A Chance to Create a Better World?

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At the beginning of 2020 the World Economic Forum’s 2020 Global Risks Report warned that the

...institutions and approaches that have until now enabled health progress across the world are straining under gathering pressures and seem outmatched against new risks. Health systems around the world are at risk of becoming unfit for purpose. Changing societal, environmental, demographic and technological patterns are straining their capacity and that

...around the world, health systems need to take a critical look at the fitness of their current approaches and institutions if we are to maintain the progress of the last century and tackle emerging threats.

A precedent warning as the world was to realize as the early months of 2020 progressed.

As the virus SARS-CoV-2 spread across the world, it soon became clear that older adults, and those of all ages with pre-existing medical conditions such as diabetes, cardio-vascular disease, and respiratory illnesses, as well as those overweight or obese, appeared to be more likely both to develop the CV-19 disease and to experience more serious symptoms and at all ages men were more severely affected than women. In addition, the CV-19 pandemic has highlighted the vulnerability of millions of the world’s population, particularly in middle and low income countries, who not only lack clean water, sanitation and high quality food, but also shelter within which to self-isolate. It has also revealed the significant inequalities in high income countries: lack of social care for older adults, access to health care for those without private insurance, no security net for workers on insecure or zero-hours contracts.

Several key issues have attracted particular concern in relation to older adults. Firstly, as noted above, is the capacity of health systems to cope with both CV-19 illnesses as well the existing pressures which are emerging in the twenty-first century,
including the growth in chronic diseases. This is particularly the case in LMICs where nearly 70% of the global population over age 60 reside, and whose health systems are weaker. These health systems already face severe constraints on capacity in normal times and are unlikely to be able to offer the care needed.

Secondly, the excess deaths in Europe’s care homes have also been a question of real concern. In the UK, for example, government figures\(^1\) revealed lack of testing, lack of PPE and the unregulated movement of care workers between homes and the community had allowed the unchecked spread of CV-19 for many weeks. It was already suspected that current hospital to care homes discharge guidelines and the structure and operation of care homes, including the role of care workers, were leading to a spread of infections in care homes and subsequently a high number of fatalities. In addition, those homes using agency carers or non-agency carers working in more than one home had higher rates, both among the residents and the care staff in general. There are several pathways of hospital discharge, and we know that during this time older people were being discharged to a care home without being tested for COVID-19 at hospital prior to discharge. Once in the care home, the infection was then transmitted through the social care system, especially in the early days when there was a lack of guidance to care workers and care managers and a shortage of PPE for these workers.

The emergent care home system under CV-19 conditions in LMICs is also an area of concern. As the BMJ reported,\(^2\) increasing numbers of very old people are now being cared for in nursing homes or similar facilities - homes which are often unregulated and provide care that is of very poor quality.

Thirdly, there has been a resurgence of unquestioned ageism noted in both high and lower income countries. As several NGOs pointed out, older adults across Europe were not just vulnerable to COVID-19, but also to discrimination based on the criterion of age alone. Not only did some governments use age as a blanket means of excluding older adults from mainstream society for longer than the rest of the population during lockdown periods, they also allowed the perception that older people make a lower contribution to the nation’s wealth and therefore their exclusion would not be detrimental. As Age Platform Europe noted:\(^3\)

“Casting all older people as highly vulnerable and frail creates an attitude that we have no obligation to prevent their deaths. Thousands of examples of this kind of stereotype can be found on social media, where posts making light of older people dying from Covid-19 are abundant. By generalising older people as “doddery” and burdensome, we risk creating a perception that their lives are less valuable, or even expendable.”

Similar concerns have also been raised in relation to older people in LMICs, where the already precarious existence of many older people will worsen as they face barriers to obtaining food and other essential supplies if quarantine conditions become more widespread.

\(^1\) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020

\(^2\) Lloyd-Sherlock et al., 2020, Bearing the brunt of covid-19: older people in low and middle income countries, BMJ 2020;368:m1052 doi: https://doi.org/10.1136/bmj.m1052 (Published 13 March 2020)

\(^3\) Hutchet, E and Georgantzi, N 2020 Ageism in the age of Covid-19 Age Platform Europe
While we cannot know how the world will eventually pan out, we at the Institute of Population Ageing have reviewed the areas we currently work in. There are two broad areas which we have identified as important in our CV-19 world and where researchers here at the Institute will work with colleagues to provide the evidence to create a better world.

The connection between population and environment has been a key theme of the Institute’s work over the past decade stressing the importance of uniting health and environmental policy. Through our Oxford Programme on Fertility, Education and Environment (OxFEE) we have collaborated with the World Resource Institute (WRI) on the role of education and environment in reducing Total Fertility Rates, a vital component in the Food Security future; and with HelpAge International (HAI) to highlight the extreme vulnerability of the world’s older population to our changing climate and wider environment: extreme weather/long term climate shifts, air and water pollution, famine and drought. We are also working with zoologists to map the impact of growing population size on natural habitats, and the consequences as people and wild life are forced to live in closer association.

The editors of JPA strongly support the growing call for united health and environmental policies. Increased mortality risk not only arises from pathogens moving from non-human to human species - around three-quarters of emerging infectious diseases come from wildlife - but also from reduction in air quality, heat related incidents, water scarcity, low food availability and quality, and climate related events.

The second broad area we will continue to work in is around establishing new communities fit for the twenty-first Century. We hope that the sense of community which is emerging under the intense pressure of national lock-downs may lead to calls for increased welfare provision; the easing of work-care juggling – especially for parents of young children who perhaps for the first time are able to spend extended family time together – may suggest a new life course, one where parents of young children reduce their hours, supported by a citizen wage; the recognition that there no longer needs to be a physical separation of work and home and that home may be a successful place of productive economic work may remove the need for mass commuting and lead to communities flourishing across the land.

In particular, we believe that the coming together of different age groups and different socio-economic groups – usually segregated in work and residential spaces – could with the right policies engender more integrated communities and workplaces. We know that interaction between the generations improves well-being and mental health for both young and old, and that inter-generational living can help address loneliness. Yet we increasingly live and work where people of different ages are segregated from each other. Many younger people no longer see or interact with older people in their daily lives. We will continue to research inter-generational spaces and living, and its potential to support mutually beneficial interaction between generations. This is a second area where the JPA will look to encourage future publications.

Whether we are able to progress to post-CV-19, or whether we learn to live within a CV-19 world, we need to ensure that all peoples of all ages are able to move forward to live, work, care and enjoy. There is a real need for strong evidence and data on how to transition into this world, and JPA will continue to support the production and publication of such evidence.

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