra-el-coronavirus/>

⁹ <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

¹⁰ <http://www.leparisien.fr/societe/coronavirus-les-residents-des-maisons-de-retraite-voudraient-un-peu-sortir-aussi-19-03-2020-8283990.php>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

not be allowed to visit, etc.) and may require additional support¹¹. Measures to combat social isolation, such as the introduction of helplines for social and psychological support must target all population groups, with special attention to those in most vulnerable situations and marginalized, such as people experiencing homelessness¹².

Whilst digital social networking is now being widely used by families to communicate during the current lockdown, many older people do not have access to a PC, tablet or smartphone, an Internet connection or the necessary digital skills to maintain remote contacts with family and friends during the current crisis. Those living in institutions might also struggle to receive the necessary support to connect with their loved ones when health and care professionals are already overwhelmed with other extraordinary measures. Government and local support is required to help digitally excluded people have access to available technology with guidance to allow them to communicate through digital media.

Good practices

Several associations take action to relieve isolation among older persons, organising telephone calls and other measures of support.¹³ Internet and phone providers in the UK are working with customers who find it difficult to pay their bill as a result of COVID-19 to ensure that they are treated fairly and appropriately supported as a way to ensure that they can remain socially connected during the pandemic. Radio have a key role to play for people who are self-isolating. In the UK, Later Life Audio and Radio Network (LLARN) is providing audio content produced by older adults¹⁴. Several gyms offer online classes, including specialised classes for seniors and exercising with kids. In Brussels, Belgium a helpline has been put in place by mental health professional aiming to support individuals who are struggling due to the confinement measures.

¹¹ <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

¹² <https://www.age-platform.eu/coronavirus-covid-19>; <https://www.theguardian.com/lifeandstyle/2020/mar/05/coronavirus-self-quarantine-might-not-sound-so-bad-but-loneliness-will-be-hard-for-many>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>; <https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>

¹³ <https://www.age-platform.eu/age-member-news/flemish-older-people%E2%80%99s-organisations-get-mobilized-relieve-isolation-among-older> ; <https://mailchi.mp/dbadabbbc3e2/bras-dessus-bras-dessous-newsletter-doctobre-828630?e=9f0ae39415>

¹⁴ <https://www.mixcloud.com/LLARN/>

In Poland 'Halofon', which was introduced by the municipality of Łódź some time ago, has proven to be an even more useful tool to support older persons living alone in the current context of the pandemic. The motto of the initiative is: "If you feel lonely, don't have anyone to talk to or want to share your thoughts on what's happening, call us, we're here for you". Halofon is a local project on Łódź, but older people from all over Poland can call¹⁵. Many NGOs also keep helplines to offer advice and support to older persons, especially to those feeling lonely¹⁶.

✓ Addressing risk of discrimination, hate speech and stigma

Since the outbreak of the COVID-19 we have witnessed an unprecedented amount of ageist comments in the media¹⁷. At a time when we need solidarity more than ever, such statements are not only discriminatory, they also undermine the tremendous efforts undertaken to contain the virus and save as many lives as possible. Hate speech must not be tolerated on whatever ground. Language used by governments, media and others to communicate about the coronavirus must not be stigmatizing¹⁸. States should monitor the increased risk of hate speech and discrimination during the pandemic, as well as cases of assault against older persons¹⁹.

Good practice

The WHO has developed guidelines to prevent and address social stigma during the pandemic²⁰.

✓ Facilitating social, civic and economic participation

Many older persons are actively involved in paid and unpaid work, caregiving, voluntary activities and civic activism, among others. Measures taken by governments should not only consider how they mitigate older people's risk of

¹⁵ <https://uml.lodz.pl/seniorzy/projekty/telefon-zyczliwosci/>

¹⁶ <http://nagusilan.org/hilo-de-plata/>

¹⁷ <https://www.petitsfreresdespauvres.fr/informer/nos-actualites/coronavirus-des-reactions-choquantes-sur-les-reseaux-sociaux>; https://metro.co.uk/2020/03/11/telegraph-journalist-says-coronavirus-cull-elderly-benefit-economy-12383907/?ito=social&fbclid=IwAR2uRxlqusSLyXT1sN_P2UKVXwjSAPV6He3A87wXdGYa2fpVfAvNn6m2RyQ

¹⁸ <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>;
<https://twitter.com/greatermcr/status/1238501622919114753?s=20>

¹⁹ https://www.theguardian.com/uk-news/2020/mar/23/three-teenagers-held-for-allegedly-coughing-at-elderly-couple-hertfordshire?CMP=share_btn_link

²⁰ <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

infection, but also how they may affect the contributions of older persons and the net loss that might ensue.

Many older people provide vital care and support for family members (their partner, their own parents or grandchildren, among others²¹ and depriving them of this possibility during the lockdown may be necessary for public health reasons, but it will put additional burden on families, communities and businesses. Allowing older persons, when they are healthy and not presenting a risk to others and their community to contribute to volunteer work, while adhering to official guidelines for physical distancing is important²². Remote forms of volunteering must be particularly encouraged.

