

Social protection for older people during COVID-19 and beyond

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This note on social protection for older people during COVID-19 was developed alongside [others](#) – most importantly a [Strategy Decision Matrix](#) and a [Delivery System Decision Matrix](#) – as a technical tool used to structure an independent and unbiased analysis of COVID-19 response options. It does not necessarily represent DFID or GIZ own views or policies.

Introduction

This document provides information and guidance on **social protection and older people, with a focus on pensions to cushion the economic impacts of COVID-19**. It is intended as an advisory for people involved in planning and delivering social protection support for older people across a range of contexts. The document briefly describes the specific impact of COVID-19 on older people's health and wellbeing, as well as the socio-economic impacts. It discusses the current responses which for the most part have not specifically targeted older people and makes the case for pensions as a proven mechanisms to provide immediate income support. The guidance goes on to describe why expanding pensions in response to COVID-19 is particularly important as many older people face difficulties accessing emergency cash transfers, offers a few simple tips to make emergency social protection response more accessible and inclusive for older people and concludes with a short discussion on the transition from emergency to protracted crisis requiring longer-term social protection solutions.

The impact of COVID-19 on older people's health and wellbeing

COVID-19 is most dangerous for older people, as the risk of serious illness and death increases with age. Reporting from the WHO using available country data found that older ages are strongly correlated with mortality from COVID-19. The global fatality rate was reported at 3 per cent by the WHO in April, rising to over 15 per cent for those over the age of 80.¹ Where age-disaggregated data is available, these bear out the global trend of high case fatality rates among older people. Over 95 per cent of fatalities in Europe have been of people 60 years or older.² In the United States, 80 per cent of deaths were among adults 65 and over.³ In China, about 80 per cent of deaths occurred among adults aged 60 years or older.⁴

The pandemic further risks undermining older people's health by limiting their access to vital preventative and routine health care. To prevent the spread of COVID-19, most countries have diverted health system resources to fighting the virus. In-person preventative and routine healthcare services and community-based services have been paused and fear of contracting COVID-19 prevents many people from continuing management and treatment of existing non-communicable diseases (NCDs), which were responsible for 71 per cent of all deaths globally⁵. NCDs have a disproportionate impact on people in older

¹ COVID-19 STRATEGY UPDATE. WHO (April 2020)

² Statement – Older people are at highest risk from COVID-19, but all must act to prevent community spread. WHO (April 2020)

³ Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) – United States, February 12–March 16, 2020. CDC (March 2020)

⁴ The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) in China. PubMed (February 2020)

⁵ Noncommunicable diseases. WHO (June 2018)

age and, in 2011, people aged 60 and over accounted for 75 per cent of all deaths from NCDs in lower and middle-income countries.⁶

Furthermore, the impact of COVID-19 on incomes means that many older people are unable to access medicines or health care services. In OECD countries, where detailed data is available, health related costs rapidly increase as people age, rising up to six-fold from the ages 55 to 85.⁷ Likewise, research by HelpAge International in low and middle income countries consistently finds health related expenditures to be amongst the most pressing concerns of older people, and how social pensions and cash transfers to older people can contribute to improved access to healthcare by covering out of pocket payments as well as transport costs.⁸ These trends suggest an increase in mortality for older people if actions are not taken to ensure continued access to adequate health care during this crisis.

Older people with disabilities and those with care needs are particularly at risk. Prevalence of disability and care need rises with age and intersects with the underlying conditions which are also a key COVID-19 risk factor⁹. Globally, around 46 per cent of people aged 60 and older have at least one form of disability¹⁰ and an estimated 66 per cent of people aged 70 and over have at least one underlying health condition, placing them at increased risk of severe impact from COVID-19.¹¹ It should further be noted that the prevalence of disability among people aged 60+ is higher in lower income countries (43 per cent), compared to higher income countries. People with disabilities, have reduced access to information, face barriers to accessing health and care, and confront prejudice, stigma and discrimination.^{12 13}

The impacts of the crisis are gendered. Available evidence suggests a higher mortality rate amongst older men. While the reasons for this remain uncertain, initial research suggests that there may be biological as well as gendered behavioural determinants. As mortality data disaggregated by sex and age is not available in many countries these findings should be interpreted with caution, for instance, as it is unclear whether women and men have equal access to COVID-19 testing¹⁴. Nonetheless, women are significantly exposed to the virus, as they are overrepresented in high-risk professions such as health care^{15 16} and residential long-term care.¹⁷ Older women are overrepresented among older people¹⁸ and represent the majority of long-term care and support recipients at home and in institutional settings¹⁹, which have seen particularly high rates of COVID-19 deaths in many countries. Data from across Europe suggests deaths in long-term care facilities make up nearly half of all deaths from COVID-19.²⁰

Socio-economic impacts of COVID-19 on older people

COVID-19 disproportionately effects poor and marginalized populations who are more exposed to the virus and have fewer capacities and resources to protect themselves. Multidimensional poverty, in particular lack of access to clean water, undernutrition and exposure to air pollution, greatly increases the risk of getting seriously ill from COVID-19^{21 22}. Poverty can limit access to preventative measures such as handwashing and personal protective equipment, as well as timely healthcare on becoming ill. Furthermore,

⁶ Prevention and control of non-communicable diseases Report of the Secretary-General. United Nations (19 May 2011).

⁷ Expenditure by disease, age and gender. OECD (2016).

