



COVID-19 GUIDANCE

Guidance for churches on how to support older people during the Covid-19 pandemic

Purpose of this guide

The aim of this guide is to share **key information** relating to older people during the Covid-19 pandemic and to **prompt meaningful thinking about and engagement with older people in churches and communities**. Churches are in a good position to respond to the rights and needs of older people in direct conversation with them, and to advocate for them, given the community access, goodwill and social trust of faith leaders. Because older people are at higher risk of complications from Covid-19, protecting them is vital. Engaging with older people is a key challenge for faith leaders and congregations: it calls for active and holistic engagement. Support for older people during the pandemic should be seen not only in physiological terms, but also in terms of other critical dimensions, such as emotional and spiritual aspects of support, which also matter greatly to them.

Who this guide is for

This document offers guidance for denominational church leaders, congregations and church members around the world. The messages of this guide are most applicable to rural churches and communities, but could be contextualised to urban settings. Examples from different low- and middle-income countries are given to help readers think through the situation of older people in their own context. The guide is also useful for faith-based community groups, self-help groups (SHGs) and neighbourhood associations reaching out to older people.

This guide was written in April 2020, in the dynamic context of the Covid-19 pandemic. Contexts and country-level scenarios vary, so please make sure your thinking and response is in line with your government's directives, and best-practice guidance, as they evolve.

A [short leaflet](#) and [poster](#) based on this guide are available. For general guidance on Covid-19 and the local church, please see [Tearfund guidance \(2020\)](#). For general guidance and health advice for older people, see [HelpAge \(2020\)](#).

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Summary of sections and key messages

This guide has four thematic sections, with subheadings indicating key messages.

1

What we generally know about older people in our communities

Older people are a diverse yet often invisible group (see illustration 1). They make significant contributions to societies, churches, communities and families. Older people are often part of extended families where they play an important role, such as looking after grandchildren. They also give to, as well as benefit from, church and being part of a faith community. Due to various factors, such as variations in socio-economic backgrounds, socio-cultural norms and rural–urban differences, older people’s living arrangements vary. As older women tend to have lower mortality rates than men, and are less likely to remarry in later life, older women are more likely to be widowed than older men, which increases their potential vulnerability.

2

What we specifically know about older people during the Covid-19 pandemic

People of all ages are at risk of Covid-19, but the risk of serious illness and death increases with age, due to the heightened risk of complications when older people with lower immunity and pre-existing medical conditions contract the disease. Older people may face different sets of risks and vulnerabilities depending on their living arrangements, and as such may be unable to give care to others during the pandemic. Existing arrangements for older people who receive care may have to be adjusted (see illustration 2). Older people may face discrimination in trying to access care and health services, particularly where resources are limited. Older people’s livelihoods are likely to suffer as a result of the economic impact of Covid-19.

3**What church leaders and congregations can do to help**

Churches are in a good position to speak up for older people and challenge discrimination and exclusion, and to speak with church and community members, as well as take specific actions. This section outlines a set of questions churches can ask to identify particularly high-risk older people in their community and consult them, such as: Is the situation of active older people who are caring for other family members changing during the Covid-19 pandemic? What is the situation of fragile older people who are being cared for? What is the particular situation of older widows, who will make up the majority of the very old?

Church-based small groups have great potential during the pandemic to divert their efforts and offer informal care and help to each other and to older people. Examples include: visiting at a distance or staying in contact by phone; helping to fetch water or cultivate land; assisting with and delivering shopping, basic supplies and medicines; collecting pensions on behalf of older people; organising one-off collections and making gifts of food to those struggling; providing news and information; offering moral and spiritual support in new and creative ways; and providing safe transport to hospital, if needed.

4**How the value and experiences of older people are affirmed in the scriptures**

This section sets the experiences and hardships of older people during the pandemic in a biblical context. It explores the mandate of the local church to support older people, by looking at what the scriptures say on matters of old age, afflictions, trust, widowhood, justice, care, hope and death.

1. What we generally know about older people in our communities

1.1. Older people are a diverse group, yet are often invisible

There is no simple definition of old age, and chronological definitions do not reflect the diversity of older populations or their individual experiences of ageing. Official chronological definitions vary as to who is or who feels old, and can range from 65 years plus, 60+ or even 50+. Older people have been divided into the 'young old' (65–74), the 'middle old' (75–84) and the 'older old' (85+).¹ Age in years is, in fact, only loosely associated with behaviour and levels of functioning.² Therefore, whatever the age definition of the older population in your area, this group will certainly contain a very diverse set of people with a wide spectrum of experience and situation. No two older people will be the same (see illustration 1). For example, some older people are very active, mobile and still working full-time, with little to distinguish them from those not considered old. Others have challenging health conditions and impairments: they may be unwell and unable to leave the house due to mobility restrictions, and may need assistance with most basic activities. Amongst the many markers of diversity in ageing populations, health and wealth (or ill health and impoverishment) are perhaps the most visible and are often closely related: access to incomes, pensions, financial capital and assets, savings and/or remittances make a large difference to wellbeing, available choices, opportunities and constraints.

Both experiences and understandings of old age vary according to context. A study conducted on ageing in Rwanda showed that old age was not always described in terms of a particular number of years, but was widely associated with a decline in economic productivity.³ Rather than defining the benchmark for old age as being associated with disability, or not being able to work, a life-course perspective is more helpful, one that considers all the factors that may impact someone's experience as they age.⁴ This is a view of life as a journey with different phases, events and transitions, in which age is influenced by many different factors.⁵ In order to understand the life-course of older people, it is important for church and community members to visit and speak with them as individuals.

What is more, the study on older people's lives in Rwanda provided strong evidence that older people are often invisible in public life, public discourse and even public planning.⁶ As the Covid-19 pandemic highlights the heightened risk to older people, it is hoped that public perceptions of older people will change, increasing solidarity with them. It is also a chance for church leaders and church members across the world to become more aware of the importance of considering the well-being of older people in our societies, communities and churches.

