



**Why ageing should be a concern for
the World Humanitarian Summit**

HelpAge International submission for the World Humanitarian Summit

The following organisations endorse this submission and join HelpAge International in urging humanitarian actors and the World Humanitarian Summit to adopt the recommendations:



International Federation on Ageing



International Longevity Centre



AARP, USA



HelpAge International España, Spain



Age Action, Ireland



HelpAge Deutschland, Germany



Pensionärernas Riksorganisation (PRO), Sweden



Age International, UK



Kwa Wazee, Switzerland



Zivot 90, Czech Republic



Center for Studies on Ageing, Lebanon



Turbota pro Litnix v Ukraini (TLU), Ukraine



South Sudan Older People's Organisation (SSOPO)



Uganda Reach the Aged Association (URAA)



HelpAge Kenya



Elim Hlanganani Society for the Care of the Aged, South Africa



VUKOXA, Mozambique



HelpAge India



Bangladesh Women's Health Coalition (BWHC)



Resource Integration Centre (RIC), Bangladesh



Bangladesh Resource Center for Indigenous Knowledge (BARCIK)



BOHUBRIHY, Bangladesh



Barendrabhumi Social Development Organisation (BSDO)



Dhaka Ahsania Mission, Bangladesh



Ageing Nepal



Nepal Participatory Action Network (NEPAN)



National Senior Citizens Federation (NASCIF), Nepal



FAYA Nepal



HelpAge Korea



Coalition of Services of the Elderly, Philippines



National Council for the Senior Citizens Organisations Malaysia (NACSCOM)



Vietnam Association of Elderly (VAE)



Nija'nu A.C., Mexico



Asociación Red Colombiana de Envejecimiento Digno y Activo



Centro Proceso Social, Peru



HelpAge International Red Peru



Centro de Asistencia y Promoción Integral de Salud (CAPIS), Peru



Fundación para el Desarrollo Participativo Comunitario (FUNDEPCO), Bolivia



Asociación Fundación para la cooperación y el desarrollo comunal de El Salvador



Pastoralist Integrated Support Programme (PISP), Kenya

GLOBAL POPULATION AGEING AND HUMANITARIAN ACTION

HelpAge International

global network

GLOBAL AGEING

12.2%
of today's population
are 60+

(Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition, 2013)



in just **4** years the
number of people
aged 60+ will surpass
1bn

(Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition, 2013)

By 2050

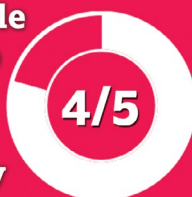
1 in 5 people
globally will be 60+

(Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition, 2013)


2/3 of older people
currently live
in developing
countries

(Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition, 2013)

The proportion
of older people
projected to
live in
developing
countries by
2050 is



(Source: UNDESA Population Division, World population prospects: the 2012 revision, DVD edition, 2013)

THE SCALE OF HUMANITARIAN NEED

In 2014 the number of
forcibly-displaced
people reached over
59.5m

(Source: UNHCR, World at War: Global Trends, Forced Displacement in 2014)


RISKS OF OLDER PEOPLE IN DISASTERS


75%
of those who died
during Hurricane
Katrina in 2005 were
aged over 60 (16% of
local population)

(Source: N Wilson, Public Policy and Ageing Report, 2006)

56%
of those who died
during the
Japanese
tsunami in
2011 were aged
65+ (23% of local
population)

(Source: National Policy Agency, Tokyo, 2012)


Out of 678 hospitalised
people during the 2015
earthquake in Nepal
18%
were aged 60+

(Source: HelpAge International, 2015)

NON-COMMUNICABLE DISEASES



Research in Jordan and
Lebanon found that

54%
of older refugees were
affected by one or more
NCDs

(Source: HelpAge International and Handicap International (2014). 'Hidden victims of the Syrian crisis: disabled, injured and older refugees.'

65%
of these also show
signs of
psychological distress

(Source: HelpAge International and Handicap International (2014). 'Hidden victims of the Syrian crisis: disabled, injured and older refugees.'

FINANCING MECHANISMS

In 2010-11 less than

1%
of projects analysed
included activities
targeting older people

(Source: HelpAge International and Handicap International (2012). 'Humanitarian financing for older people and persons with disabilities.'