⁸ Cash transfers and older people's access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe. HelpAge International (2017)

⁹ Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey. *Int J Public Health* 61, 337–345 (2016)

¹⁰ Ageing and disability. UN DESA (n.d.)

¹¹ Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. LSHTM (16 July 2020)

¹² COVID-19 response: Considerations for Children and Adults with Disabilities. UNICEF (19 March 2020)

¹³ Millions of older people with disabilities risk being excluded from humanitarian assistance, new HelpAge reveals. HelpAge International (30 April 2020)

¹⁴ Men, sex, gender and COVID-19. Global Health 5050 (n.d.)

¹⁵ Gender equity in the health workforce: Analysis of 104 countries. WHO (March 2019)

¹⁶ COVID-19: Emerging gender data and why it matter. UN Women (June 2020)

¹⁷ Progress of the world's women. UN Women (2019)

¹⁸ Policy Brief: The Impact of COVID-19 on older persons. UN DESA (May 2020)

¹⁹ Gender equality in ageing societies. UNECE (March 2020)

²⁰ Mortality associated with COVID-19 outbreaks in care homes: early international evidence. Adelina Comas-Herrera, Joseba Zalakaín, Charles Litwin, Amy T. Hsu, Elizabeth Lemmon, David Henderson and Jose-Luis Fernández (April 2020)

²¹ Multidimensional Poverty and COVID-19 Risk Factors: A Rapid Overview of Interlinked Deprivations across 5.7 Billion People. Oxford Poverty and Human Development Initiative (OPHI), University of Oxford April 2020)

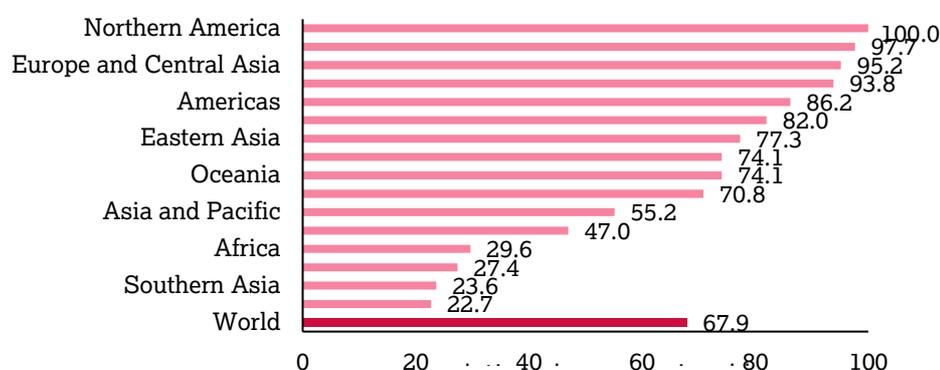
²² Report 22 - Equity in response to the COVID-19 pandemic: an assessment of the direct and indirect impacts on disadvantaged and vulnerable populations in low- and lower middle-income countries. Imperial College London (12 May 2020)

those on low and insecure incomes are predominantly working in the informal economy and therefore lack access to sickness and unemployment benefits, are unable to work remotely or adopt safer work practices.

In most low- and middle-income countries, poverty increases in older age, leaving older people not just highly vulnerable to the virus but also with few resources to protect themselves. While it is difficult to establish the poverty status of individuals from household-level data, pre-COVID-19 World Bank analysis suggests that for many poverty increases in older age²³, as work opportunities decline while access to pensions remains patchy.

While 67 per cent of people above a country's statutory retirement age receive a pension globally, in most low-income countries less than 20 per cent do. In Sub-Saharan Africa only 22 per cent of people above the retirement age receive a pension and large coverage gaps remain in Southern Asia (23 per cent coverage) and the Arab States (27 per cent).²⁴ Where data is available, women are less likely than men to receive a pension, and if they do, they have lower benefit levels.²⁵ Even in countries where women enjoy widespread pension coverage, their benefit levels are often considerably lower than men's. In the European Union, for example, women's pensions were on average 35 per cent lower than those of men in 2017.²⁶ This 'gender pension gap' is the end result of the various intersecting inequalities experienced by women across the life-course, including less access to education and work, lower wages and high-levels of unpaid work and care. These disadvantages are then pushed into older age in by contributory pension schemes that closely link benefit levels to work histories and do not account for maternity or the provision of care.

Figure 1.
Percentage of persons above statutory pensionable age receiving a pension, by region



Source: ILO (2018)²⁷

The crisis is expected to further deteriorate older people's already fragile economic situation as income from work declines and families have fewer resources to share. Extending World Bank analysis²⁸, we estimate that the pandemic will push between 1.6 and 2.3 million older people in sub-Saharan Africa alone into destitution.²⁹

The vast majority of economically active older people work in the informal economy or in non-standard employment and are highly exposed to the economic crisis. According to the ILO, the majority of the 40 per cent of men and 15 per cent of women aged 65 and older who participate in the labour force in low- and middle-income countries work in the informal sector. The informal sectors tend to provide lower and more volatile incomes and no social protection benefits.³⁰ ³¹ While workers in the informal economy are already likely to be poorer than their formally employed counterparts, they are also more likely to work in sectors heavily affected by the pandemic (such as hospitality and tourism) and are likely to be excluded from crisis-related short-term financial assistance programmes for businesses or individuals – as extensively discussed in the *SPACE note on informal workers*. As a result, the ILO predicts poverty amongst informal workers to skyrocket everywhere³². Older people that are formally employed tend to work in 'non-standard employment', which generally means employment that is temporary, facilitated by employment agencies, or

²³ Gender Differences in Poverty and Household Composition through the Lifecycle. World Bank (2018)

²⁴ Social protection for older persons: Policy trends and statistics 2017–19. ILO (2018).

