

# UNECE Policy Webinar on Ageing

## Older persons in emergency situations: lessons learned from the COVID-19 pandemic

### Summary report

The COVID-19 pandemic has shed light on the increased vulnerability of older persons in emergency situations, and uncovered shortcomings in disaster preparedness and response strategies to the pandemic globally. While numerous measures to protect older persons have been implemented across the UNECE region, they have sometimes also exacerbated social isolation or cut-off older persons from needed support and services. There have been cases of ageism and worrying accounts of human rights violations affecting older persons, particularly with regards to access to health care and long-term care services. The third Policy Seminar on Ageing, which took place on 18 November 2020 in the form of a webinar, focused on the challenges for service provision and protection of older persons, and first lessons learned from the COVID-19 pandemic.

Around 130 delegates from 41 countries participated in the event (including delegates from three non-UNECE member States), and there were 44 viewers who followed the discussions. Delegates included national focal points on ageing, members of the Standing Working Group on Ageing, experts in long-term care systems and services, civil society representatives, and other stakeholders. Presentations were made from many speakers, including from Austria, Canada, Finland, Ireland, Israel, Kazakhstan, Republic of Moldova, Netherlands, Portugal, and Serbia.

The concept note, programme and presentations are available for download on the meeting page: <https://www.unece.org/index.php?id=53054>. Interpretation between English and Russian was made possible thanks to the UNFPA Regional Office for Eastern Europe and Central Asia.

#### Welcome and setting the scene

The day was introduced by Vitalija Gaucaite Wittich, Chief of the Population of United Nations Economic Commission for Europe (UNECE). She set the scene by explaining that emergency situations create stress in social and economic life, test the resilience of individuals and communities, test intergenerational relations and ageist attitudes, and tend to disproportionately affect older men and women. Manfred Huber, World Health Organization (WHO)/Europe, provided evidence for the fact that COVID-19 has disproportionately affected older persons including that 88 per cent of all COVID-19 deaths in the WHO/Europe region were amongst those aged 65 or older, amongst deaths the median age was 80 years, 96 per cent of all deaths had at least one underlying condition, and 20 per cent had dementia or another neurological disease. Despite the fact that older persons tend to be disproportionately affected in emergencies, Vitalija Gaucaite Wittich explained that older people are often neglected in disaster risk reduction strategies and emergency preparedness, relief and recovery. She noted that the title of the Webinar could in principle have been “first lessons learned”, or “lessons learned thus far”, since some of the policies made at the beginning of the pandemic (such as cocooning of older persons which is no longer thought to be best practice) have now been corrected as countries enter the second wave. Policy Brief #25 was

dedicated to older persons in emergency situations and she encouraged participants to use this timely brief.<sup>1</sup>

Manfred Huber introduced the Decade of Healthy Ageing, which has a broad coalition of partners including governments, civil society, media, private sector, and was adopted by the World Health Assembly. The objective of the Decade of Healthy Ageing is to have ten years of concerned catalytic action to improve the lives of older people and their communities. Member States of the WHO had called for a Decade prior to the pandemic, but he argued that it was even more important now, since the pandemic had exposed dysfunctions in many systems. The Decade of Healthy Ageing includes four enablers: Enabling caregivers and communities; Nurturing leadership and building capacity at all levels; The ability to showcase good practice examples and connect diverse stakeholders around the world; Strengthen data research and innovation. He closed by drawing attention to “pandemic fatigue”, in which there is demotivation to follow the recommendations for protective behaviours. He argued that the lessons learned from the first wave could be used to counter pandemic fatigue going forwards.

