



Policy Brief on COVID-19 and Older Persons

## **COVID-19, How Safe are Kenya's Older Persons**

May 2020



## Summary

Coronavirus disease 2019 (COVID-19) is a serious respiratory viral infection caused by a novel corona virus recently named as SARS-COV2 (MOH, 2020). Identified in December 2019 in China's Wuhan city, Hubei province, COVID-19 mainly causes upper and lower respiratory tract infections. The infection has spread rapidly, affecting almost every country in the world and resulting in more than 5 million infections and three hundred thousand deaths by mid May 2020. Evidence from countries with a high number of COVID-19 related deaths shows older persons to be more at risk.

Kenya is among the countries that have recorded cases of COVID-19 infections and deaths in Africa. The possibility of an expanding pandemic provides Kenya with an urgent opportunity to examine, and consider responses to the situation of its older persons in the COVID-19 crisis. This briefing paper presents a fresh analysis of national survey data, which suggests a particular vulnerability of Kenya's older people on three levels: (1) Susceptibility to serious disease and death as a result of the virus (2) Compromised protection against contraction of the virus, and (3) Detrimental health, social and economic consequences as a result of Government containment measures. Building on the analysis, the paper offers recommendations on initial policy and practice responses that relevant Ministries ought to consider to ensure an adequate protection of Kenya's older persons.

## Introduction: Older persons in Kenya

The Constitution of Kenya (2010) in Article 260 defines an older person as any Kenyan aged at least sixty years. It recognizes older persons as distinct right holders (Article 57) entitled to care and protection from the State. Kenya's National Policy on Older Persons and Ageing (2018) offers a comprehensive framework to facilitate the provision of reasonable care and assistance to older persons. The overall goal of the policy is to provide an environment that recognizes, empowers, and facilitates older persons' participation in society and enjoyment of their rights and freedoms. This includes the right to life in dignity with the best possible health.

As in other parts of the world, Kenya's population of older persons has increased rapidly: from about 270,000 in 1949 when the first national census was conducted, to 1 million in 1989 and 1.9 million in 2009. The 2019 national census indicated that the number of older persons in the country had reached about 2.7 million, representing about 6 percent of the total population. A majority of Kenya's older persons are female (55%) and live in the rural areas. Seven counties in Kenya have over 100,000 older persons each. These are Kakamega, Kiambu, Meru, Muranga, Machakos, Nakuru, and Nairobi. Kakamega county has the highest number of older persons at over 128,000. According to the 2015-16 Kenya Integrated Household and Budget Survey (KIHBS), older persons are found in about 18 percent of the country's households. About 60 percent of Kenya's older persons are married and over one-third are widowed.

## Older persons' vulnerability to serious disease and death from COVID 19

According to the World Health Organization (WHO, 2020), most people who get infected with the corona virus experience mild to moderate respiratory illness and recover without requiring special treatment. However, older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

Studies from countries in Europe and North America consistently show higher COVID-19 related death rates among older compared to younger people, and older adults account for the bulk of deaths from the virus. In the United States eight out of ten deaths caused by COVID-19 were among people aged 65 years and older, as reported by the Centers for Disease Control and Prevention (CDC).

With no appropriate treatment or vaccine for the virus as yet available, older persons' particular vulnerability to becoming sick or dying from COVID-19 persists globally and in Kenya. Kenyan data from beginning of May 2020 show nine (9)

percent of those who had tested positive for the diseases to be older persons. Despite this apparent low figure, 25 percent of older persons who had tested positive had already died from the disease. They contributed to 48 percent of all deaths from COVID-19 in the country (MoH, 2020).

Among others, older people's susceptibility to the virus reflects their higher levels, compared to younger adults, of morbidities such as hypertension, heart disease, cancer, diabetes and chronic obstructive lung disease. Such conditions have been identified as risk factors for developing serious illness as a result of corona virus infection (Abbatecola AM et al, 2020). The 2015-16 KIHBS found that 11 percent of older persons in the country suffer from one or two of the following chronic conditions; asthma, tuberculosis, heart problem, hypertension, diabetes, HIV, and cancer. Almost a quarter of older persons in Nyeri and Taita Taveta counties reported having a chronic health condition followed by Kilifi (18%) then Laikipia, Kirinyaga, Kisii, and Kiambu counties at 17 percent. These older persons are in need of extra protection from COVID-19.