²⁵ Progress of the world's women 2015–2016: Transforming economies, realizing rights. UN Women (2015).

²⁶ The gender gap in pensions in the EU. European Parliament (2019)

²⁷ Social protection for older persons: Policy trends and statistics 2017–19. ILO (2018).

²⁸ Projected poverty impacts of COVID-19 (coronavirus). World Bank (8 June 2020)

²⁹ 'We might die of hunger before coronavirus, so how are we meant to stay alive?' HelpAge International (15 May 2020)

³⁰ ILO Labour Force Estimates and Projections (LFEP) 2018. ILO (2018)

³¹ Women and men in the informal economy: A statistical picture. ILO (2018)

³² To Save the Economy From COVID-19, Protect Informal Workers. World Politics Review (14 July 2020)

part-time.³³ A result of older people's overrepresentation in non-standard employment is that they are often relatively easy to let go during an economic downturn.

Evidence from past economic crisis shows that older people often find it difficult to re-enter the labour market after spells of unemployment. Following the 2008 Great Recession, unemployment increase for all age groups. Many lost stable employment and found themselves in precarious work with lower earnings³⁴. Evidence on from OECD countries indicates that younger workers are more likely to lose employment during a recession, but older workers face lower likelihoods of finding new work and experience longer spells of unemployment³⁵. Older workers are also more likely to face declines in job quality after re-employment, which are more persistent than that for younger workers.³⁶

With few opportunities to work and limited availability of pensions, a large proportion of older people rely on their families for financial and material support. Intra-family transfers of cash or goods are common, with 79 per cent of older people in Thailand and 67 per cent in Vietnam receiving income support from family.³⁷ A similar picture can be found in other regions. Older Zanzibaris estimated that nearly two-thirds of their income and material support is provided by family members.³⁸

Yet the adequacy of family support is often limited, as high levels of poverty and economic vulnerability faced by the population as a whole mean many families have limited resources to share. The economic impact of the COVID-19 pandemic on households' incomes will put a further strain on families and their ability to provide support to older people. The global nature of the economic crisis also points toward declining remittances over the medium term, which are often crucial for older people's survival.³⁹ According to the Asian Development Bank (ADB), the "greatest concerns arise among households of older persons or households with no income earner."⁴⁰ In the Philippines, older people are most likely to rely on remittances, which are projected to fall by 23 to 32 per cent in 2020, reducing per capita household spending by 2.2 to 3.3 per cent.⁴¹

Older people with disabilities are also likely to have additional needs which incur increased cost, and as a result of the severely compromised economic security are less likely to have these needs met. These 'extra costs of disability' are wide-ranging and include additional out-of-pocket costs required for health services, medication, help with daily activities and disability-specific assistive devices. In addition to these direct costs, people with disabilities and their carers also face indirect cost in the form of foregone economic activities⁴².

As pension systems only currently reach about 20 per cent of older people in low income countries, improved access to social protection during this pandemic can be a matter of survival for older people.

Box 1. Achieving social protection for all in older age through social pensions

Social pensions are tax-financed cash transfers paid regularly to older people, regardless of their employment history or social security contributions. They often constitute the zero pillar or floor of pension systems, providing minimum levels of income security in older age, and have become an increasingly popular policy in low- and middle-income countries in the last three decades. Today, it is estimated that 109 countries have social pensions and most of them are low- and middle-income countries. Social pensions are of particular relevance to countries where the scope for expanding coverage of contributory pensions in the near future is low given high levels of structural socio-economic issues, particularly high informality. A social pension is often the most effective mechanism to rapidly increase coverage of the pension system.

More information on social pensions: [Why social pensions? Achieving income security for all older people](#)

³³ Non-standard forms of employment in some Asian countries. ILO (2016)

³⁴ How to ensure older workers fully participate in the recovery after the pandemic. ILO (25 May 2020)

³⁵ The Global Economic Crisis: Long-Term Unemployment in the OECD. IZA (2011)

³⁶ OECD Employment Outlook 2020. OECD (7 July 2020)

³⁷ Work, family and social protection. Old age income security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam. HelpAge International (2016)

³⁸ Zanzibar universal social pension: baseline survey. HelpAge International (2018)

³⁹ Monitoring COVID-19 impact on older persons. Regional report – August 2020. HelpAge International (August 2020)

⁴⁰ COVID-19 Impact on International Migration, Remittances, and Recipient Households in Developing Asia. ADB (August 2020)

⁴¹ Domestic Remittances are Just as Important as International Remittances. Philippine Statistics Authority (2020).

