The impact of COVID-19 on older persons

Afghanistan analytical brief

September 2020

Highlights

- Afghanistan reported its first COVID-19 case on 24 February 2020 in Herat.[1] Its first death occurred on 22 March 2020 in the northern Balkh province.[2] On 28 March, the Afghan government placed the city of Kabul on a three-week lockdown, which included closing of non-essential businesses and restriction of movement; this was extended to 21 May 2020.[3]
- COVID-19 is deadly for elderly people, people with pre-existing diseases such as high blood pressure and diabetes, and those who are immuno-compromised. In Afghanistan, people largely rely on home treatments and herbal medicines, which are not effective against the virus. Since the pandemic began, many Afghans have turned their homes into hospitals due to lack of testing, overwhelmed hospitals, personal protective equipment (PPE) shortages, and inability to pay for healthcare.[4]

Changes in general context

- COVID and its containment measures are likely to be detrimental for the Afghan economy. At a time when the long-term effects of COVID-19 remain unknown, Afghanistan's humanitarian needs remain significant, driven by armed conflict, natural disasters, and poverty. Although poverty is pervasive across all sectors of Afghan society, crises such as pandemics and insecurity, impact vulnerable groups such as elderly people, women, migrants and internally displaced persons (IDPs), people with disabilities, and children.[5]
- The economy is expected to contract up to 4 per cent in 2020 due to the negative effects of COVID-19 – specifically its impact on consumption, exports, and remittances.[6]
- In April 2020, the United States announced immediate aid reductions of $1 billion for Afghanistan and threatened to cut a further $1 billion in 2021. This will impact the nation's healthcare system, which is highly dependent on foreign aid from donor countries also grappling with the pandemic.[7]
- UNDP Afghanistan estimates that COVID-19 could contribute to a 70 per cent poverty rate in Afghanistan, which would further strain the country's health system and require interventions far beyond what the Government can manage. Estimates cite that around 15 per cent of Afghanistan's population, including IDPs, lack access to hospitals. Additionally, Afghanistan has 1 hospital bed per 1,000 people, which is the lowest in the Middle East and Central Asia region.[8]

Changes in national COVID-19 situation

- As of 17 September 2020, Afghanistan has an official total number of 38,872 COVID-19 cases, of which 4,931 are active, and 1,436 deaths.[9]
- Afghanistan's health minister, Ahmad Jawad Osmani, estimated that a third of Afghanistan's population – around 10 million people – have been infected with the coronavirus, based on a survey supported by the World Health Organization (WHO) and Johns Hopkins University. The survey indicated that over half of the population in Kabul is believed to have been infected.[10]
- Mohammad Yaqoub Haidari, the provincial governor of Kabul and head of the committee to fight COVID-19, stated that close to 8,000 people died in Kabul. At the peak of the pandemic, his team was reporting 200-700 deaths per day.[11]
- In total, 4,118 people have been hospitalised due to complications with COVID-19 since February 2020, of which 25 per cent were 60 years or older.[12]

Key changes in situation of older persons

Health and care

The elderly population of Afghanistan increased 200 per cent in the decade between the end of the Taliban regime and 2012. This number has continued to increase by around 1 per cent each year between 2012 and 2020.[13] Life expectancy rose significantly during this period, from 45 and 47 for women and men respectively, to 61 and 62 years, as reported by the Afghan Mortality Survey (AMS).[14] Afghanistan has consistently been rated one of the worst countries for the elderly by the Global Age Watch Index, which includes a variety of indices such as income security, health status, capability, and enabling society and environment.[15] Disabilities linked to old age have increased as life expectancy has risen. The Afghanistan Independent Human Rights Commission (AIHRC) conducted a study in 2013 regarding situation of elderly people in 6 provinces of Afghanistan – Kabul, Balkh, Herat, Nangarhar, Kandahar and Laghman – which looked at their social, economic and health aspects of their lives. Around 78 per cent of the persons surveyed had health problems and chronic diseases. The majority of these seniors pay for their treatment with support from their children or personal income.[16] As state-funded social care does not exist in Afghanistan, this role is typically filled by family members. Prior to the COVID-19 pandemic, this was already difficult for poorer families, who struggled to financially support their elderly members. In the wake of the pandemic, the existing challenges for elderly people living in Afghanistan have been exacerbated, such as limited medical access due to lockdown, public transport limitations, and lack of mental health support.

