



Assessment of COVID-19 Pandemic Risks on the Older Persons in the Republic of Moldova

An analysis conducted under the auspices of the United Nations Population Fund (UNFPA) in partnership with the Ministry of Health, Labor and Social Protection, the Office of the UN Resident Coordinator, the UN Human Rights Office (OHCHR) and Help Age International. The contents of this publication do not necessarily reflect the views or policies of the UNFPA, the United Nations Secretariat, the OHCHR or those of any other affiliated organizations.

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INTRODUCTION

The COVID-19 pandemic caused a number of significant changes and impacts on the population, especially on the older persons. Though the virus spreads among individuals of all ages, the risk of getting infected and dying as a result of COVID-19 is far higher among the older population. The increased risk of getting a severe form of infection determined the authorities to impose containment measures, especially for the older persons. Hence, in addition to the direct risks affected the health of the older persons, the pandemic risks to cause much more pronounced negative effects related to their social isolation, material and mental well-being, position on the labour market, abuse and neglect, access to health services.

This analysis aims to identify and examine the possible risks of COVID-19 pandemic on the older persons in the Republic of Moldova. It was developed on the basis of the analytical framework proposed by the Position Note of the UN Secretary-General on the impact of COVID-19 on older persons. This analytical paper highlights the need to protect the human rights, the rights of older persons during the pandemic, and the need to take into account the risks and specific needs of this group in the policy response of the national policy makers.

Though the concept of age seems clear, there is no exact definition of the concept of older person. The United Nations and most researchers use and define indicators of population ageing that are mostly or entirely based on people's chronological age, defining older persons as those aged 60 or 65 years or over. The age of 60 or 65, being almost equivalent to retirement age in most developed countries, is considered to be the beginning of old age. Calculation formulas are developed to measure the level of aging. The best known formula is the one proposed by the French researcher J. Beaujeu-Garnier, which was later developed further by the Polish scientist E. Rosset. According to Rosset's formula, demographic aging starts when the share of persons aged 60 years and over exceeds the 12% threshold. According to UN formula, the population with the share of persons aged 65 and over, at the level of 4-7% is considered on the verge of demographic aging, 7% and more – aged. In this analysis we will refer to persons aged over 60 years as to the older persons.

This paper represents a desk study using currently available, existing statistical and sociological data. In particular, the analysis built on the data gathered by CBS-AXA company of research and marketing during March – July 2020. In addition, the lack of a separate study on the impact and risks that pandemic generated for the older persons caused a number of limitations in the analytical approach. For instance, the gender perspective of older persons or of low-income older persons, of those lonely or of those living in urban or rural areas was not possible to understand as regards certain relevant aspects.

SUMMARY

Older persons are the most exposed to the risk of infection with a severe form of COVID-19 and have the highest fatality rate. The fatality rate (measured as the ratio of deaths among persons confirmed to be infected with COVID-19) is much higher among the older persons. Thus, the fatality rate is 23.3 times higher in the 60-69 age group than in the 30-39 age group. If we make the same comparison, the fatality rate in the 70-79 age group is 46.6.

The COVID-19-related restrictions have intensified physical and social isolation of the older persons in Moldova. The older persons were quite isolated before the pandemic. A 2015 study found that 2/5 of the older persons considered themselves lonely and isolated. The restrictions imposed by the national authorities and the fact that the mobility, socialization and presence of the older persons in public places is considered as being dangerous, giving rise to a situation in which the latter are at risk of being perceived and to perceive themselves as a group that is not present in and does not contribute to the development of the society. In addition to their physical isolation, the older persons were digitally isolated, since only 10% of them use information technologies and the internet regularly. Hence, these circumstances perpetuate the vicious circle of marginalization and self-marginalization of the older persons in society.

The physical isolation remains the main protection measure of older persons during the pandemic period. In March this year, around 29% of persons aged 60 and over mentioned finding it problematic to purchase medicines in the amount of MDL 200. Hence, isolation was the main protection measure of the older persons during the state of emergency.

Though they have a quite stable income, the older persons are the age group most at risk of poverty in times of crisis. Pension represents the most significant share of older persons' income, a component part of income that is not likely to decrease compared to other sources of income such as remittances, wage, or other sources of productive income. In addition, since the disposable income of most older persons borders on poverty, any reduction of component parts of income other than the pension, puts them at risk of real poverty.

During the pandemic period, older persons are more exposed to domestic violence and negligence. This is determined both by the lower probability of reporting cases of violence, considering the isolation of older women, but also by the reduction in the multidisciplinary services for preventing and combating violence at community level.

There is a risk of increased inactivity rate of older persons during the pandemic. The inactivity rate increases especially among the older persons living in rural areas, who are not employed in agriculture and in the public sector. During the pandemic, commuting to work is more problematic for older persons, and only 10% of them can work remotely. Moreover, the occupational inactivity rate of women of pre-retirement age is increasing because, a potential solution (to the issue of closed schools and kindergartens) is requesting their support (as grandmothers) by having them reduce or quit their jobs in order to take care of children.

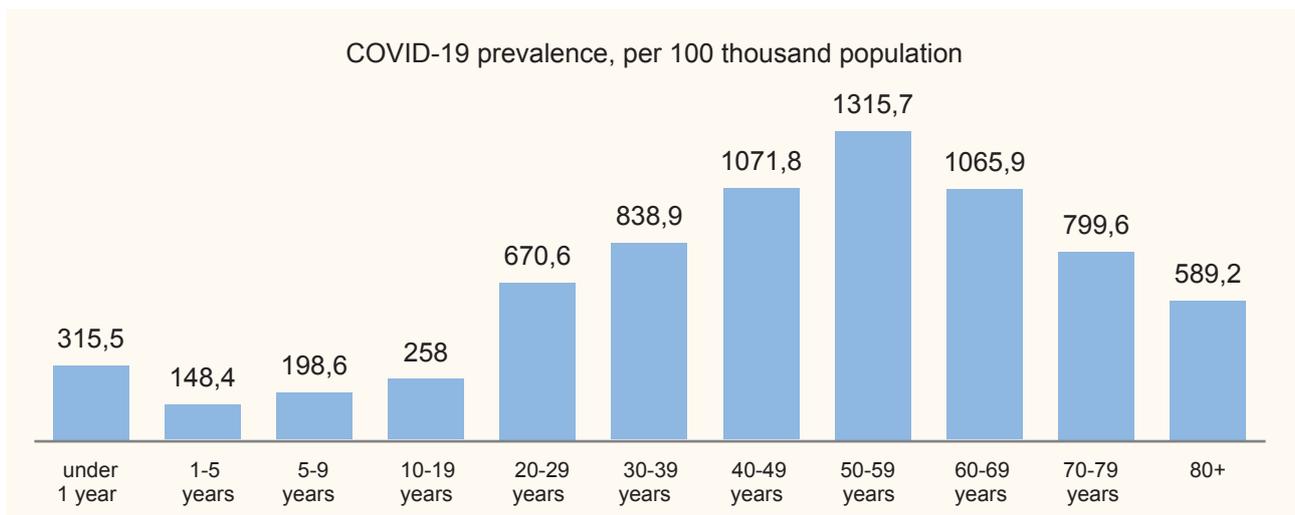
The unmet need for health services for older persons has been increasing during the pandemic. In 2018, 40% of older persons did not see a doctor even if they had health issues. During the pandemic, the needs are also unmet because of barriers associated with an overwhelmed health system, as well as with safety concerns and the risk of getting infected in a health facility.



RISK OF INFECTION AND MORTALITY

Older persons are more susceptible to becoming infected with a severe form of COVID-19. A severe form of infection is characterized by the presence of typical COVID-19 symptoms. This is mainly explained by the fact that the immune function declines with age. A recent analysis found that the risk of infection of individuals under 20 years of age is half as low as that of adults aged over 20 years, and that clinical symptoms manifest in 21% of infections in 10- to 19-year-olds, rising to 69% of infections in people aged over 70 years. In other words, the likelihood of developing clinical COVID-19 infection symptoms is much higher among older persons compared to young persons. If a person presents with a number of clinical symptoms of infection, he/she will be tested and the case of infection will be confirmed. The figure below, which shows the prevalence of confirmed COVID-19 cases by age groups, reflects this reality, i.e. the fact that the prevalence of confirmed cases (calculated per 100 population) increases with age, up to the 50-59-year-olds.

