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**HelpAge International submission on protecting human rights during and after the COVID-19: Joint questionnaire by Special Procedure mandate holders**

**June 2020**

**Common questions**

**Impact on human rights**

* **Are there any measures put in place in your country following the pandemic which have had a limiting effect on human rights? If so, please list them, provide an explanation for their adoption and indicate the time-frame by which they will be lifted?**

**Age-based measures to restrict the movement of older persons**

Age-based measures restricting the movement of older people have been considered or introduced in a number of countries to contain the spread of the virus. These include people over a certain age, e.g. 65 or 70 years old, staying at home (also referred to as ‘self-isolation’ ‘curfews’, ‘confinement’ or ‘shielding’)[[1]](#footnote-1), not going to work[[2]](#footnote-2), shopping malls[[3]](#footnote-3) or restaurants[[4]](#footnote-4), not using public transport[[5]](#footnote-5), and not participating in religious activities[[6]](#footnote-6).

When age-based measures have a negative impact on an older person’s rights, compared to someone of a different age, they discriminate on the basis of age, and therefore do not comply with the Siracusa Principles[[7]](#footnote-7) on derogation from human rights obligations in emergencies.

Age-based measures also fail to take into account the negative impact long periods of isolation will have on older people’s physical, mental and cognitive well-being.[[8]](#footnote-8)

“My children didn't visit me often before, and now that there is no transport connection, I only can communicate with them by mobile phone. I am an older person; I have many age-related diseases. It’s difficult for me to move around the house and I almost never go out. At first glance, when the pandemic began, it seemed that nothing had changed in my life. But now I live in constant fear and stress for my life, and the life of my loved ones.”

Klavdiya Kazakova, 79, Ukraine[[9]](#footnote-9)

In many places, older people have already been subject to stricter isolation measures than other population groups. This has exposed them to increased risk of violence, abuse and neglect[[10]](#footnote-10) and left many unable to access the medical or care and support services they need, their pensions, work or other means to support themselves.[[11]](#footnote-11)

“Our income is greatly affected, we had to stop working. I know that this measure helps to prevent COVID-19, but unlike before, now we cannot buy what we want to eat. We have to be flexible, and almost every day we only eat vegetables. If confirmed cases continue to increase, the community quarantine might be extended, and that’s frightening because people won't have any source of income.”

Lolo (Grandpa) Mario, 64, Punta, Sta. Ana, Manila, The Philippines[[12]](#footnote-12)

Singling out one section of the population can also have a significant stigmatising[[13]](#footnote-13) effect. Separating generations may worsen intergenerational-tensions and ageist attitudes[[14]](#footnote-14), and prevent older people from playing their part, in solidarity with younger generations, to ‘build back better’, for example, through returning to work, volunteering or participating in community activities.

Age-based measures do not take into account older people’s diverse living arrangements. Many live with younger family members[[15]](#footnote-15) and staying at home while those they live with go out does not address the risk of contracting the virus within their household.

Measures to restrict movement based on underlying health conditions[[16]](#footnote-16) may also be extended. While people of all ages can have underlying health conditions, many older people have at least one.[[17]](#footnote-17) Long periods of isolation also have negative impacts on people with underlying health conditions, including those needing palliative care and their families[[18]](#footnote-18), and will disproportionately affect older people.

**Statistical information**

* **Please provide age disaggregated data on persons infected by COVID 19 and the percentage of them living in care institutions for older persons. Please provide age disaggregated data on deaths caused by COVID-19 and the percentage of them who were in care institutions.**

Data on cases and deaths disaggregated by age in a limited number of countries can be found at: <https://globalhealth5050.org/covid19/age-and-sex-data/>

Mortality associated with care homes can be found at: <https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/>

* **Please share any information and data on the availability of health services to ensure access to testing, personal protective equipment and treatment. Please specify to what extent supply issues, economic, social or other barriers have limited access to testing, personal protective equipment and health care services, in particular for persons belonging to particular racial or ethnic groups, indigenous peoples, older persons, persons with disabilities, LGBT persons, persons living in poverty or in situation of homelessness, migrant workers, or persons without legal residency status.**