In several countries, there have been discussions or decisions about health professionals and people engaged in emergency services (for instance, the police) to delay retirement or return back to their profession after retirement in order to help during this public health emergency²³. Older persons should have a choice and the necessary support and access to appropriate safety measures to enable them to take up these roles.

✓ **Paying attention to the rights of people in vulnerable situations**

Older persons in institutions

Older persons in residential care facilities are at a higher risk for adverse outcome and for infection due to living in close proximity to others and underlying comorbidities²⁴. The interim guidelines published by the WHO to respond to the crisis in long-term care facilities should be strictly respected to prevent and control infection of residents²⁵. Special attention must be given to balancing the need for safety and protection and the risk of social isolation. In many countries, a 'no visitor policy' has been implemented for all residential care facilities; such measures breach the human rights of residents, who are mainly older persons with high care needs, but also persons with disabilities²⁶.

²¹ <https://www.age-platform.eu/policy-work/news/informal-care-and-work-life-balance-increasing-pressure-carers>

²² <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

²³ <https://www.theguardian.com/world/2020/feb/29/nhs-dads-army-plan-for-coronavirus-spread-pandemic-strategy>

²⁴ https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

²⁵ https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf

²⁶ <https://www.hrw.org/news/2020/03/20/us-nursing-home-visitor-ban-isolates-seniors> ; <https://www.coe.int/en/web/commissioner/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic>; <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

Alternatives to face-to-face contacts must thus be guaranteed, such as telephone calls or teleconference calls to connect residents with their relatives²⁷.

Whereas restrictive measures can be legitimate for reasons of public health and safety, these need to be proportionate and to take into account human rights implications. Under strict conditions, such as those prescribed by the WHO and the British Society of Gerontology that call for prior testing of visitors, additional safety precautions and evaluating on a case-by-case the individual situation, such as the needs of a gravely-ill person, visits could be allowed whenever necessary and feasible without jeopardising the health and safety of carers, residents and visitors.

Better monitoring of the situation in nursing homes during the COVID-19 pandemic is necessary. Reports of abandoned or even dead older persons in care institutions are alarming²⁸. People in institutions should have access to medical, social and palliative care on an equal basis with the general population. Personal protective equipment must be available for staff and residents in care homes. Authorities need to take all appropriate measures to prevent the risk of neglect and degrading treatment. They should develop guidelines for proper hygiene and distancing to protect the residents and staff. Proactive testing of staff and residents is also advisable to avoid widespread infection.²⁹ Authorities should also conduct visits and intervene, if necessary, to protect individual rights and prevent further violations.

Older persons who live alone

Older persons who live alone are at higher risk of isolation and lack of access to necessary services during the pandemic. Older women, who constitute the majority of the oldest old, are disproportionately affected³⁰. Older people who live alone do not always have family members nearby, to share information about the 'barrier gestures', to look after them in case of symptoms, and to call for help if needed. Physical distancing measures must explicitly allow people to leave their house to take care of those who live alone and may need help with everyday tasks.

²⁷ For example, nursing homes in Belgium organize communication between residents and their relatives through social media or video door phones to foster contacts and reassure everyone <https://www.age-platform.eu/age-member-news/flemish-older-people%E2%80%99s-organisations-get-mobilized-relieve-isolation-among-older>

²⁸ <https://english.elpais.com/society/2020-03-18/at-least-19-dead-at-madrid-senior-home-due-to-a-coronavirus-outbreak.html> ; <https://www.reuters.com/article/us-health-coronavirus-spain-lockdown-ins/lockdown-nursing-homes-in-spain-a-vector-for-deadly-coronavirus-idUSKBN2190N1>

²⁹ <http://edf-feph.org/newsroom/news/residential-institutions-are-becoming-hotbeds-infection-and-abuse-governments-need-act>

³⁰ <https://ageingissues.wordpress.com/2020/03/21/covid-19-statement-from-the-president-and-members-of-the-national-executive-committee-of-the-british-society-of-gerontology/>

There have been reported cases where older people cannot obtain a medical certificate from their GPs, who are busy with dealing with COVID-19 to renew their driver's licenses. Yet for people in remote areas and others who do not have easy access to necessary facilities, like pharmacies and shops, driving is essential. Measures to ensure that everyone can access essential goods and services are indispensable, ensuring the functioning of local markets and other means of informal support.

Good practices

In Spain all drivers' licenses, ID cards and other official documents with validity dates have been extended until the end of the quarantine.

In Belgium nursing homes organize communication between residents and their relatives through social media or video door phones to foster contacts and reassure everyone.

In Cyprus the Municipality of the town of Phafos, in an effort to assist older or disabled persons, who are recommended to stay home due to COVID-19, organised a task force available by phone to respond to older persons' request for assistance to shop for them or buy their medicine. Informal support provided by neighbours and other spontaneously organised solidarity networks to go for grocery shopping, buy medicines or walk dogs for people in self-isolation can be found in several countries³¹.

In Ireland the national postal services An Post have introduced extended opening hours and have worked with Department of Social Protection to introduce emergency "Temporary Agents" who can collect pensions on behalf of those who are self-isolating.