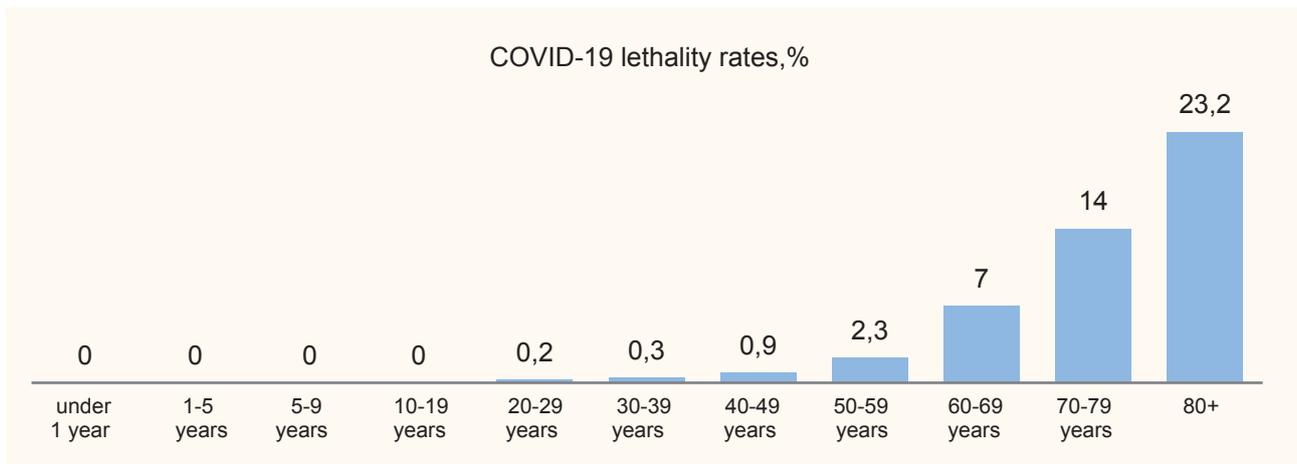
Figure 1: Prevalence of confirmed COVID-19 cases, per 100 thousand population



Source: Author's calculations based on official data.

The risk of dying from COVID-19 infection increases with age. The fatality rate, which measures the share of those who died weighted against the confirmed cases of infection, increases quite sharply depending on the age group (see the figure below). A high fatality rate among the older persons is explained by the quite high prevalence of chronic diseases among these age groups.

Figure 2: COVID-19 lethality rates,%



Source: Author's calculations based on official data.

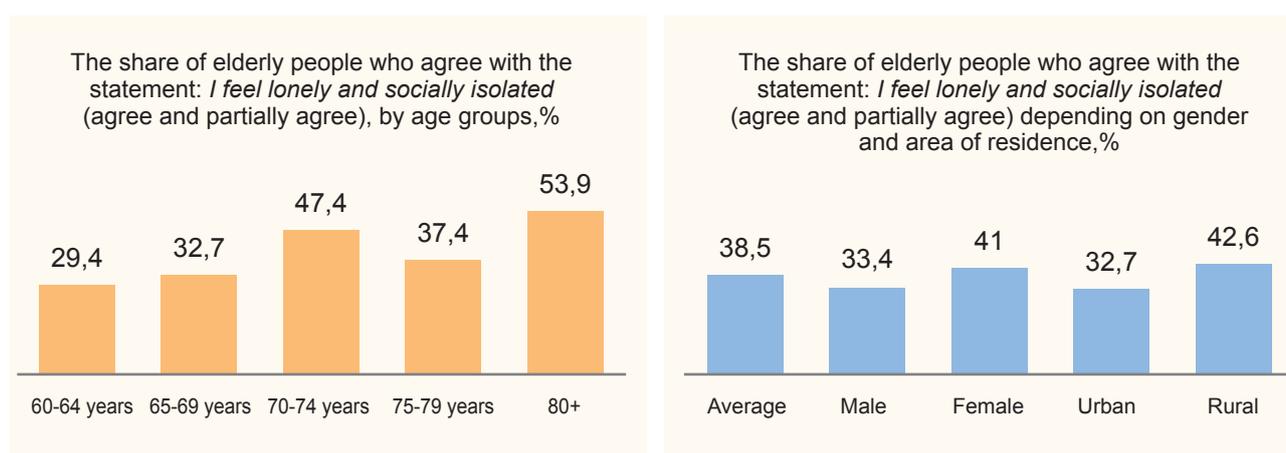


PHYSICAL AND SOCIAL ISOLATION

The social isolation of older persons was quite pronounced before the pandemic.

Social isolation can be defined structurally as the absence of social interactions, contacts, and relationships with family and friends, with neighbours on an individual level, and with 'society at large' on a broader level. The social isolation and loneliness of older persons in Moldova is not well studied and understood. A 2015 study found that two fifths of the older persons considered themselves lonely and isolated. The feeling of isolation was higher for older women and individuals in rural areas. As much as 60.8% of the older persons living alone feel isolated and lonely. The National Bureau of Statistics estimates a share of 13.1% of households consisting of 1 person aged 60 years and over in the total number of households in the country.

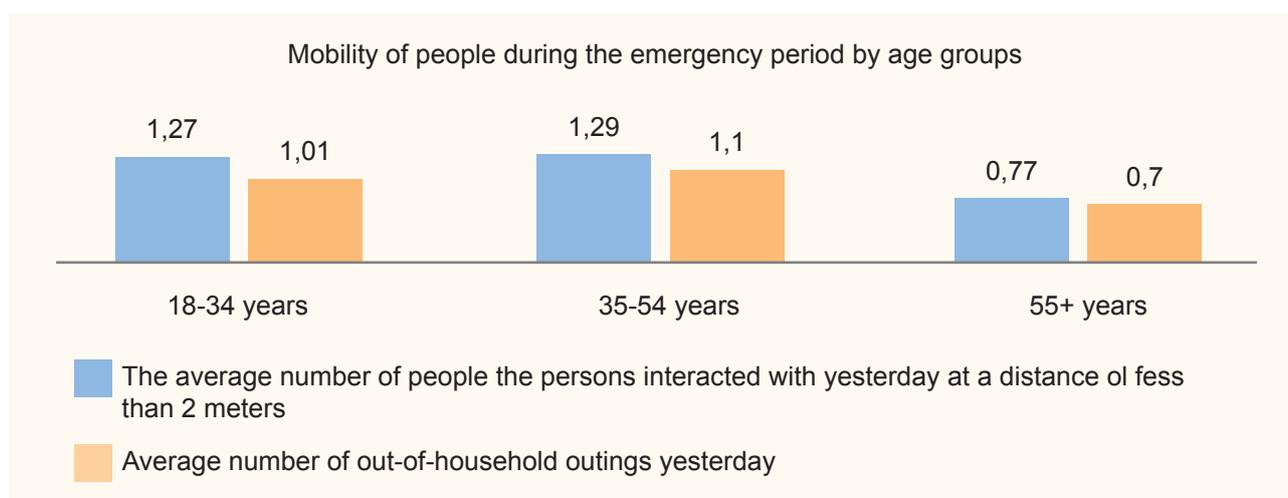
Figure 3: Self-perception of social isolation and loneliness in older persons



Source: HelpAge International, Centre for Demographic Research of NIER, 2015

The physical isolation of the older persons has intensified during the pandemic. The mobility of the older persons was quite low during the state of emergency. The figure below shows that the mobility, measured indirectly by the average number of individuals with whom persons interacted and the number of times they left their homes, is quite low for the 55+ age group. We could assume that the mobility is even lower for the 60+ age group.