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Why ageing should be a concern for the World Humanitarian Summit

“Rapid population ageing and a steady increase in human longevity worldwide represent one of the greatest social, economic and political transformations of our time. These demographic changes will affect every community, family and person.”¹

Ban Ki-moon, United Nations Secretary-General

The scale of humanitarian need: humanitarian needs in 2014 and the outlook for 2015 continue the upward trend of the last decade. In 2014, the United Nations High Commission for Refugees (UNHCR) reported that the numbers of forcibly-displaced people reached 59.5 million² (of which 19.5 million are refugees and 38.2 million internally displaced), the highest level since records began. The latest available data from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) shows that in 2013, 97 million people were affected by natural disasters, and 51.2 million were affected by conflict.³

The impact of climate change will continue to place more people at risk of disaster. The UN Intergovernmental Panel on Climate Change predicts unprecedented extreme weather and climate events in the coming decades as a result of the changing climate. For example, an already visible trend in Europe⁴ and Pakistan⁵ are heatwaves contributing to increased mortality amongst older people.⁶ Older people are also likely to bear the brunt of many of the underlying risks driven by climate change. Friel et al argue that rising temperatures, increasing numbers of heatwaves and the resulting effect on air quality may lead to increases in cardiovascular and respiratory diseases, which are felt disproportionately by older people.⁷

This increase in disasters, the impact of climate change and associated humanitarian need is accompanied by significant demographic change and global ageing. The standards and ratings agency Standard and Poor’s identifies global ageing and climate change as ‘megatrends’⁸, with significant consequences for governments, national and international actors in their preparations for, and response to, emergencies.

Global ageing: Today, about 12.2 per cent of the world’s population is aged 60 or over (895 million people)⁹. In just four years’ time, the number of older people will surpass 1 billion. By 2050, there will be 2 billion older people, accounting for more than one-fifth of the global population¹⁰ and there will be nearly as many people aged 60 or over as children under 15.¹¹ Such demographic changes are not only a concern for developed countries. Currently, two-thirds of older people live in developing countries, where disasters are more likely to occur and the humanitarian impact is greater. By 2050, four-fifths of the world’s older people are projected to live in developing countries.¹² Demographic change demands that humanitarian assistance and disaster risk reduction activities are adapted to the specific needs of older people, and support their capacities.

A principled response demands it: For many, addressing the needs of older people remains an activity for specialist agencies, or something to be done only when time and resources are available. The consequence for the humanitarian system is a serious breach of the principles of humanitarian action, and the undermining of the quality and accountability of humanitarian response. The Red Cross Code of Conduct states that humanitarian action must be carried out on the basis of need alone. Distinctions should not be made on the basis of individual factors, including age. A commitment to and reaffirmation of the Principles of Humanitarian action are rightly central to the World Humanitarian Summit. These discussions must not overlook the principle of impartiality and the delivery of humanitarian response that addresses the needs of all affected population groups, including older men and women.

Why and how are older people at risk in emergencies?

What the data shows: Available data, although limited, clearly shows that older people are disproportionately represented in disaster-related morbidity and mortality. When Hurricane Katrina struck New Orleans in 2005, 75 per cent of those who died were over 60, even though this age group comprised only 16 per cent of the local population.¹³ Similarly, in the Japanese tsunami of 2011, 56 per cent of those who died were 65 and over, despite this age group comprising just 23 per cent of the population.¹⁴

Data from developing countries, although less robust, gives a similar picture. Data from the Philippine Government's National Disaster Risk Reduction and Management Council during Cyclone Haiyan shows that 151 of the 393 fatalities (whose ages were recorded) were over 60 years (38.4 per cent), although older people comprise just 7 per cent of the population.¹⁵ In Nepal, analysis of 678 people who were hospitalised as a result of the 2015 Earthquake shows that 18 per cent were over 60.¹⁶ The limited availability and small samples for these figures clearly illustrate the lack of reliable data and undermines our understanding of the impact of disasters on older men and women, hindering effective action.

Age-related disaster vulnerabilities: The situation faced by many older people before a crisis places them at significant risk when emergencies strike. Older people are often among the poorest members of a community. A study of 15 sub-Saharan African countries found the national poverty rates varied from 36.7 per cent to 68.9 per cent in the general population, and from 43.7 per cent to 79.4 per cent among the older persons.¹⁷ Analysis conducted by HelpAge as part of the 2015 Disaster Risk and Age Index shows that socio-economic vulnerability is a significant factor in increasing older people's disaster risk. Poverty affects older people's access to basic goods and services and poses a risk for their survival during, and recovery after, a crisis. When older people are the primary carers of children, poverty may also have an impact on the children's protection, health and wellbeing.

