

Stakeholder Group on Ageing (SGA): Africa survey on the impact of COVID-19 containment and mitigation strategies on the rights of older persons in Africa

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Abstract. COVID-19 was declared a global pandemic on March 11, 2020 by the World Health Organization (WHO). Africa recorded her first case in Egypt on February 14, 2020, since then, a total of fifty-four (54) African countries have been severely and progressively affected, with older persons bearing the higher rates in mortality across all 18 countries surveyed. In response to the COVID-19 global health emergency, African governments adopted extraordinary measures to contain and mitigate the pandemic, in order to save lives. This Report is a synopsis of the findings of Stakeholder Group on Ageing Africa (SGA Africa) survey of the impact of COVID-19 containment and mitigation strategies on the rights of older persons in Africa. In addition to the findings from the 18 African countries, the unique context of two countries; Cameroon and South Africa are detailed in the Report. Among various critical objectives, the survey also sought to identify and assess community level support and volunteerism and to ascertain, if these mechanisms provided the needed support to older persons. Results show that although, these strategies are put in place to prevent the spread of Coronavirus, they have implications (both positive and negative) for the rights of older persons in Africa. The absence as reported in most countries, of government social protection infrastructure for older persons, leads to income challenges especially, with the exclusion of most of the older persons as recipients of palliatives. In most countries, older persons were not consulted during containment preparatory stages and, their concerns were not considered. Other noticeable effects included increased incidences of elder abuse.

Keywords: Africa, older persons, COVID-19, human rights, Stakeholder Group on Ageing.

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Background

Older persons are the fastest growing demographics in Africa. The population of older persons estimated at 4.9% of the total population in 2015 is projected to reach 7.6% by 2050, which is more than triple in absolute numbers from 69 million in 2017 to 226 million in 2050 and may account for 10.9% of people over age 60 years old globally (UNDESA, 2019; UNFPA, 2019; Goodkind & Kowal, 2016). Regional variation in the rate of population ageing shows that age 60+ is projected to increase. For instance, ECOWAS region which was 4.8% in 2005 is projected to be 5.4% in 2025 and 8.8% in 2050 (UNDESA, 2019; Kamiya, 2016). With varied intrinsic capacities, older persons continue to contribute to families, communities and the larger society in economic, social, political and cultural spheres. However, more and more numbers of older persons in sub-Saharan Africa are entering retirement age when they continue to make significant contributions to economic and social support systems. At the same time, due to increased likelihood of illnesses in old age, some older people require long-term care and other support services such as rehabilitation, protection against neglect, abuse and violence, but these services are seldom in place (United Nations, 2017; Kihumba, n.d.). The projected rapid population of older persons despite the relatively young population in Africa is posing simultaneous and significant policy challenges. These include sustaining strong economic growth and establishing effective intergenerational investments in education, job creation and health for younger generation towards reaping the demographic dividends while also establishing support and health care for older persons (UNFPA, 2020; UNDESA Population Division, 2019).

Experiences of older persons and the particular context of old age are still not sufficiently addressed from a human rights perspective (Global Alliance, 2020). The United Nations Human Rights Office of the High Commissioner reports that when it comes to older persons, the current legal frameworks at both the national and international levels remain grossly inadequate and inconsistent, with only a limited number of countries providing explicit guarantees of equality and non-discrimination based on age (Adebowale, Atte & Ayeni, 2012; HelpAge International, 2015).

In Africa, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons was adopted in 2016. The Articles built on the 2002 African Union Policy Framework and Plan of Action on Ageing as well as the United Nations Principles on Older Persons, which address independence, participation, care and self-fulfillment. While some progress has been recorded by a few member states across the region including in ageing policy formulation and social protection initiatives, ageing and issues of older persons have not received much political support and guaranteed investment. Older persons are disproportionately voiceless, marginalized and vulnerable (Doron, Spanier & Lazer, 2016; HelpAge International, 2015)

Legal foundations for policy and programmatic actions in ageing are critical to reinforcing governments' commitment to age specific social innovations including devising policies, data disaggregation, innovative partnerships and new forms of business actions which are needed

to support the inclusion of older persons in SDGs and AU Agenda 2063 (Packer & Rukare, 2002).

The Stakeholder Group on Ageing (SGA) Africa is an African regional coalition of Civil Society Organizations, Non-Governmental and Professional organizations in ageing, Human Right Institutes and Institutes on Ageing, working on multi-levels as members of the UN ECA African Regional Mechanism for Major Groups and Other Stakeholders Group to achieve SDGs Agenda 2030 and AU Agenda 2063. SGA Africa has strong commitment to addressing ageism, and pervasive practice of leaving older people behind by ensuring the recognition and the integration of the life course approach, ageing and older persons' rights in the achievement of sustainable development.

The surge in COVID-19 cases is straining the health systems and the rights of older persons, with older women and children bearing the burden of this additional health care needs in the families. As part of SGA, Africa's contributions to the development and enhancement of older persons' human rights and overall wellbeing in Africa during COVID-19 pandemic, it embarked on a survey on the impact of COVID-19 containment and mitigation strategies and the State and Local responses to the global health pandemic. SGA Africa also interrogated the impact of the burden of illness and death on the economic, social and mental health of older persons, their families and communities.

This survey is to signal to policy makers across the continent the vulnerability of older persons in this crisis and to identify ways in which attention to human rights of older persons can enhance the recovery efforts towards achieving equitable and inclusive development. In keeping with SGA Africa's core values, evidence from the study will be utilized in the promotion of human rights, inclusion, and innovative engagement of stakeholders and the participation of older persons in policy responses to contain and mitigate COVID-19 to improve the quality of life and general wellbeing of older persons in Africa.

Global population projections by region between 2017 and 2050

Global population of older persons aged 60+ is projected to grow by 40% from 1 billion to 1.4 billion between 2019 and 2030, globally outnumbering youth (UNDESA, 2019). In Africa, the number of older persons is expected to increase from 71 million in 2019 to 216 million in 2050 (an increase of 202 per cent). The fastest increase is projected for sub-Saharan Africa, where the population aged 60 or over could grow from 50 million in 2019 to 157 million in 2050 (212 per cent). The increase in the number of older persons in Northern Africa, is expected to rise from 21 million in 2019 to 58 million in 2050 (an increase of 180 per cent). Although the number of persons aged 60 or over in sub-Saharan Africa will triple over the next 30 years, it will remain relatively small as a share of the total population; sub-Saharan Africa is still relatively young, with close to half of its population under age 20 (ibid.). Rapid declines in fertility and mortality rates along with substantial improvements in health care systems have resulted in the growth of older populations around the world. Ageing is therefore becoming a feature of human populations worldwide because of the general improvement in sanitation and the elimination of life-threatening diseases (Adebowale, Atte & Ayeni, 2012; Ajiboye, 2016).

In the last few decades, the attention of both national and international Communities has been drawn to this relatively recent but increasingly important demographic phenomenon. Thus, the World Assembly on Ageing in Vienna, in 1982, made recommendations on the various needs of older persons such as their health care, environment and consumer protection among other issues (Sanderson & Scherbov, 2007; De Jong, Blommesteijn, & de Valk, 2003). Also, the United Nations General Assembly, 1991; the 1994 Cairo International Conference on Population and Development; and the Second World Assembly on Ageing Madrid Declaration, 2002 further affirm the importance of the integration of older persons in development and their advancement into old age in healthy and supportive enabling environments as fundamental pillars of development. The Universal Declaration of Human Rights (UNDHR) (United Nations, 1948); the International Covenant on Civil and Political Rights (ICCPR) (United Nations Human Rights Office of the High Commissioner (OHCHR), 2020a); the International Convention on Economic, Social and Cultural Rights (ICESCR) (United Nations Human Rights Office of the High Commissioner (OHCHR), 2020b); existing Human Rights Treaties; and national constitutions, affirm the rights to self-determination, enjoyment of freedom, and happiness on the basis of social justice, equality of status and opportunity. However, there is no universal legally binding instrument with clarity and specificity to older persons' rights as we have for children, women and persons with disabilities (Global Alliance, 2020; HelpAge International, 2015). In the recent past, there had been re-echoed concerns for older persons worldwide, and suggested measures for improving their human rights and overall socio-economic well-being within the framework of Sustainable Development Goals Agenda 2030 and AU Agenda 2063 (UNFPA, 2020; United Nations (UN), 2017; Ajiboye, 2012).