Figure 4: Mobility of persons during the state of emergency

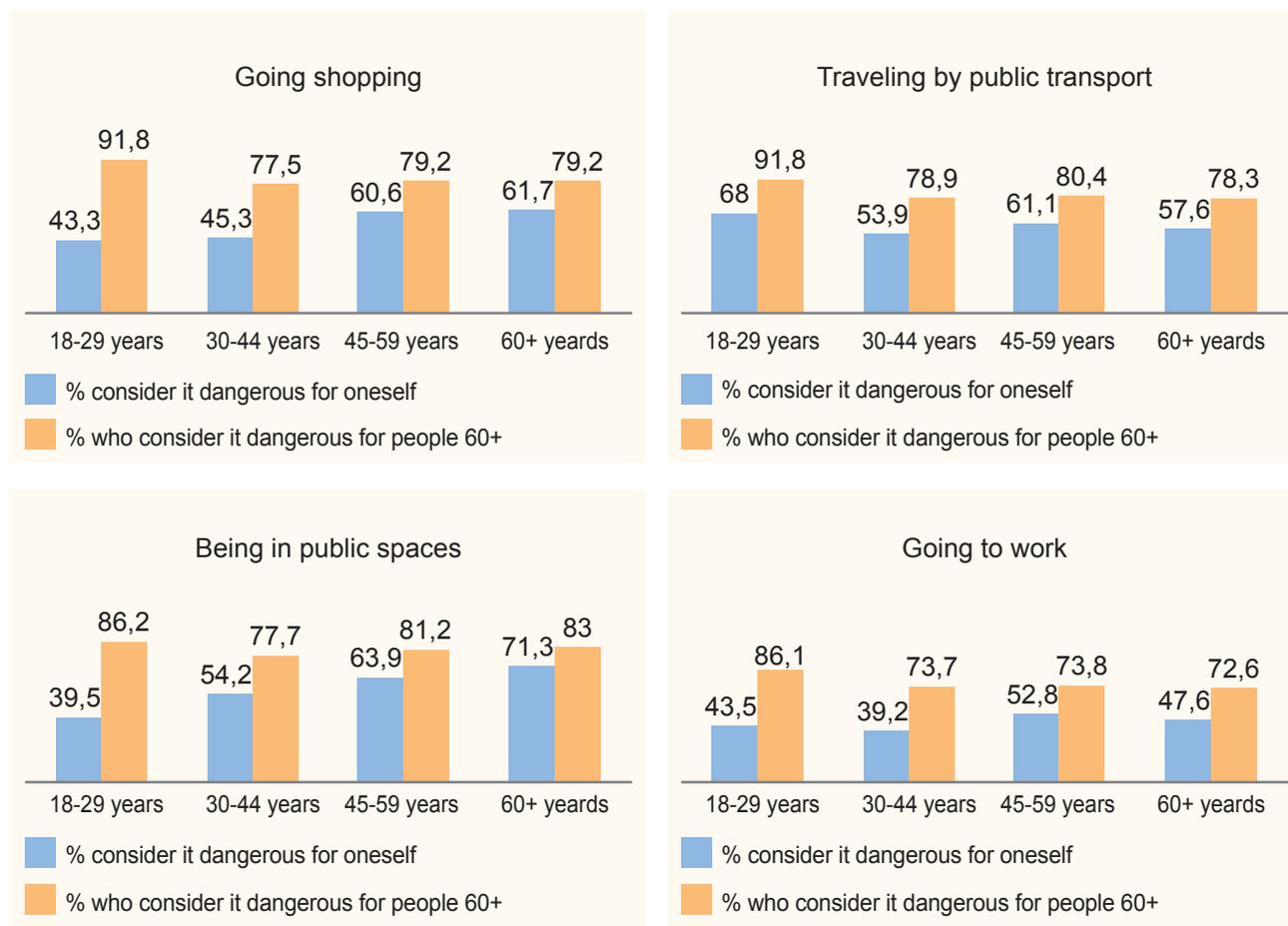


Source: CBS-Research, April 2020

Physical and social isolation compromised the exercise of human rights of older persons. Physical and social isolation not only limited the freedom of movement of older persons to a greater extent compared with other age groups, but also hindered the possibility of exercising other fundamental rights. For instance, with no robust social assistance system which would also imply an operational network of social workers, the lonely older persons were not able to buy food, medicines and other essentials while the containment measures were in force.

There is a risk that the society will perceive the temporary lockdown measure as permanent, including after all restrictions will have been lifted. Containment measures cannot be a long-term strategy. However, during the post-restriction period, when most of the restrictions imposed by authorities will have been removed, there is the risk that the isolation of older persons will be imposed informally – restrictions imposed by family members or self-imposed by the older persons themselves. This is expected to happen because the most part of the society, including older persons, believes that the risk to which older persons expose themselves once they leave their household is far too high. Thus, the figure below illustrates how individuals perceive differently the risk to which they and older persons are exposed when they are in public spaces. We noticed that the risk perceived for themselves is lower compared to the risk for older persons who spend time in public spaces. For this reason, informal restrictions (imposed by family members or self-imposed) will persist during the pandemic.

Figure 5: Perception of the risks associated with being in public spaces

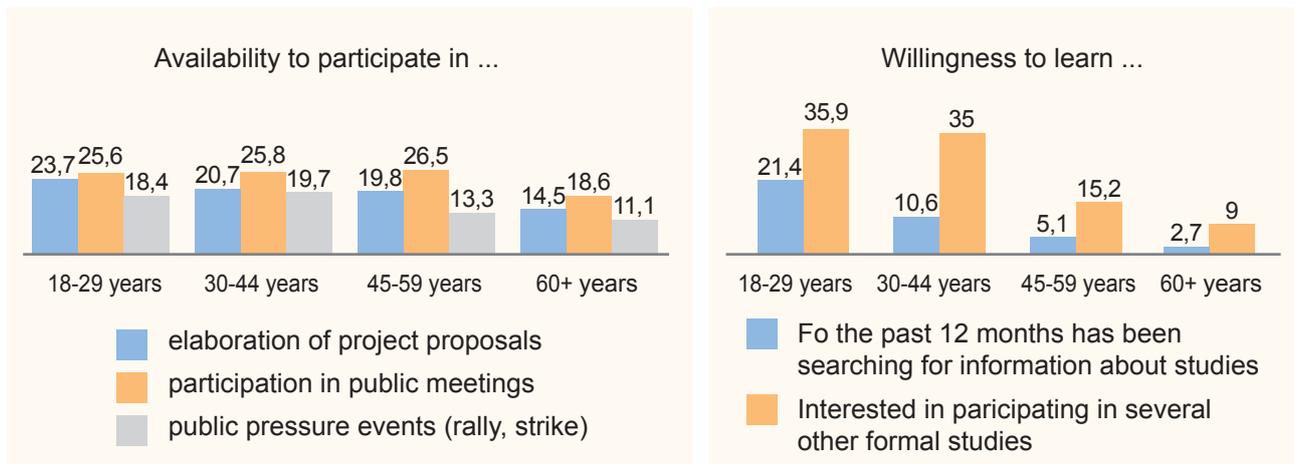


Source: CBS-Research, June 2020

Physical isolation of the older persons can determine their further social isolation.

Being a group vulnerable to the risk of getting infected with a more severe form of COVID-19, older persons are likely to be perceived and to perceive themselves as a group that is not present in the society and does not contribute to its development. Hence, these circumstances perpetuate the vicious circle of marginalization and self-marginalization of the older persons in society. The research conducted before the pandemic (see the figure below) showed that older persons were much less willing to engage in decision-making or learning. Given that spending time outside home is perceived as entailing a significant risk, the willingness to be a productive member of the community and society could decrease significantly.