Compounding limited access to services, and contrary to the common assumption, older people are not always cared for by their family or community. The shift to nuclear families and the breakdown during a crisis of socio-cultural values and family/community support can result in older people being marginalised and isolated. For example, in a society traditionally recognised for extended family support, the Palestinian Central Bureau of Statistics reports nuclear families now represent 79 per cent of households in the Occupied Palestinian Territories. Bureau data also further reports that 9 per cent of people over 65 live alone.¹⁸

Even within family structures, when resources are scarce, older people often face exclusion from decision-making and basic care may be too much of a burden for existing coping mechanisms. Following the devastating 2010 floods in Sindh, Pakistan, detailed discussions with HelpAge partners highlighted cases of older people being abandoned when families fled.¹⁹

Finally, in a crisis older people with physical and sensory disabilities or poor health status are likely to experience greater dependency and vulnerability as their usual family and community support structures are disrupted affecting their access to goods and services.

Older women and disasters: The challenges associated with ageing are experienced disproportionately by older women who live longer than men. In addition, due to older men marrying younger women, they are more likely to be widowed.²⁰ This situation of potential vulnerability is often compounded by inheritance laws that often favour male family members, and restrictive social norms that limit possibilities to re-establish mutual support networks in widowhood. Women further face significant obstacles throughout their lives

Typhoon Haiyan aftermath: 77-year-old Anacleta from the Philippines

"My family (my daughter and her family) and I were evacuated to a nearby centre. When I returned I found my house almost completely collapsed. I've lived here for 25 years. Even though the house has almost collapsed and there's very little roof left, I'm sleeping here because we have nowhere else and this is my home. I've slept in this house over the last week. I climb this plank to get up to the house each night and sleep on a slope. I have no access to water and sanitation. I have 25 grandchildren but most of them are young. I have no extra income such as remittances. I've experienced many typhoons in my life but this is the worst one ever. We are getting food from passing cars that stop to give food, but otherwise nothing official. But my greatest need is repairing my house."

Source: HelpAge International interview 2013



(c) Rosaleen Cunningham HelpAge International

with a cumulative effect on their social, economic, physical and psychological wellbeing in their later years, and regularly take greater responsibilities as heads of households and carers for children, even if they are isolated and destitute.

Although considerable attention has focused on women in disasters and conflicts, it has tended to focus on younger generations, with particular attention given to the education of girls, maternal health and sexual violence. Older women have remained a peripheral concern with little analysis of their situation or how this impacts on their ability to respond to and recover from disasters.

The current humanitarian response is inadequate

At the level of both national and local governments and international and national aid actors, even basic steps such as the collection of age-disaggregated data are not completed. A 2011 Tufts University study found “almost no documented and published cases in which lead agencies [...] collected Sex- and Age-Disaggregated Data [SADD] properly, analysed the data in context and used those findings to influence programming.”²¹ When data is disaggregated the findings are often stark. Médecins Sans Frontières (MSF) did an exploratory analysis of 2012 data from the South Sudan refugee crisis. During a 6-week period, data were disaggregated by age into under 5, 5–50, and >50-year-olds. The mortality rate in the oldest group was over four times that of the 5 to 50-year-olds and over twice that of the under 5s, during a time when the crude mortality rate was just below the emergency threshold (one death per 10,000 population per day).²²

Humanitarian financing research conducted by HelpAge International between 2010 and 2012, found that in 2010-11 less than 1 per cent of analysed projects included at least one activity targeting older people, and just 0.3 per cent were funded.²³ In 2012, the number of projects targeting older people rose to 2.1 per cent yet only 1 per cent were funded.²⁴ The percentage gain between the two studies should be recognised and encouraged. However, the actual increase in activities targeting older people is overall too small to warrant much optimism. The situation is made even worse by a particularly poor donor response.

Finally, humanitarian capacity to assess and address the needs of older people remains highly constrained. Many humanitarian actors still see response to the needs of older people as a technical area that requires specific skills or expertise.