¹ Harris, 2008:53

² WHO, 2015:16

³ Davis et al, 2019

⁴ WHO, 2015

⁵ HelpAge, 2020e

⁶ Davis et al, 2019

Illustration 1. Older people are a diverse group. Who are the older people in your community?



tearfund.org/covid19
covid19-response-team@tearfund.org

1.2. Older people's contributions are significant

Older people make multiple contributions to society, communities and families. For example, they play an important role in families and communities by looking after grandchildren. Older people are the architects and builders of the economic benefits which later generations enjoy. The World Health Organization's framework of 'active ageing', optimising opportunities for health, participation and security as people age, has the goal of 'ensuring that older people remain a resource to their families, communities and economies'.⁷ As a research report on older people in the Commonwealth showed, they are an important part of 'community infrastructures'.⁸ While older people enjoy functional abilities – the capability to do whatever activities they most value – they are a 'potential resource' for themselves, for each other and for the wider community.⁹ Functional abilities identified as important to older people include moving around, meeting one's own basic needs, building and maintaining relationships, making contributions, learning, growing and making decisions.¹⁰ Similarly, the research study on *Ageing in Rwanda* showed that older people's contributions to social support structures across family, church and society, both in old age and over the course of their lives, are multifaceted. Some examples include:¹¹

- advising the young, acting as role models and influencers
- fostering and adopting, looking after orphans, grandchildren and other family members
- volunteering to address local needs
- giving in various ways to the church (money, time, resources)
- cooking, cultivating and relating to other elderly neighbours
- hosting and building support networks, friendships and relationships
- 'history keepers': sharing legacies, teaching lessons and transmitting values¹²

1.3. Older people contribute to and benefit from church support

Religious observance among older people is often stronger than among younger people. The connection between older people, their spirituality, faith and well-being is well established.¹³ The later stages of life raise fundamental questions about the purpose and meaning of life, particularly in the face of bereavement and loss of function.¹⁴ Spirituality can be a crucial support to many with increasing age, and the value of a securely grounded view of life and its meaning in the face of painful

⁷ The WHO policy framework identifies six key determinants of active ageing: economic, behavioural, personal, social, health and social services, and the physical environment. See WHO, 2015:5.

⁸ Oxford Institute of Population Ageing, 2018:12

⁹ Oxford Institute of Population Ageing, 2018; WHO, 2015

¹⁰ WHO, 2015:30

¹¹ Davis et al, 2019

¹² Davis et al, 2019:23

¹³ Coleman et al, 2011

¹⁴ Coleman et al, 2011:1

experiences in later life is apparent.¹⁵ A study interviewing older people in the UK found that spirituality and faith were expressed in frequent proximity to personal well-being.¹⁶ The study conducted in Rwanda found evidence that older people take great comfort from both communal church meetings as well as their personal prayer life, which provides a source of strength and hope for them.¹⁷ What is more, older people who are part of active churches experience as well as offer practical support in daily life.¹⁸

1.4. Older people's living arrangements vary¹⁹

It is commonly assumed that traditionally, in low- and middle-income countries, older people tend to rely on family members in times of need. In principle, as a comparative study of countries across the Commonwealth has shown, co-residence in extended or multi-generational families is still common for older people in developing countries. Meanwhile, in high-resource settings, and as countries develop, there is a trend for older people to choose to and prefer to live either alone or with just a spouse.²⁰ At the same time, even in low-resource settings, the traditional care arrangements for old age are changing, due to unparalleled demographic and social changes: people tend to have fewer children and adult children often move away to cities for work, leaving their elderly parents behind in rural areas (see Section 1.6). In some contexts, this is exacerbated by people in their prime dying of disease, as a consequence of HIV, or being killed in conflict or genocide (as in the case of Rwanda). Urban older people living in cramped low-income informal settlements may face another set of challenges altogether. These different factors lead to a wide variation of living arrangements for older people, and can lead to increased vulnerabilities for them when they are living alone and are in need of assistance.

¹⁵ Coleman et al 2011:9

¹⁶ Coleman et al 2011:11

¹⁷ Davis et al, 2019:43

¹⁸ Davis et al, 2019:47

¹⁹ This guidance considers older people who live in the community, either as part of extended family households, together with their elderly spouse or alone. The guide does not discuss the situation of older people residing in private or government care homes. Other organisations have produced guidance for carers and care homes (eg HelpAge, 2020a).

²⁰ Oxford Institute of Population Ageing, 2018:9



CASE STUDY

How older people's experiences vary widely within the same country

Rwanda



The majority (68 per cent) of Rwanda's older people live with working-age adults – usually, their own children – and more than half live in households of at least three generations. Women are more likely than men to live with others, reflecting cultural norms for children to take in their widowed mothers while widowed fathers retain their own household living alone. However, for both men and women, the incidence of living with working-age adults decreases steadily with increasing age up to 80 years, meaning that those with the most significant impairments and ill health may actually be living alone. The majority of working-age adults who live with older people are unmarried and in tri-generational households; 70 per cent of these working-age adults are female.²¹

1.5. Older women are more likely to be widowed than older men

Older people may live alone for a number of reasons: they may never have had children, and/or be widowed, or if they have adult children and other close family members, these may be living somewhere else. Some, in more affluent circumstances, may choose to live on their own. In most cases, older women are more likely to be widowed than older men, as women's life expectancy is generally higher, and they are less likely to remarry when older. This means that older women are more likely to live alone, while older men are more likely to live with their wives. What is more, with advancing age, the likelihood of women living alone increases.²² In many contexts, discrimination against older women, particularly widows, may be stronger than against men.

The situation of widows in low-resource settings is an important matter for churches to speak with widows about, and respond to. This is because they often have **increased vulnerability**, including the 'risk of having unmet needs or care (ie help with tasks of everyday living) or support (ie income to buy

²¹ Davis et al, 2019:22; Sabates-Wheeler et al, 2018:19–22. This data suggests that such female-headed households are more likely to be disadvantaged in terms of earnings, because the majority lack a male, working-age breadwinner.

²² Oxford Institute of Population Ageing, 2018:43

basic necessities)'. In some cases, they also become drawn into property disputes (ie the inability to inherit land and property due to inheritance laws).²³

1.6. Older people are more likely to live in rural than urban areas

In the Majority World, more older people live in rural areas than in cities. On the African continent, for example, cities are mainly populated by working-age adults, young people and children, while older people are still mostly living in, or have retired to, rural homes in the countryside.²⁴ This has led to the 'left-behind elderly' phenomenon (as it has been termed in China, for example) where the proportion of older people in rural areas is disproportionately high.²⁵ This is explained by the trend of younger working-age adults moving from rural areas to cities in search of work opportunities, leaving ageing parents and grandparents behind in villages.²⁶

²³ Oxford Institute of Population Ageing, 2018:44, 47

²⁴ Crush, 2020

²⁵ Ye et al, 2008

²⁶ Crush, 2020

2. What we specifically know about older people during the Covid-19 pandemic

In the context of the pandemic, the World Health Organization defines ‘older people’ as those over 60 years old.²⁷ Communities and churches, and older people themselves, ought to consider that they can be at higher risk because of their age, even if they are active and physically healthy, but particularly if they have other underlying health conditions. In contrast to the HIV epidemic, with Covid-19, the majority of people likely to die will be in older age cohorts.²⁸ However, there are measures we can take to protect each other. Longer-term physical distancing or isolation is important to reduce the spread of Covid-19, but this comes with challenges for people’s well-being and mental health.²⁹ Older people who are dependent on others for support may find these situations particularly challenging, but there are things churches and communities can do to look after each other (see Section 3).³⁰

Definitions of important terms

Communicable diseases

An infectious disease, transmissible from person to person through direct contact with an affected individual or by contact with the individual's discharges or sometimes by indirect means (through objects the individual has touched).³¹

Noncommunicable diseases

A non-infectious disease. Noncommunicable diseases (NCDs), also known as chronic diseases, are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and strokes), cancers, chronic respiratory diseases (such as asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries.³²

²⁷ WHO, 2020

²⁸ Mortality rates with Covid-19 are likely to differ from those associated with HIV. For example, in all of the southern African countries, the HIV epidemic has had an enormous impact on the mortality rates of people of working age (18–59), the age cohorts who would be supporting elderly parents. See Oxford Institute of Population Ageing, 2018:55

²⁹ HelpAge International, 2020d

³⁰ Ibid

³¹ Definition adapted from Merriam-Webster, 2020

³² WHO, 2018

Self-isolation

Refers to staying indoors as much as possible and trying to avoid contact with other people. It means you should only go outside your home if it's essential, for example to buy food and medicines.³³ Anyone displaying symptoms of Covid-19 should be staying at home for seven days, and those who are living with people who display symptoms should be staying at home for 14 days.