Adelina Comas-Herrera<sup>2</sup>, London School of Economics and Political Science / Care Policy and Evaluation Centre, introduced LTCcovid, which is an spontaneous international collaboration to share learning on COVID-19 and long-term care (LTC).<sup>3</sup> Despite the early warnings about the risk of COVID-19 for older people and those with pre-existing conditions (the majority of those who use long-term care), the initial responses of most countries ignored the high risk of infection spread and deaths in care homes, and did not account for care provision to people living in different households. We now know that high numbers of people died in care homes, but we do not yet know much about deaths among people who rely on care in the community. Data is emerging on excess deaths since the start of the pandemic, with a very large increase in the number of deaths compared to previous years in private homes and care homes, followed by hospitals.<sup>4</sup> Across 21 countries, while care home residents represent only 0.75 per cent of the population, they contributed 46 per cent of all COVID-19 deaths. Some potential explanations for why care homes were so badly impacted include the difficulty in implementing physical distancing in care homes, late or insufficient access to testing and personal protective equipment (PPE), late adaptation of guidance to recognise geriatric COVID-19 symptoms, asymptomatic transmission, and reduced access to healthcare. For those using care services in the community, there was a decline in the use of formal care services due to the closure of services, fear, the need to quarantine, the need to break curfews, not recognising informal and formal carers as key workers, and a lack of guidance. In response to questions from the audience, Adelina Comas-Herrera explained that the age distribution of excess deaths is similar to what was seen for COVID-19 deaths, so one could assume they were undiagnosed COVID-19 deaths. The meeting participants also commented on the level of bereavement, and the need to provide mental health support to widows. Adelina Comas-Herrera

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<sup>1</sup> Policy Brief 25 can be found at

[https://www.unece.org/fileadmin/DAM/pau/age/Policy\\_briefs/ECE\\_WG1\\_36\\_PB25.pdf](https://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG1_36_PB25.pdf)

<sup>2</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Adeline-Comas-Herrera-Policy-Seminar-on-Ageing.pdf>

<sup>3</sup> LTCcovid aims to document the impact of COVID-19 on people relying on long-term care (including unpaid care) and those who provide it. It shares information about policy and practice measures to mitigate the impact of COVID-19 in long-term care, and analyses the long-term implications of the pandemic for long-term care policy. Further information can be found at <https://ltccovid.org/>. It is managed by the International Long-term Care Policy Network and Care Policy and Evaluation Centre at the London School of Economics and Political Science.

<sup>4</sup> In contrast, there was a decline in the number of deaths in hospices compared to previous years.

concluded by saying that the structural challenges behind the international failures in long-term care included: low political priority for long-term care; fragmented systems with responsibilities split between different government departments and levels; failures in health/long-term care coordination; weak regulatory oversight; lack of recognition of human rights; and under-recognition of care staff and the role and needs of unpaid carers.

### **Ageism and COVID-19 in the UNECE Region**

Introducing the session addressing ageism in the context of COVID-19, the moderator Alana Officer, World Health Organization, reflected that while COVID-19 is new, ageism is not. Bias is not always conscious and can result in stereotyping (how we think), prejudice (how we feel), and discrimination (how we act). Silvia Perel Levin<sup>5</sup>, NGO Committee on Ageing provided a general overview of age-based discrimination. She explained that late, rushed decisions and a lack of preparedness for COVID-19 resulted in paternalistic and ageist measures with serious consequences to the health and well-being of older persons. COVID-19 amplified ageism, and the many examples of ageism demonstrate the invisibility of older persons. Examples include: The way the media and public service announcements portrayed older persons; social media demonization and blaming games; discriminatory practices including enforced confinement measures, forced isolation, specific shopping hours, and age-based triage; lack of accurate data; cancellation of health care treatments, rehabilitation and essential services; lack of PPE for long-term care staff and residents; lack of access to information and information tools; and an absence of the voices of older persons. She recalled that human rights law recognises that in the context of serious public health threats and public emergencies threatening the life of the nation, restrictions on some rights can be justified when they have a legal basis, are strictly necessary, are based on scientific evidence and neither arbitrary nor discriminatory in application, are of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective. Measures introduced to slow and contain the spread of COVID-19 must not discriminate against older persons on the basis of their age nor have a disproportionate impact on them. She concluded by calling for an end of systemic ageism.

Ruud Dirkse, Netherlands, spoke on persons with dementia during COVID-19. He acknowledged that while there are alternative ways of visiting older persons in care homes, many people with dementia live at home. For those living at home with dementia, there is more loneliness, fewer visits from others, and they experience the negative impacts of the closure of meeting centres, day cares, and community centres due to COVID-19. He argued that people with dementia can learn, and that learning can make limitations more manageable. He outlined a number of types of learning, including errorless, associative, emotional, and operant learning. For example, for people with dementia who are learning to use a tablet, by touching the touchscreen and seeing a picture or answering an incoming call from a family member, this is a “reward”, which is a type of operant learning. Instructions and guidelines have been prepared for family members and caregivers about learning to use a tablet by people with dementia. He also described DemenTalent, which is a project to activate people with dementia to volunteer in society. During the COVID-19 pandemic, more volunteer activities were taking place outdoors.