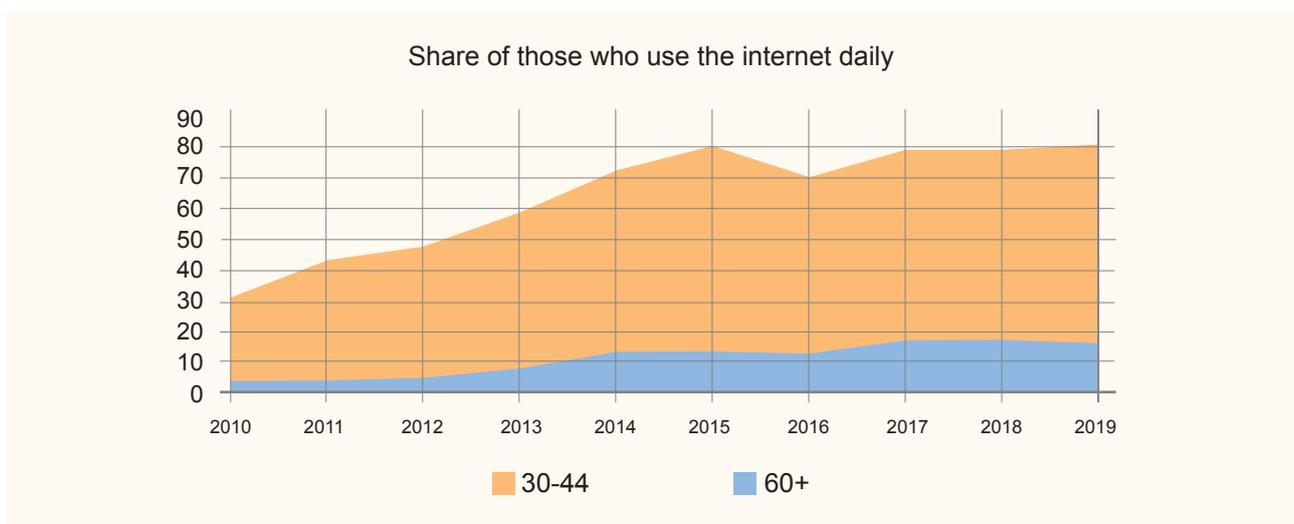
Figure 6: Willingness to participate in and learn, by age groups



Source: PDC/EEF/HelpAge International, 2019/2020

Countervailing e-government measures are not and will not be inclusive for older persons. The COVID-19 outbreak has led individuals, institutions and authorities to switch to on-line as many activities as possible. This transition is not accessible to most of the older persons. The available data (figure below) show that in 2019, only 16.3% of the older persons used the Internet daily compared to 64.6% of those aged 30-44. Both the lack of relevant skills, limited access to technologies, poor availability of financial resources and the fact that many of the e-government solutions are not fully friendly to the older persons limit their access to the on-line environment. An inclusive transition to the on-line has to address comprehensively these impediments.

Figure 7: Daily use of the Internet, 2010-2019

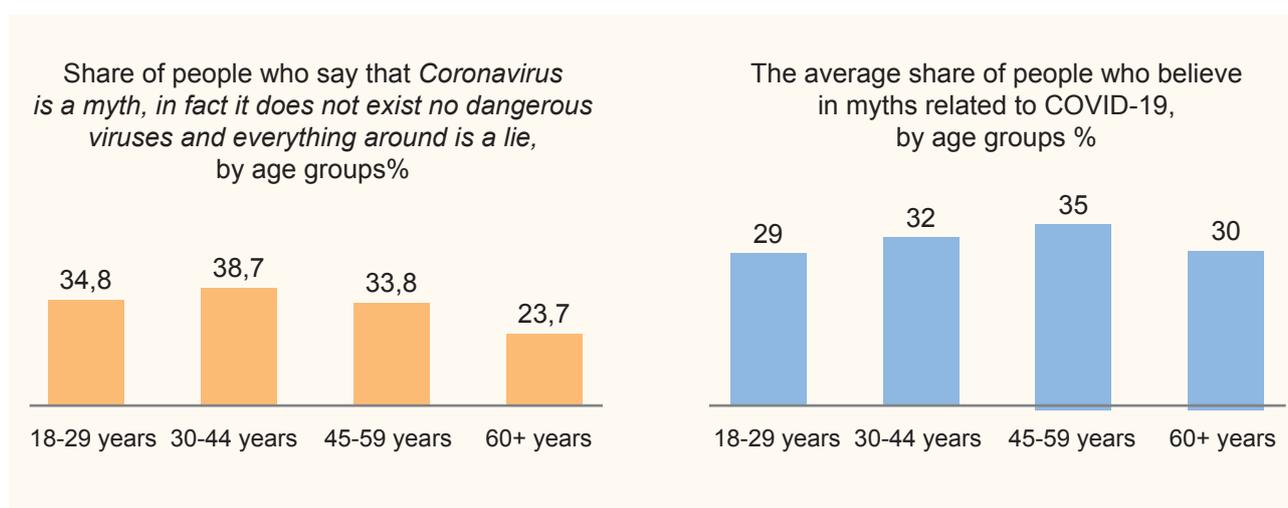


Source: Institute for Public Policy/Barometer of Public Opinion

PROTECTION MEASURES DURING THE PANDEMIC

Almost a third of older persons have incorrect attitudes and knowledge about COVID-19. A proper information of the population and the fight against myths and incorrect information about COVID-19 was a significant concern since the beginning of the pandemic. However, proper information is a prerequisite for the observance of all protection rules by as many members of the society as possible. A recent analysis found that the population has a fairly significant level of wrong perceptions about COVID-19. The share of the older and young persons believing in COVID-19-related myths is relatively lower compared to other age groups, but quite significant.

Figure 8: Share of persons believing in COVID-19-related myths

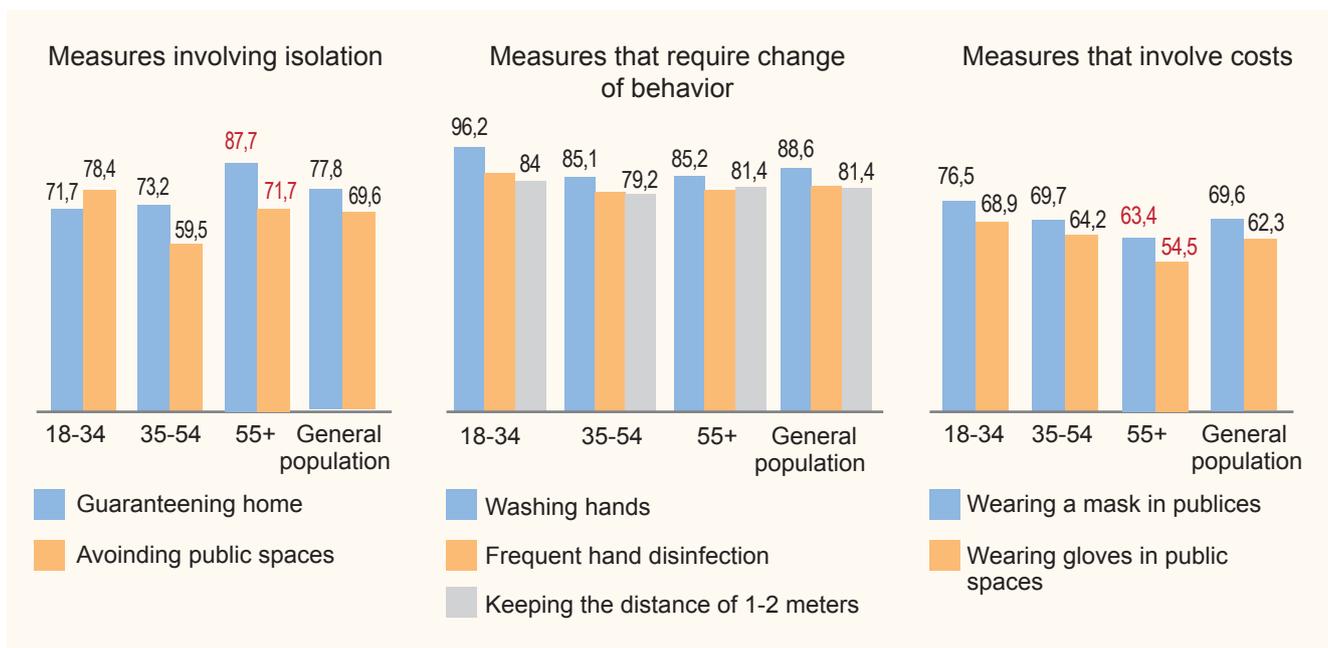


Source: Watch-Dog Moldova Community, 2020

Individual protection for older persons is more expensive compared to other groups.