Shielding

A type of self-isolation, which involves not leaving your home for any reason for at least 12 weeks to reduce your risk of contracting coronavirus. This is recommended for extremely vulnerable groups: those who already have severe underlying health conditions which would make them unable to cope with Covid-19 should they contract it.³⁴

Social distancing

Understood as physical distancing during the Covid-19 pandemic: this is about trying to maintain some physical distance from other people (a minimum of two metres) to reduce rates of infection. Ways of doing this include avoiding crowded places and big groups of people such as church gatherings or public transport, and avoiding physical contact with others, including greetings such as shaking hands or hugging.³⁵

2.1. Older people are at high risk when contracting Covid-19

Covid-19, a communicable disease caused and spread by a virus, is highly infectious, and while everyone is at risk of infection, older people are most at risk of severe complications. Especially in low- and middle-income countries, older people will bear the burden of the spread of Covid-19.³⁶ This is not because there is evidence that they are more likely to catch or spread the virus, but because if they do become infected, they are more likely to experience life-threatening complications, often linked with other underlying health conditions, which are pre-existing non-communicable diseases (NCDs), and the medications used to treat or manage them.³⁷ Of those who have died from Covid-19 so far, the majority have been over 60 years of age and have had chronic diseases such as hypertension, cardiovascular disease and diabetes.³⁸ It is therefore crucial to work with older people to protect them from Covid-19 as far as possible, through physical distancing in social interactions and, in cases of extreme risk and vulnerability, through shielding. This should also be accompanied with measures to ensure all their basic needs are met since older people may be further marginalised or put at risk if they cannot get food or medicine.

³³ Definition adapted from HelpAge, 2020d

³⁴ Definition adapted from AgeUK, 2020

³⁵ Definition adapted from HelpAge, 2020d

³⁶ Zaidi, 2020

³⁷ Jha, 2020

³⁸ Zhang, 2020

Older people with the following chronic diseases might be particularly at risk of complications from Covid-19:

- chronic lung disease or moderate to severe asthma
- hypertension (high blood pressure) and other cardiovascular disorders
- serious heart conditions
- diabetes
- low immunity due to undergoing cancer treatment, smoking, bone marrow or organ transplantation, immunodeficiencies or poorly treated HIV or AIDS.

This information was correct at the time of writing (April 2020). Check the [WHO health information](#) for the most up-to-date guidance.³⁹

2.2. Older people may be unable to give care to others during the Covid-19 pandemic

Older people can be at risk of catching Covid-19 from children and other family members, which is why many governments are advising that older people keep their distance from other family members during the pandemic. This means that grandparents, if they usually care for grandchildren while both parents work (locally, or as migrant workers in cities or abroad), will have to rethink these care arrangements for their own safety.

Challenges for caring grandparents: As ageing experts Lloyd-Sherlock et al have pointed out, should these caring 'grandparents become ill with Covid-19 or, worse, die, the implications for their extended families will be profound, beyond grief and bereavement, especially when those working abroad [or away in another place in the same country] are unable to return at short notice. Moreover, these caregiving roles provide an added risk of exposure for older people as it makes it impossible for them to self-quarantine [should a child contract the virus]'.⁴⁰ Beyond the individual and the affected family, if older people die in large numbers, existing support structures in communities are affected adversely, and societal structures will experience a large void.

³⁹ WHO, 2020a

⁴⁰ Lloyd-Sherlock, 2020



CASE STUDY

How older people contribute to childcare and family support

South Africa



'About 70 percent of older people in South Africa receive old age grants and [...] older women [often] use this income to support unemployed and underemployed relatives. By doing so they significantly reduce levels of household poverty. Given high rates of unemployment, the illness or death of an older person in a household will have a significant impact on the financial status of coronavirus-affected households. The ability of parents of young children to work or seek employment will also be reduced if grandmothers are no longer able to care for their grandchildren.'⁴¹

2.3. Existing care arrangements may have to be adjusted during the Covid-19 pandemic

For those older people who are not caring themselves but are being cared for, these arrangements may also change during the pandemic. If the usual channels of free and/or paid-for care for older people become unavailable, they could be left in a very vulnerable position. If those who regularly offer help or care to older people (unpaid or paid) are unable to care due to their own sickness or self-isolation, **churches and church members can ask whether they may step in to help for a period of time.**

Care challenges and living arrangements: Where older people currently live alone or with a paid carer, the easiest solution is to bring them to live with the rest of the family – if they have a family. This, however, would increase their exposure and risk of being infected by Covid-19, particularly in large households, or where isolation and physical distancing are not observed.

Self-isolation of older people in large, extended-family households may be challenging:

Government advice for family members to 'self-isolate' for 14 days if suspected to have contracted Covid-19 can be difficult to arrange in small dwellings with large families, although it will be crucial to

⁴¹ Kelly, 2020

protect the older person. We know that larger household sizes and intense social mixing between the young and elderly can increase the transmission of the virus.⁴²

New social practices will have to be adopted for a while, to halt the virus and protect older people.

Reduced visits and contact with older friends, grandchildren and children will be hard on older people, who thrive on company and being together, with 'company [being] a defence against loneliness and a source of help'.⁴³ Families, church members and older people themselves may need to find alternative ways of keeping in touch, such as through phone calls or written notes of encouragement.