In spite of the rapid growth, most African countries still consider the rights of older persons as low priority. Hence, the growth in population ageing has not been accompanied with corresponding social security packages which is responsible for the various forms of abuses of older persons in general and more so during COVID-19 pandemic, with its attendant effects on the human rights of older persons in Africa (UN, 2020; Kihumba, 2020). Evidence has shown that millions of older persons in Africa still suffer human rights violations each year, such as age discrimination of individuals, socio-political exclusions, physical, financial, emotional, and sexual abuse (Omokaro, 2019). Others include abuses in care homes/facilities, neglect in humanitarian settings during emergencies and denial and rationing of health care as currently being experienced since the outbreak of COVID-19 Pandemic (ibid.).

Figure 1: Actual global older persons' population growth by regions 2019

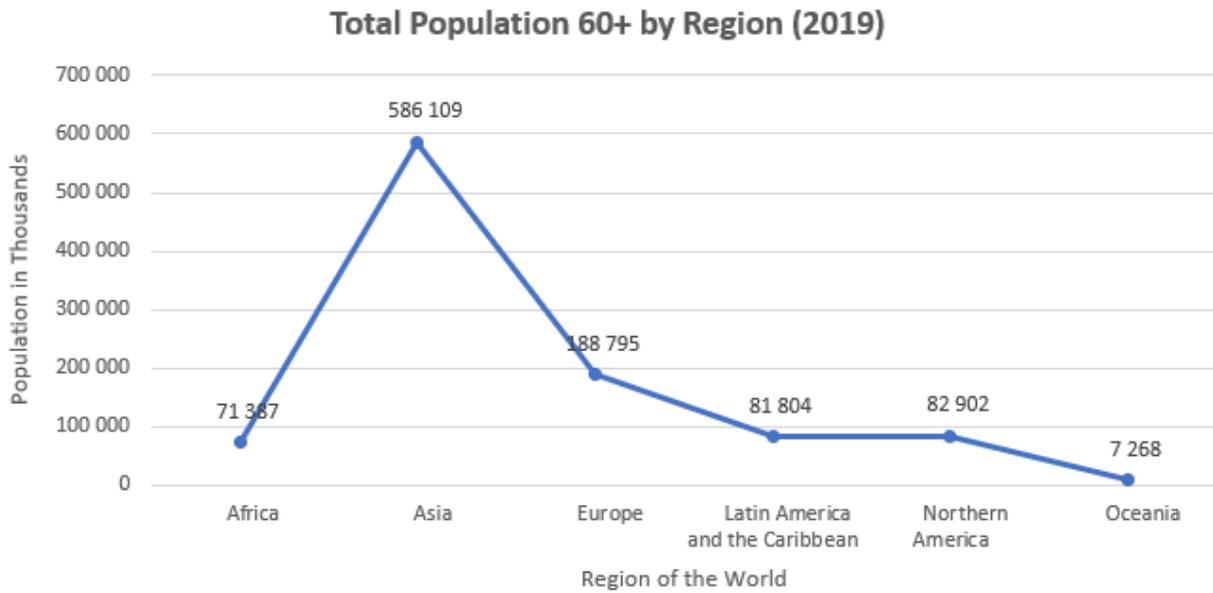


Figure 2: Global projection of older persons' population growth by regions in 2050

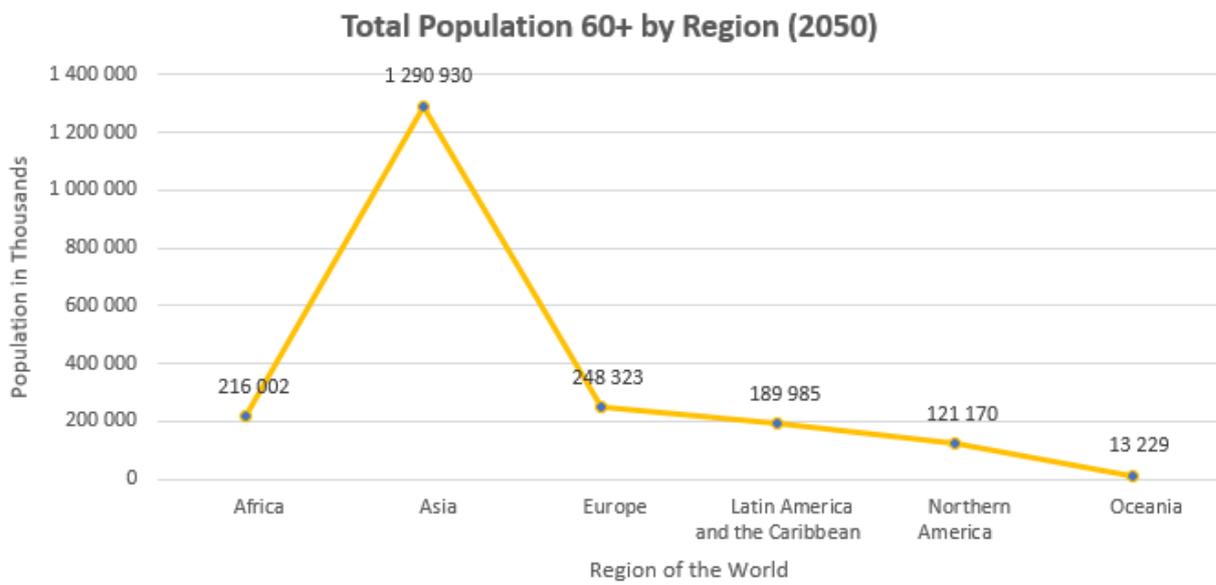
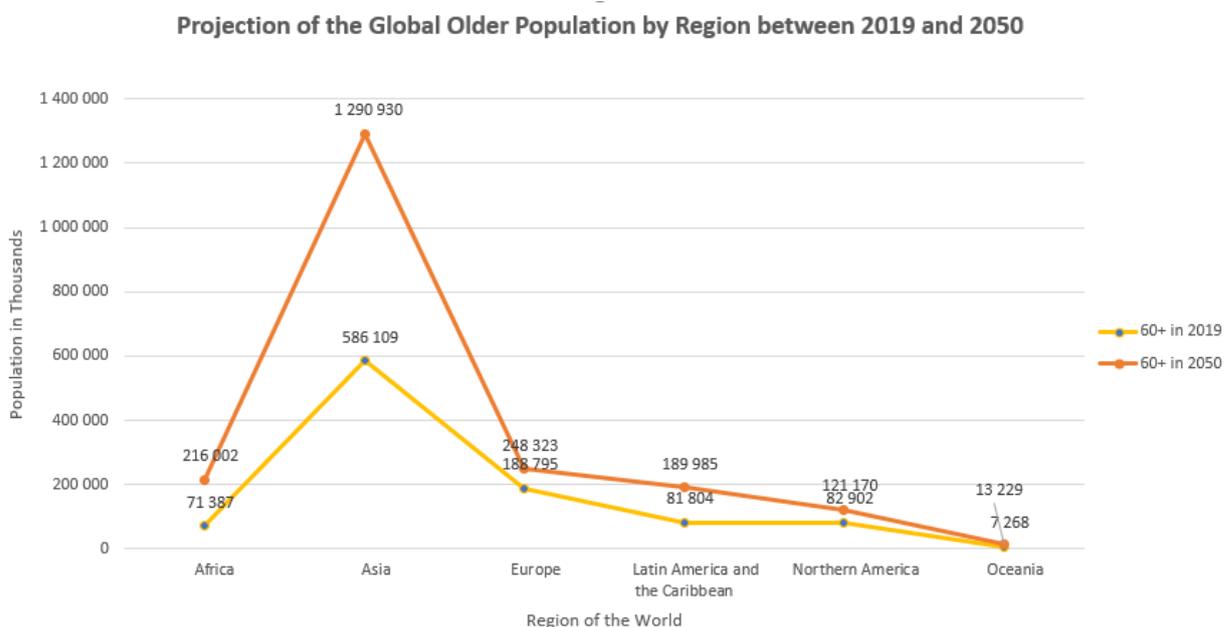