⁴² Extra costs of living with a disability: A review and agenda for research. Disability and Health Journal (2017)

Despite the heightened vulnerability to the virus and need for income support during COVID-19, only a few countries implemented social protection responses specifically for older people

Social protection has been an integral component of almost every government's COVID-19 response. Total spending on COVID-19 related social protection is at about, with 95 per cent of it going to social assistance. Almost all of the \$589 billion expenditure (0.4 per cent of the world's GDP in June 2020) has been in high-income countries, with 14% of the total in low and middle-income countries. Non-contributory social assistance, and in particular cash transfers, make up the bulk of responses. Globally, social assistance makes up 75 per cent of all responses, and about half of those are cash transfers.⁴³

Adaptations to contributory and non-contributory old age pensions, the instruments most directly ensuring older people's income security, are marginal despite older people being the most vulnerable to the virus. As of August 12th, 2020, of the 1,364 social protection measures introduced globally, less than 6 per cent relate to pensions. According to the ILO, there were 80 measures affecting pensions in 55 countries in mid-August 2020 but only 6 of those represent new benefits or programmes, and only 17 increase the benefit levels of pensions.⁴⁴ Adding information provided by members of the HelpAge global network to ILO and World Bank mappings, Table 1. presents a comprehensive overview of announced government social protection responses to COVID-19 targeting older people. Aside from increases in the values of contributory and non-contributory pensions and expansions of coverage, measures include advance payment of monthly pensions; deferring, reducing or waiving of social security contributions, which helps firms to reduce costs but does nothing to improve older people's income; and improvements to delivery mechanisms and access. Older people are also directly recognized as target groups in 7 emergency social protection responses involving cash transfers and 14 responses providing in-kind support.

Finally, a number of countries are allowing younger workers who have paid into funded defined contribution (DC) pension schemes or provident funds to prematurely withdraw certain amounts to cope with the crisis. While these funds are surely appreciated during this crises, these actions risk undermining the adequacy of pension benefit in the future if no actions are taken to 'replenish' pension accounts once the crisis has passed.

Table 1. Announced government social protection responses to COVID-19 for older people (August 2020)

ADAPTATION of existing systems				SYSTEM 'RESILIENCE' (Administrative tweaks)		
Enhancing adequacy		Enhancing coverage				
Increase in pension value (35) [permanent increases in bold]	Premature access pension savings (9)	Expansion of pension coverage (8)	Cash transfers to older people (7)	In-kind support to older people (14)	Ensuring safe pension delivery (11)	Advance (early) payments of pensions (13)
Albania , Argentina, Australia, Brazil, Bahrain Cameroon , Colombia, Cook Islands, Egypt , Hong Kong, Hungary , India, Kenya, Kosovo, Malaysia, Montenegro, Mongolia, Myanmar, Russia, Samoa, Sao Tome and Principe, Serbia, Singapore, Slovenia, South Africa, Suriname, Tonga, Tunisia, Turkey, Thailand, Ukraine , Zambia, Zanzibar , Zimbabwe	Australia, Brazil, Fiji, Iceland, India, Malaysia, Samoa, USA, Chile <i>NOTE: Allowing withdrawals risks undermine pension benefits in the future</i>	Bangladesh, Brazil, Costa Rica, Guatemala, Mongolia, Sri Lanka, Kenya, Uganda	Mauretania, Nepal, Philippines, Russia, South Sudan, Tunisia, Ukraine	Albania, Antigua and Barbuda, Armenia, Bosnia and Herzegovina, Bulgaria, Congo, Jamaica, Jordan, Malaysia, Nepal, Russia, Sint Maarten, Spain, Uzbekistan	Algeria, Armenia, Belarus, Egypt, Italy, Kosovo, Montenegro, Russia, Serbia, Trinidad and Tobago, Turkey	Barbados, Brazil, Belize, Cost Rica, Guyana, Jamaica, Kosovo, Kyrgyzstan, Mexico, Paraguay, Peru, Saint Vincent and the Grenadines, South Africa

Source: HelpAge International (August 2020)⁴⁵

⁴³ Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. World Bank & UNICEF (July 10, 2020)

⁴⁴ Social Protection Responses to COVID-19 Crisis around the World. ILO (12th of August 2020).

⁴⁵ Responding to COVID-19 with improved social protection for older people. HelpAge International (August 2020)

Pensions are proven mechanisms to provide immediate income support to key vulnerable groups during COVID-19

The limited use of pension systems (contributory and non-contributory) to provide additional assistance during COVID-19 is surprising as they often represent important channels of support to some of the most vulnerable populations in this crisis: older people, orphans and vulnerable children, and persons with disabilities. Persons with disabilities, already more likely to be poor, face catastrophic health expenditures, have lower levels of education and economic participation and live in households that are more exposed to economic insecurity and shocks⁴⁶, are particular at risk to COVID-19. The COVID-19 pandemic and its socioeconomic impacts further heighten obstacles and inequalities in that many persons with disability face, including accessing healthcare and support, and social protection. As 46 per cent of people aged 60 and older globally live with a disability⁴⁷, and older people make up about 45 per cent of all persons with disabilities⁴⁸, expanding old age pensions would be crucial step to increase social protection coverage for persons with disabilities, especially those doubly vulnerable due to their older age. This is especially the case in lower- and middle-income countries where the prevalence of disability in older age is even higher⁴⁹ and pension coverage is often very limited.