In Sweden, the Municipality of Berg, in the region of Jämtland, offers free food delivery at home once per week to people over 70 years. The Region pays half of the cost and the food store the other half³².

In many countries, leading stores have scheduled older customer-only hours. Many have also introduced floor markings to adhere to physical distancing recommendations. Some stores have also ensured that limits on purchases are set in the response to stock piling. At local level smaller shops are ramping up home deliveries particularly essential services such as prescriptions from pharmacies. Several local restaurants are continuing to cook meals for older people and delivering them in the community.

³¹ [https://www.rtb.be/info/societe/detail coronavirus-un-mouvement-de-solidarite-en-ligne-mis-en-place-pour-effectuer-les-courses-des-personnes-isolees?id=10459744](https://www.rtb.be/info/societe/detail_coronavirus-un-mouvement-de-solidarite-en-ligne-mis-en-place-pour-effectuer-les-courses-des-personnes-isolees?id=10459744) ; <https://www.theguardian.com/society/2020/mar/16/community-aid-groups-set-up-across-uk-amid-coronavirus-crisis> ; <https://twitter.com/hashtag/solidarit%C3%A9%20covid19?src=hash>; <https://theconversation.com/coronavirus-why-young-and-old-must-pull-together-to-survive-this-133973>; <https://bit.ly/3bCSjc9>

³² <https://www.svt.se/nyheter/lokalt/jamtland/fri-hemleverans-av-matkassar-till-alla-over-70-i-bergs-kommun>

Older persons who receive care in the community

Many older persons rely on care and assistance at home and in the community to cover daily tasks. However, older persons and other people in need of support may be left unattended due to measures of physical distancing and shortage of care workers due to the pandemic. During the quarantine, the continuity of essential services must be guaranteed³³. According to Human Rights Watch *'[d]isruption of community-based services can result in the institutionalization of persons with disabilities and older people, which can lead to negative health outcomes, including death'*³⁴. But even if older persons do not end up being institutionalised, they run a high risk of neglect if their daily assistance needs are not met.

The Coronavirus Bill that was recently adopted in the UK could temporarily suspend most of the duties contained in the Care Act 2014, leaving many older people who require support with no entitlement to care, at a time when their care needs may have increased³⁵. Guidance for people who receive care in the community is urgently needed.³⁶ Additional support for the social and domiciliary care workforce is needed, including measures for their protection during the pandemic. Governments and local authorities should develop systems to track and reach out to those who are in vulnerable situations and may require additional support during the pandemic. Innovative ways to provide support to people at home, including through volunteers, must be explored.

Good practices

The UK government has made an appeal for volunteers to deliver food and provide care during the pandemic. The appeal was to gather 250,000 volunteers but in fact over 620,000 persons have responded to the appeal showing how communities are coming together during the current crisis.

Useful resources

Statements by international human rights bodies and experts

- Council of Europe Commissioner for Human Rights, 'Older persons need more support than ever in the age of the COVID-19'
<https://www.coe.int/en/web/commissioner/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic>

³³ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>;
<https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>

³⁴ https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446581

³⁵ <https://insights.doughtystreet.co.uk/post/102g29e/the-coronavirus-bill-and-adult-social-care>

³⁶ <https://www.bmj.com/content/368/bmj.m1141/rr-5>

- UN Special Rapporteurs and Independent Experts, ' COVID-19: States should not abuse emergency measures to suppress human rights – UN experts' <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E>
- UN Special Rapporteur on the human rights of person with disabilities,' COVID-19: Who is protecting the people with disabilities?' <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>
- UN Independent Expert on the human rights of older persons, ""Unacceptable"" – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic' <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E>

WHO Guidelines

- WHO – Interim Guidelines on Infection Prevention and Control for LTC facilities in the context of COVID-19 https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf
- WHO – Guidelines to avoid social stigma <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>
- WHO – How to maintain good mental health <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

Civil society resources

- AGE Platform Europe webpage on COVID-19: <https://www.age-platform.eu/coronavirus-covid-19>
- Equinet - <https://equineteurope.org/2020/no-crisis-can-undermine/>
- Human Rights Watch - https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586
- European Disability Forum - <http://edf-feph.org/newsroom/news/open-letter-leaders-eu-and-eu-countries-covid-19-disability-inclusive-response>
- European Disability Forum - <http://edf-feph.org/newsroom/news/residential-institutions-are-becoming-hotbeds-infection-and-abuse-governments-need-act>
- European Anti Poverty Network - <https://www.eapn.eu/wp-content/uploads/2020/03/EAPN-EAPN-Statement-on-Covid-19-4163.pdf>
- HelpAge International- <https://www.helpage.org/newsroom/latest-news/older-people-at-increased-risk-in-low-and-middle-income-countries-if-coronavirus-takes-hold/>
- European Public Health Alliance - <https://epha.org/covid-19/>
- European Consumer Organisation BEUC - <https://www.beuc.eu/press-media/news-events/coronavirus-covid-19-outbreak-advice-consumer-groups>
- Eurocarers - <https://eurocarers.org/covid-19/>

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