**Barriers older people face to accessing health services**

Some older people have not been able to access the treatment they need for COVID-19[[19]](#footnote-19). In some cases, older people presenting with COVID-19 like symptoms have been turned away from health centers without being treated.[[20]](#footnote-20) Older residents in care homes have not been admitted to hospital. Some have been denied their right to informed consent to their medical treatment with Do Not Resuscitate (DNR) orders being placed on the care plans of residents of care homes without their consent or with undue influence.[[21]](#footnote-21) Others have not had access to health or other information.[[22]](#footnote-22) Others have faced reduced access to health care for non-COVID-19 health needs.[[23]](#footnote-23)

“They [the government] provided us with relief goods twice, but it's still not enough. And it seems there will not be additional assistance. We really need medicines to treat our current health conditions, hygiene kits, and face masks but we can’t buy them. Aside from the restrictions due to the enhanced community quarantine, we also don’t have the money, especially now that our children can’t go to work.”

Lola (Grandma) Rosita, 76, Malabon City, The Philippines[[24]](#footnote-24)

Age has also been used to limit older people’s access to health care including through health insurance policies covering coronavirus which have limits of up to 60 or up to 65 years of age.[[25]](#footnote-25) Upper age limits have been used as criteria for participation in clinical trials.[[26]](#footnote-26) Upper age limits have also been included as a criteria for deciding who has access to scarce medical resources in COVID-19 triage protocols[[27]](#footnote-27). The use of chronological age as criteria is arbitrary. Although data confirm that older people have especially high mortality if they contract COVID-19, work has not been done to establish whether this is an effect of chronological age or due to a correlation between older age and co-morbidities.[[28]](#footnote-28) Triage protocols for COVID-19 must be based on individualised clinical assessment, medical need, scientific evidence and ethical principles, such as fairness, proportionality and respecting the wishes of the patient. Basing decisions on any non-medical characteristics, such as age or assumed social worth, is unethical and discriminatory.

“I recently had an open-heart surgery and I do have chronic diseases, so I am highly concerned about my health. What if I acquire the virus and there is no capacity to treat me at the hospital? What if I don't survive COVID-19? Adding to that, in high-income countries they are prioritising the hospitalisation of younger generations. What will happen here when the situation worsens? The state of uncertainty, the negative thoughts and facing an invisible enemy keeps me in a relatively unstable mindset.”

Nidaa Barakat, 54, Lebanon[[29]](#footnote-29)

* **Which groups have been identified as particularly vulnerable to socio-economic hardship in the context of the COVID-19 crisis?**

**Older people**

The Secretary-General of the United Nations has highlighted concerns about the disproportionate impact of the pandemic on older population.[[30]](#footnote-30) They are at high risk both physically and financially. The shutdown of markets and other ways of earning money have taken financial autonomy away from older people who rely on the small income they or their family members are able to earn. Analysis from the World Bank released in April predicted that close to 50 million people will be pushed into extreme poverty – living below $1.90 U.S. dollars a day – due to COVID-19. Estimations by HelpAge on the basis of World Bank data suggest that in Sub-Saharan Africa alone between 1.6 and 2.3 million more older people will become destitute as a result of the crisis. The reality is that millions of older people who live without the support of a pension may never recover from the loss of livelihoods and income caused by the lockdowns imposed in response to COVID-19. [[31]](#footnote-31)

Older people have also been particularly badly affected by other emergencies during the pandemic, for example the floods in East Africa[[32]](#footnote-32).

**Data on the impact of COVID-19 on older people**

The Secretary-General has also highlighted the paucity of good quality evidence on the spread and impact of COVID-19 on older individuals.[[33]](#footnote-33)

COVID-19 has disrupted the scheduled production and release of policy-relevant data and evidence undertaken by NSOs. Eighty percent of surveyed NSOs in LMICs are struggling to operate during the pandemic due to financial constraints.[[34]](#footnote-34)

Even before the pandemic many NSOs struggled to produce good quality age-disaggregated data on older women and men in development and humanitarian contexts.[[35]](#footnote-35) Now the crises threatens the inclusion of older men and women, especially from marginalised communities, in data collected during the pandemic, especially under lockdown.

As state institutions, NSOs have a responsibility to respect and protect rights of all individuals. To fulfil this mandate, and to ensure that governments, communities and individuals have the evidence to respond effectively and to foster accountability, NSOs must secure collection of data on older women and men during the pandemic. Data production must consider its methodologies and approaches in relation to older people and their issues, identify ways for individuals’ to inform data processes, and adhere to a human rights-based approach to data[[36]](#footnote-36) and to Fundamental Principles of Official Statistics[[37]](#footnote-37).