“An extended literature review was carried out ... to ascertain what was already known on the topic. There was a notable lack of reports and data on what the needs of older people in crises are, and the tools that can be used to assess and address their specific needs.”²⁵

Older people in crises: A review of MSF’s approach to vulnerability and needs

Humanitarian effectiveness: delivering appropriate response in an ageing world

The humanitarian system has been slow to recognise and respond to the consequences of global ageing. Policy analysis shows an increasing awareness of ageing, and some notable initiatives including ECHO’s Gender and Age Marker²⁶, the integration of age into the IASC Gender Marker and policy commitments made by DFID²⁷ and USAID²⁸. It is critical that such good practice is replicated by other humanitarian donors and that donors take a lead role in ensuring partners are held accountable to the delivery of age inclusion commitments.

Beyond broad analysis of the limitations of humanitarian actors’ attempts to address ageing it is important to recognise that some sectors are moving forward faster than others. While in some sectors steps required to support inclusive programming are relatively simple and often applied (eg grab rails and ramps in WASH facilities and shelters), in others more technical interventions and expertise, and greater resources are required. Unfortunately the life-saving sectors of health and nutrition fall into the latter category and therefore demand further investment.

Non-communicable diseases: In the next two decades there will be dramatic changes and transitions in the world's health needs, as a result of epidemiological transition. **By the year 2020, non-communicable diseases (NCDs) are expected to account for seven out of every ten deaths in the developing regions, compared with less than half of deaths half today.**²⁹ NCDs disproportionately affect older population groups. Interruptions in treatment for common conditions such as hypertension and diabetes are debilitating and can be fatal, yet appropriate treatment options from emergency health actors are minimal. Research in Jordan and Lebanon found that 54 per cent of older refugees were affected by one or more NCDs.³⁰ On-going emergencies in middle-income countries including Ukraine indicate the need for a revised approach to the management of NCDs to avert avoidable mortality. While the latest revision of the Sphere Handbook recognises the increasing evidence of acute complications from chronic diseases in disasters and encourages their treatment, there are virtually no guidelines for the management of chronic medical conditions in the humanitarian sector.

Nutrition: Poverty, care roles, living alone and age-related illnesses and disabilities all contribute to malnutrition amongst older people. For example, a 2007 study in the Philippines found that 30 per cent of older people were underweight³¹, while the HelpAge nutrition surveys referenced below found a strong link between disability and under-nutrition. In contexts of disaster older people face increased vulnerability due to inaccessible food distribution points and inappropriate and hard-to-digest foods. However, the biggest challenge in addressing older people's under-nutrition is their almost complete invisibility to humanitarian actors. **Despite the growing body of evidence relating to the challenges of meeting older people's nutritional needs in emergencies, older people are still excluded from assessments and there are very few specific nutrition interventions targeting them,** in contrast to pregnant and lactating women and children under five for whom targeted assistance is a well-established practice.

To begin to address the current evidence gap HelpAge conducted nutrition assessments in Kenya³², Chad³³ and Ethiopia³⁴ and found significant levels of malnutrition among older people that had not been assessed or responded to by nutrition actors. In addition, a survey carried out in the Protection of Civilian (POC) camps in Juba, South Sudan during April 2015, found that more than two in five older persons in the POCs are severely or moderately malnourished and in need of treatment for acute malnutrition.

In January 2014, HelpAge International, Valid International, and Brixton Health funded by the Humanitarian Innovation Fund (HIF) began developing the Rapid Assessment Method for Older People (RAM-OP). RAM-OP offers a simple, rapid, low cost, accurate, and reliable survey method for assessing the nutritional status, vulnerabilities and needs of older people.

Humanitarian capacity: The invisibility of older people to humanitarian actors is in part a consequence of the limited confidence and capacity of humanitarian partners to identify and address their needs. Building capacity of local, national and international partners in ageing inclusive disaster risk reduction, preparedness and humanitarian response must be a priority. HelpAge International, with funding from DFID and OFDA, is leading a consortium of agencies including Handicap International, CBM, IFRC, Red R UK, Disaster Ready and The Centre for Development and Emergency Practice (CENDEP) at Oxford Brookes University, to design and deliver an innovative approach to building humanitarian capacity on ageing and disability in humanitarian response at both national and international level. These efforts need to be brought to scale.

Recommendations

- **A humanitarian system that reflects global demographics:** children and women are well represented in the humanitarian system with associated UN

60-year-old Nyanhial from South Sudan

60-year-old Nyanhial lives in a refugee camp in Gambella, Ethiopia. Originally from South Sudan, she fled fighting that broke out in the country in December 2013.