CASE STUDY

Extra precautions needed in extended family settings Pakistan and Egypt

As an example reported in Pakistan shows, within the traditional extended family system, older people can only be isolated within the family home, i.e. other family members will have to keep a distance. The custom for older persons to embrace younger members is also a tradition which carries a high risk of spreading the virus. Stopping social and religious activities might also be a challenge for older people for whom religion is a lifeline, but an important measure to follow at this time.⁴⁴

Another example from Egypt shows that family intergenerational support is at the core of social norms and typically occurs within the same household unit. Many families live with their elderly parents, and if care is needed, they either act as informal caregivers themselves, or employ care workers. Anecdotal evidence from Cairo suggests that families are taking measures to isolate the older person (such as the grandparent or parent) from contact with the younger generation.⁴⁵



⁴² Dahab et al, 2020

⁴³ Davis et al, 2019:27

⁴⁴ Zaidi, 2020

⁴⁵ Ismail, 2020

2.4. Older people living alone may be vulnerable if they contract the virus

As we have seen, an older individual who is living with (and possibly caring for/ being cared for by) family members faces a different set of risks from Covid-19 than someone living alone. For example, an older person may find it difficult to shield themselves or keep their distance from people who are unwell in the same household. However, if an older person lives alone, he or she may face a different set of risks, for example: being unable to cook or cultivate, fetch water or collect pensions or other government assistance.

Older people who live alone are at higher risk of isolation and lack of access to basic goods and services during the pandemic. Older women, who constitute the majority of the very old (85+) mostly live alone, and are disproportionately affected.⁴⁶ Those with dementia living alone, who are unable to understand the dangers associated with going out, might also be at risk.

In case of need, the older person living alone and self-isolating will have to rely on community, church and neighbourhood assistance to supply them with basic goods and food (see Section 3 for more examples).

2.5. Older people are at risk of discrimination during the Covid-19 pandemic

Older women, older migrants and older people with disabilities are most likely to experience some form of discrimination in public life.⁴⁷ During the pandemic, despite evidence of the disproportionate risk of Covid-19 to older people, they are at the same time at risk of being denied basic rights and/or may be ignored during the pandemic. In this context, discrimination for all kinds of older people may mean being denied equal access to medicines or medical treatment and being labelled or spoken ill of in the media and in wider society.⁴⁸ This is part of a wider trend in low-resource settings, whereby older people often have less equitable access to health systems.⁴⁹ According to the WHO, accessibility of health facilities, goods and services has four subdimensions: nondiscrimination, physical accessibility, economic accessibility (or affordability), and the accessibility of information. These are all relevant to older people who may face age-based rationing of services, physical limitations that make access difficult, financial insecurity as a result of their age, and information barriers ranging from low levels of literacy to difficulty using web-based information.⁵⁰

⁴⁶ AGE Platform Europe, 2020

⁴⁷ WHO, 2015:5

⁴⁸ AGE Platform Europe, 2020

⁴⁹ Often younger populations are the focus of developing services, including children, mothers, malaria, TB and HIV sufferers, see Aboderin, 2010:365

⁵⁰ WHO, 2015:14

2.6. Older people's livelihoods will experience shocks during the Covid-19 pandemic

We have established that Covid-19 presents specific risks for older people from health, social and economic perspectives. Many people rely on multiple income sources, including work, savings, pensions and financial support from adult children.⁵¹ As many countries experience economic shocks during and post Covid-19, it can be expected that older people's incomes and living standards will decline. Struggling family members may be less able to support their relatives, and older people may have less income as income-generating activities decline due to health risks.⁵² Many governments are responding with new social protection schemes to protect individuals and households from the adverse socio-economic fall-out of the crisis. There are actions that churches based in communities around the world can take to complement such efforts (see Section 3).

2.7. Older people may be affected by urban-rural return flows of people

As we have established in Section 1.6, the majority of older people in low- and middle-income countries live in rural areas. During the pandemic to date, in some countries, large numbers of migrant workers have returned to their villages, either because they believe they may 'escape' the virus by removing themselves from densely populated cities, or because they have lost their work and source of income in urban areas.⁵³ So far, this has been particularly visible in India, where there has been an 'exodus' of urban workers undertaking 'a long march home'.⁵⁴ It is of concern that these flows of people have the potential to carry the virus and spread it to rural areas, where the largest share of the elderly population lives.⁵⁵ In response, some villages in India have made it mandatory for returning migrant workers to spend 14 days in quarantine in empty schools or empty government buildings located outside the village, before being allowed to enter their homes.⁵⁶ In the absence of such arrangements, those who arrive in the villages could well make direct contact with older parents and relatives, which in turn would put them at risk.

⁵¹ socialprotection.org, 2020

⁵² Ibid

⁵³ Crush, 2020

⁵⁴ Roy, 2020

⁵⁵ Crush, 2020

⁵⁶ Manoj, 2020

3. What church leaders and congregations can do to help

As we have seen in Section 2, experiences of old age are very varied, and cannot be generalised, but depend on a number of socio-economic factors. How these factors are built up and interlink affects the wellbeing of older people in our churches and communities: individual life stories, gender, health status, wealth status, access to financial capital, family set-ups and living arrangements. Relevant guidelines, policies and laws in place are other crucial factors that affect variations in wellbeing, as do the availability of and access to government provisions. This section reflects on the mandate of the church and its potential for different types of action contributing to older people's well-being.

3.1. Thinking about the church, ageing and advocacy

Churches globally have a mandate to speak out and care for vulnerable and disadvantaged people. Especially during the Covid-19 crisis, inclusion of older people in the life of the church should include speaking up for them and reinforcing key messages, such as the fact that older people are of intrinsic value and should not be stigmatised. Overall, churches should reaffirm that older people have an equal right to be protected and treated well in society and by governments. This ties in with theological themes on the value of elders and solidarity with older people in the Bible (see Section 4).

In responding to Covid 19, a continuity of community-based services is vital for everyone's well-being, and particularly for those older people who would otherwise be at greater risk in care homes or isolated at home at this time. Churches, in collaboration with other stakeholders, should be diligent in adopting guidelines and behavioural changes that protect the rights of older people within communities and society. For example, taking note of and monitoring discrimination of older people's access to medical health facilities, and enforcing government and community protection mechanisms to prevent abuse and neglect of older people.

3.2 Thinking about what makes older people vulnerable in your context

Furthermore, inclusion also means talking with older people, their family members and carers, to find out how they are feeling, and how the church can best support them. Using your knowledge of your neighbourhood, you can identify and reach out to those who are most at risk in your church and community.⁵⁷ The following **questions** can help you to have **conversations** with them about their specific situations during the pandemic, and then agree upon what action to take. The aim will be to find out what support they need, such as help in accessing basic supplies including food and medicines.⁵⁸ Continue to have these conversations throughout the pandemic, so that older people have a say in what assistance they receive. In some cases this may mean respecting older people's wishes for independence and not imposing help on them.

⁵⁷ You can also refer to Tearfund's general mapping tool for risks and vulnerabilities, which can be used to identify vulnerable people in any community, including older people. See Tearfund, 2020a.

⁵⁸ HelpAge 2020d



Is the situation of active older people who are caring for other family members changing during the Covid-19 pandemic?

People who may rely on an older person for care include: an elderly spouse, elderly neighbours, grandchildren and orphans. Consider this: Does anyone who is usually being cared for by an active older person need extra support from church and community members?



What is the situation of fragile older people who are being cared for? What is the particular situation of older widows, who will make up the majority of the very old?