Orphans and vulnerable children are in many countries cared for mainly by older people, and especially older women. This is especially the case in sub-Saharan Africa and in the context of the HIV/AIDS pandemic, which has led to 'skipped generation households' containing older people looking after the children of their deceased children. For instance, in Zambia, close to 60 per cent of primary caregivers of orphans are grandparents.⁵⁰ **In these contexts, expanding social pensions as a response to COVID-19 would enable older caregivers to continue supporting some of the most vulnerable children.**

Indeed, evidence shows that many older persons use their pension to better care for grandchildren.⁵¹ A 2017 study by HelpAge International evaluated the impacts of Malawi's Social Cash Transfer on older people and their households found that orphans and vulnerable children were amongst the prime beneficiaries.⁵² China's social pension was found to increase children's pocket money and caring received from grandparents, as well as improved their health and increased school enrolment⁵³. In Namibia older people give around half their pensions to children to help with schooling, food and other costs.⁵⁴ In Brazil and South Africa, over 80 per cent of pensioners share the majority of their pensions with others, much of it with children.⁵⁵ Georgia's pension accounted for 69 per cent of the reduction in child poverty.⁵⁶ Uganda's social pension has contributed reduction in stunting and a 10 per cent increase in the number of daily meals eaten by children aged 0-5.⁵⁷

⁴⁶ Disability Inclusive Social Protection Response to Covid-19 Crisis. ILO and International Disability Alliance (9 April 2020)

⁴⁷ Ageing and disability. UN DESA (n.d.)

⁴⁸ World report on disability. WHO (2011)

⁴⁹ HelpAge estimations. UN DESA estimates that 15% of the global population or about 1 billion individuals live with one or more disability and that 46% of persons aged 60+ have at least one disability. The UN estimates that there are 1.04 billion persons aged 60+, which suggests that there are about 450 million older persons with some form of disability, making up 45% of all persons with disabilities.

⁵⁰ Caregiving in Sub-Saharan Africa and Older, Female Caregivers in the Era of HIV/AIDS: A Namibian Perspective. *Grand Families: The Contemporary Journal of Research, Practice and Policy*, 5 (1). Kalomo, E. N., Besthorn, F. H. (2018)

⁵¹ Why social pensions? Achieving income security for all older people. HelpAge International (2020)

⁵² Impacts of Malawi's Social Cash Transfer on Older People and their Households. HelpAge International (2018).

⁵³ The Power of Social Pensions. Huang, Wei, and Chuanchuan Zhang (2016)

⁵⁴ Livelihood Insecurity and Social Protection: A Re-emerging Issue in Rural Development. Overseas Development Institute (2002)

⁵⁵ Older and poorer? Ageing and poverty in the South. *Journal of International Development* (2002)

⁵⁶ Child Wellbeing and Social Security in Georgia: The Case for Moving to a more Inclusive National Social Security System. UNICEF (2015)

⁵⁷ Evaluation of the Uganda Social Assistance Grants for Empowerment (SAGE) Programme. Oxford Policy Management & Economic Policy Research Centre (2015)

Figure 2. Illustrating the prevalence of children and persons with disabilities in older people-headed households: The case of Zimbabwe

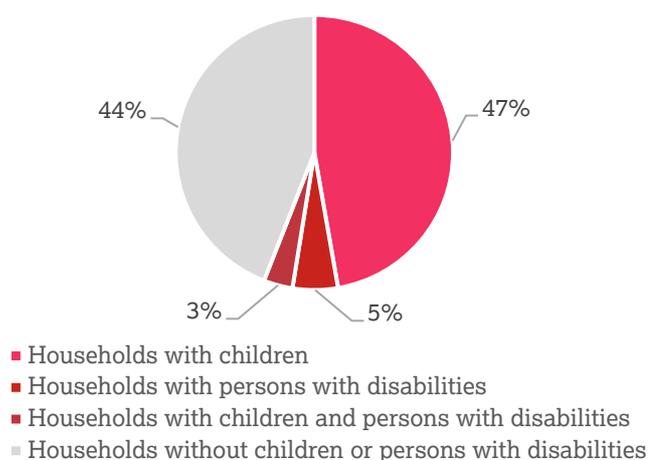


Figure 2. describes the composition of households headed by older people in Zimbabwe. It is noteworthy that majority (55 per cent) of households headed by older people include either children or persons with disabilities. As households share resources, it is therefore likely that policies targeted at improving the wellbeing of older people, such as social pensions, will also benefit children and potentially vulnerable persons with disabilities cared for by older people.

Source: HelpAge calculations based on Zimbabwe's 2017 Poverty Income, Consumption and Expenditure Survey (forthcoming)

Vulnerable populations can be reached by expanding existing life-cycle social protection schemes and enabling enhanced intra-family support. The ILO notes that various countries are expanding existing life-cycle transfers, such as child, disability and old age benefits, which are tried and tested mechanisms to reach some of those hit hardest by the COVID-19 crisis. These expansions can be vertical (increased transfers for those already enrolled) or horizontal (enrolling more beneficiaries). Relying on existing life-cycle programmes has the advantage that existing beneficiary registries and payment mechanisms can enable rapid delivery of support. The ILO further recognizes that increased benefits provided through such child, disability and old age benefits, can spill over to other family members, including those hit directly by the employment shock of the crisis. For instance, working parents are often the direct recipients of child benefits, while old age and disability benefits contribute to wider household incomes. Where benefits being sufficiently adequate, schemes have high coverage and cut across the income distribution, life cycle schemes can therefore provide a channel to reach the missing middle.⁵⁸