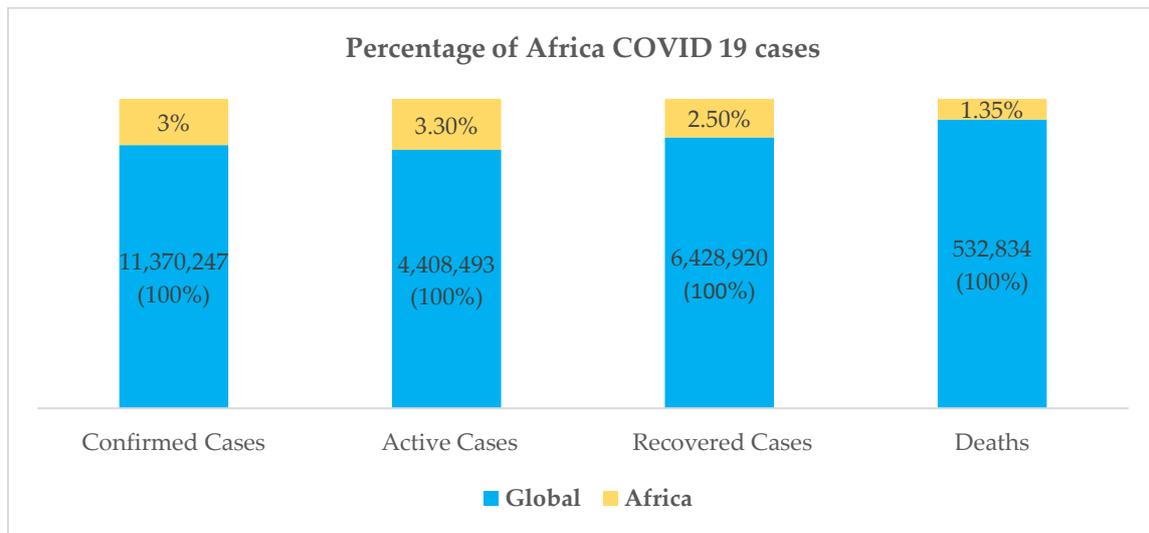
Figure 3: Projection of the global older population by region between 2019 and 2050



Confirmed cases of COVID-19 in Africa as at July 5, 2020

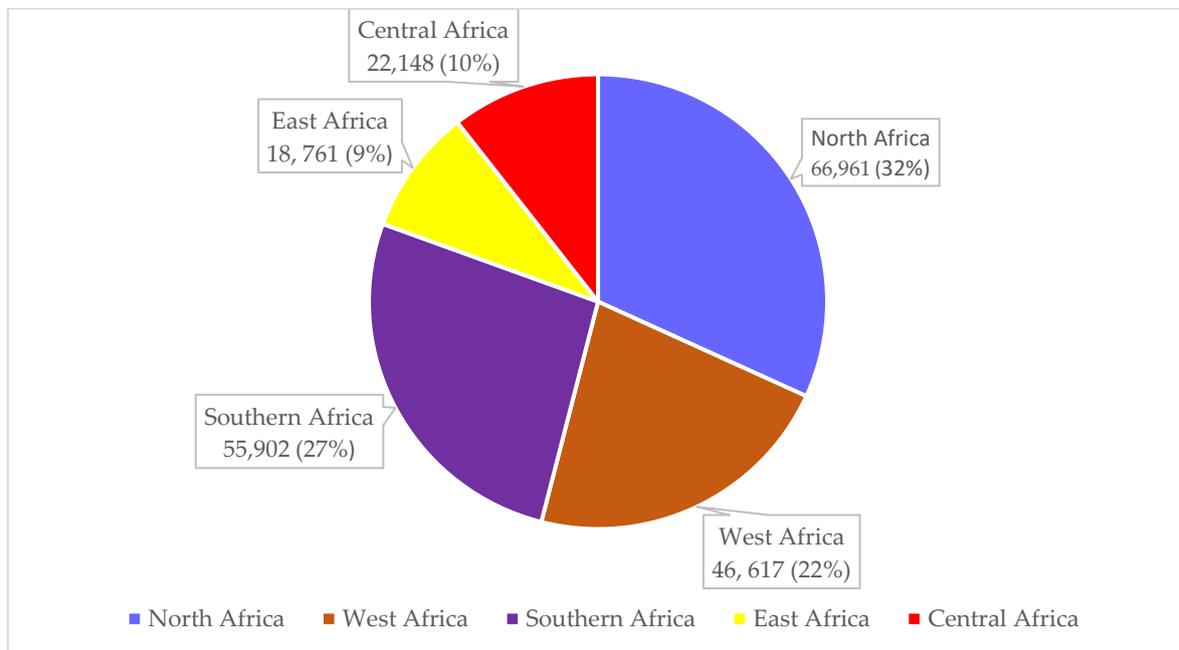
The whole world is passing through a trying period in her history with the current COVID-19 pandemic which has infected about 11, 370, 247 people globally with about 4,408,493 active cases, 532,834 deaths and 6,428,920 recoveries across 218 countries of the world (WHO Regional Office for Africa, 2020). The African continent has a total confirmed case of 448,512 with about 221,414 active cases, 216,195 recoveries and 10,903 confirmed deaths as at 5th July, 2020, and these figures have continued to increase (spike) on a daily basis (WHO Regional office for Africa, 2020). When the African figures are further disaggregated by countries the results are as presented in Figure 4 below.

Figure 4: Percentage of the African COVID-19 cases to the global cases



Effort was made to compare the rate of infections in Africa with the global figures of the pandemic. Figure 4 reveals that Africa recorded 3% of the global total infection, 3.30% of the current active cases, while the recoveries rate was 2.50% and death cases stood at 1.35% of the total global records as at 11 June.

Figure 5: African countries by region as affected by COVID-19



Survey objectives

To achieve the goals of the survey, the study sought to:

- Identify pre-existing public health emergencies and assess their influence on response to COVID-19 in Africa.
- Identify government containment and mitigation measures.
- Assess the impact of the response to COVID-19 on older persons.
- Find out if there was consideration for older person-specific concerns.
- Identify older person-specific areas and issues that were not addressed.
- Assess how the gaps affected older persons and breached their rights.
- Identify progress made in the implementation of COVID 19 mitigation strategies.
- Identify disruptions in cultural values and its effect on older persons.
- Assess community level support and volunteerism and ascertain if they provided support to older persons.

Method

This is a longitudinal survey design. Data were collected using survey monkey tool. Both Primary and Secondary data were utilized. Data collected were analyzed using descriptive tools such as frequency distributions, percentages, and charts which allow for comparative analysis. Ethics of social research was duly observed, with due consideration for anonymity and confidentiality of the respondents.

List of participating countries

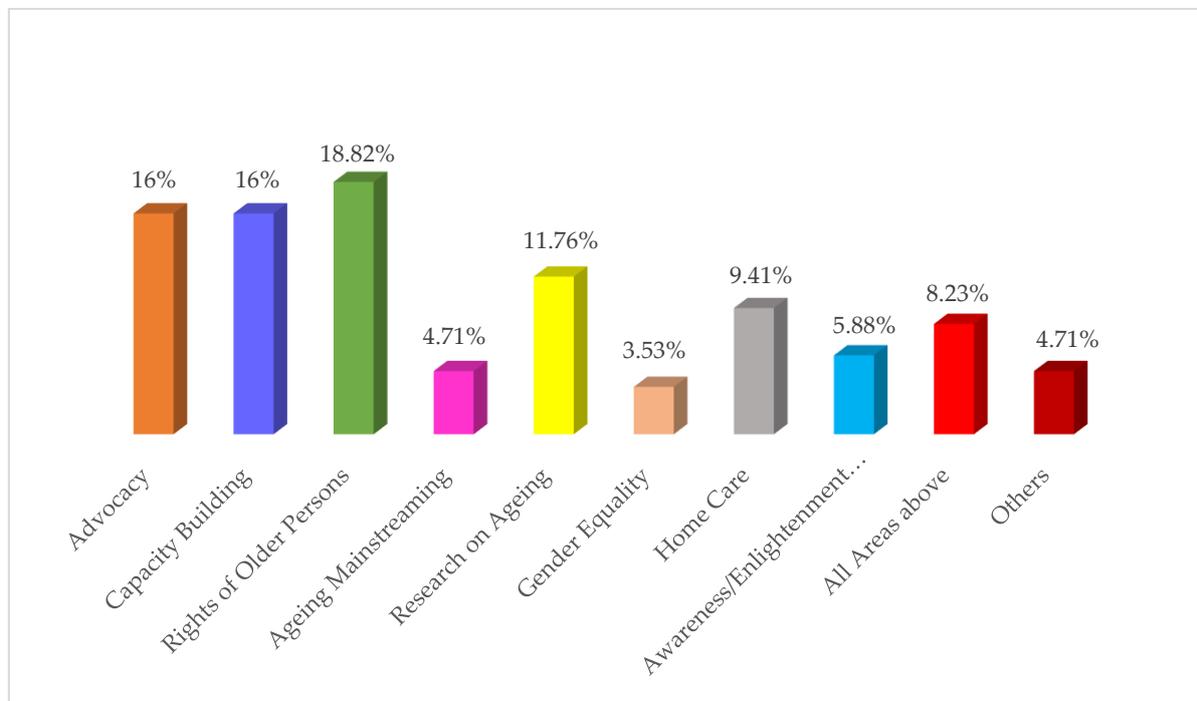
- | | | |
|------------------|---------------|---------------------------------|
| 1. Burundi | 2. Cameroon | 3. Democratic Republic of Congo |
| 4. Ghana | 4. Kenya | 6. Liberia |
| 7. Malawi | 8. Madagascar | 9. Mauritius |
| 10. Nigeria | 11. Rwanda | 12. Somalia |
| 13. South Africa | 14. Tanzania | 15. Togo |
| 16. Uganda | 17. Zambia | 18. Zimbabwe |

Participants' areas of work with older persons

Participants in the SGA, Africa survey were engaged in a wide range of body of work with the majority focusing on advocacy, capacity building, human rights of older persons, ageing mainstreaming, research collaborations and gender equity. Other areas include home care, awareness creation and enlightenment campaign. Eighteen (18) countries participated in the survey as listed above with a total of 43 respondents. When the participating countries were further disaggregated into regions, the study reveals the following figures - East African countries, 33%; Southern Africa, 28%; Western Africa, 22%; Central Africa, 11%; and Northern

Africa, 6%. The chart below is the frequency distributions of the areas of work with older persons as revealed by the survey respondents.