Below is a list of different types of care which older people often rely on and examples of those who usually provide it (see illustration 2).⁵⁹ Are any of these care arrangements changing during the pandemic and might the older person need extra support from church and community members? Might an older person's carer benefit from being supported by the church so that they can continue to fulfil their caring duties?

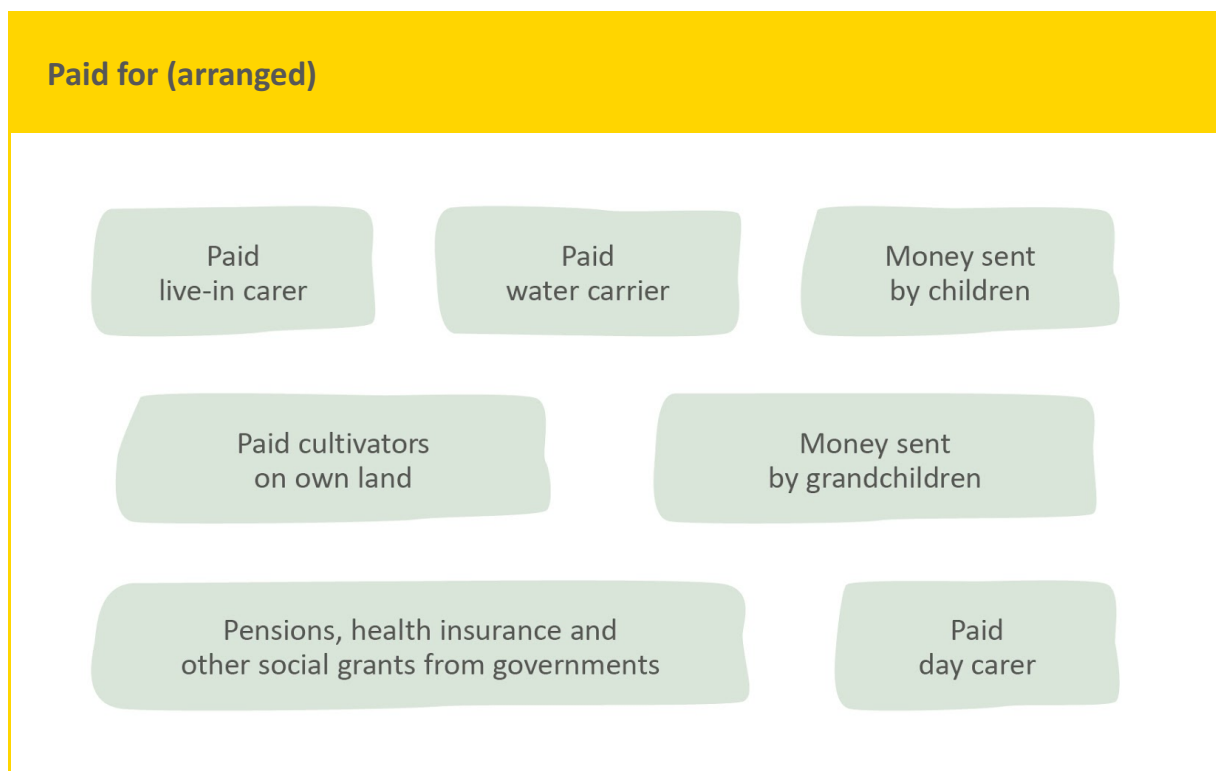
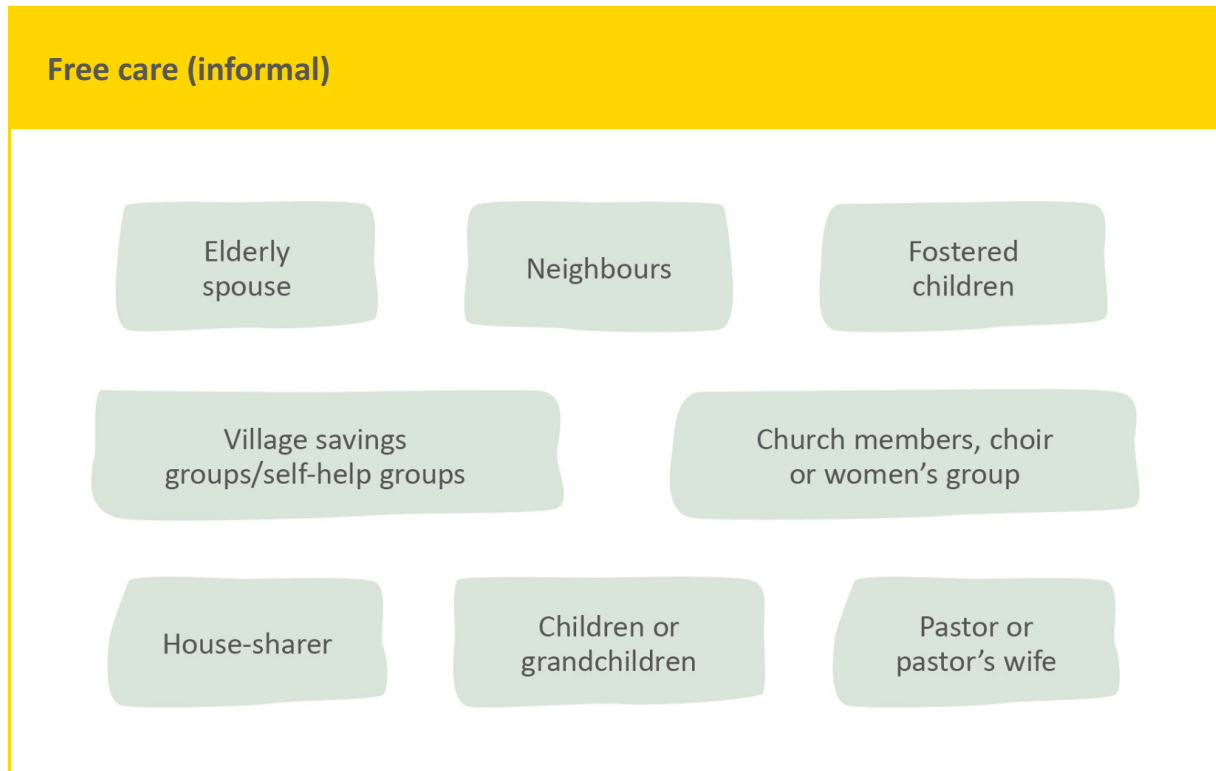


What about financial giving and volunteering for the church?

Older church members tend to be generous in their support of the work of the church through offerings, tithing and, if they are able, volunteering. At this time of increased vulnerability, older church members should not be made to feel as if they ought to contribute financially or practically to church ministries – especially if they cannot afford it and if it puts their health at risk. Instead, younger church members should seek to support their elders, helping and encouraging older people to protect themselves.

⁵⁹ Davis et al, 2019:64

Illustration 2: Types of care and those who provide it.