### **Older people's compromised protection against COVID-19 infection**

To slow and prevent the spread of COVID-19, WHO recommends that the public be well informed about corona virus, the disease it causes and how it spreads. In addition, WHO recommends washing of hands with water and soap or rubbing hands with an alcohol based sanitizer, maintaining a distance of at least one meter from people who are coughing or sneezing, and a 14-day quarantine for anyone who has come into contact with an infected person. To prevent the most severe consequences of infection, WHO recommends rapid treatment for anyone developing symptoms of the infection.

Older people and access to communication channels for COVID-19 related information or needs  
Access to communication devices, such as radios, televisions or telephones is critical in the fight against COVID-19 because it enables people to receive timely information on the disease or to request for help when they need urgent assistance

such as medical attention. As shown in Figure 2, the 2014 Kenya Demographic and Health Survey (KDHS) found that about two in every three households containing an older persons have either a radio or television or both. However, in 12 of the country's counties, less than half of households with older persons have a radio or television or both with the lowest availability in Samburu (25%), Marsabit (19%), and Turkana (4%). Data from the 2015-16 KIHBS, shows four in every five households where older persons live have at least one mobile phone. Availability of this device was highest in Mombasa, Kajiado and Nairobi counties at over 90 percent of households while it was lowest in Samburu (51%), West Pokot (46%) and Turkana (29%) counties. This evidence points to important disparities between counties in the extent to which older persons are able to communicate or receive important information about the pandemic in good time.

### **Older people and access to basic water, sanitation and hygiene amenities**

Access to water and soap at the household level is vital in preventing the spread of COVID-19. The 2014 KDHS data on the availability of these basic amenities showed less than half (43%) of the country's households where older persons live have such access, implying that majority of older persons may be unable to implement the basic, but critical COVID-19 preventive measure of appropriate hand washing.

### **Older people and the maintaining of physical distance**

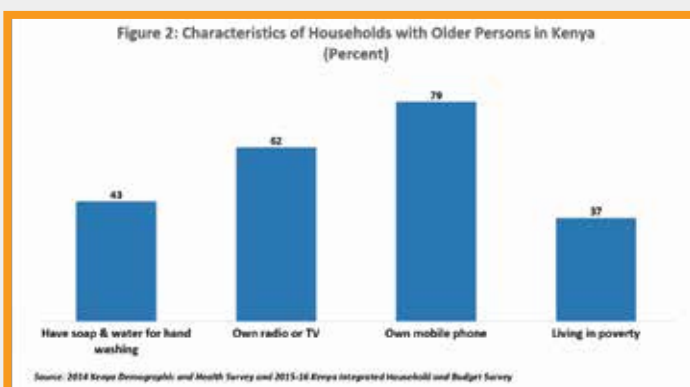
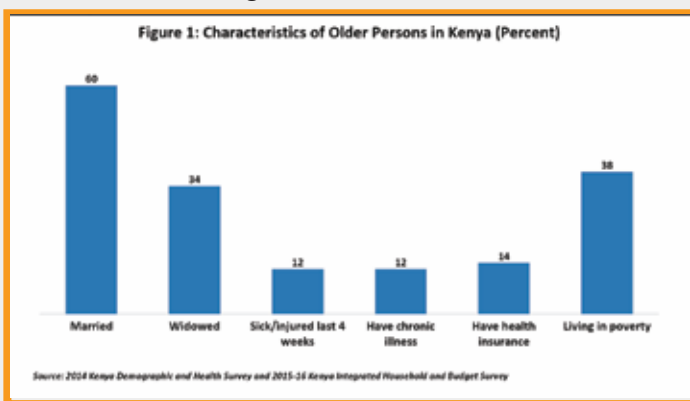
When a household member is suspected to be infected with the corona virus, maintaining physical distance within the household will help protect other members from infection. However, the situation in some households may make it very difficult to implement this measure. According to the 2014 KDHS, an average of two people use the same sleeping room in households with older persons. In Wajir county, this average is five people, the highest in the country, while in Garissa, Mandera, Marsabit, Bungoma, and Isiolo the average is four people per room. The counties with the lowest average are Murang'a, Nyeri, and Kirinyaga at one

(1) person per room. Measures to increase physical distancing can also add a further burden to older persons who rely on other household members for care or day to day support.