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<sup>5</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Silvia-Perel-Levin-Policy-Seminar-on-Ageing.pdf>

Erika Winkler<sup>6</sup>, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria, summarised results of three studies on the impact of COVID-19, conducted in April/May 2020 by telephone among around 600 community dwelling individuals. She explained that the restrictions of social contact, which were intended to protect vulnerable groups, may have had social, cognitive, physical and emotional impacts. The majority of study participants did feel supported by government and felt generally well informed about COVID-19 protective measures. They adhered to COVID-19 guidelines, but by following the restrictions, this led to a decline in physical activity and productive activity (shopping and volunteering), which is a barrier to successful ageing. She also provided evidence of external stereotyping that gets internalised, leading to depression.

A lively discussion followed on whether or not intergenerational solidarity was strengthened or weakened during the COVID-19 pandemic. While there were many examples of blaming different groups for the situation (the so called “blame game”), there were also examples of intergenerational solidarity such as school children having pen pals or other forms of communication with older persons (Ireland, Malta), older persons with dementia volunteering at schools (Netherlands), and young people delivering food packets and medicines to older persons (Kazakhstan). Additionally, in the second wave when blame was apportioned to younger people, many older persons supported and defended younger people in acts of solidarity (Ireland). One participant highlighted that older people are still volunteering, and many retired health care professionals and community workers were returning to work (Serbia). However, while there are good projects, often they are just isolated examples. There was a call for good legislation where older persons are included and a part of society. The pandemic also cast a light on data gaps, since data are crucial for good policy making. The WHO has recently released a data portal, and there is the Acting Ageing Index. The moderator Alana Officer summarised the rich discussions by drawing attention to the spirit of leaving no one behind. She stressed the importance of improving the data, explaining that unless we know the determinants of discrimination, it is challenging to advance the counters against ageism. This session provided the context within which the afternoon sessions were situated.

### **COVID-19 and older persons in residential care facilities**

Karl Duff, Department of Health Ireland, opened the session on challenges encountered in residential care facilities including public, private, and mixed-models, across the UNECE Region. Giovanni Lamura, INRCA Centre for Social and Economic Research on Ageing Italy, introduced the variety of models of long-term care in Italy, explaining that it is a regional responsibility. He explained that users pay up to 50 per cent of costs and the rest is covered by the Regional Health Care system, although for low income users, local authorities would step in. Residents in care facilities in Italy are increasingly older and increasingly have severe long-term care needs (including dementia), and the number of beds available in residential care facilities varies across the country. Prior to the COVID-19 pandemic, there were already financial constraints and an increasing demand for intensive long-term care. The meso-level management strategies were leading to changes in care work composition and conditions and as a result there had been a drop in quality of care standards.

In the first wave of COVID-19, it was estimated that around 8,000 deaths (26-30 per cent of all COVID-19 deaths in Italy) occurred to care facility residents, the majority of which occurred in four regions in the North (Lombardy, Piedmont, Veneto and Emilia-Romagna). Giovanni Lamura explained

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<sup>6</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Erika-Winkler-Policy-Seminar-on-Ageing.pdf>

that the main difficulties that were experienced by residential care facilities during the first wave (February-March 2020) included a lack of PPE, lack of testing, staff absence, lack of information, challenges to isolate residents, challenges to admit residents to hospital, and lack of medicines. Between June and September 2020, only some Regions adopted protocols to relax measures and ensure protection. At the start of the second wave (October and November 2020), there was gradual closing of facilities to external visitors, and staff fatigue. He concluded by summarising four key lessons learned. There is a need for: 1) Information, including an integrated database on all residential care facilities; 2) Protection measures that are effective; 3) Human rights and social (digital) connection, including ad hoc protocols to ensure contact with family and friends; 4) Funding of residential care within long-term care system, including the need to improve the staff-resident ratio, availability of qualified staff, and adequate training.