In order to analyze how protection and safety measures were applied, we tried to divide them into three categories (see the figure below). Containment was the main protection measure of the older persons during the state of emergency. As regards the measures meant to change one's behaviour (keeping the distance, washing hands), the observance of the rules is relatively the same for all ages. As regards the protection rules implying certain costs (use of masks and gloves), the compliance among older persons is lower compared to other age groups.

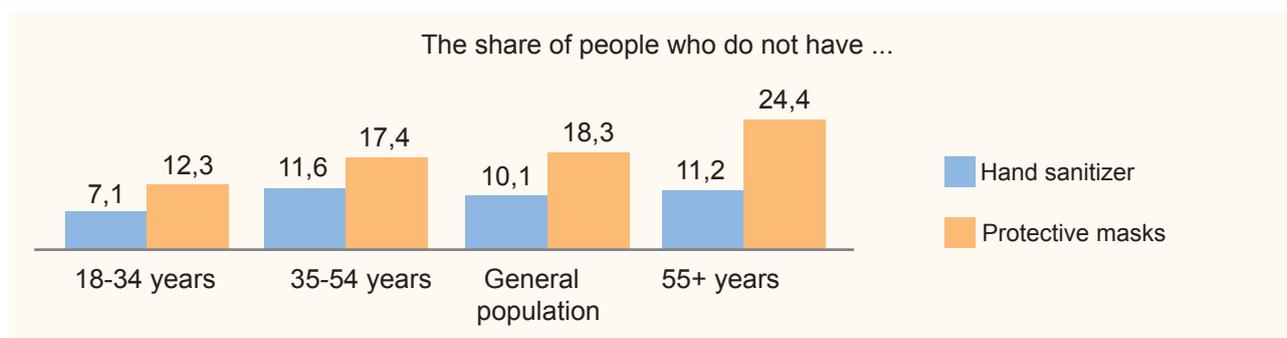
Figure 9: Protection measures against COVID-19, by age groups



Source: CBS-Research, March-May 2020

Older persons have fewer means of personal protection. Data collected during the state of emergency show that about one in four older persons had no protection masks. Their price has risen significantly since the start of the pandemic. This is why every single walk outside is quite expensive for the older persons. In March this year, around 29% of persons aged 60 and over mentioned finding it problematic to purchase medicines in the amount of MDL 200 (see the chapter on income). In reality though (apart from making their own protection mask and preparing their own sanitizers), older persons have to rationalize their exits. Without a significant effort to make the means of protection available to older persons, the latter will rationalize their outings and will opt more often for isolation as a method of protection.

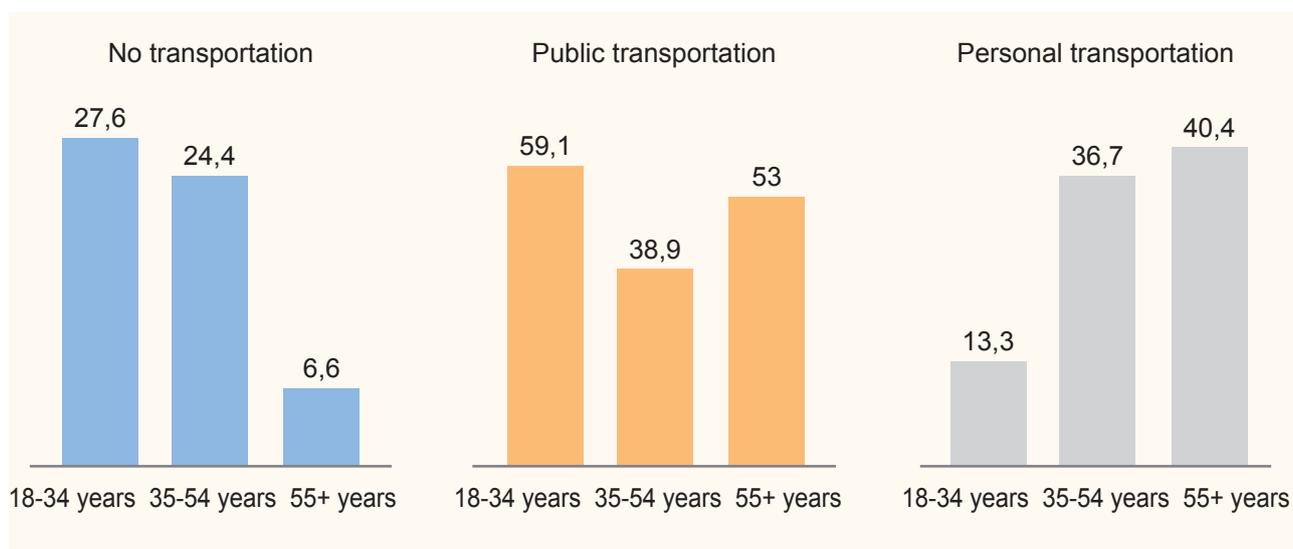
Figure 10: Availability of sanitizers and protection masks, by age groups



Source: CBS-Research, March-May 2020

Older persons found public transport less accessible during the pandemic. Very few older persons used public transport during the state of emergency (see the figure below). Even after this period, it is less accessible for a number of reasons. First, it is believed to be a risky one for the health of older persons. Second, the use of public transport means additional costs for the latter (for protection masks, disinfectant). Hence, for a significant majority of older persons who do not have their own means of transport and do not work in their own rural community, i.e. those living in urban or suburban areas, commuting in general and commuting to work in particular involve additional costs and risks.

Figure 11: How population went to work during the state of emergency



Source: CBS-Research, March-May 2020

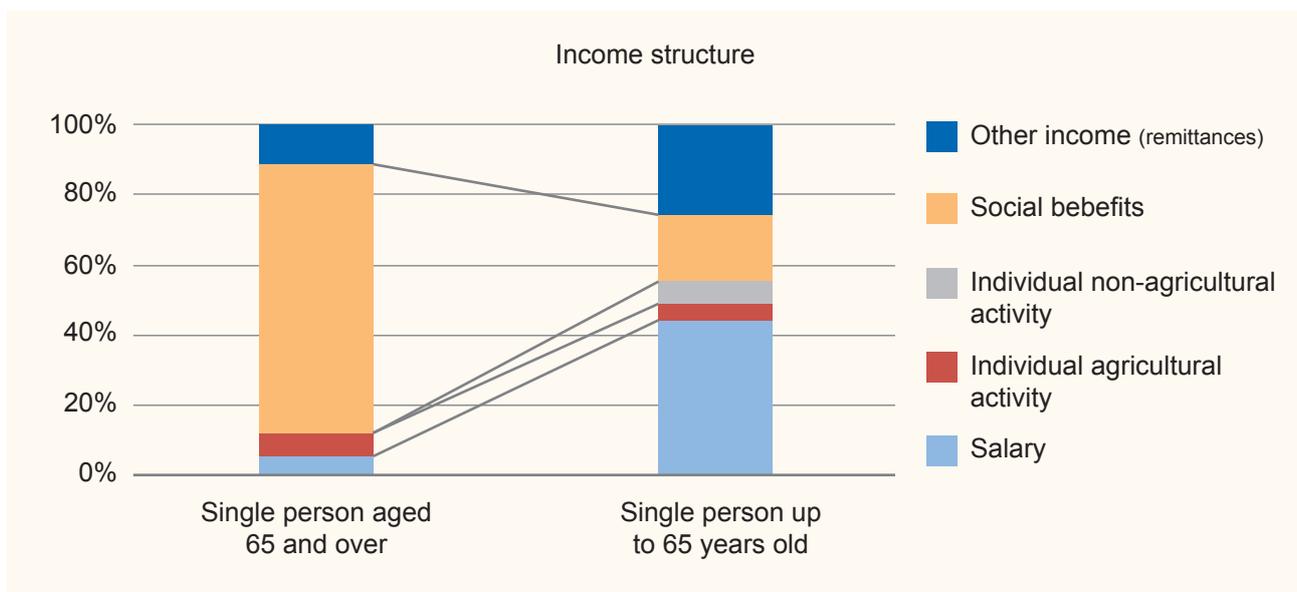


INCOME

The structure of older persons' income is less volatile during the crisis compared to other age groups. During the pandemic, the income of the Moldovan population is affected both by the fall in remittances and by a potential fall in wages. As regards the older persons, the share of remittances and wage in income is much smaller, their income being largely determined by the pension. Regardless of the severity of the economic crisis and its fiscal implications, we believe that pensions (for most pensioners) are unlikely to shrink. In addition, the above-mentioned risks are higher for the persons who are about to retire in the near future.