Figure 6: Frequency distributions of areas of work with older persons by respondents

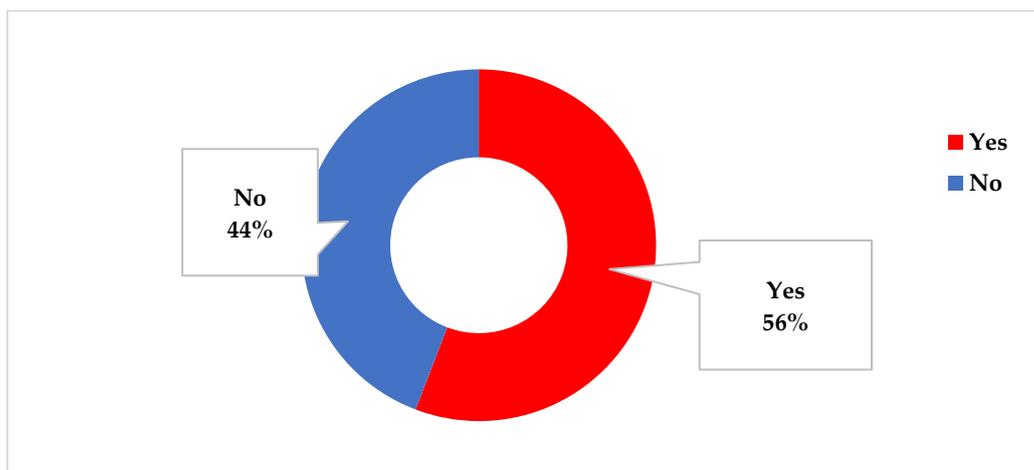


Data overview and findings

Contending public health emergency issues

One of the objectives of the survey was to identify pre-existing public health emergencies in various African countries before COVID-19 and assess their influence on response to the new pandemic in Africa. The findings from the survey reveal that 56% of the participating countries confirmed there were some contending public health emergency issues in their countries before the outbreak of COVID-19 Pandemic, while the remaining 44% said there was no contending public health emergency prior to COVID-19 Pandemic. This is represented in Figure 7.

Figure 7: Older person's pre-existing public health emergency issues before COVID-19



On further interrogation of the pre-existing contending public health emergency issues before the outbreak of COVID-19, the following were mentioned: Lassa fever; Malaria; HIV/AIDS; Tuberculosis; and Ebola. These pre-existing public health challenges have been described as underlining health problems which may affect and even worsen the health conditions of COVID-19 infected persons, particularly older individuals in those African countries.

Specific containment and mitigation strategies

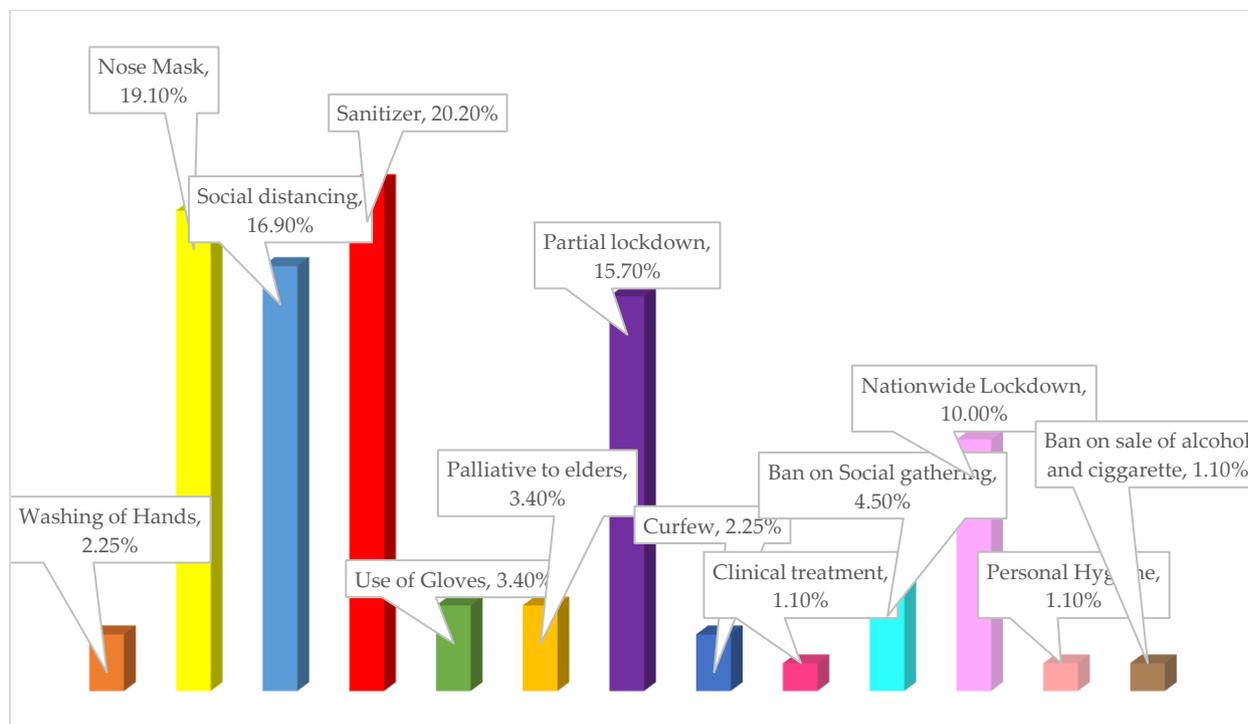
COVID-19 has been described as a highly transmittable and pathogenic viral infection caused by Severe Acute Respiratory Syndrome (SARS) (WHO, March 21, 2020a). The World Health Organization (WHO) earlier in the year 2020 declared Corona Virus a Pandemic without any clinically approved antiviral drugs or vaccine. Since then, rapid human to human transmission has been widely confirmed. In order to prevent the spread of the virus, the WHO recommended certain measures to prevent infection which include frequent hand washing, maintaining physical distancing from others (especially from those with symptoms), quarantine (especially for those with symptoms), covering coughs, and keeping unwashed hands away from the face. In addition, the use of a face covering (face mask) is recommended for those who suspect they have the virus and their caregivers (ibid.).

In its efforts to find out the level of compliance by the various African governments, and their recommended strategies to contain and mitigate against the spread of the Pandemic, SGA Africa dedicated one of the survey objectives to identifying participating countries' specific containment and mitigation processes and directives which were implemented to prevent the spread of the virus.

Among all the participating countries mentioned, various containment and mitigation directives were implemented which include: regular hand washing; use of alcohol-based Sanitizer; use of face mask; maintaining social distancing; clinical treatment; ban on social gathering; partial or total nationwide lockdown and the use of hands gloves, among others.

Responses from various participating countries indicated that there was high level of compliance with the WHO recommendations to contain and mitigate the spread of the Pandemic.

