



# General Assembly

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**Annual report of the United Nations High Commissioner  
for Human Rights and reports of the Office of the  
High Commissioner and the Secretary-General**

### **Written statement\* submitted by China NGO Network for International Exchanges (CNIE), a non-governmental organization in general consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[28 May 2021]

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\* Issued as received, in the language(s) of submission only.



## **Joint Efforts to Protect the Elderly from the COVID-19 Pandemic**

In the response to COVID-19, it became apparent that the aged were more susceptible to the viral infection as they were relatively fragile and usually live with pre-existing conditions. The healthcare facilities, old-age homes and local communities adopted multi-pronged measures ranging from publicity and education, to daily life management, from the provision of healthcare to the containment of the pandemic, to secure the wellbeing and safety of the elderly. Here are some examples, among too many of them, of their efforts, as follows:

### **1) Healthcare facilities**

Tianjin City developed their own model in dealing with COVID-19. In order to improve efficacy of the medical treatment, they pooled together opinions of multiple specialists from different disciplines and developed fit-for-purpose solutions based on their scientific judgment of individual conditions and the onset of disease. As there were many people in old old age and with underlying conditions, the hospitals arranged the patients with critical illness and those with potentially critical illness to be in the same wards. Leading specialists of ICU, respiratory department and cardio vascular department and other specialists made up a COVID-19 specialist team. Together with the nursing quality control center, they gave priority to the people with critical and severe illness and ensured their timely access to effective care.

In order to reduce the likelihood of cross infection and decrease hospital visits for a stronger control over the spread of COVID-19, and wherever medication supply security is guaranteed, prescriptions for geriatric syndromes were allowed to extend for 3 months.

Meanwhile, many healthcare providers across the country used App, phone calls, Wechat (instant messaging APP) messages and intelligent audio instruments to improve access to health services and chronic disease management. Such approaches minimized the likelihood of cross infection. Beijing City opened up a COVID-19 Health Advice platform by using the modern ICT technology. Over 1000 doctors served as volunteers and worked together to provide 24/7 advisory and diagnostic services for the public.

### **2) Facilities**

The national government developed a Guideline on the Access to External Health Care by the Elderly from Nursing Homes during the COVID-19 Pandemic. This Guideline has provided regulations concerning the residential aged health management, their access to external care and the handling process once infection is confirmed. The Guideline requires that the elderly should be sent to hospitals immediately when having shown severe or fatal symptoms, be isolated and reported in a timely manner if presenting with clinically compatible COVID-19 symptoms and be sent to the designated hospitals when confirmed to have COVID-19.

In addition, for the elderly from nursing homes that seek external health care and the people that accompany them in doing so, the Guideline requires the facilities to set up a separate space for their quarantine for 14 days. Where the aged care facilities have no space to meet such quarantine requirements, they may suspend their services for the elderly that must seek external care; the elderly that are not willing to be put into quarantine in the facilities can return to their homes temporarily.

The Jiangsu team, while helping Wuhan to respond to the staff shortage, also employed their experience and developed an Infection Control Guideline for the COVID-19 High Risk Areas and Infected Nursing Homes. The Guideline included multiple regulatory methods such as strict access control, strict multi-layered zoning management, higher degree of protection for the aged and tightened internal control. The Guideline also covered specific operation approaches and requirements.

### **3) Communities**

The government and specialized organizations developed and published the Personal Protection Guidance for the Aged, opened up lectures online and thus provided support to the local publicity and education efforts towards the elderly.

To ameliorate the discomfort caused to the life of the aged, social work organizations assisted the elderly to link up with other resources, such as contacting volunteers, ordering take-aways, and booking repair services. For the home-dwelling aged, the internet and information platforms played a significant role. Some communities produced entertaining videos such as the “lessons for cheongsam shows”, “online karaoke”, “aged aerobic exercise” and others. To address the incompetence of some elderly in using the internet or smart phones, social workers even used Wechat public accounts to teach them or set up Wechat family dialogue groups to teach the elderly through their families.

For the aged whose caregivers were not available to be there because of the epidemic response, the community services organized resources to assist. They helped to look after parents of the health professionals who were working at the front line; contacted specialized nursing homes for the disabled elderly if their children were in quarantine or treatment; paid visits to disabled elderly living by themselves, the elderly in extreme poverty, the elderly left behind by children and other vulnerable groups and provided needed help to secure their normal life. To address such needs for care, while Beijing was implementing “lock-down management” over nursing homes, the Capital also opened up 24 nursing homes and converted them to temporary elderly care centers for people with special needs.

Smart technology played a very important role in China’s response to COVID-19. In order to address digital gap for older persons, the government issued the Implementation Plan on Addressing Smart Technology Difficulties for Older Persons, to make sure under emergencies older persons’ need for services are attended to, and older persons’ access to daily transportation, medical visits, consumption, cultural life, sports, public services, and smart products and APPs are age-friendly. With these enabling efforts, older persons are able to live a better life in the future.

China aims to build a society for all. Older persons’ rights are protected with support from all sectors, giving full play to individuals, families, communities, old-age facilities, healthcare facilities and government during the pandemic.

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China National Committee on Ageing, NGO(s) without consultative status, also share the views expressed in this statement.