Figure 12: Income structure of households in Moldova, 2018

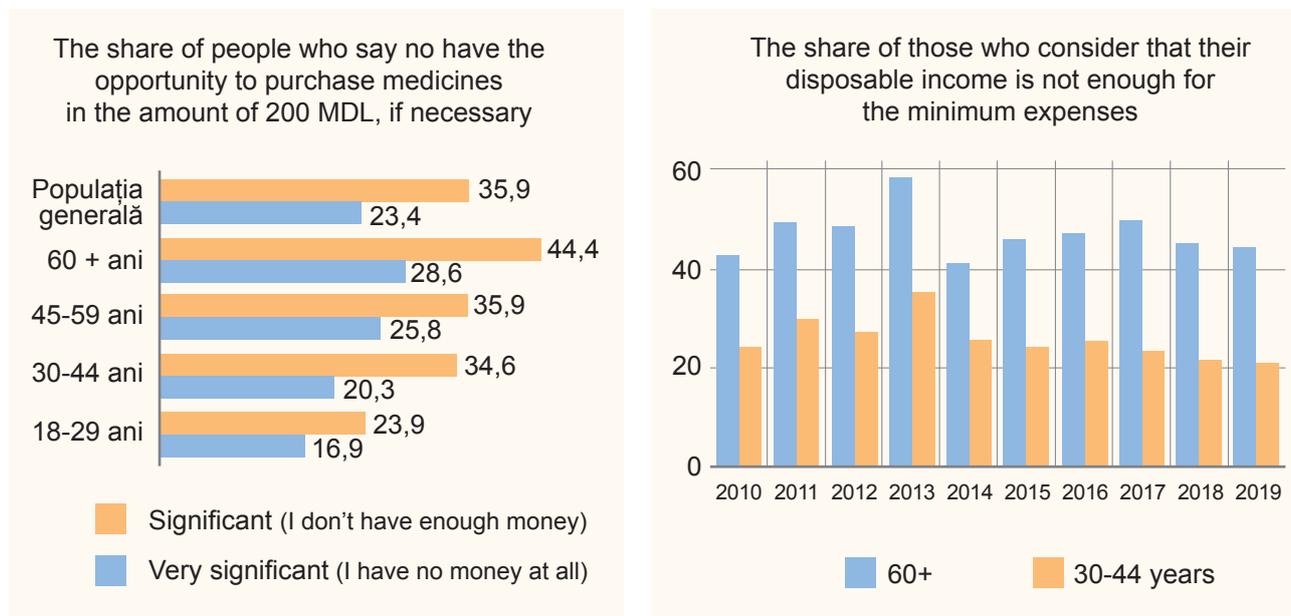
Source: National Bureau of Statistics



At the same time, compared to other age groups, older persons are likely to face poverty at the lowest income fall. The readiness of older persons to face certain shocks and extraordinary needs is quite low (see the figure below). In other words, although the relative poverty among older persons has decreased in recent years, their financial vulnerability has stayed quite high. The National Bureau of Statistics estimates the poverty rate to be 2.38 times higher for a person aged 60+ compared to a person aged up to 60 years.

According to the same NBS estimates, the social aid accounted for only 0.2% of the average income of the older persons. In the event of a long pandemic, together with a possible drought, reduced mobility and the lack of additional support measures from the authorities, we can assume that the poverty level of the older persons could increase.

Figure 13: Level of financial vulnerability of population, by age groups



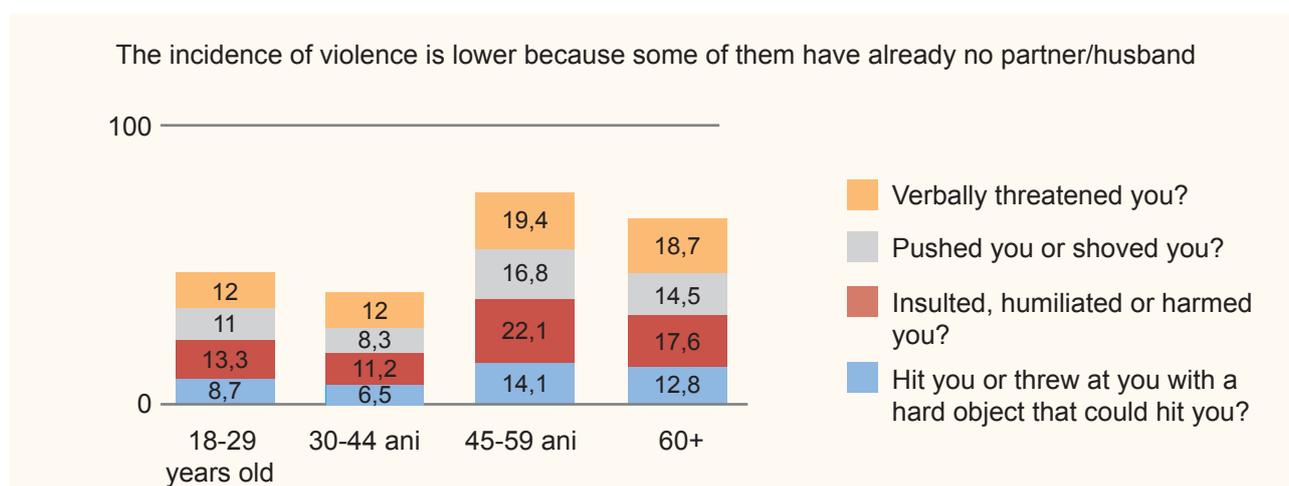
Source: CBS-Research, Institute for Public Policy/Barometer of Public Opinion, 2020/2019



VIOLENCE

Violence incidence among older women is higher. Evidence from other countries shows that the incidence of gender-based violence has increased during the state of emergency and during the pandemic in general. Though this aspect has not yet been measured in Moldova, it is considered that there are preconditions for the same trends to occur in Moldova too. Women aged 55-65 years are the most vulnerable group in terms of gender-based violence. This situation is explained by the fact that the former are at risk of living with more potential aggressors in the household, i.e. the partner and another family member.