Figure 8: Various containment and mitigation strategies mentioned by respondents

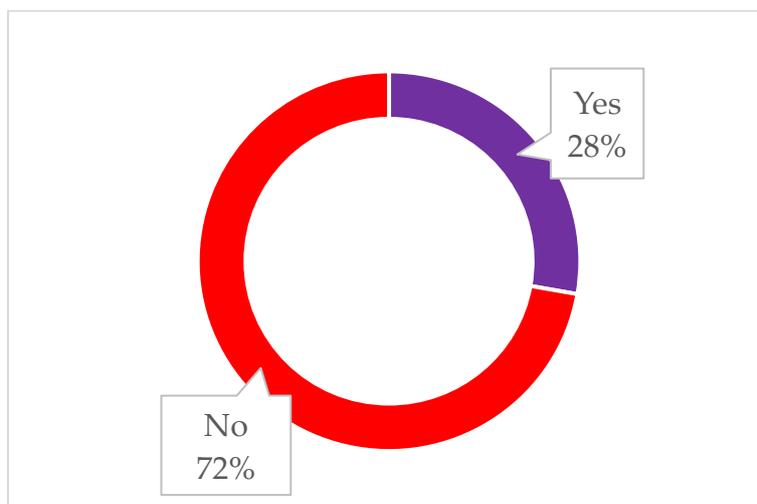


Older person-specific protocols to manage COVID-19

In spite of several containment and mitigation strategies implemented by the various African governments, it is interesting to note that very few countries claimed to have older person-specific protocols to manage COVID-19 cases of older persons, with 28% of the total respondents indicating this option. Majority of respondents, 72% claimed that their countries did not have older person-specific protocols for managing COVID-19 cases of older persons in hospitals and care homes. Countries with older person-specific protocols to manage COVID-19 cases among older persons implemented the following programmes:

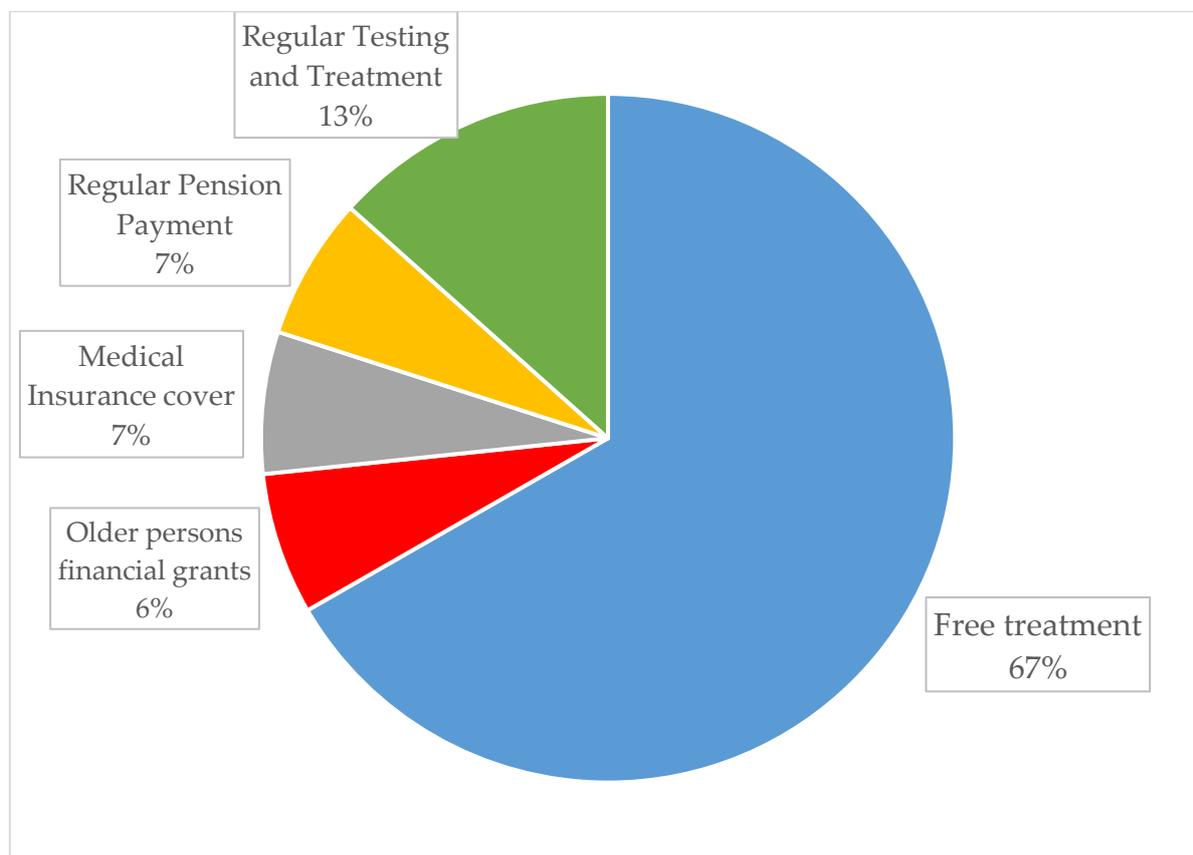
- i. Nigeria – free testing and treatment;
- ii. Kenya – financial grants to older persons, regular payments of pension, older person’s medical insurance cover;
- iii. South Africa – regular testing and treatments, provisions of home cares, subsidized facilities and services (public and private), distributions of palliative to older persons, social protections intervention, and directive on residential facilities for older persons.

Figure 9: Older person-specific protocols to manage COVID-19



When further asked to specify the types of older person-specific protocols available for managing COVID-19 cases of older persons in those countries, Figure 10 shows the specific protocols in these respective countries.

Figure 10: Types of older person-specific protocols to manage COVID-19

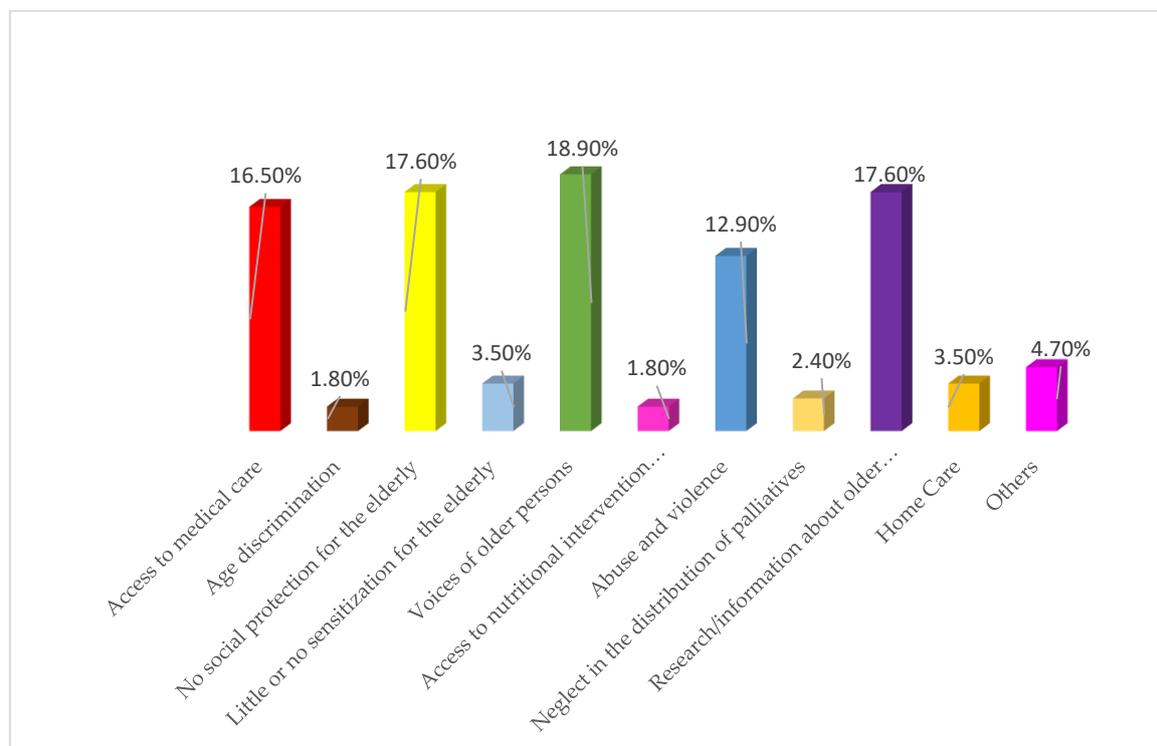


Older person-specific issues not covered by containment and mitigation strategies

In May, 2020, the WHO released survey reports, which charts the impact of COVID-19 on prevention and treatment services for non-communicable diseases (NCDs), since the Pandemic began (WHO, 2020). The findings of the survey indicated that more than half (53%) of the countries surveyed had partially or completely disrupted services for hypertension treatment; 49% for treatment of diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies. The findings further revealed that, rehabilitation services had been disrupted in almost two-thirds (63%) of countries, even though rehabilitation is key to a healthy recovery following severe illness from COVID-19. The findings of the study also revealed that in majority (94%) of countries covered, ministry of health staff working in the area of NCDs were partially or fully reassigned to support COVID-19. Among the countries reporting service disruptions globally, 58% of countries used telemedicine (advice by telephone or online means) to replace in-person consultations; while in low-income countries, this figure was 42%.