"I find life in the camp challenging at times. I do have food but I do not have oil, salt and pots to cook with. Maize is good, but if I don't cook it to make stew, I find it difficult to eat and digest easily. I have lost a lot of weight since I left home because of the conflict. But here I would be able to regain my former posture, if I could only get the food supplements to cook a proper and tasty stew."

Source: HelpAge International interview 2014



(c) Erna Mentemot Hintz/HelpAge International

agencies and dedicated NGOs. Reforms to the humanitarian system must provide the profile and representation for the growing numbers and needs of older people to address their current marginalisation. A UN Convention on the Rights of Older People should form a central element of Member State commitment to this endeavour.

- **Sectoral leadership:** all humanitarian actors committed to humanitarian principles must be accountable for addressing the needs of older men and women. Cluster-led agencies and humanitarian actors at national and international level must consult older people and offer them the opportunity to participate in programme design to ensure older people's needs are identified and addressed; furthermore the degree to which programmes address older people's needs must be a key consideration in our definition of success, and therefore during project monitoring and evaluation.
- **Capacity to respond:** current humanitarian capacity to prepare, assess and respond to the needs of older men and women must be strengthened. Operational agencies must be held accountable for the development of staff and partner capacity to support inclusive humanitarian programmes.
- **Funding inclusive response:** recent donor initiatives that support inclusion of ageing in humanitarian response should be commended and expanded. Such efforts must be matched with a tracking of funding, and where needed a ring-fencing of assistance, to ensure the needs of marginalised groups are being met.
- **Evidence-based response:** quality demographic and socioeconomic data on older people's needs must be collected and used to inform the design, implementation, monitoring and evaluation of appropriate and accessible programmes.

“The older person is often invisible in our communities until they show up in the mortality figures after a disaster event. Demographic change means we are living in an ageing world. It is important to include older persons in disaster management for both their improved protection and to make full use of their experience, skills and knowledge in support of that.”³⁵

Margareta Wahlström, United Nations Special Representative of the Secretary-General for Disaster Risk Reduction

Reducing vulnerability and managing risks: the roles of older people

Disasters arise from the interaction of a natural or human-based hazard (such as conflict) with the social, economic and environmental conditions. Vulnerability to disasters exists and develops due to poor decision making, a lack of resources or a lack of resilient services. Reducing and managing disaster risk should therefore be part of everyday decision-making including through education opportunities, the delivery of healthcare services and social protection provision, urban planning and effective disaster management preparation.

As outlined poverty, health and nutrition status, and gender all contribute to the vulnerabilities of older people to disaster. Older people's physical challenges can reduce their capacity to prepare for disasters, for example HelpAge's experience in East and Southern Africa has shown that older people often struggle to stockpile food and water or travel long distances to reach safety or assistance. Despite the known risks faced by older people they are often excluded from disaster risk reduction plans. A survey of older people conducted by the United Nations Office for Disaster Risk Reduction (UNISDR) found that 58 per cent of respondents said they did not know who was responsible for disaster preparedness in their communities and 68 per cent had not participated in such activity. In addition, 70 per cent of respondents noted their wish to explain the special needs and vulnerabilities of older persons while 43 per cent said they wished to be given training so that they can help the community in disaster preparedness.³⁶

Older people's contributions to disaster risk reduction

Traditional knowledge-holders: older people can be a valuable source of information on local hazards and mitigation strategies that can supplement

scientific data and evidence. The Climate Development Knowledge Network in rural areas of Peru is working with indigenous older people to evaluate, validate and adjust weather forecasts drawing on older people's knowledge of previous climate trends.³⁸ In Kenya the Meteorological Office has gone further and developed a blended seasonal forecast, combining scientific climate models and the information provided by older people.

Combining scientific and local knowledge can be useful in data-poor environments such as developing countries, where hazard and environmental baselines have not been established. In such contexts this evidence can provide guidance and insights to scientists trying to identify the frequency, magnitude and characteristics of local disaster events and their likely impact on local populations, and important information for those developing disaster mitigation, preparedness and response plans.

Older people as leaders: The role of older people as strong community DRR champions is often overlooked by governments, donors and NGOs who are more inclined to see older people as passive recipients of aid.

In 2012, Jacobabad district in Sindh, Pakistan, was completely submerged by flooding. Just before the floods, the communities noticed that the colour of the river was changing, so they contacted the district disaster management authorities to inform them of this traditional early warning sign. The authorities confirmed that floods were expected, and the older people's associations who had been trained by HelpAge and given digging materials decided to mobilise the community to block the canals and divert the water. Because of their actions, 50 per cent less water reached their villages compared to previous floods.