What is the role and function of small groups?

While self-help groups (SHGs) provide particular savings skills, mutual support and company, there are various types of church-based small groups which provide spiritual, moral and practical support to their members. This includes spiritual care through Bible study groups, prayer groups and other small groups, and often involves community care that shows members they are valued by the community they are part of.

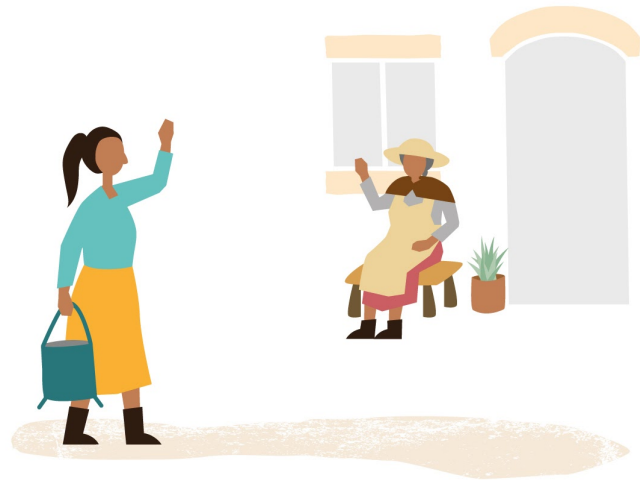
During the Covid-19 pandemic, how can these groups be redirected to check on the well-being of older people in the community, particularly those without immediate family support?

Some older people usually rely on visits from relatives living in other towns, but many governments have restricted movement during the pandemic, so that neighbours and church members may be the only informal source of support for them. Consider the implications for older people of not being able to attend church meetings and potentially feeling isolated, not only from their immediate family and wider church family, but also from a vital aspect of their personal faith. Church members will have to be creative to stay in contact with older people within the context of lockdowns and physical distancing (see next section for ideas).

Examples of practical support of older people which could be given through church members living in the same community during the Covid-19 pandemic

Visiting at a distance or staying in contact by phone

In line with government advice, visits may now only be possible at a distance of at least two metres. It would be beneficial for in-person visits to be replaced with frequent phone calls to older people. Some older people may not have a phone, in which case church members may be able to help by lending them phones.



Fetching water for older people

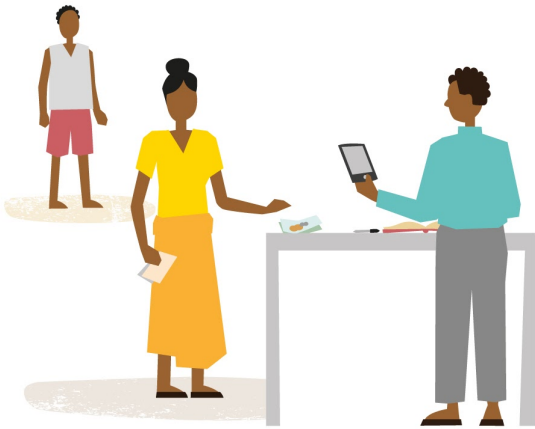
Having access to water is now particularly important because of the need for frequent handwashing and increased hygiene. Older people may need help to fetch a sufficient quantity of water for themselves, especially if the water source is at some distance from their dwelling. Good handwashing routines with soap several times a day are vitally important for everyone.

Delivering shopping, basic supplies and medicines

It is important for older people to have sufficient stocks of basic supplies, including food and medicine, in case of or during self-isolation. This should include staple foods such as pulses, grains and cooking oil; any medicines that they take regularly; and basic medicines including painkillers such as paracetamol.⁶⁰ Older people may need support to maintain these supplies in their homes, and it will help them to reduce their risk of infection if others shop for them and then deliver it.



⁶⁰ HelpAge, 2020d



Sending a trusted younger person to collect pensions and other government benefits on behalf of an older person

Pay points where older people collect pensions or other cash payments present a risk of exposure to the virus as these locations may be crowded and visited by many different people. This risk can be avoided if older individuals are able to have their pensions collected by younger church or community members whom they trust.⁶¹

Voluntary cultivation of land and help with the sale of cultivated goods

This will serve to safeguard the livelihoods of older people, on which they may depend for their income. However, we all need to follow government guidelines in terms of movements and work during this pandemic.



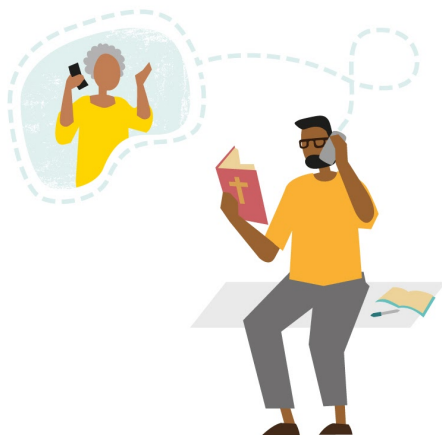
Making gifts of food or cooked meals and organising one-off community collections for medications

This will be important when older people fall ill, and could be life-saving. If older individuals need it, help to cover the costs of health insurance and medication is now vital. They may also benefit from having others collect their medication from a pharmacy and deliver it to them.

⁶¹ For more information on how to safely administer and collect pension payments during the Covid-19 pandemic, see [HelpAge, 2000b](#) and [HelpAge, 2000c](#).

Providing news and information

Some older people may not have a TV or radio, or access to digital resources, and therefore rely on church and community members for timely and accurate information on Covid-19. Church members can help with setting up technology or providing radios to older people so that they can listen to the news and benefit from broadcasting of religious programmes. Recorded sermons, books or audio books would also be helpful resources.



Offering moral, emotional and spiritual support

Isolation and loneliness may exacerbate existing mental health conditions, including those who suffer from dementia. Church members could offer new forms of moral and spiritual support, such as prayer and scripture-reading over the phone.

Speaking with and up for older people

When older people are disadvantaged or discriminated against in our communities, we can all find different ways to speak up for them, while not forgetting to speak with them regularly as well.



What to do when someone falls ill and offering transport to hospital



If you suspect someone may have Covid-19, you should ask them to stay at home and isolate themselves from their household members as much as possible. You should also contact your local health facility and follow the advice you are given. If you are advised to take an older person to a health facility or hospital, avoid using public transport. If masks are available, both the older person and those accompanying them should wear one.

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4. How older people are affirmed in the scriptures

In this section, we reflect briefly on the lives of older people in the Bible and on the value placed on them in biblical accounts. This is to inspire church leaders to go back to the scriptures and to understand and empathise with the hardships which older people will experience during the pandemic. It sets the situation of older people today within the wider narratives of God's affirmation of older people and his faithfulness to them throughout the Old and New Testament.