* **Please provide data on abuse and neglect of older persons, in and outside care institutions brought to the attention of public authorities or complaint mechanisms.**

Lockdown measures have put older people at increased risk of violence, abuse and neglect. In India, for example, helpline staff for HelpAge India are reporting a marked increase in calls.[[38]](#footnote-38) In Australia UnitingCare said calls to its elder abuse prevention unit helpline in Queensland had risen by 15 per cent between February and the end of March 2020[[39]](#footnote-39) and there have been reports of a tenfold increase of violence, abuse and neglect of older people in Canada[[40]](#footnote-40).

A consultation with HelpAge staff and partners revealed that anecdotal evidence suggests that violence, abuse and neglect of older women has increased in Moldova. In Kyrgyzstan HelpAge International staff made phone calls to crises centres located across the country. According to their statistics during the period between March 25 and April 30, 2020, in total 576 calls were made by survivors of domestic violence, including 29 calls being made by older people (27 women, 2 men). Crises centres noted complaints of older people were mostly related to psychological and economic violence, as well as neglect from their family members.

“During quarantine, my son and daughter-in-law began to neglect my needs. Previously, I did not notice their behavior, but since all family members must stay home, I started feeling their bad attitude to me. They don’t give me food and medicine on time and even don’t talk to me. Sometimes my daughter-in-law yells at me. I feel like a burden to my family.”

Older woman, 62, Osh province, Kyrgyzstan

The COVID -19 pandemic has exposed the lack of protection of older people’s rights in relation to care and support services. Lockdown measures have left older people unable to access care and support services in their homes or the community. The isolation of residents of care homes has been exacerbated by restrictive visitor policies[[41]](#footnote-41). Poor standards have been exposed in residential care homes[[42]](#footnote-42). Older residents have been neglected and in some cases abandoned and left to die.[[43]](#footnote-43) Care and support services have not been given sufficient PPE for use in the community and in care homes in order to protect the lives of residents and staff.[[44]](#footnote-44) There has been a failure to prevent deaths in care homes[[45]](#footnote-45), and a failure to count the deaths in care homes[[46]](#footnote-46) or include them in official statistics. Elsewhere emergency measures have been introduced which reduce access to care and support services[[47]](#footnote-47) and social services not getting funding[[48]](#footnote-48).

**Social Protection**

* **Please provide information on implemented and planned adjustments to the social safety net in response to the crisis, to ensure that individuals who lost all or part of their income as a consequence of the pandemic have access to sufficient nutrition, housing, water and sanitation, health care, energy and other essential goods and services? How has the State ensured fair and equitable access to social safety net measures across lines of race, gender, sexual orientation and gender identity, membership of indigenous peoples, and others?**

**Older people’s access to social protection**

One of the major problems compounding older people’s poverty in low income countries is the lack of social protection and in particular the absence of pensions in many countries. Only 22 per cent of governments in Sub-Saharan Africa provide pensions and only 23 per cent in South Asia, while many countries have done nothing to support older people to help them through the COVID-19 crisis.

Some countries - like Kenya[[49]](#footnote-49) and South Africa that do guarantee pensions for all older people - have paid out additional sums to support older people through the COVID-19 crisis. As of 23 April, 39 countries had adapted or expanded old age social protection in response to the pandemic and while this is to be commended, it is a small proportion of those who have expanded social protection more broadly. As of May 8, 2020, a total of 171 countries had introduced or adapted social protection programmes in response to COVID-19.[[50]](#footnote-50)

Disruptions to social security and social protection entitlements have left many older people without access to the income, food and other forms of support they need to survive. This includes interruptions to or suspensions of pension payments[[51]](#footnote-51) and older people being unable to access their pensions as banks have been closed and they do not have ATM cards[[52]](#footnote-52). In other cases older people have not had to access cash transfers[[53]](#footnote-53) or food[[54]](#footnote-54).