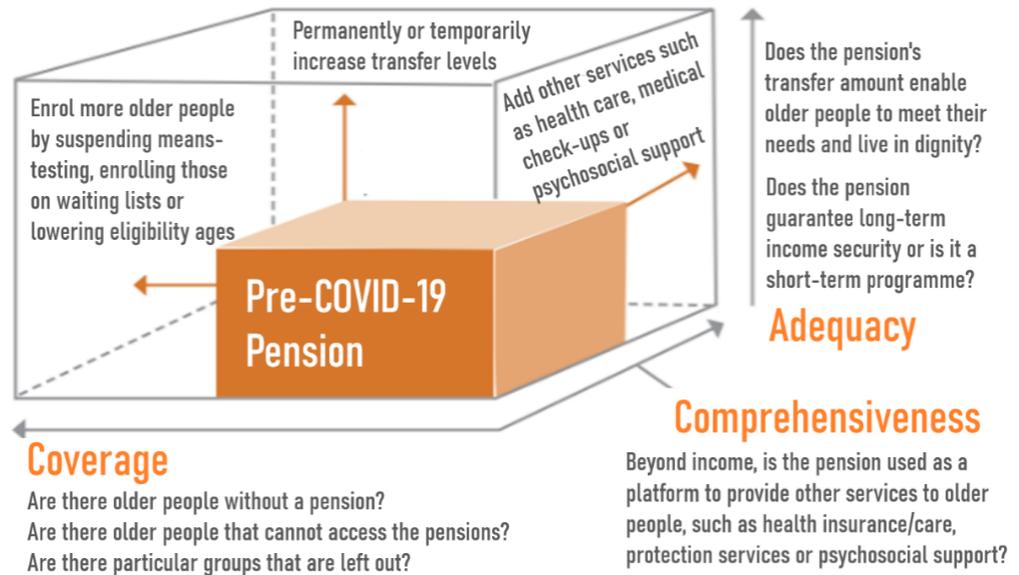
Pension systems, and in particularly non-contributory social pensions, offer an efficient way to support older people and those in their care in this crisis. Given the need for simple, swift, easily understood and widely accepted criteria in a crisis, expansion of categorical – and especially age-based programmes can be much easier to do. In places where social pensions exist but do not reach most older people, their coverage could be expanded by removing means-testing and quotas, and/or reducing age of eligibility (horizontal expansion). Where social pensions exist, governments could increase the transfer levels, at least temporarily, to provide increased income protection, and reducing the pressure on older people to continue with livelihood activities that may expose them to the virus (vertical expansion).

As pension are widely accepted and understood by communities and can be implemented quickly, they are well-suited to expand social protection coverage under difficult circumstances. A key advantage of age-based social protection programmes – such as universal social pensions - is their simplicity, which allows for quick implementation even in context with limited institutional capacities. Universal social pensions require only two pieced of information, age and residency/citizenship, which can be quickly and, in most cases, easily established. Zanzibar is a good example of this: When the island rolled-out its universal social pension in 2016 it reached 80 per cent of older people (70+) in just one month – and now the pension benefit has been increased by 20 per cent to provide additional support to older people and those in their care.⁵⁹

⁵⁸ Social protection responses to COVID-19 in Asia and the Pacific. ILO (August 2020).

⁵⁹ Zanzibar responds to COVID-19 economic challenges with a 20% rise to their universal social pension. HelpAge International (2020)

Figure 3. Ways to improve social protection for older people during COVID-19



Source: Adapted by HelpAge from BMZ (2019)⁶⁰

Expanding pensions in response to COVID-19 is particularly important as many older people face difficulties accessing emergency cash transfers

To shed light on older people's experiences in emergency cash transfers and explore potential challenges, HelpAge conducted a survey in 17 countries: Peru, Paraguay, Colombia, Belize, India, Pakistan, Bangladesh, Philippines, Sri Lanka, Nepal, Vietnam, Myanmar, Mozambique, Tanzania, Ethiopia, Kenya and Malawi. Recognizing the in-depth understanding of staff and network members in selected countries of national social protection systems and COVID-19 responses, as well as their constant engagement with older people and their associations, the survey sought to bring together, analyse and record experiences and information provided by key HelpAge staff and network members.

The survey revealed that older men and women, across all countries surveyed face significant challenges in accessing COVID-19 related emergency social protection programmes. These challenges stem, in broad terms, from issues related to the rapid implementation of large-scale cash transfers to broad segments of a country's population with limited consideration to the needs and capacities of specific groups, such as older people and people with disabilities. Challenges are compounded, in some cases, by the reliance on ineffective and exclusionary pre-existing programmes - with out-of-date registries, strict quotas, and unreliable payment systems - as the foundation for a country's social protection response to COVID-19.

A widespread issue highlighted in the survey was the lack of information and communication to older people, exacerbated by digital barriers. With a fast-changing situation, the extensive use of technology and social media for information sharing, and widespread fake news and misinformation, many older people simply did not know what was happening, what was expected from them, and how they could access support. In many countries, older people did not know how to register for the new COVID-19 cash transfers as most of the information was only available online. Challenges around information were reported from Mozambique, Ethiopia, Bangladesh, Vietnam and Belize. Last minute changes in bank hours in Bangladesh resulted in many older people being unable to collect their Old Age Allowance payments after travelling long distance. Similarly, in Mozambique, short-notice changes in payment days leave many older people, particularly those with limited mobility, unable to reach payment points on time.

