

## JOINT STATEMENT ON COVID-19 AND OLDER MALAYSIANS



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We are all vulnerable to the coronavirus, but some are much more so than others. Although older persons make up about 11% of the Malaysian total population in 2020, six (6) out of every ten (10) confirmed COVID-19 deaths are aged 60 years old or older - majority with underlying chronic conditions. Since the number of cases and fatalities are still growing, we will only know the true extent of the coronavirus outbreak in our country many months after it was first reported.

Table 1. Confirmed COVID-19 Deaths by Age Group and Sex, Malaysia (as of 5<sup>th</sup> April 2020)

| Age Group | Female |       | Male |       | Total |       |
|-----------|--------|-------|------|-------|-------|-------|
|           | N      | %     | N    | %     | N     | %     |
| 27 – 39   | 0      | 0.0   | 5    | 10.4  | 5     | 8.1   |
| 40 – 59   | 5      | 35.7  | 14   | 29.2  | 19    | 30.6  |
| 60 – 79   | 5      | 35.7  | 26   | 54.2  | 31    | 50.0  |
| 80+       | 4      | 28.6  | 3    | 6.3   | 7     | 11.3  |
| Total     | 14     | 100.0 | 48   | 100.0 | 62    | 100.0 |

As death toll from the pandemic continues to climb, our government, business and civil society leaders must recognize that whatever solutions, both short-term and long-term, must fully consider the facts and current situation on the ground. This public health emergency can and will lead to economic collapse and humanitarian disaster if not handled comprehensively.

That said, there are tremendous opportunities in every crisis if we are willing to adapt and learn. During this COVID-19 pandemic, our health care, economic and social welfare systems are under severe strain and duress. As cracks begin to appear, the government must rapidly acknowledge these gaps or weaknesses and devise measures to overcome them. The already precarious situation of vulnerable groups such as high-risk older populations in institutions and in the community, especially the elderly living alone, have received insufficient consideration. A common example in the early days of the Movement Control Order (MCO) is the omission of care centres as an essential service under the Prevention and Control of Infectious Diseases Regulations 2020, thus affecting the operation of orphanages, old folks' homes and mental health facilities. With clarity provided by the Ministry of Women and Family Development, many NGOs are now adhering to standard operating procedures (SOP) in delivering aid and assistance to the needy. These smart partnerships must be recognized, encouraged and supported as they serve to complement public assistance schemes where they fall short.

At present, there is an urgent need to consider the many barriers faced by older people in obtaining food and other essential supplies during a lockdown, including replenishing medication and other routine care services such as wound management, dialysis or rehab treatments. We must bear in mind that a significant number of the elderly are illiterate, financially insecure and less tech-savvy than average. With the closure of offices and workplaces, many older persons without dependents are required to manage some transactions online or via

self-service kiosks. While the procedures might be daunting initially, the elderly and members of the general public shall benefit in the long run. In the meantime, all efforts must be made to ensure older persons and other disadvantaged groups are not left behind in these social distancing measures. Alternatives must be found for the less digitally connected segments of the population, and lockdown conditions must specifically address the concerns of marginalized communities, such as the poor and the disabled. The livelihood of daily wagers, petty traders, labourers, agricultural and fishery workers, as well as many others in the informal sector has to be given proper attention. For some the MCO is mere inconvenience, but for others it is a matter of survival. We must also not overlook the burden of family caregivers and strains of caring for the elderly with multiple morbidities under this unusual and disruptive environment.

We have an opportunity to lay down the foundations for a stronger social protection system that is more accessible, transparent and accountable. All parties, be it researchers, policymakers, physicians, social workers and volunteers, including media practitioners, the police and armed forces, must work together to contain the negative implications from this coronavirus pandemic. A prudent use of power by the authorities best serves the ideal of fidelity to law. Consistent messaging and official relief information should also reach the public in a timely manner. The undersigned parties hope to actively contribute to the capacity of the aged care sector in mitigating the negative impact of COVID-19 by improving the detection, prevention, response and control of the disease among older persons living in institutions and in the community. While there are a lot of national and international resources available in the form of guidance and guidelines, none of it will implement itself without quick action and direct engagement with stakeholders. We need to cooperate with each other and put in place coherent health and social care responses that are evidence-based to balance rights against risks to older persons during this outbreak period and beyond. Where necessary and needed, multidisciplinary experts on gerontology and geriatrics should be included to translate knowledge into action, as well as to deliberate on strategies for the future of ageing and society in a post COVID-19 world.

The WHO Regional Director for Europe, Dr. Hans Henri Kluge issued a Statement on April 2 emphasizing that *“while older people are at highest risk from Covid-19, all of us, at all ages, need to act in solidarity to prevent the further community spread of the virus”*. There is a need to *“support all health and social care workers equally and giving special attention to those who provide nursing and social care services for older people”*, and he reiterated that *“supporting and protecting older people living alone in the community is everyone’s business”*. We hope that everyone can come together and focus on actions as well as reforms to keep our SDG promises on ageing, older persons and the 2030 agenda for sustainable development. There is so much yet to be done collectively and we need to be inclusive for all in this fight against the coronavirus pandemic. Together, we will emerge from this crisis stronger.

#### Useful Resources:

World Health Organization. (2020). **Infection Prevention and Control Guidance for Long-term Care Facilities in the Context of COVID-19: Interim Guidance**, 21 March 2020. World Health Organization.

<https://apps.who.int/iris/handle/10665/331508>

WHO Western Pacific Regional Office (2020). **Guidance on COVID-19 for the Care of Older People and People Living in Long-term Care Facilities, Other Non-acute Care Facilities and Home Care**, 23 March 2020. World Health Organization.

<http://iris.wpro.who.int/handle/10665.1/14500>

HelpAge (2020). **COVID-19: Guidance and Advice for Older People, Guidelines for Care Homes for Older People in the Context of Coronavirus (COVID-19) & COVID-19: Guidance and Advice for Communities and Older People's Associations**, 17 March 2020. HelpAge International. <https://www.helpage.org/what-we-do/coronavirus-covid19/>

Ministry of Health (2020). **COVID-19 Social Distancing Guidelines for Workplace, Homes and Individuals (Annex 25)**, 12 March 2020. MOH: Putrajaya. <http://www.moh.gov.my/index.php/pages/view/2019-ncov-wuhan-guidelines>

Interim Recommendations Development Group (2020). **Interim Recommendations for the COVID-19 Pandemic for Private, Public and NGO Residential Aged Care Facilities**, 21 March 2020. <https://msgm.com.my/covid-19/>

Kluge, H. H. P. (2020). Older people are at highest risk from COVID-19, but all must act to prevent community spread. Statement, 2 April 2020, WHO Regional Office for Europe: Copenhagen.

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