Another concern is a lack of focus on equitable access. In a review of older people’s access to a new, large COVID cash transfer programme in Pakistan, the majority of the older are either unaware or don’t know about the technology use for registration, eligibility criteria excluded many in need of support, and cash distribution points were not accessible to them.[[55]](#footnote-55)

**Awareness raising and technology**

* **What awareness-raising activities have been undertaken by the State to inform groups in vulnerable situation, indigenous people and other populations living in remote or conflict-affected areas of health risks associated with COVID-19?**

**Older people’s access to information**

Access to information can be a major challenge for older people, particularly those who have low literacy rates, lack digital skills or access to digital or other communications technologies. In Rwanda, our network member NSINDAGIZA reports that despite the Government’s interventions to support the most at-risk people, including older people, access to information on COVID-19 remains a challenge for older people, as some already live alone and depend on other people, who are currently confined. Most of information is shared through social media, televisions, radios and written magazines, to which older people don’t have access.

Since September 2019, Bangladesh has restricted access to telecommunications and the internet in the refugee camps in Cox’s Bazaar, which severely limits the Rohingya refugee population’s access to information about COVID-19. Older people can’t hear messages delivered on loud speakers on tuk tuks.

“I don’t know anything about that virus, just people are saying something about a virus on the megaphone, but I don’t hear well, that’s why I don’t know anything… I’m always thinking, what are they saying on the microphone… No one told me to do anything, just my son told me to pray so I just pray always.”

Sayeda, a Rohingya woman in her 80s[[56]](#footnote-56)

Others are unsure of the legitimacy of the information they have access to:

“Since the virus outbreak, I listen to radio and watch television to follow the situation in the country. It’s stressful. There’re a lot of information and I can’t be sure which news are factual or fake. Information I have received has made me worried.”

Supin Kotapan, 67, Thailand[[57]](#footnote-57)

“I am worried about the uncertainty: I want to understand how long it can last. Disturbing rumors, gossips, unverified information are being spread like a virus (including from my friends). The media speak of older people as a risk group. They try to warn, explain, scare us. But apparently younger people get sick too.”

OLGA AGAPOVA Saint-Petersburg, Russia[[58]](#footnote-58)

**Questions by the Special Rapporteur on extreme poverty and human rights**

**In accordance with the ILO Social Protection Floors Recommendation No. 202 (2012), a national social protection floor is conceived as a basic set of rights entitling individuals to basic social security guarantees for health care and for income security for children, older persons and those unable to work, in particular in cases of sickness, unemployment, maternity, and disability. Do the economic recovery plans adopted include measures towards making progress towards establishment or strengthening of a national social protection floor?**

Economic recovery plans are still being developed but the initial crisis response has largely centred around social protection and in some cases impressive progress has been made to realise a social protection floor. The question remains whether this uneven progress will be permanent or be rolled-back ‘after’ the crisis.

For a general overview of global social protection responses see: <https://www.ugogentilini.net/?p=920>

However, despite this massive expansion of social protection, not enough countries are expanding social protection explicitly for older people.

For an overview of responses focused on older people see: <https://www.socialprotection.org/discover/publications/responding-covid-19-improved-social-protection-older-people-8th-may-2020>

**Do the employment policies associated with the economic recovery plans take into account the specific situation of people working in the informal sector, and the need to improve working conditions in that sector as well as to extend formal social protection to them? Have such policies sought to increase the employability of groups that face specific barriers in their access to employment, for example, through demand-driven skills development and vocational training?**

In the current focus on crisis management, the informal economy has been the biggest focus of social protection responses, including how to expand social protection to the informal economy.

For more on expanding the focus on the informal economy: <https://socialprotection.org/discover/publications/space-informal-workers-and-social-protection>

**Questions by the Independent Expert on the human rights of older persons**

1. **Please provide more information on the situation and measures taken in state run or financed facilities with a focus on the needs of older persons with underlying health conditions. Please provide any information concerning shelters for older women to protect them from abuse or from homelessness.**

See above for care homes.

Responses to a survey of HelpAge staff and partners revealed that in the places where we work, shelters are generally offering reduced services or have stopped admitting people due to COVID-19 restrictions. They have all been closed in Somaliland. In Kyrgyzstan they only work online to provide psychological and legal support although NGOs, UN women and the government are working to free up additional spaces for survivors, as they are in Lebanon where the easing of lock down measures are beginning to make access easier.