Representing the Red Cross of Serbia, Natasa Todorovic explained that there are 74 public residential care institutions in Serbia with a capacity of around 14,000 people, and 229 private residential care institutions with a capacity of around 8,000 people. While there have been 1,054 COVID-19 deaths in Serbia up to November 2020, there is a lack of official data on mortality disaggregated by age, or COVID-19 deaths in residential care facilities. Since visitors were restricted from care facilities and staff were required to remain at the work-place for a two-week long shift, she drew attention to the stress and mental health impact on both older persons and staff, not to mention the families separated from their loved ones. She also highlighted the risk of neglect and abuse from social distancing and isolation. She made key recommendations including to ensure availability of data to the public in order to recognise patterns and risk factors; ensure social welfare institutions are a part of the emergency team; introduce services to address mental health of residents and staff; provide PPE; conduct regular risk assessment surveys for staff; use digital technology to maintain social contact and support public health measures; support residents to maintain a regular daily routine; and maintain access to regular healthcare services for residents with chronic conditions.

Pia Pulkkinen<sup>7</sup>, Finnish Institute for Health and Welfare, reported that of the 362 COVID-19 deaths in Finland (as of 6 November 2020), the median age was 84, 22 per cent were in specialised medical care, 41 per cent were in nursing homes or 24-hour residential care for older persons, and over 95 per cent had one or more long term illness. Fewer than 10 per cent of the population aged 75 or older live in residential care. In order to respond to the risks from COVID-19 in Finland, care staff were relocated so that teams were smaller, staff were only allowed to work if completely asymptomatic, PPE was provided, and testing was increased. From mid-March until June 2020, visitors were not able to visit residential care facilities. Once it was clear that this impacted on well-being, visitors were allowed, with 1-3 visitors at a time as long as they were wearing masks, asymptomatic, following good hygiene, and maintained 1-2 metre apart. She also explained that in response to the lessons learned from the first wave, meetings are now organised outside or with Plexiglas between individuals.

Reporting on Canada, Jennifer Zelmer<sup>8</sup>, Canadian Foundation of Healthcare Improvement, illustrated six promising practices for long-term care, based on a review of the initial experiences in March to May 2020. These included: Preparation (for example PPE and education for staff as core to infection control); Prevention (including testing and contact tracing); People in the workforce (including

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<sup>7</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Pia-Pulkkinen-Policy-Seminar-on-Ageing.pdf>

<sup>8</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Jennifer-Zelmer-Policy-Seminar-on-Ageing.pdf>

having sufficient staffing, strengthening the resilience of staff members, and restricting staff to work in a single health care setting); Pandemic response and surge capacity (for example if a case is identified knowing who to call first for support, which could be a hospital, local primary care, the military, or Red Cross); Plan for COVID-19 and non-COVID-19 care needs (recognising that anyone living in LTC would likely have more than one chronic condition); and presence of family (as distinct from casual visitors, and how to support the safe and effective presence of essential partners in care). In the Summer of 2020, “LTC+ Acting on Pandemic Learning Together” was launched, in which coaching teams created opportunities for connecting and knowledge sharing, and the sector was supported to prepare for future waves of COVID-19. A general discussion followed regarding recruitment of care staff during COVID-19, and the differences in terms and conditions between public and private care.

### **Reaching out to older persons in need of care at home or in the community**

Anne-Sophie Parent moderated the session on ensuring continuity of access to goods, services, and care at home or in the community, and identifying good practices to implement for an inclusive recovery after the emergency. Assiya Akanova<sup>9</sup>, Centre of Active Ageing, Almaty Kazakhstan, described the provision of financial support, basic food supplies, free testing, and mobile medical teams to older persons. She highlighted that the COVID-19 crisis revealed systematic issues in the medical and social services, including a lack of integrated database on persons older than 65, a lack of data on COVID-19 epidemiology in people older than 65, a deficit of medical and social workers, and the fact that many older persons were left without pensions as banking system moved online. Some positive outcomes were presented, including a greater involvement of older persons in digital technologies, and intergenerational exchange in the form of young people helping older persons, and the strengthening of moral values. As a consequence of COVID-19, in Almaty there was an integrated database of volunteers and older persons, mobile multidisciplinary medical teams for persons over 65<sup>10</sup>, telemedicine services, round-the-clock helplines, intergenerational initiatives, and greater internet-based engagement.