As parts of its contributions, effort was made by SGA Africa to find out if the containment and mitigation strategies put in place by the various African governments fully addressed older person-specific issues. When the question was asked, responses from the various participating countries showed clearly that, there were certain older person-specific issues that the strategies did not fully cover. Some of the issues mentioned include: access to medical care; abuse and violence; lack of social protection for older persons; lack of research/information about older persons; voices of older persons not being heard; lack of access to nutritional intervention services; age discrimination; neglect in the distribution of palliatives, and inadequate sensitization for older persons.

Figure 11: Older person-specific issues not covered by containment and mitigation strategies



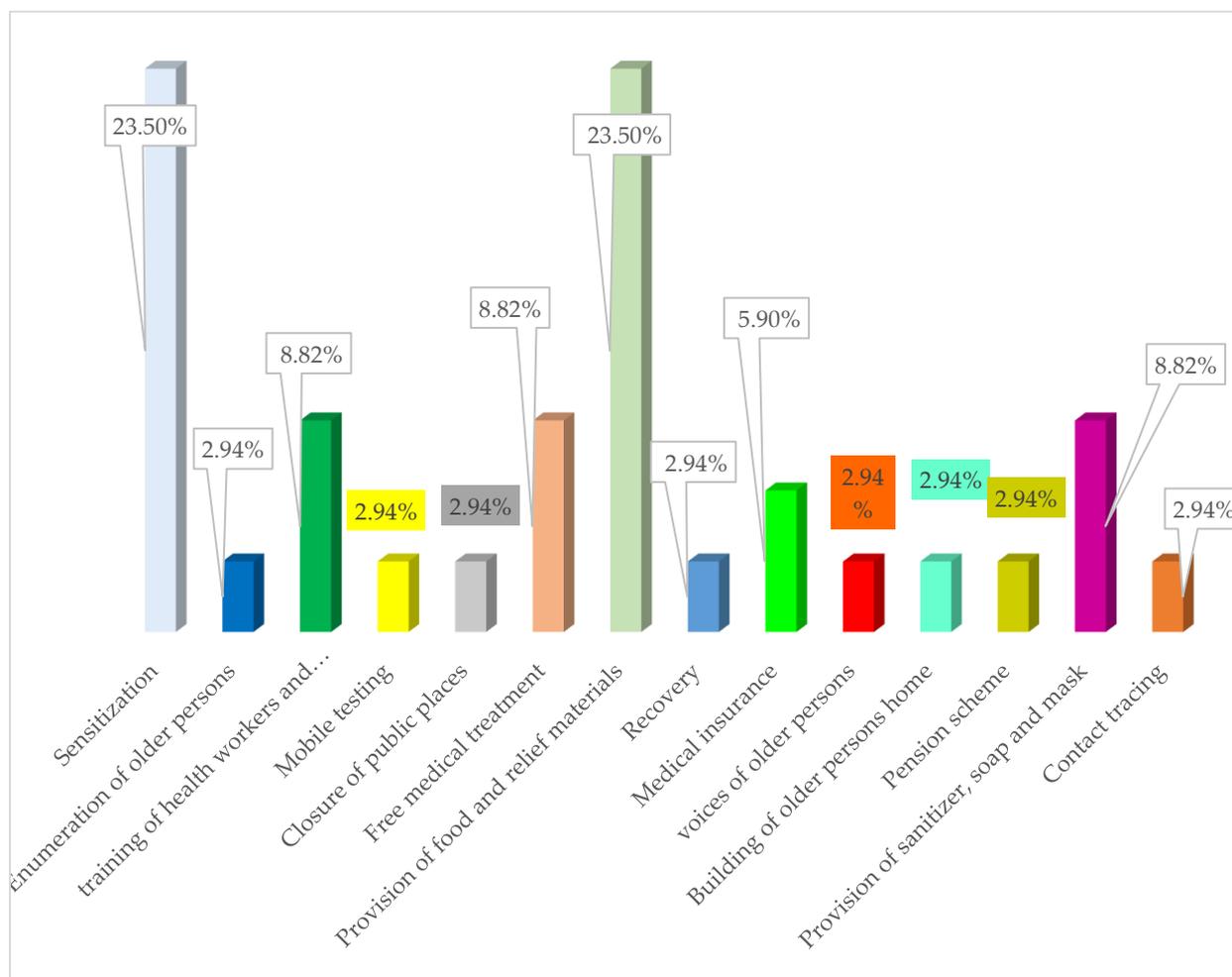
Progress in the implementation of COVID-19 containment and mitigation services to older persons

On the progress made by the participating countries in the implementation of COVID-19 containment and mitigation services to older persons, interesting responses were received. Some African countries including Togo, DR Congo, Mauritius and Madagascar indicated that their countries had not made much progress in terms of older person-specific programmes. Expectedly, the majority of African countries made tremendous progress in the implementation of containment and mitigation services for older persons. Of significant mention are cases from few African countries which made outstanding progress in older person-specific containment and mitigation services. For instance, the Nigerian governments at various levels implemented many intervention strategies to contain and mitigate against the impacts of COVID-19 on older persons in the country. These include: the enumeration of older persons in Kaduna state; monumental sensitizations by Faith-based organizations; sensitizations by family members; decentralized sensitization; training of health workers; distribution of food items; mobile testing; distribution of money to older persons; sensitizations on social distancing, encouragement of whistle blowers to report suspected cases of COVID-19 at the community level; and ensuring older persons in some states directly collect palliatives.

Rwanda also achieved so much for older persons. Responses from Rwanda, Kenya and South Africa indicated that the following had been achieved: sensitization on social distancing; provision of food to older persons; food distributions to older persons; advocacy for older

persons' voices to be heard; building of older persons care homes; and access to medical insurance.

Figure 12: Progress in the implementation of COVID-19 strategies

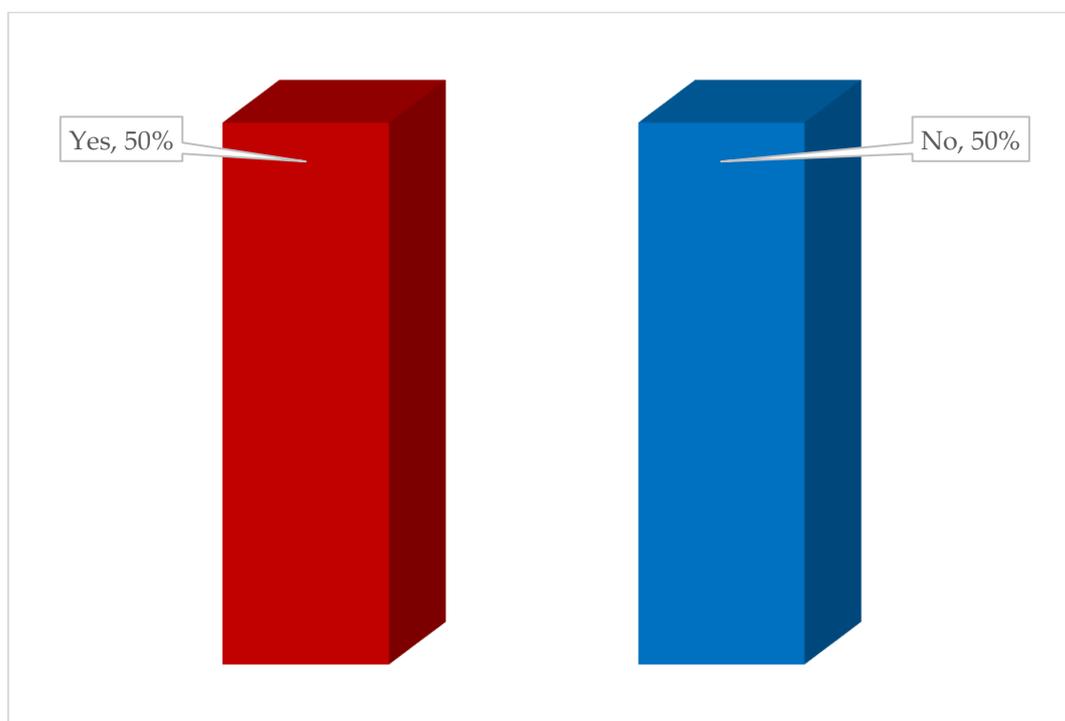


Cultural values and practices disruptive to COVID-19 strategies

Opinions were divided among respondents on whether there were cultural values and practices disruptive to COVID-19 containment and mitigation strategies for older persons in the participating countries. Responses received indicate that half (50%) of the total respondents claimed that there were no cultural values and practices disruptive to containment and mitigation strategies for older persons in their countries, while the remaining half (50%) agreed that there were disruptive cultural values and practices militating against containment and mitigation strategies in their countries. Some of the cultural values and practices mentioned include: communal living; extended family network; social ties; belief system; emphasis on miracle healing; unproven traditional cures or claims; family visits; poor enforcement of restriction of movement; befitting burials to loved ones; extended family care; shut down of public places; and social bonding. Such cultural values and practices among others, are disruptive to the mitigation strategies. For instance, isolation