Interviews conducted with healthcare workers in Afghanistan confirmed that there is currently no specific COVID-19 treatment targeted at elderly patients. Rather, patients are treated based on their illness level and need.[17] Yet, the rate of elderly in hospitals is double that of youth.[18] The head of Al Hayat hospital in Kabul commented that 90 per cent of COVID-19 patients admitted daily were elderly.[19] In the beginning of the pandemic, hospitals were able to treat all patients, but due to lack of resources, had to prioritise those with more symptoms as the number of cases increased in May and June. Furthermore, there were only 400 ventilators for the entire country, which has a population of 38.9 million.[20] Although Al Hayat and Afghan-Japan, the main COVID-19 treatment hospitals in Kabul, had ventilators, healthcare workers raised concerns that most healthcare professionals were unfamiliar with how to operate them, which resulted in high death rates for admitted patients requiring a ventilator.[21] The head of Al Hayat hospital stated that he had personally trained medical staff on how to use them based on WHO guidelines.[22] In general, there is an overwhelming lack of PPE, including for medical staff working on the frontlines.[23] Those who could afford PPE prioritized it for elder members of their family. When the government distributed PPE, they prioritised urban areas.[24]

Government ministries advised those over age 60 to remain inside their homes to minimize spread of the virus. Elderly women had higher rates of exposure, given their roles as caretakers for sick and ailing family members.[25] The Ministry of Public Health (MoPH) specifically required the elderly to stop participating in prayers at mosques to quell the spread.[26] However, key informants from civil society noted that the capacity of the MoPH was limited, as they lacked specific guidelines and dedicated facilities to support the specific needs and vulnerabilities of elderly Afghans amidst the pandemic.[27]

Furthermore, Afghanistan is home to 4.2 million IDPs who already experienced lack of employment opportunities, poor access to healthcare and other basic services, and landlessness prior to COVID-19.[28] The pandemic and lockdown further exacerbated these vulnerabilities, especially as families in IDP settlements were unable to provide special care for older members of their families due to their economic situation. Families were also concerned about passing the virus to elderly members, as they were unable to practice social distancing or access PPE.[29]

Income security

The impact of COVID-19 and the subsequent lockdown had disastrous effects on the livelihoods of Afghan citizens. Due to the lockdown, many people lost jobs and income. Price inflation on basic goods such as oil and potatoes deepened the economic hardship felt by a significant proportion of Afghanistan's population. According to Biruni Institute data, 6 million people lost their jobs due to the pandemic.[30] Additionally, President Ashraf Ghani estimated that around 90 per cent of the population currently live below the poverty line following the pandemic and lockdown measures.[31] The study found that all revenues, both formal and informal, in the first half of 2020 were 17 per cent lower than during the same period in 2019. Many families rely on remittances from Iran and Pakistan, which were reduced 50 per cent between April and June as the result of similar economic turbulence in both countries during this period.[32] Border lockdowns also impacted local manufacturing, construction, and

services industries which import raw materials and rely on international trade routes. Border closures halted Afghanistan's exports and the government has struggled to find alternatives, which in turn has put additional pressure on government finances.[33]

For those relying on day labour to support themselves and their families, the lockdown and restricted movement meant no income.[34] This was especially difficult for the elderly, as they are typically cared and provided for by their family members. Ex-government employees are typically the only group that receives pensions. There is no available social security assistance available for retirees or jobless persons.[35] For poorer families reliant on day labour, lost income meant an inability to provide for their family, including elders. Over the last decade, health officials have been concerned about a general backlash against the elderly, who are increasingly seen as financial burdens by their family members.[36] The Elderly Department manager at the Ministry of Labour and Social Affairs (MoLSA) remarked that since the pandemic has begun, there are increasing numbers of elderly people pulling wheelbarrows and carts in order to continue to feed themselves.[37]