### Older persons and enforcing quarantines

Observation of the required 14-day quarantine of anyone who has made contact with an infected person is particularly difficult where older persons depend on family members or caregivers for self-hygiene and activities of daily living such as bathing and feeding.

Older people and seeking rapid medical attention Seeking medical attention within the shortest time possible when faced with COVID-19 related symptoms will be easier if one has health insurance cover. In Kenya, as shown in Figure 1, only 14 percent of older persons have a health insurance cover as found by the 2015-16 KIHBS, but coverage rates vary markedly between countries. Nairobi, Embu, and Nyeri counties have the highest proportion of older persons with an insurance cover at over 40 percent each. In over half of the country's counties, less than 10 percent of older persons have a health insurance cover. Such low health insurance coverage likely hampers or delays older persons' seeking of medical attention for COVID-19 in good time.



### Detrimental consequences of Government mitigation measures on older persons

Kenya has adopted the WHO recommendations to curb the spread of Corona virus. In addition to this, the Government has put in place other measures to combat COVID-19. These measures include wearing of masks in public places, reduction by half the number of persons that can be carried by a vehicle, a countrywide daily curfew from 7 pm to 5 am, closure of learning institutions, quarantine for asymptomatic individuals and those suspected to have been in contact with an infected person, and restriction of movement in and out of Mombasa, Kwale, Kilifi and Mandera Counties as well as Nairobi metropolitan. The government is, moreover, conducting training for all health care workers and providing them with personal protective equipment. Several health facilities have been designated as isolation and treatment centers, and some institutions as quarantine centers. While serving to curb the transmission and spread of the virus, the mitigation measures may have serious adverse consequences for older people's health, social and economic well-being.

Older persons who live alone or are heads of households that include children may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions (Lloyd S. et al., 2020). Barriers are compounded by the restrictions on movement in and out of major cities and some counties, which inhibit travel by family members to visit and provide essential supplies to older relatives living elsewhere. Physical distancing and restricted travel, moreover, limit older people's connection with their kin and others in their support networks. According to WHO, prolonged periods of isolation could have a serious effect on the mental health of older persons. Older people's lesser likelihood of being digitally included, can exacerbate their isolation (WHO, 2020).

Older persons with significant losses of functional capacity rely heavily on long-term care providers at home or in facilities to meet their basic needs and enable their access to health facilities which are

often a far distance away from their homes. The requirement that a private car carry only two passengers, including the driver, constrains caregivers' ability to accompany older persons when seeking health care. This, together with a possible reluctance on the part of health care workers to treat older persons because of their perceived risk of having COVID 19, may further undermine their access to requisite and timely health care for both COVID-19 and other health conditions.

For older persons who have to undergo a 14-day quarantine, in particular if they suffer from cognitive decline or dementia, may develop mental conditions such as depression and post-traumatic stress disorder (PTSD) especially those suffering from cognitive decline and dementia.

Lastly, the present curfew and restricted movement, may increase the risk of abuse of older persons including but not limited to physical, psychological, sexual abuse, financial abuse/exploitation and neglect. Such abuse is more likely to occur where older persons live alone in a household.

### **Poverty underlies and exacerbates older persons' particular vulnerability in the COVID-19 crisis**

Poverty is a likely pivotal factor underlying and exacerbating the above dimensions of older people's particular vulnerability within the COVID-19 context. According to the 2015-16 KIHBS, as shown in Figure 2, about 37 percent of households with older persons in Kenya are poor. Turkana, Mandera, Garissa, and Samburu counties have the highest proportion of such households at over 70 percent each while Tharaka-Nithi, Nyeri, and Nairobi counties have the lowest proportion at less than 20 percent each. Through the Inua Jamii cash transfer programme, the Government of Kenya presently provides financial support to 766,377 older persons aged at least 70 years. Though the stipend amount provided is not adequate to meet all the essential needs of the target population, it helps to alleviate their poverty situation.