Edmundo Martinho, Santa Casa da Misericórdia de Lisboa, Portugal, described how the closure of day-care centres due to COVID-19 impacted on the provision of meals, laundry, and crucially also loneliness. All capacities were transferred to service provision at the home. The programme RADAR provides data on population groups living alone, to help monitor those vulnerable to loneliness. Sean Moynihan<sup>11</sup>, ALONE Ireland, described the work on improving the quality of life for older people at home, in the light of the COVID-19 pandemic. He explained how ALONE is now working with the Department of Health to integrate services, manage chronic health care conditions at home, and empower older persons, often using technology which contributes to preventative support. There are around 3,000 volunteers who actively support older people through practical support, visits, phone calls, and ensuring access to professional services if needed. A specific COVID-19 support line received around 35,000 calls and provided an inclusive and integrated response, with emotional support, and addressing issues such as transport, health and well-being, housing, heating,

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<sup>9</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Assiya-Akanova-Policy-Seminar-on-Ageing.pdf>

<sup>10</sup> The newly implemented mobile multidisciplinary teams were important not only for older persons, but to people of all ages.

<sup>11</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Sean-Moynihan-Policy-Seminar-on-Ageing.pdf>

and financing. With the increase in anxiety, mental health issues and trauma from COVID-19, there was a new training for volunteers, and partnering with organizations with more specialist expertise in this area. Sean Moynihan argued that during the pandemic, older persons who in the past were socially excluded, were now reaching out for support. Therefore, this moment offered the possibility of providing older persons with support in the future. He also recognised the contributions of neighbours, friends, families and home care workers, and the role of an integrated approach in partnership with the state.

Reporting on Republic of Moldova, Aliona Cretu<sup>12</sup>, Ministry of Health, Labour and Social Protection, described how a single financial payment was provided to older adults with small pensions, and how 2,921 social assistants and workers helped older persons to overcome isolation, pain and loneliness during the COVID-19 pandemic. Around 300 women and men over the age of 65 received packages of hygienic products and essential food, as well as information materials on protection measures against COVID-19. Older people also received emotional support from 15 youth volunteers and the National Youth Council Network, which was important for intergenerational dialogue. HelpAge International and UNFPA strengthened digital skills, and 100 older persons were given a mobile phone and trained on how to use it by young people.

Yossi Heyman, JDC Eshel, Israel, described the challenge of needing to both protect older persons from COVID-19 infection, whilst also addressing basic needs, and preventing loneliness and fragility. From two surveys, it was estimated that between May and September 2020, there was a 30 per cent functional decline, 17 per cent financial decline, and 40 per cent decline in emotional state among older persons, whereas 44 per cent did not experience any significant decline. Predictors of resilience included digital literacy and functional independence.

The moderators were welcomed back to the floor and invited to make concluding remarks. In the time of COVID-19 and recovery after the crisis, Alana Officer emphasised the importance of tackling misconceptions about age, balancing the response to the needs of older persons while not discriminating on the basis of age, strengthening data and measurement, and fostering intergenerational contact. She also recognised that older persons are an incredibly heterogeneous group. Karl Duff drew attention to the fact that in the face of the emergency, many actors retracted and became insular, as they tried to address the issues. The normal way of collaborating - and finding solutions - broke down. The Policy Webinar provided the opportunity to reflect on how the actors responded and dealt with the crisis, and share the lessons learned. Anne-Sophie Parent highlighted the crucial lesson learned on the importance of older persons maintaining social contact. She recalled the finding that for older persons who have friends in residential care facilities, this was a protector as they were able to provide support to one another. In closing, Lisa Warth, UNECE, summarised that at the start of the crisis actors had to respond as best they could. There is now the opportunity for critical reflection, to share insights with one another, and make sense of the lessons learned for improving emergency preparedness, response and recovery.

The discussions during the Webinar highlighted the need to share information and promising practices between governments, research, and civil society networks. This UNECE Webinar offered that platform for discussions of the important lessons learned thus far from COVID-19 within the UNECE region. It facilitated the exchange of experiences and ideas with a view to “building back better”. It is important to continue sharing information as our learning continues during the COVID-

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<sup>12</sup> <https://www.unece.org/fileadmin/DAM/pau/age/Policy-Seminar/Aliona-Cretu-Policy-Seminar-on-Ageing.pdf>

19 pandemic, and the Standing Working Group on Ageing provides such a forum for the exchange of information.