Food security was heavily impacted for all Afghans, as the country is highly dependent on imported food and goods. Price inflation began in earnest in March 2020 as the pandemic began to heavily disrupt international trade.[38] As a result, people faced two primary, interlinked challenges to their income security – administrative corruption and price inflation of food and goods, which increased from 6 to 12.6 per cent between January and June 2020.[39] According to the World Food Programme (WFP), the average price of wheat flour in the main Afghan city markets increased by 15 per cent compared to mid-March 2019, and cooking oil increased 8 per cent during the same period.[40] The director of Pazhwak Media stated that prior to the pandemic, one kilogram of lemons could be purchased for 50 AFN (0.65 USD).[41] During its height, the cost of lemons increased to 400-450 AFN (5.21-5.86 USD), which many were unable to afford. Medical supplies also increased in price – for example, the price of thermometers rose from 1000-1500 AFN (13-19.50 USD) to 36000-96000 AFN (468-1250 USD).[42] Lost income also directly impacted peoples' ability to purchase PPE for themselves and their families. Due to price inflation and decreased wages, the purchasing powers of casual labour and pastoralists significantly deteriorated by 16 per cent and 13 per cent respectively.[43] This raised concern regarding immediate food security and socio-economic stability, especially given Afghanistan's fragile political context and endemic levels of insecurity in the country. Older people are particularly sensitive to disruptions in food access and security, especially in rural areas.

As a result of the combined economic effects of the pandemic, lockdown, and unemployment, many families had no choice but to borrow money to avoid starvation and found themselves deeply in debt. This was especially true for IDPs, who heavily depend on the retail and construction industries for income, both of which shut down completely during the lockdown. As many IDP camps lack potable drinking water, residents purchase 20L bottles from tankers for 10 AFN. However, the majority of IDP families lost income and were unable to afford basic needs, such as clean drinking water.[44] During the lockdown, the government distributed bread to Pul-e-Shina and Arzan Qemat IDP camps, but this practice was not widespread according to residents of the Nasaji Bagrami Camp in Kabul, who have not received any aid from the government since the pandemic began. They avowed that life has worsened for the 20-25 elder residents of Nasaji Bagrami as a direct result of their extended family's lost income and lack of basic services in the camp. Two older residents interviewed stated that elderly residents of their IDP camp received no additional outside assistance, which forced them to collect paper for fuel and beg for money in order to survive. For many, this practice put many at risk for contracting COVID-19 and contributed to clusters within the IDP camp that spread rapidly.[45]

Social issues

The 2013 AIHRC study indicated that old age strongly impacts the social role and position of individuals in Afghanistan, with over half of those surveyed reporting that their age has negatively affected their social standing and mental health, citing lack of physical abilities in tasks and an inability to participate in social activities.[46] Even before the pandemic, Afghan elderly women in particular were found to be unhappy, stressed, and depressed. Many experience feelings of social isolation, as their children typically live outside the home.[47]

The Director of Monitoring and Evaluation at the MoPH commented about the general impact of the pandemic on mental health, stating that public awareness resulted in widespread fear throughout the entire Afghan population, which was exacerbated by the media.[48] Within IDP communities, COVID-19 and the lockdown conditions contributed to increased violence and aggressive behaviour within families.[49] Within these communities, no mental health assistance was provided by any local, national,

or international organization working on COVID-19 response in Afghanistan.[50] In addition to anxiety regarding their physical health, poorer families experienced decreasing mental health due to unemployment and price inflation caused by the pandemic, as noted by a religious leader.[51]

The Kabul Director of Health at the MoPH noted that mental health for the elderly population in Afghanistan was heavily impacted by COVID-19. The MoPH launched information campaigns containing information regarding the high risk of infection and complications specific to the elderly population, which contributed to a loss of confidence among the population they sought to protect. He stated that many elderly people and their families interpreted their specific vulnerabilities and risks as resulting in inevitable death from COVID-19. This caused widespread feelings of depression, panic, and lack of confidence amongst the elderly, which was compacted by families leaving older members to die at hospitals when they were infected.[52]

At Al Hayat hospital, mental health consultants were hired to speak to older patients to help them relax, given high levels of anxiety and stress in those suffering concurrently from other diseases, such as diabetes, blood pressure, and heart disease. Around 30-50 per cent of patients experienced high levels of stress and anxiety that exacerbated their physical condition.[53] Kabul Now completed a report on the mental impact of COVID-19 on Afghans, which indicated that people in higher age are more affected by the mental pressures of COVID-19 due to feelings of isolation and a lack of enabling environment.[54]

Responses

Most of the national COVID-19 emergency response in Afghanistan has been handled by the COVID-19 Emergency Committee, organized by the Administration Office of the President and the governor of Kabul.[55] The MoPH has also been heavily involved in the Afghan government's COVID-19 response. The science committee within the ministry is responsible for making health policies and creating public awareness campaigns regarding preventative COVID measures and treatment. They informed researchers that multiple channels and platforms were engaged in their public awareness campaigns. These included the Ministry of Hajj and Religious Affairs, religious leaders (mullas), telecom companies, and COVID-19 messages were to be placed on all government website and Facebook pages. The MoPH also organized public talks regarding the COVID-19 pandemic in order to raise awareness and reach as many Afghans as possible.[56]