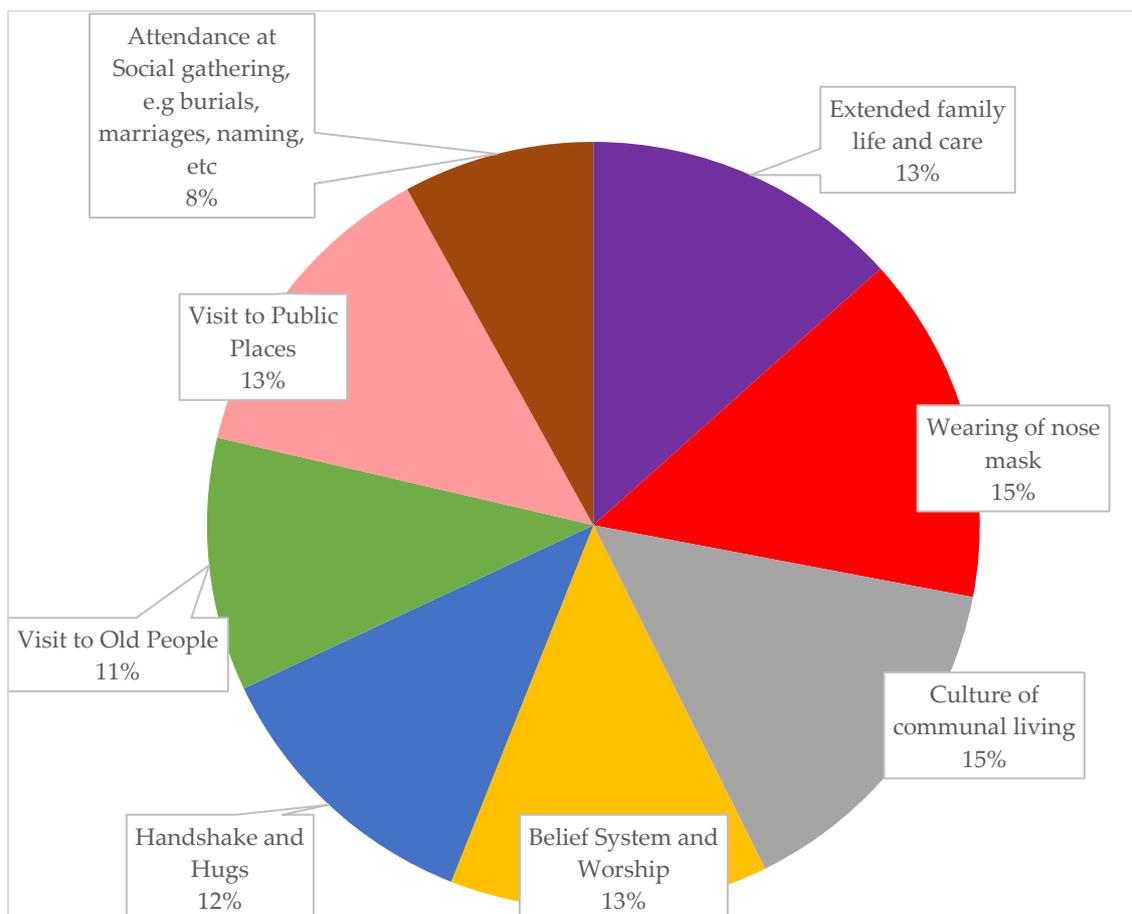
and social distancing are culturally unacceptable and pose a mental and social challenge to older persons. The wearing of face mask is also alien to people's culture.

Figure 13: Cultural values and practices disruptive to COVID-19 strategies



When respondents were asked to mention the various cultural values and practices disruptive to COVID-19 containment and mitigation processes and strategies, the following cultural values and practices were mentioned namely: attendance at family social gatherings; extended family life and care; visiting public places; visiting older members of the family; wearing of nose mask is regarded as not a part of peoples' culture; restrictions of hand shake and hugs are considered aberration to people's social life; culture of communal living; and the closure of religious centres was viewed as a policy against people's belief among others.

Figure 14: Types of cultural values and practices disruptive to containment of COVID-19



Community level support/volunteerism

Several community support for both physical and mental wellbeing of older persons were mentioned by respondents from the participating countries. These include but not limited to: mass media jingle to sensitize older persons on the dreaded COVID-19 pandemic; visits to traditional rulers and community leaders to sensitize and educate people at various community levels; support provided to older persons by individuals and philanthropists; provision and distributions of food items to communities and ensuring older people were reached; training of advocacy groups; regular calls by relatives; sensitizations; distribution of palliative items by Non-Governmental Organizations; commercial banks and private bodies; and donations of different items by faith-based organizations among others.

Figure 15: Percentage of countries with community supports

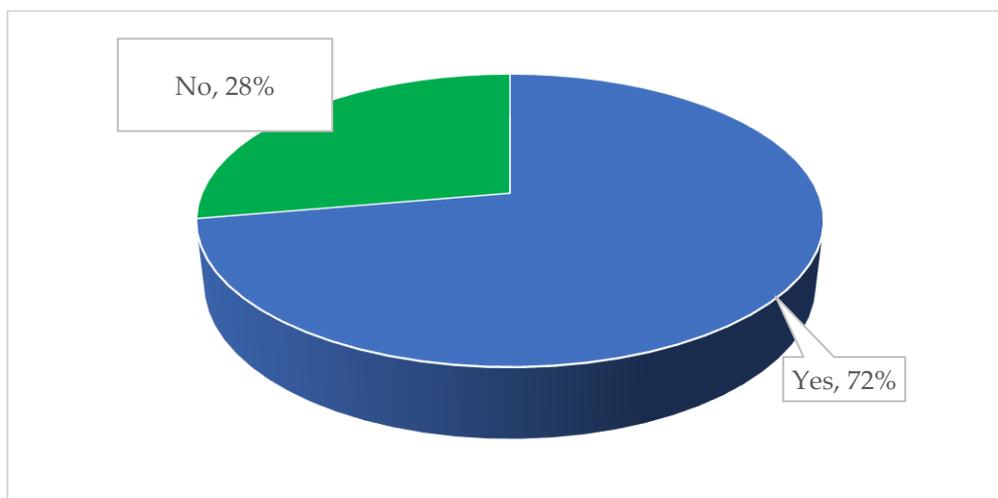
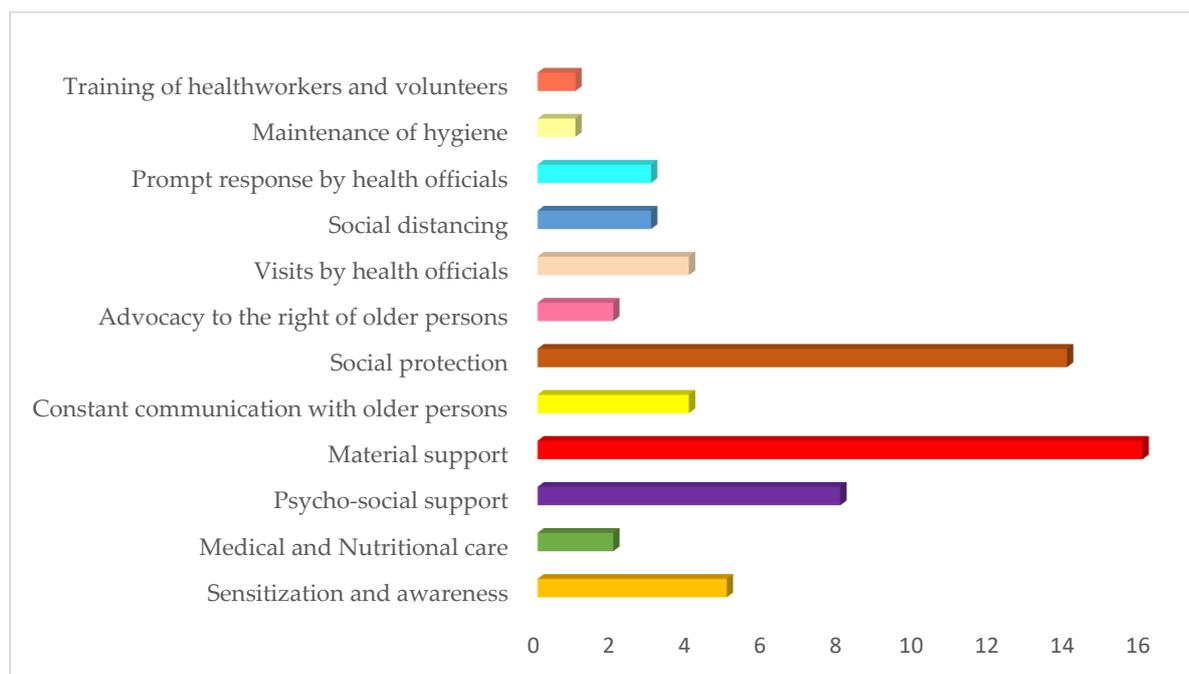