Figure 14: Incidence of gender-based violence, by age groups, 2018

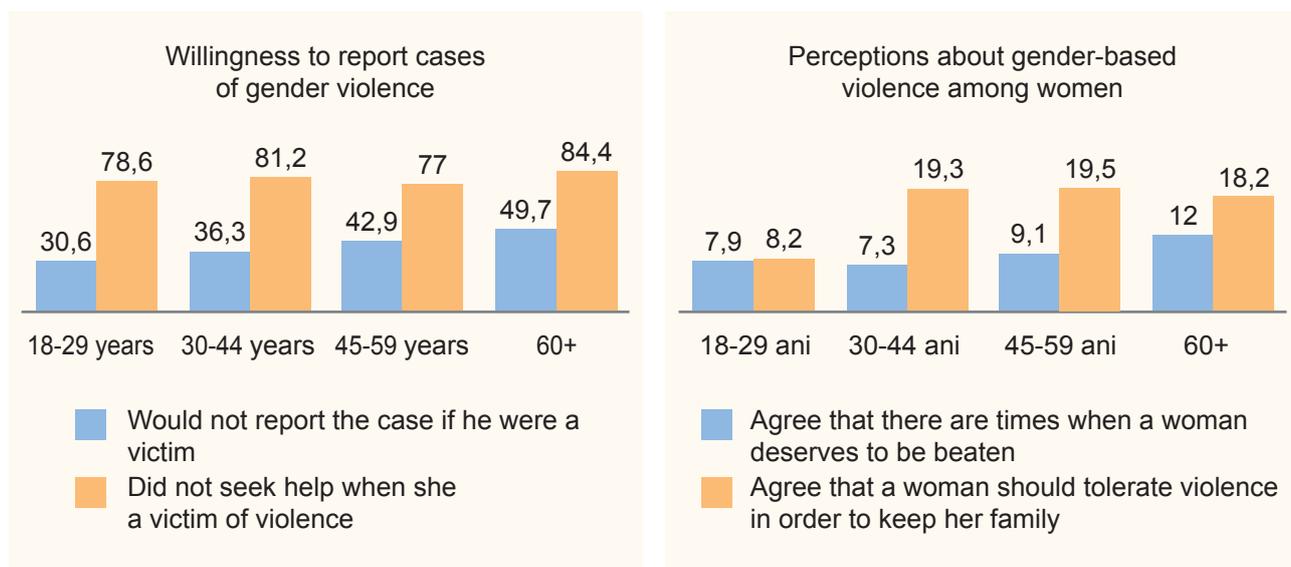


Source: Center 'Partnership for Development'

A significant part of women, including older women, would not report the violence.

Available data shows that 84.4% of the women aged 60 and over, most of whom were subjected to gender-based violence, did not ask for help, and almost half of them would not report such cases. Gender role perceptions determine the low level of willingness to report the violence. During the state of emergency and pandemic, the probability of reporting cases of violence is lower, taking into account the isolation of older women, but also by the reduction in the multidisciplinary services for preventing and combating violence at community level.

Figure 15: Willingness to report gender-based violence, 2018



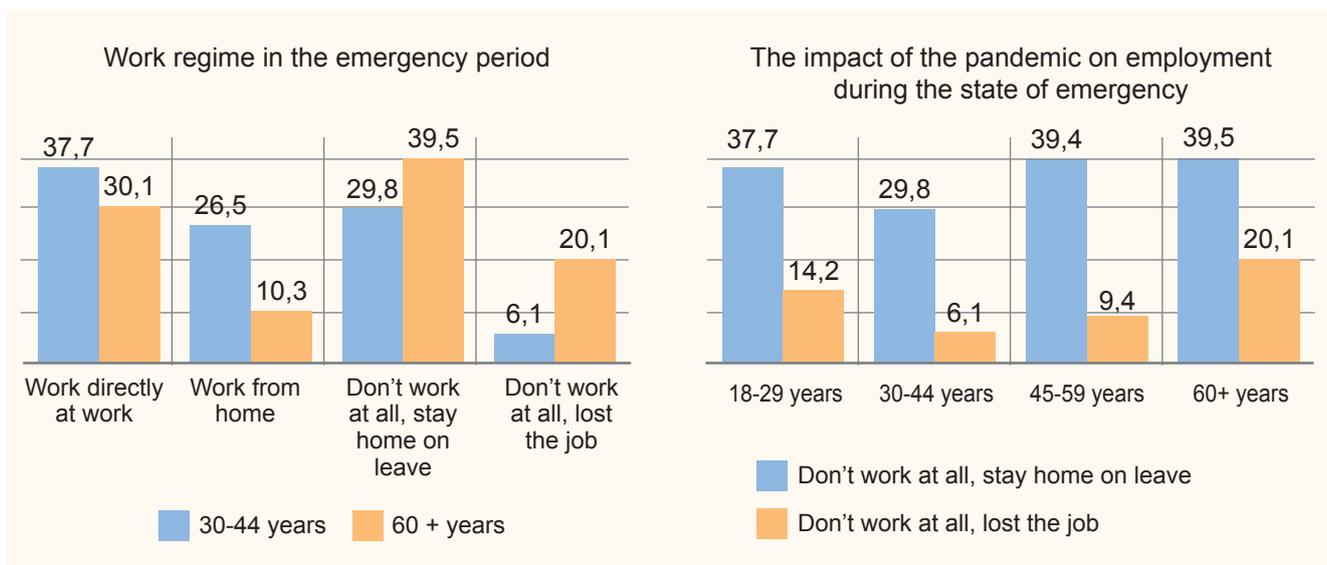
Source: Center 'Partnership for Development'



LABOUR MARKET

Due to the pandemic, the inactivity rate of the older persons is likely to increase. The inactivity rate increases especially among the older persons living in rural areas, who are not employed in agriculture and in the public sector. During the state of emergency and the pandemic, commuting to work is more problematic for older persons (due to the reasons presented in the chapters above), and only 10% of them are able to work remotely (see the figure below). Data on the employment situation during the state of emergency show that the share of those who lost their jobs is higher among individuals aged 60 and over. Influenced by containment measures, economic situation and employer attitudes, only a small share of older persons who lost their jobs will continue to look for and find a new job.

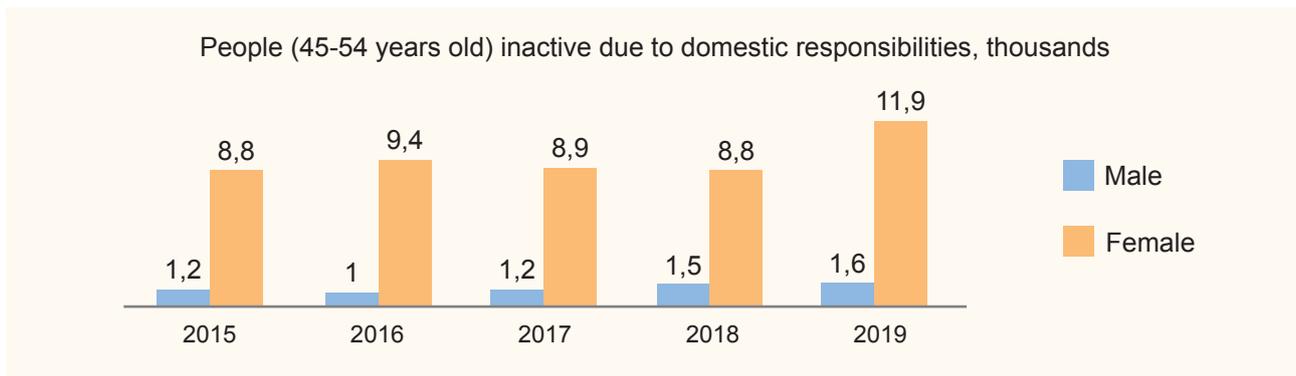
Figure 16: Employment situation during the state of emergency, May 2020



Source: CBS-Research

The inactivity rate of women of pre-retirement age is increasing. During the pandemic, (preschool and school) educational institutions were closed and later implemented a mixed (physical and online) learning system. For a part of the families, a potential solution is to use the support of women of pre-retirement age (grandmothers) by having them shorten the time they work or quit their jobs in order to take care of children. In addition to their isolation, taking care of children further determines the women of pre-retirement age who have lost their jobs not to look for a new one.