**Resources:**

Further information on the 18 November 2020 UNECE Policy Webinar on Ageing can be found at:

<https://www.unece.org/index.php?id=53054>

UNECE Policy Brief #25 on Older Persons in Emergency Situations:

[https://www.unece.org/fileadmin/DAM/pau/age/Policy\\_briefs/ECE\\_WG1\\_36\\_PB25.pdf](https://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG1_36_PB25.pdf)

A compiled list of resources on COVID-19 and older persons that were developed by international organizations, research networks and civil society partners in the UNECE region:

[https://www.unece.org/fileadmin/DAM/pau/age/Covid-19/Covid19\\_OlderPersons.pdf](https://www.unece.org/fileadmin/DAM/pau/age/Covid-19/Covid19_OlderPersons.pdf)

Information about COVID-19 from the World Health Organization:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

International Long Term Care Policy Network: <https://www.ilpnetwork.org/>



## Programme | UNECE Policy Webinar on Ageing | Session 1

Wednesday 18 November 2020, 10:00 – 12:30

### **10:00 – 10:40 Welcome and setting the scene**

- **Vitalija Gaucaite Wittich**, Population Unit, UNECE
- **Manfred Huber**, World Health Organization / Europe
- **Adelina Comas-Herrera**, London School of Economics/ Care Policy and Evaluation Centre

In this opening session, an overview of COVID-19 and older persons in the UNECE region will be presented.

### **10:40 – 12:10 Ageism and COVID-19 in the UNECE Region**

Moderator: **Alana Officer**, World Health Organization

- **Silvia Perel Levin**, NGO Committee on Ageing, Geneva (general overview)
- **Ruud Dirkse**, Netherlands (persons with dementia)
- **Erika Winkler**, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria (ageism & community)

This session will provide an overview of the main **ageism-related challenges** faced by member States during the pandemic, a discussion of responses seen throughout the region, and important lessons learned that can be used going forward into the recovery phase. This session will provide the context within which the following two main sessions are situated.

### **12:10 – 12:30 Lessons learned: brief summary** – moderator and UNECE

## Lunch Break

## Provisional Agenda | UNECE Policy Webinar on Ageing | Session 2

Wednesday 18 November 2020, 14:00 – 16:30

### **14:00 – 15:00 COVID-19 and older persons in residential care facilities**

Moderator: **Karl Duff**, Department of Health, Ireland

- **Giovanni Lamura**, INRCA · Centre for Social and Economic Research on Ageing, Italy
- **Natasa Todorovic**, Red Cross of Serbia
- **Pia Pulkkinen**, Finnish Institute for Health and Welfare
- **Jennifer Zelmer**, Canadian Foundation for Healthcare Improvement

This session will provide an overview of the main challenges encountered in residential care facilities across the Region. The session will also dissect the different models of care homes in the Region, including public, private, and mixed-models. The session will also address the needs of the care workers themselves (PPE, mental health

services, physical health, specialized training, immigration/visa needs for migrant care workers, older care workers, etc.) and incorporate a focus on the continuity of access to goods, other services, and social connection for older persons in long term care facilities.

#### **15:00 – 16:00 Reaching out to older persons in need of care at home or in the community**

Moderator: **Anne-Sophie Parent**

- **Assiya Akanova**, Director, Centre of Active Ageing in Almaty, Kazakhstan
- **Edmundo Martinho**, President of Santa Casa da Misericórdia de Lisboa, Portugal
- **Seán Moynihan**, CEO of ALONE, Ireland
- **Aliona Cretu**, Ministry of Health, Labour and Social Protection, Republic of Moldova
- **Yossi Heyman**, JDC Eshel, Israel

This session will provide an overview of the main challenges encountered during the COVID-19 pandemic in home- and community-based long-term care service provision. A focus here will be on areas of need for data/information, the importance of better understanding the challenges faced by those receiving these services and those who support them (including families, carers, transport services, and more). As in the previous session, issues of ensuring continuity of access to goods, other services, and care during disasters and on identifying good practices to implement for an inclusive recovery will be addressed.

#### **16:00 -- 16:30 Wrap-up & closing remarks - moderators and UNECE**