Figure 16: Types of community support



Impacts of COVID-19 on older persons in Africa

Older men and women can be perfectly healthy even though their metabolic rates may slow down and their strength declines. Some mental activities also slow down or change completely. These changes and declines occur at different levels and at different rates. In favourable environments, the changes will hardly be apparent, and the benefits of old age may often mean that life improves and older persons are happier, and unsure of its veracity and essence (Cox & Pandasani, 2017; Udhayakmar & Ilango, 2013).

COVID-19 is more than a health crisis, but a human, economic and social crisis; attacking the core of the human society—as it heightens inequality, exclusion, discrimination, xenophobia, vulnerabilities and global unemployment in the medium and long terms. It affects all segments of the population and it is particularly detrimental to those in the most vulnerable situations, including people living in poverty situations (especially women), older persons, and persons with disabilities, youth migrants, and refugees among others (Aina, 2020).

The health and economic impacts of the virus are borne disproportionately by poor people. For example, homeless people, because of lack of safe shelters, become vulnerable and exposed to the danger of contacting the virus. People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath (Aina, 2020).

Specifically, the impacts of COVID-19 on older persons include the following:

- Increased mortality rate among older persons due to COVID-19 Pandemic.
- Older Persons with pre-existing health challenges lack access to health care.
- Neglect and maltreatment of older persons in care homes and other institutions.
- Disruption of older persons' social networks and support systems.
- Increased incidences of abuses of older persons.
- Isolation, neglect and loneliness due to social distancing.
- Social protection for older persons has been grossly affected.
- Erosion of the means of livelihood of older persons due to the lockdown (Stakeholder Group on Ageing, Africa, 2020).

Case Studies: country specific unique experiences (Cameroon and South Africa)

Cameroon

Cameroon is located in Central and West Africa, known as the hinge of Africa, on the Bight of Bonny, part of the Gulf of Guinea and the Atlantic Ocean. Although, politically, Cameroon is not an ECOWAS member state, however, the North West and South West Regions are geographically and historically situated in West Africa (Nnoko, 2020).

Since 2017, some groups in Cameroon have been involved in serious armed conflict with the government defense forces for freedom of the internationally unrecognized state called Ambazonia. This situation in Cameroon has negative impacts on the containment and mitigation processes and strategies put in place by the government. The consequences of the armed conflict for older persons are so grave that it has led to increased cases of dementia (mental illness) among older persons (Nnoko, 2020).

It was reported during SGA, Africa Webinar session held on the 5 of June, 2020 by the Cameroon country representative that, the situation in Cameroon has further exacerbated the health challenges of older persons during this COVID-19 Pandemic. This is coupled with a weak healthcare system, shortages of health workers, and lack of trust in the government. Older persons are most affected by the situation because there is no special containment and

mitigation measures implemented for older persons by the government, not to mention the serious health challenges (dementia) faced by this category of older persons. In addition to the health challenges, older persons equally experienced food insecurity, lack of care, and inadequate sensitization about COVID-19. Due to the serious insecurity in the country, older persons are often abandoned.

Other challenges older persons faced in Cameroon include: increased rural-urban migration of family members who were care providers; the absence of healthcare facilities in the rural communities; lack of direct government social protection; and absence of basic social amenities that are essential for healthy ageing. All these challenges have led to further erosions of older persons' human rights.

South Africa

South Africa is located in the southern part of Africa with a total population of about 58.78 million. Older persons make up 9% of the total population of South Africa. South Africa is one of the countries in Africa that has the highest population of older persons in the continent (Shamam, 2020). In contrast to the experiences of older persons in Cameroon, it was reported during the SGA Africa Webinar by the country representative (ibid.), that, the rights of older persons in South Africa are secured under both the national and international declarations as well as the legal frameworks such as the UN Declaration of the Rights of older persons, the Constitution of South Africa and the Older persons Act 13 of 2006. Generally, it is known that South Africa has a well-established structure for older persons before and during COVID-19. For instance, the followings are the unique experiences of older persons in South Africa:

- 418 state subsidized facilities (Taking care of 32, 000 older persons).
- 3,000 private facilities.
- A large proportion of the 5.3 million older persons live in the community.
- State subsidized community-based services, about 1,713 supporting 107, 519 older persons.
- Total number of older persons supported through state subsidized services are 139, 282 (Shamam, 2020).

In response to the government's efforts to contain and mitigate the impact of COVID-19 on older persons in South Africa, the government of South Africa put in place some elder-specific protocols to manage COVID-19 in the homes as additional measures and directives to protect older persons in the homes which include:

- No clients may be released from the facilities during the pandemic.
- No visitation is allowed during Lockdown period.
- The family Reunification and interaction programme are suspended.
- No new admissions are allowed, except in the case of older persons in distress.
- Social protection initiatives increased in the OAG segregated payout system favouring older persons and people with disabilities.
- 80% of older persons are dependent on the public Healthcare system.

In terms of older person-specific areas and issues that were not addressed by the containment and mitigation processes and directives in South Africa, the following areas were identified as the experiences of older persons in South Africa.

- Poverty- about 13.8 million older persons are living below the poverty line.
- Many older persons live in informal housing settlements.
- Older persons in urban areas are concentrated in overcrowded slums.
- There is negative burden of HIV/AIDS.
- About 1.5 million older people over 50 years are living with HIV/AIDS and not on Anti-retroviral drugs.

In a swift response to the identified older person-specific issues listed above, the South African government embarked on the following:

- Directive regarding residential facilities.
- Social protection interventions.
- Increased screening of older persons daily for COVID-19 infections.
- Palliative items were made available and distributed to older persons.

Conclusion and recommendations

COVID-19 Pandemic has threatened the lives of older persons and deepened ageism, discrimination and inequality. COVID-19 response and recovery interventions, humanitarian and development public policy must make deliberate efforts to include older persons like other population groups. The following are some of the key recommendations to progressively improve the dignity, wellbeing and quality of life of older persons:

- Increased consultation with older persons and their supporting organizations to ensure their voices are heard, issues and rights included in various public discourses.
- Human rights of older persons must be given due considerations and respect.
- Continued provisions of adequate health care services for older persons including mental health and long care services.
- Increased coverage of pensions and social protection for older persons and their inclusion as dignified recipients of palliatives during lockdown.
- Government should establish structure for monitoring and reporting cases of maltreatment and elder abuses in family, care homes and other institutions.
- Government should ensure continuous testing of vulnerable older persons for COVID-19 and protect older persons from infection.
- Governments and family members should find innovative ways of maintaining social support networks while observing social distancing.
- Efforts must be made to include older persons in livelihood recovery.
- Development of capacities of policy and decision makers, health care and social workers in ageing and care of older persons.
- Investment in national multi-indicator survey on ageing which should be disaggregated for policy responses.

- Development of normative frameworks to guarantee rights of older persons.
- Governments and family should support older persons to build their immunity through adequate nutrition.
- Nation states should accelerate the ratification and implementation of African Union Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa and ensure adequate resources for older persons across all levels.
- Governments should mainstream older persons into SDGs implementation, national and sectoral planning interventions and ensure equity and inclusion.
- In-depth research on the effects of COVID-19 on older persons in the rural communities should be encouraged as well as the promotion of data disaggregation by age.
- There is need for special programmes for older people in the rural communities and for non-pensioners.
- Governments and major stakeholders should ensure the provision of social amenities in communities negatively impacted by rural-urban migration.
- Governments and care providers should develop hotline service for information sharing and gathering in rural areas.

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