The rapid expansion of social protection in the past few months relied, in many cases, on digital technology. The extensive use of digital technology in registration and payments greatly enhanced the speed of the response, and also reduced the risk of exposing older people to the COVID-19 virus. **Coupled with inaccessible information, however, a reliance of digital technology nevertheless created further access barriers which were particularly challenging for older people, who have generally lower levels of literacy and less access to internet and mobile phones.** HelpAge staff and network members from all

⁶⁰ A systems perspective on Universal Social Protection - Towards life-long equitable access to comprehensive social protection for all. BMZ (2019)

regions reported that older people were often struggling to register for programmes online (India and Pakistan) and found it difficult to access payments made through mobile phones (Mozambique and Kenya). There were also cases of older people having difficulties with biometric verifications, in particular thumbprints, as with ageing thumb impressions can disappear (Pakistan).

Older women were particularly affected by some of these barriers to accessing information. Across lower-and-middle-income countries, women are less likely to own a mobile phone and use the internet on a mobile⁶¹. Coupled with lower literacy levels⁶² and language barriers⁶³, older women in particular face barriers to potentially life-saving information. These barriers to information are exacerbated by physical distancing requirements that make person-to-person information sharing difficult.⁶⁴ Research in Bangladesh's Cox's Bazar refugee camps found that older women received no direct information from health workers or NGOs about the virus' symptoms, treatment or prevention, and were reliant on older men passing it on.⁶⁵

Older people were also often confused by new programme's eligibility and registration criteria and guidelines, which were perceived to be unclear and inconsistently applied. Complex targeting criteria and quotas often lead to exclusion, bias, politicization and corruption in the selection process. They can also create high barriers to access related to documentation and repeated visits to registration points. For instance, it was highlighted by respondents in Pakistan and the Philippines that the eligibility criteria for the COVID-19 related programme expansion were ambiguous and not applied consistently. In Ethiopia, the targeting of emergency assistance was based on social protection programmes with quota systems, limiting older people's access to support.

Many of the programmes which required physical registration and visits to pay-points did not have adequate measures to facilitate the safe access of older people and people with disabilities, especially those from rural areas. Lockdowns, lack of public transport, and fear of infection made it all but impossible for some older people to access benefits (Nepal and India). Those who did, often had to face long queues and crowds without much social distancing at banks and welfare offices (India, Bangladesh and Pakistan).

Recommendations for making COVID-19 emergency cash transfer more accessible and inclusive

As also documented within the *SPACE Gender and Social Inclusion document* and *Localisation document*, implementation of any emergency social protection programme should:

- **Consult with older people and work with communities and older people's associations.** Older people have the right to be consulted on response planning and can provide valuable input on how to reach older people across different contexts. State agencies should work with community organisations and (where present) older people's organisations to understand needs, design appropriate responses, and identify and deliver support to older people.
- **Tailor public messages for older people and their carers.** Older people are more likely to have low literacy levels, physical or sensory disabilities that prevent them from accessing information or participating in community life, and may be less likely to be exposed to mainstream media. Information must be provided in multiple formats and local languages to address the barriers which older people often face, related to literacy, language and disability. Communication can also be made more accessible through the use of universal or local sign language interpretation, live captioning, easy-to-read formats (combining simple text with images), or braille.
- **Ensure continued and safe access to existing social protection entitlements and inclusion in new schemes.** Government and community leaders need to take steps to protect claimants – particularly older people – and staff at payment points, which pose a significant infection risk. These could include staggering payment days to prevent large groups of people from congregating simultaneously at payment points; prioritise older people's access; reducing frequency of payments (on an advance basis); waiving fees (ATM, mobile); ensuring that appropriate hygiene and safety protocols are put in place; making provisions for older people to nominate a trusted person to collect their pension on their behalf. New plans regarding payment arrangements need to be widely

⁶¹ The Mobile Gender Gap Report 2020. GSM Association (2020)

⁶² Facts & Figures. UN Women (2012)

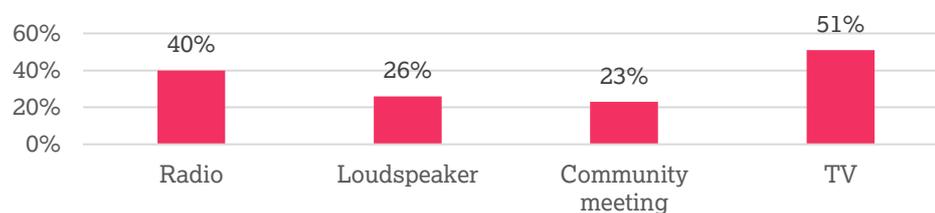
⁶³ DO YOU SPEAK COVID-19? Translators without borders (2020)

⁶⁴ Unheard Unseen: A COVID-19 briefing. Women for Women (n.d.)

⁶⁵ What Matters? Humanitarian Feedback Bulletin. Translators without borders (2018)

advertised using television, radio and newspaper campaigns, loudspeakers in community settings and social media. Community leaders also need to be briefed on pension payment arrangements and community health and social workers need to share information with all households, particularly in rural settings.

Figure 4. Older people's preferred methods for receiving information about COVID-19



Source: Forthcoming summary of HelpAge's Rapid Needs Assessments in selected countries in Asia, Africa and the Middle East

Box 2. HelpAge's COVID-19 guidance series

HelpAge developed a series of guidelines for older people, families, carers and care homes to support them during the COVID-19 pandemic, which include specific guidance on pension administration during COVID-19 and advice for older people on collecting their pension during the pandemic.