3. **Please provide information on reports, speeches and measures which had a special focus on older persons during the pandemic. Please include best and bad practices.**

We have seen unprecedented attention to older people’s rights by the UN Secretary General[[59]](#footnote-59) and UN agencies, including UNFPA[[60]](#footnote-60) and UNDESA[[61]](#footnote-61). There has been an increase in the number of virtual events on the rights of older people involving older people themselves, their organisations as well as member States, UN agencies, the Independent Expert on the rights of older people and the UN High Commissioner for Human Rights. Governments have introduced measures focusing on older people, for example the release of older prisoners[[62]](#footnote-62), delivery of food to older people[[63]](#footnote-63), and as mentioned above social protection measures. Older people, their associations and civil society organisations have mobilised to provide support to older people in their communities:

“I learned about COVID-19 at a training session organised by the Red Crescent before the state of emergency was announced. I learned about prevention measures. I have a special mask, gloves and I wear glasses. I am very careful with the use of disinfectants. They gave me leaflets and posters about COVID-19 and then I conducted training for older people. I visited them at their houses, put up posters and handed out leaflets. I also went to the market and handed out leaflets to food sellers. I raised awareness of COVID-19 to 250 people".

Zinaida Lebedeva, 70, Kyrgyzstan[[64]](#footnote-64)

The COVID-19 pandemic has also exposed the ageism that is deep rooted in society. Ageism has been evident at beginning of pandemic and as countries have come out of lockdown. Looking ahead, there is a concern that older people will be blamed during the recovery phases. Such instances include hate speech, where the pandemic has been called an opportunity to remove[[65]](#footnote-65) or cull older people[[66]](#footnote-66). The rhetoric of influential decision-makers has been ageist[[67]](#footnote-67) and we have seen the pitting of one generation against another in claims that responses to the pandemic are harming the young in order to save the old and older people should be taxed to pay for sacrifices younger generations have made[[68]](#footnote-68). Elsewhere the lives and deaths of older people have not been afforded the same value as younger people[[69]](#footnote-69), and older people have been stigmatised and assaulted[[70]](#footnote-70).

‘Unfortunately, with the coronavirus crisis, we have found many cases of bullying against older people. Social media users are disregarding the feelings of older people. It has been said repeatedly that this virus only kills older people, but this is a big mistake because it can harm all people.’

Ahmed Al-Dahir, Jordan, 60[[71]](#footnote-71)

For further information contact Bridget Sleap, senior rights policy adviser, HelpAge International [bsleap@helpage.org](mailto:bsleap@helpage.org)