Figure 17: Persons aged 45-54 years inactive due to household duties, 2015-2019



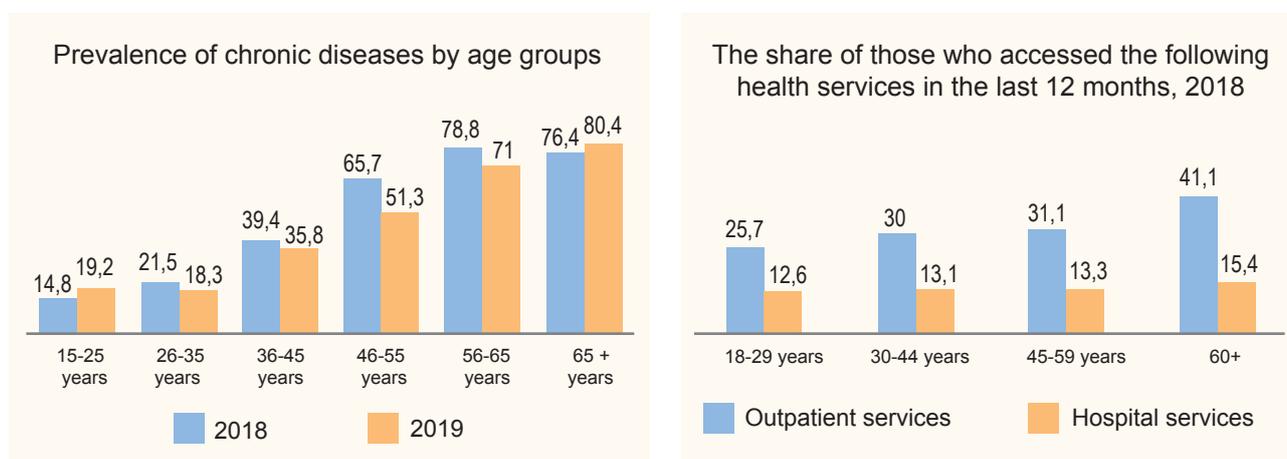
Source: National Bureau of Statistics



HEALTH

Most of the older persons are in constant need of primary healthcare. Since the prevalence of chronic diseases increases with age (see the figure below), older persons interact much more with the health system. Most of the services provided by health facilities were interrupted during the state of emergency and they will continue to be disrupted during the pandemic too, which has affected and will largely affect the older persons. The inflexibility of the primary health system, health service delivery in a centralised and institutionalized (in polyclinics) manner compromised the assurance of quality health services.

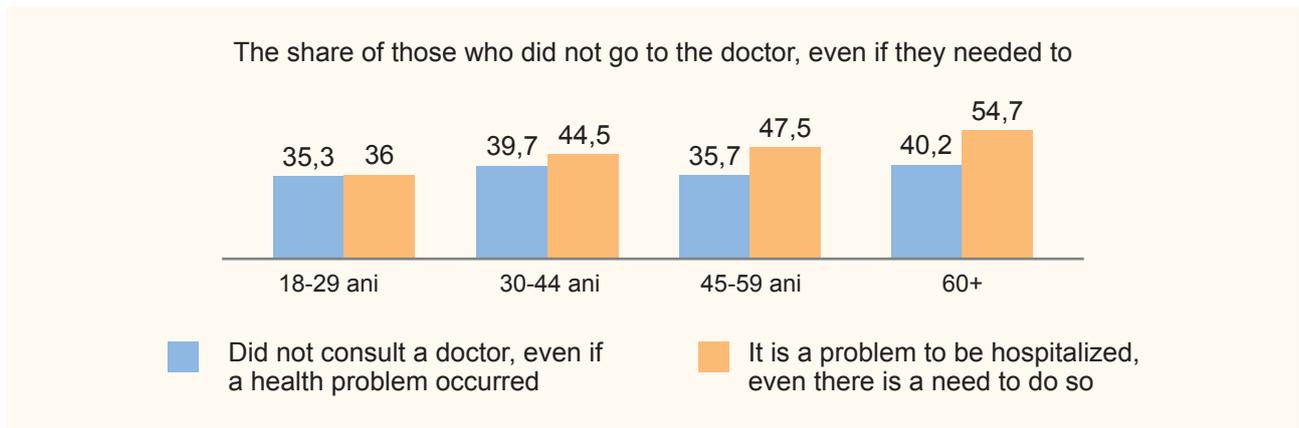
Figure 18: Use of health services by age groups, 2015-2019



Source: Centre for Health Policies and Studies, Center 'Partnership for Development'

The unmet need for health services for the older persons increases during the pandemic. In 2018, 40% of older persons did not see a doctor even if they had health issues. Around 55% were not hospitalized even though they needed it. The unmet need for health services was the highest among the older persons (see the figure below). Out-of-pocket payments needed for these services were an important reason for this situation. During the pandemic, the unmet need is also determined by barriers related to the overwhelm of the health system, as well as concerns related to safety and the risk of getting infected in a health facility.

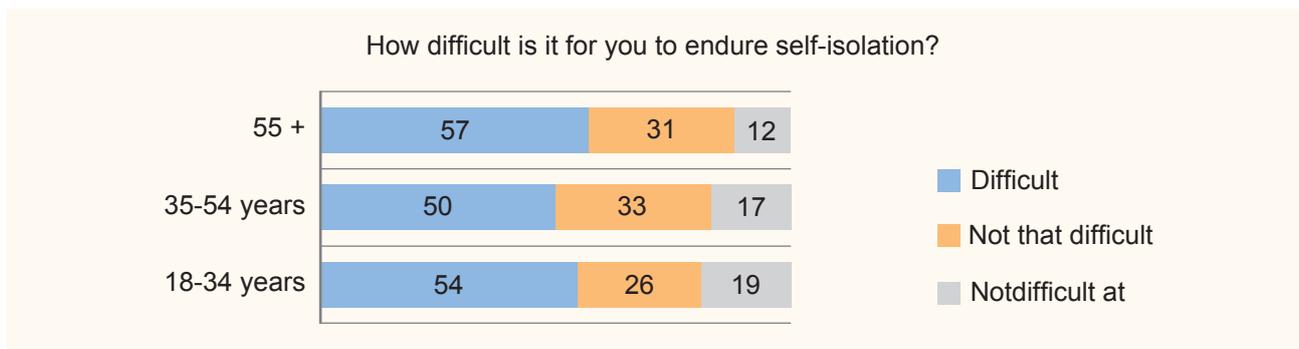
Figure 19: Uncovered demand for health services, 2018



Source: Center 'Partnership for Development'

For many older persons, isolation is likely to induce mental health effects. The isolation of older persons is likely to intensify the crisis of loneliness in this group. Research shows that loneliness among older persons can become a social determinant with deep effects on their health and well-being. In many countries, the isolation and loneliness of the older persons influence the increase in suicide rates, alcohol consumption and worsening of chronic diseases. Greater isolation of older persons reduces their ability to have an active lifestyle and a healthy diet.

Figure 20: Perceptions of the difficulty of self-isolation



Source: CBS-Research

POLICY RESPONSE

During the pandemic, the policy response has to build on the principles of human rights, and the empowerment of older persons. The containment measures implying a number of restrictions for older persons, solely on the grounds of age or health status, are discriminatory. Keeping just one group of population isolated on the basis of their age and pretending thus to ensure their protection and safety, is not only discriminatory, but is also depriving the society of a significant share of older persons who continue to be active and support their families, communities, and country's economy. For this reason, containment measures are recommended in exceptional and well-justified cases only.

The policy approach should target the support of older persons to identify and effectively manage the risks of infection. An information effort that is systematic, pro-active, and friendly towards older persons is needed to this end. In addition to its information purpose, public communication should change the perceptions of the roles and stereotypes on the older persons in society. As regards the older persons with low income, authorities need to come up with sustainable solutions to ensure their access to individual protection measures of the highest quality.

Strengthening the resilience and expanding the system of social protection and assistance. This means that the relevant staff should have ongoing access to personal protective equipment, appropriate training, protocols developed on the basis of existing best practices, access to a rapid and systematic testing system, salary increases and the employment of additional staff.

Reducing the digital gap. The digital inclusion of older persons involves a three-stage effort: (i) developing ICT skills among older persons, (ii) rethinking digital services and programs to make them more friendly to older persons, (iii) making ICT services and facilities financially affordable for older persons with low income.

Protecting the employment rights of the older persons. To this end, via the tax support provided to employers, the authorities can make sure that the latter do not discriminate against or infringe the employment rights of older employees. Furthermore, authorities can determine the companies, through direct and prompt support provided to employers, to reasonably adapt their workplace to ensure appropriate protection against the risk of infection.

Supporting and developing social programs that would strengthen the intergenerational dialogue. To this end, the authorities can support the start and roll-out programs that would allow young people to communicate and socialize with older persons in their community. Through such programs, young people and adults can support the authorities' efforts to reduce the digital gap of older people – young people being a very valuable resource in this regard. In addition, the principle of intergenerational dialogue can be integrated into existing programs of volunteering or support for youth initiatives in Moldova.