COVID-19 guidance: <https://www.helpage.org/what-we-do/coronavirus-covid19/covid19-guidance/>

The pandemic is becoming a protracted crisis requiring longer-term social protection solutions to protect people and drive an inclusive recovery

Most of the newly introduced social protection schemes and expansions of existing ones are of short duration and, without policy changes, will expire soon despite the deepening economic crises. Globally, about 90 per cent of announcements to introduce cash transfers in response to COVID-19 were made between March and May 2020. Available information for 71 cash transfer programmes around the world suggests an average duration of slightly more than three months. Assuming that transfers are intended to be implemented in the month following the policy announcement, the majority are set to expire between July and September 2020. Their expiry is a concern because few new policy announcements have been made globally past June 2020, while the pandemic's impacts remain severe in many countries. In July, the World Bank found that out of 195 COVID-19 social assistance measures, 72 per cent were ongoing, 13 per cent planned and 14 per cent completed.⁶⁶

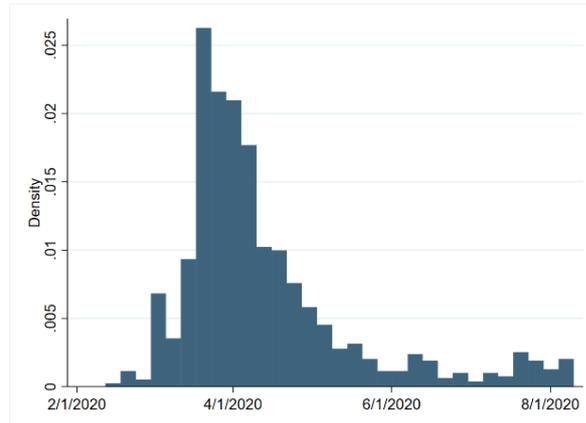
With the economic crisis deepening in many countries, social protection is likely to become even more relevant to protect people and contribute to an inclusive recovery. The continuation and, in some cases, deepening of the crisis is reflected in the significantly rising number of people living in extreme poverty. The World Bank projects that that COVID-19 is pushing between 71 and 100 million additional people into destitution⁶⁷. *SPACE analysis* suggests that a nuanced livelihoods-focused analysis of impacts (rather than assuming linear impacts) pushes these figures upwards. To avoid large-scale humanitarian crises, suffering and irreversible setbacks in human development, governments and partners urgently need to build on the initial expansion of social protection responses and transition to *building social protection systems back better* by filling gaps in the coverage, scope and adequacy of social protection.⁶⁸

⁶⁶ Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. World Bank & UNICEF (10 July 2020)

⁶⁷ Profiles of the new poor due to the COVID-19 pandemic. World Bank (August 2020)

⁶⁸ Social protection responses to COVID-19 in Asia and the Pacific. ILO (August 2020)

Figure 3. Number of announced new social protection measures globally from February to August 2020



Source: HelpAge calculations based on ILO data⁶⁹

COVID-19 has demonstrated the value of universal social protection systems. Experience from this and previous crises shows that countries with effective and comprehensive social protection systems are much better prepared to protect their citizens from socioeconomic impacts. Such countries are likely to have the institutional capacities and systems in place to scale programmes up relatively quickly. More comprehensive systems also require less scaling-up in the first place, as larger segments of the population are already covered, for example through child grants, and might require only increases in transfer levels. On the other hand, countries that lack robust systems may need to develop policies and interventions in an ad hoc way and build institutional capacity under difficult circumstances. That approach may lead to delayed or ineffective responses.⁷⁰ This is important as COVID-19 will likely not be the last disaster in an increasingly connected and disaster-prone world.

Pension systems are crucial for poverty reduction and human development, even after COVID-19. While older people without pensions are particularly at risk in this crisis, it is important to remember that growing old without any form of income security is the challenging reality that most people in low and middle-income countries face. With population ageing gaining steam almost everywhere and the population of older people growing quickly, the status quo of about 20 per cent pension coverage in low income countries is not just a clear violation of the human right to income security in older age, condemning many to live their last years in destitution, but also holds back societies' abilities to make the most of increased life-expectancy.

Universal social pensions are the most effective mechanism to ensure the income security of older people during the crisis and beyond. Social pensions are of particular relevance to countries where the scope for expanding coverage of contributory pensions in the near future is low given high levels of structural socio-economic issues, particularly high informality. A social pension is often the most effective mechanism to rapidly increase coverage of the pension system. Social pensions are also crucial that gendered inequalities, such as the gender pay gap, are not replicated in older age and that all women have access to an adequate pension in older age. Global experiences and research demonstrate that universal social pensions are affordable even in low-income countries, and even relatively modest transfer levels have outsized impacts.⁷¹

For more information on HelpAge's work on social protection during COVID-19 and beyond, contact:

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HelpAge's Knowledge Hub on Social Protection and Social Pensions Database: PensionWatch:
<http://www.pension-watch.net/>

⁶⁹ Social Protection Responses to COVID-19 Crisis around the World. ILO (28 July 2020). HelpAge calculations.

⁷⁰ Social protection responses to the COVID-19 crisis: Country responses and policy considerations. ILO (23 April 2020)

⁷¹ Why social pensions? Achieving income security for all older people. HelpAge International (2020)

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

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