The Ministry of Labour and Social Affairs (MoSLA) worked closely with UNICEF regarding COVID-19 assistance to the elderly – this included providing them with lists of elderly community members and providing 700-800 elders with soap and PPE. Furthermore, MoSLA provided UNICEF with recommendations for future support to the elderly in the context of COVID-19. They recommended conducting a survey in order to identify the most vulnerable and in-need members of the elderly community, who would then be enrolled in support mechanisms which include cash provisions of 10000 AFN (130 USD). UNICEF is currently implementing this programme for children and may extend it to the elderly in the future. Additionally, MoSLA provided the names of 1000 older people to the COVID-19 Emergency Committee, and the government provided free bread for them during Ramadan. The MoSLA informant noted that government officials in charge of COVID-19 response never asked for any specific information about the medical, psychological, or material needs of elderly people and lamented about the lack of any COVID-19 government programmes specifically for the elderly, such as care centres to support their mental and physical health. However, they did not feel they could advocate for elder-specific support because all COVID-19 activities fell under the Emergency Committee's purview.[57]

Although initially the government enforced a lockdown in all provinces of the country and set up testing centres, Afghanistan's new strategy for fighting COVID-19 appears to be one of herd immunity. As a result of the lockdown, which compounded existing issues of poverty, food insecurity, and unemployment, people had to choose between dying of COVID-19 or dying of starvation due the absence of social protection mechanisms. Official testing remains limited – instead of official records, social media pages and graveyards witnessed the rise in COVID-19 patients and deaths, with Afghan social media pages filled with death announcements.[58] Most of the available tests are located in urban areas in Kabul, Herat, Kandahar, and Balkh. Demand for tests was lower in rural areas, per the MoPH.[59] Ahmad Jawad Usmani, the Afghan health minister, stated that although around 20,000 samples were taken daily across the country, there is only capacity to test around 2,000.[60]

Case study: COVID-19 and elderly IDPs

The pandemic brought significant hardship to all Afghans, regardless of age, location, and economic status. However, the effects were felt significantly by Afghanistan's large population of IDPs, specifically by older members of this group. Access to basic services (food, water, healthcare, shelter) was limited for IDPs pre-COVID-19. The COVID-19 pandemic and lockdown was particularly difficult for those living in IDP camps in Afghanistan, as they were unable to practice preventative measures, such as social distancing, and faced difficulties getting tested for Coronavirus. Since the onset of the pandemic, IDPs have received no support from government and other aid organizations. As their economic situations were precarious prior to the pandemic and subsequent lockdown measures, families were unable to provide special care for elderly members, as described by Baryalai below, who lives in Nasaji Bagrami District 8, an IDP camp in eastern Kabul home to 350 families (2500 people).

"Before Corona, I was busy in my shop and had a good income. When the quarantine started, shops closed…eventually we became jobless. We do not receive remittances from abroad. My four sons were working in a clinic, which closed as a result of the lockdown. When Corona began to spread and the lockdown started, the price of food, medicine, and other essential needs increased. My family had to reduce the quality and quantity of food and had to borrow money in order to afford food and medicine, and now I have a debt of 65000 AFN (846 USD). During the lockdown, we did not receive any assistance from the government or other associations, despite being in need of cash, food items and essential medical care. Even the elderly members [of our IDP community] did not receive aid, despite being in urgent need. I am cared for by my family.

I had Coronavirus and my infection lasted for two months, which was further complicated by my diabetes. I was treated at the drugstore in Hasan Khan village, but medicine was very expensive. I did not go to a hospital in the city because we heard there were not enough services for patients, and the media reported widely about corruption. Although we knew it was important, my family and I could not afford to purchase PPE equipment – it was too expensive and scarce during the lockdown. The government and other organizations did not provide us with any protective equipment.

Elderly people received no support or help from the government, community, or religious groups. They are being supported by family and household members, who do what they can for them. We heard on TV that Coronavirus affects mostly elderly people, so families did not allow their elder members to go out and partake in social events or prayer at the mosque. If the government had paid attention to elderly people during the pandemic, they might have prevented more infections and deaths."

Key Informant Interview, Baryalai (60, M). Nasaji Bagrami, District 8 (IDP Camp), Shewaki Village Kabul, September 2020.[61]

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