1. See for example the Philippines, <https://www.gmanetwork.com/news/news/nation/735791/urges-relaxation-of-community-quarantine-rules-on-elderly/story/>, 27 April 2020; Argentina, [https://www.aljazeera.com/news/2020/04/buenos-aires-backs-plan-requiring-elderly-carry-permits-200420190158969.html 20 April 2020](https://www.aljazeera.com/news/2020/04/buenos-aires-backs-plan-requiring-elderly-carry-permits-200420190158969.html%2020%20April%202020); Tunisia, <https://golosislama.com/news.php?id=38510>, 1 May 2020; Finland, <https://yle.fi/uutiset/osasto/novosti/pravitelstvo_snimaet_chast_koronavirusnykh_ogranichenii_-_smotrite_polnyi_spisok_izmenenii/11335220>, 5 May 2020 [↑](#footnote-ref-1)
2. See for example Israel, <https://www.calcalistech.com/ctech/articles/0,7340,L-3809065,00.html>, 19 April 2020 [↑](#footnote-ref-2)
3. See for example Dubai, <https://www.sierraleonetimes.com/news/264911308/un-chief-discrimination-of-older-people-during-pandemic-must-stop>, 2 May 2020 [↑](#footnote-ref-3)
4. See for example Dubai, Abu Dhabi and Ras Al Khaimah, <https://www.sierraleonetimes.com/news/264911308/un-chief-discrimination-of-older-people-during-pandemic-must-stop>, 2 May 2020 [↑](#footnote-ref-4)
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6. See for example Pakistan, <https://www.aljazeera.com/news/2020/04/pakistan-records-highest-number-coronavirus-deaths-day-200421082118654.html>, 21 April 2020 [↑](#footnote-ref-6)
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8. British Society of Gerontology, [Statement on COVID-19](https://www.britishgerontology.org/publications/bsg-statements-on-covid-19/statement-one), 20 March 2020, point 6 [↑](#footnote-ref-8)
9. <https://www.helpage.org/newsroom/covid19-older-peoples-stories/klavdiya-kazakova-ukraine/> [↑](#footnote-ref-9)
10. See for example Jordan, <http://jordantimes.com/news/local/sigi-calls-govt-act-domestic-violence-issues?fbclid=IwAR2zOZ2Pznq3jqVqf6p0S18IgdoXHItdervBc9iezfWtOzjZIwDq6Kls5es>,13 April 2020; Australia, <https://www.abc.net.au/news/2020-04-29/coronavirus-queensland-elder-abuse/12188668>, 28 April 2020 [↑](#footnote-ref-10)
11. UN Policy Brief, [*The impact of COVID-19 on older persons*](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf)*,* 1 May 2020, page 3 [↑](#footnote-ref-11)
12. <https://www.helpage.org/newsroom/covid19-older-peoples-stories/lolo-grandpa-mario-64-punta-sta-ana-manila-the-philippines/> [↑](#footnote-ref-12)
13. Stigma is the disapproval or disgrace society attaches to a particular characteristic or illness. To stigmatise someone or a group of people is to apply that disapproval to them. [↑](#footnote-ref-13)
14. Ayalon et.al, [*Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity*](https://academic.oup.com/psychsocgerontology/advance-article/doi/10.1093/geronb/gbaa051/5820621), 16 April 2020 [↑](#footnote-ref-14)
15. UNDESA Population Division, *Living Arrangements of Older Persons: A Report on an Expanded International Dataset*, 2017 [↑](#footnote-ref-15)
16. See for example UK, <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>, 15 May 2020 [↑](#footnote-ref-16)
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18. Rodin et al, [*The Suffering of Isolated Patients and Families The psychological and social implications of physical isolation for patients and families during the coronavirus pandemic*](http://globalpalliativecare.org/covid-19/uploads/briefing-notes/briefing-note-the-psychological-and-social-implications-of-physical-isolation-for-patients-and-families-during-the-coronavirus-pandemic.pdf) [↑](#footnote-ref-18)
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    <https://www.theguardian.com/world/2020/apr/01/uk-healthcare-regulator-brands-resuscitation-strategy-unacceptable> [↑](#footnote-ref-21)
22. Amnesty International, *Humanitarian crises monitoring: The impact of coronavirus. Submission to the International Development Committee*, April 2020 [↑](#footnote-ref-22)
23. https://www.corona-older.com/post/letter-from-argentina-older-people-pensioners-and-care-homes-on-the-frontlines-against-covid-19 [↑](#footnote-ref-23)
24. https://www.helpage.org/newsroom/covid19-older-peoples-stories/lola-grandma-rosita-76-malabon-city-the-philippines/ [↑](#footnote-ref-24)
25. <https://newsmir.info/2053364> [↑](#footnote-ref-25)
26. Lithander et. al. ‘COVID-19 in older people: a rapid clinical review’, Age and Ageing 2020; 1–15, doi: 10.1093/ageing/afaa093, 16 April 2020 [↑](#footnote-ref-26)
27. See for example [Maryland](https://int.nyt.com/data/documenthelper/6848-maryland-triage-guidelines/02cb4c58460e57ea9f05/optimized/full.pdf#page=1) (USA), [NICE](https://www.nice.org.uk/guidance/ng159/resources/covid19-rapid-guideline-critical-care-in-adults-pdf-66141848681413) (UK), [SIAARTI (Italy)](http://www.siaarti.it/SiteAssets/News/COVID19%20-%20documenti%20SIAARTI/SIAARTI%20-%20Covid-19%20-%20Clinical%20Ethics%20Reccomendations.pdf) [↑](#footnote-ref-27)
28. British Medical Association, [COVID-19 – ethical issues. A guidance note](https://www.bma.org.uk/media/2360/bma-covid-19-ethics-guidance-april-2020.pdf), April 2020 [↑](#footnote-ref-28)
29. https://www.helpage.org/newsroom/covid19-older-peoples-stories/nidaa-barakat-54-lebanon/ [↑](#footnote-ref-29)
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