The biblical narratives speak about old age in stories, poetry and character studies.⁶² In terms of a theology of ageing, God is portrayed as an agent of blessing, the protector of social structures and the proponent of justice.⁶³ A concern with protection for older people in Israel reflects God's nature, as much as a desire to uphold social structures and intergenerational justice.⁶⁴

4.1. Respect and honour for old age

Most ancient cultures accorded their elders a place of honour and respect in society, something which continues in many cultures around the world today. Important societal roles that older people played included being 'repositories of wisdom', 'celebrators of rituals' and 'transmitters of sacred knowledge'.⁶⁵ The Old Testament honours the person who has attained old age, which was considered a blessing from God. What is more, in Jewish culture, knowledge and wisdom which could benefit others were associated with old age, and older people were the main source of oral history.⁶⁶ Proverbs 16:31 speaks of the honour and virtue of long life: 'Gray hair is a crown of splendour, it is attained by a righteous life.'⁶⁷ Clear instructions are given to respect older people, such as 'rise in the presence of the aged, show respect for the elderly and revere your God'.⁶⁸

4.2. God's faithfulness to the ageing

Biblical accounts of ageing individuals not only communicate respect and honour accorded to 'the elders', but also give an assurance that God does not abandon the older person for whom frailty was an ever-present threat.⁶⁹ God promises continuity and not to abandon those who grow old, implied in the prayer of David as an older man in the Psalms: 'Do not cast me away when I am old; do not forsake me when my strength is gone [...] even when I am old and gray, do not forsake me, O God'.⁷⁰ In Isaiah 46:4, God gives tender assurance to his people in the midst of difficulty: 'Even to your old

⁶² Harris, 2008:12

⁶³ Harris, 2008:9

⁶⁴ This does not mean God is agreeing with legitimising all existing social structures, Harris 2008:102

⁶⁵ Jackson-Jordan, 2001:19

⁶⁶ VanGemeren, 1997:1136

⁶⁷ Proverbs 16:31, Holy Bible, New International Version translation

⁶⁸ Leviticus 19:32, Holy Bible, New International Version translation

⁶⁹ Merchant, 2017:43

⁷⁰ Psalm 71:9,18 Holy Bible, New International Version translation

age and gray hairs I am he, I am he who will sustain you. I have made you and I will carry you.⁷¹ There is also the comparison of ‘the righteous’ with a ‘palm tree’ which will still ‘flourish’ and stay ‘fresh and green’ in old age.⁷² A prayer by Asaph conveys a similar idea as he prays: ‘My flesh and my heart may fail, but God is the strength of my heart and my portion forever.’⁷³

As they grow older, many people will experience significant losses, including previous roles they enjoyed in earlier life, physical or cognitive abilities, and friends and family members as they die. The stories of Moses, Job, Naomi, Abraham and Sarah portray God’s faithfulness to and care of ageing individuals who experienced great calamity – and also blessing – in their lifetimes (see text box below). The biblical narratives of these characters carry tension, ie a duality in the lived experiences of older people. They acknowledge that suffering and vulnerability are characteristics of old age, while affirming the presence of a caring and kind God in the midst of it all.



IN THE BIBLE

What we can learn from the biographical sketches of older biblical characters

Moses – sense-checking at the end of life and faithfulness through the ages

At the end of his life and a long journey, when Moses realises he will not see the promised land, he senses clearly that life is finite and temporary, recognising ‘both the affliction of life and the splendour of knowing God’.⁷⁴ Moses’s prayer is recorded in Psalm 90:

‘Our days may come to seventy years, or eighty, if we have the strength; yet the best of them are but trouble and sorrow, for they quickly pass, and we fly away. [...] Teach us to number our days, that we may gain a heart of wisdom.’⁷⁵

Job – extreme suffering and new understanding in old age

Job, who was well respected during his long and just life, reveals the mystery of innocent suffering experienced at the end of a fruitful life, an experience the very old may share. When his friends mock and misunderstand him, Job asks:

‘Is not wisdom found among the aged? Does not long life bring understanding?’⁷⁶

⁷¹ Isaiah 46:4, Holy Bible, New International Version translation

⁷² Psalm 92:12–14, Holy Bible, New International Version translation

⁷³ Psalm 73:26, Holy Bible, New International Version translation

⁷⁴ Merchant, 2017:52

⁷⁵ Psalm 90: 10,12, Holy Bible, New International Version translation

⁷⁶ Job 12:12, Holy Bible, New International Version translation

At the same time he recognises that ultimately, God is the wisest:

*'He silences the lips of trusted advisers and takes away the discernment of the elders.'*⁷⁷

Abraham and Sarah – childlessness and fruitfulness in old age

Abraham and Sarah's lives provide an image of covenant living with God and hope in old age. Abraham in his old age lived in the uncertainty of the promises of God and remained faithful to God.⁷⁸ God promised them that he would grant them their long-unfulfilled desire of a son in old age:

*'The Lord was gracious to Sarah as he had said, and the Lord did for Sarah what he had promised. Sarah became pregnant and bore a son to Abraham in his old age, at the very time God had promised him.'*⁷⁹

The unexpected surprise of their son Isaac was *'to inspire lives in which faithfulness and trust was to follow'*.⁸⁰

Naomi – widowhood and new beginnings in old age

Naomi's story is one of bereavement, loss and despair, as both her husband and sons die in her old age, a situation that left her highly vulnerable. At the same time, Naomi's life is an example of courage and of giving and receiving care, with her daughter-in-law Ruth, as well as the joy of new beginnings in old age. The women of the land of Judah attested to this by saying to Naomi:

*'Praise be to the Lord, who this day has not left you [...] He will renew your life and sustain you in your old age. For your daughter-in-law, who loves you and who is better to you than seven sons, has given [...] birth.'*⁸¹

⁷⁷ Job 12:20, Holy Bible, New International Version translation

⁷⁸ Harris, 2008:39

⁷⁹ Genesis, 21:1–2, Holy Bible, New International Version translation

⁸⁰ Merchant, 2017:44

⁸¹ Ruth 4:14–15, Holy Bible, New International Version translation

4.3. New Testament accounts of older people as inspirers and witnesses of faith

Both the Old and New Testaments contain accounts of older people who made a great difference in the lives of many people. Although in contemporary discourse older people are often rendered invisible and somewhat irrelevant – sometimes even in modern churches – the Bible consistently presents older people as a source of patience and wisdom and a reservoir of timeless knowledge. By studying their lives, we can see the interrelated themes of faithfulness, prayer, patience, waiting and consolation.