## **Protect Older Persons during the COVID-19 Pandemic**

In the continued absence of an effective treatment or a vaccine against COVID-19, responses are needed urgently to address the heightened vulnerability of Kenya's older persons during the pandemic. Relevant Government institutions and stakeholders ought to consider the following recommendations to better protect older persons from contracting the disease and from experiencing adverse effects of the mitigation measures already in place.

1. County Governments, in collaboration with Ministry of Interior and State Department for Social Protection undertake the following responses:

- Mapping of community based organizations working with older persons, and engagement of such groups in order to strengthen their capacities to raise COVID-19 related awareness among, and provide practical support to older persons and their care givers. This includes prevention and detection of abuse of older persons.
- Using the Nyumba Kumi initiative, map out households where older persons live with the aim of identifying and addressing challenges that older persons may have in preventing the spread of corona virus.
- Ensure, including through appropriate community outreach services and infrastructure, that all older persons have full access to emergency services for COVID-19, and to requisite care for chronic and any other medical conditions.
- Monitor and ensure disbursements of social protection funds are efficient, timely and effective in reaching all intended older beneficiaries
- Provide guidelines to frontline health workers and caregivers on providing COVID-19 related services.

2. All stakeholders need to;

- Ensure that COVID-19 related training and capacity-building activities include the unique

needs and rights of older persons, including health and care, protection against violence and abuse, and social protection.

- Raise awareness of and tailor information on COVID-19 to older persons using community structures and local languages so that older persons are fully informed about the disease, prevention, protection and treatment measures.
- Support efforts to reduce stigma related to COVID-19.

3. National Council for Population and Development, Kenya National Bureau of Statistics, and Ministry of Health at both national and county level to continuously avail data on COVID-19 highlighting the impact of the disease on older persons. This will help to support evidence based decision making for policy and practice that enhance the wellbeing of older persons.

Implementation of the above recommendations will serve to protect and enhance the rights and wellbeing of older persons in the country while ensuring that they are safe from COVID-19.

## References

WHO, 2020. [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1) accessed on 1st May 2020.

Abbatecola, A.M., Antonelli-Incalzi, R. COVID-19 Spiraling of Frailty in Older Italian Patients. *J Nutr Health Aging* (2020). <https://doi.org/10.1007/s12603-020-1357-9>

Chhetri, J.K., Chan, P., Arai, H. et al. Prevention of COVID-19 in Older Adults: A Brief Guidance from the International Association for Gerontology and Geriatrics (IAGG) Asia/Oceania Region. *J Nutr Health Aging* (2020). <https://doi.org/10.1007/s12603-020-1359-7>

Ministry of Health Kenya (MOH), 2020, COVID-19 Outbreak in Kenya, Daily Situation Report – 046. Data reported BY 1700 Hours 02 May 2020.

WHO. (2020, March 21) Infection Prevention and Control Guidance for Long-Term Care Facilities in the context of COVID-19 Interim Guidance. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC\\_long\\_term\\_care-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf).

Ministry of Health (2020), Guidelines on the Management of Paediatric Patients during COVID-19 Pandemic.

Centers for Diseases Control and Prevention (2020) <https://www.cdc.gov/coronavirus/2019-ncov> accessed on 5th May 2020.

Government of Kenya, 2010. Constitution of Kenya, 2010.

Ministry of Labour and Social Protection, 2018. National Policy on Older Persons and Ageing (2018).

Kenya National Bureau of Statistics, 2014. Kenya Demographic and Health Survey, 2014.

Kenya National Bureau of Statistics, 2016. Kenya Integrated Household and Budget Survey, 2015-16.

Lloyd-Sherlock & Ebrahim & Geffen & McKee. 2020. Bearing the brunt of COVID-19: older people in low and middle income countries.