The first public presentation of Jesus in the temple was accompanied by the presence of two older people – Simeon and Anna – whom the New Testament writer Luke highlights in his accounts of this very significant moment in the life of the young Jesus. Simeon, ‘who was righteous and devout’, inspires us with the patience with which he waited for the ‘consolation of Israel’ – the coming of the Messiah.⁸² Simeon was distinguished by the prophetic insights he had into the global nature of Jesus’ future ministry. While holding baby Jesus in his arms, he prophesied: ‘For my eyes have seen your salvation which you have prepared in the sight of all people: a light for revelation to the Gentiles, and the glory of your people Israel.’⁸³ Simeon’s revelation and encouragement was so profound that it startled Jesus’ parents, Mary and Joseph.⁸⁴

At this very moment, Anna appeared, a prophetess who at the age of 84 was described as ‘very old’.⁸⁵ Anna had dedicated her life to fasting and prayer, and a life of worship in the temple after becoming a widow. Anna also prophesied about the redemptive work that Jesus would complete.⁸⁶ It is highly significant that at the very outset of Jesus’ public appearance as an infant, Luke introduces two older people who provide profound insights into Jesus’ life as the Messiah.

4.4. The importance of dignity and justice for older widows in the New Testament

The prophetess Anna was, of course, an older widow, but there are several other accounts of widows in the New Testament. The importance of widows is mainly associated with doing justice, justice being rooted in the notion of all human beings being created in the image of God and therefore possessing inherent dignity and worth. New Testament caring for widows by early Christians is also a continuation of the Jewish laws about protecting widows in the Old Testament; these laws sought to prevent the mistreatment and oppression of widows, who were frequently mentioned together with orphans, foreigners and the poor.⁸⁷ James considered that ‘to look after orphans and widows in their

⁸² Luke 2:25, Holy Bible, New International Version translation

⁸³ Luke 2:30–32, Holy Bible, New International Version translation

⁸⁴ Luke 2:33, Holy Bible, New International Version translation

⁸⁵ Luke 2:36–37, Holy Bible, New International Version translation

⁸⁶ Luke 2:37–38, Holy Bible, New International Version translation

⁸⁷ See Exodus 22:22, Deuteronomy 27:19, Deuteronomy 24:17, Psalm 146:9, Malachi 3:5

distress' was 'pure and faultless religion'.⁸⁸ In the early church, looking after widows who experienced hardship was a social welfare issue, and 'Christianity continues the principle of care for the widow, for the poor and the oppressed'.⁸⁹ Given the historical context of the first century – the low status of women at the time, the importance of the husband in the family inheritance, and the obstacles for women to generate livelihoods – a widow was often unable to support herself.⁹⁰

Jesus, as recorded in the scriptures on a number of occasions, had sympathetic views on widows. This too reflects a just God who gives special protection as 'a father of the fatherless, a defender of widows'.⁹¹ There are accounts of a widow in the temple whom Jesus considered virtuous and whose giving – from the little she had – he considered to be worth more than the giving of the wealthy.⁹² It was also recorded by Luke that Jesus's 'heart went out to her [a widow]' when he saw her sadness at the death of her only son, and Jesus consequently brought him back to life.⁹³ Jesus even called the Pharisees hypocrites for 'devouring widows' houses' and then praying long prayers.⁹⁴ And at the point of Jesus's death, Jesus asked his favourite disciple John to take care of his ageing mother – also a widow – who in response 'took her into his home'.⁹⁵

The early church had systems in place to look after older widows. In Acts, the leaders of the early church made an effort not to overlook the widows in the daily distribution of food, a complaint that had been raised with them.⁹⁶ The references Paul makes in his letter to Timothy about older widows, defined as those over the age of 60, are significant. Older women without family support were recognised as vulnerable, and church leaders were urged to support them, with strikingly detailed instructions.⁹⁷ In essence, Paul is saying that if older widows had family members, the duty of care would fall on them, 'so that the church can help those widows who are really in need', ie those without children and grandchildren.⁹⁸ Paul is using strong language in his call to the believers of the early church to be responsible in caring for ageing parents and grandparents.⁹⁹ At the same time, he also wants to prevent younger widows, who are still likely to remarry, from taking advantage of church support and from falling into passive behaviour.¹⁰⁰ There is mention of a 'list of widows' in this passage, suggesting that the New Testament church was organised in supporting those most vulnerable widows who qualified for church support: those who were older, left entirely alone and who continued to live out their faith.¹⁰¹

⁸⁸ James 1:27, Holy Bible, New International Version translation

⁸⁹ Merchant, 2017:63

⁹⁰ The Layman's Bible Commentary, 1967

⁹¹ Deuteronomy 10:18, New International Version translation

⁹² Mark 12:42–43, Holy Bible, New International Version translation

⁹³ Luke 7:11–15, Holy Bible, New International Version translation

⁹⁴ Luke 20:47, Holy Bible, New International Version translation

⁹⁵ John 19:25–27, Holy Bible, New International Version translation

⁹⁶ See Acts 6:1–5, New International Version translation

⁹⁷ See 1 Timothy 5:3–16, New International Version translation

⁹⁸ 1 Timothy 5:16, New International Version translation

⁹⁹ 1 Timothy 5:7–8, New International Version translation

¹⁰⁰ 1 Timothy 5:13, New International Version translation

¹⁰¹ 1 Timothy 5:9, 11, New International Version translation

4.5. Hope and peace in the face of death

Hope is one of the key characteristics of the Christian religion, together with love and faith, the three which will remain.¹⁰² It seems appropriate to conclude our theological reflections with the theme of hope in the face of death. During the Covid-19 pandemic, the process of dying will look different from how we might expect, and this can be a particular source of anxiety. Older people – and others – might experience stress due to family separation and isolation. In response, pastors and church members should look for new ways to support older people practically during this time of isolation. Older church members might have worries about the future, and fears about the way they may die, what will happen to them after their death, and the funeral they might (or might not) have. From a pastoral care perspective, pastors can engage with harmful theological and socio-cultural narratives, supporting those who fear the consequences of not being able to have proper burials or attend funerals.¹⁰³ Church leaders can also affirm the eternal Christian promise of unwavering hope and peace during these times of unprecedented struggle.

Acknowledgments

This Covid-19 resource guide was written by Dr Madleina Daehnardt in April 2020. Rachel Paton provided substantial and rapid research assistance. Input and comments were provided by Jael Dharamsingh, Emmanuel Murangira, Seren Boyd, Dr Sas Conradie, Nina Kurlberg, Charlotte Flowers, Jodi Blackham, Jané Mackenzie, Marsha Setian and Sarah Onduko. Thanks to Mariana Rudge, HelpAge's Agenda 2030 Advocacy Manager, for reviewing the first draft and for providing helpful feedback.

Layout and design was managed by Rachel Paton and Charlene Hayden. Wingfinger Graphics contributed to the illustrations created for this guide.

Thanks to four anonymous reviewers – who represent 'older people' – for their time and feedback on the illustrated full draft.

Questions and comments are welcomed and can be directed to the author at madleina.daehnardt@tearfund.org or to the Covid-19 Response Team at covid19-response-team@tearfund.org

¹⁰² 1 Corinthians 13:13, New International Version translation

¹⁰³ For example, in some African contexts, people might experience fear of being cursed or punished if they are deliberately neglected during burial practices.

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