The roles of older women: older women have an important role to play in supporting family members and grandchildren to engage in DRR activity. Abdus Sattar Mollah, a 75-year-old religious leader from Pabna district, Pakistan who took part in a HelpAge DRR programme notes, *"Our women take care of our families... so they need to be more aware about disaster preparedness, they have to know how they will save the whole family. We should encourage them to participate in disaster risk reduction activities."*

Quantifying risks: Disaster Risk and Age Index

With support from the United Nations Office for Disaster Risk Reduction (UNISDR)³⁹, HelpAge has developed the Disaster Risk and Age Index. By analysing hazards and exposure, vulnerability and a lack of coping capacities, the index provides evidence of the disaster risks faced by older people in 190 countries.

The Index further highlights the lack of evidence on ageing in disaster risk reduction. For example, there is currently no age disaggregation in the progress reporting against the Hyogo framework, or in evidence of disaster exposure and impacts on older people undermining attempts to identify and address the risks.

Where data is available, the Disaster Risk and Age Index shows that countries in South and East Asia are expected to experience the collision of ageing and increasing disaster exposure most acutely. Countries such as India, Indonesia, Myanmar, Nepal and Pakistan rank near the top of the Disaster Risk and Age Index and will all experience significant and rapid ageing of their populations. This correlation indicates that age-inclusive disaster risk management should be a major priority for these countries.

The World Humanitarian Summit and Sendai: frameworks for change

The World Humanitarian Summit takes place just over a year after the completion of the International Sendai Framework for action (SFA). The new SFA has gone a long way to include older people, naming them as one of the

*"Older persons have years of knowledge, skills and wisdom, which are invaluable assets in reducing risks to disasters and must be acknowledged, valued and engaged, by supporting older people to participate in disaster risk reduction activities."*³⁷

Ban Ki-moon, United Nations Secretary-General

Older people as resource: 86-year-old Moon from Thailand

"In all my 86 years till then, I never saw floods so bad as those that hit us in 2011", Moon says. He took it upon himself to visit those in the community who were directly affected. "Those people whose homes became uninhabitable came here to the temple", he recalls. Showing how inspiring older people can be at such times, he adds, "I joined them here to talk with them and help keep their spirits up".

Source: HelpAge International interview 2013



six key stakeholders in disaster management and recognising the role of demographic change in driving changing risks. Within the principals section, which underpins all elements of the framework, it highlights the need for sex-, age- and disability-disaggregated data. Addressing disaster risks demands working across the humanitarian and DRR sectors. The World Humanitarian Summit should look to reinforce and support the commitments made at Sendai, and ensure inclusion of older people throughout the cycle of disaster management and response.

Recommendations

- **Support older people to play an active role at local level:** International actors should support local communities to initiate local mitigation, preparedness and response activities in which older people play an active role in meeting their needs and those of their families and communities.
- **Include older people in policy, planning and training:** National and Local Disaster management agencies, with support from international actors, must fulfil the rights of all to life, security and protection through understanding, promoting and ensuring the inclusion of older people in all DRR policy, planning, training and budgeting across mitigation, preparedness and response, and support local communities to do the same.
- **Build on the age inclusive framework set out at Sendai:** Synergies between the Sendai Framework for Action and the outcomes of the WHS should align and mutually reinforce each other, with the inclusivity of the Sendai framework taken as a minimum starting point for the WHS recommendations. Collaboration should happen across the priorities for action within the SFA but most strongly within Priority 4, 'Enhancing disaster preparedness for effective response, and to Build Back Better in recovery, rehabilitation and reconstruction'.

Serving the needs of older people in conflict

“More than one million people have been internally displaced within Ukraine itself and the United Nations estimates that 60 per cent of them are pensioners. Many fled their homes but stayed nearby. Suffering from ill health and heightened anxiety, they face their own battle for survival.”⁴⁰

BBC news report, Ukraine, 2015

The principle of impartiality: In situations of conflict older people face many of the same challenge as in natural disasters, most notably invisibility to humanitarian actors resulting in inaccessible and inappropriate responses. Impartiality is a fundamental principle of humanitarian action and it requires non-discrimination on the basis of age or gender as well as nationality, race, religion, or political viewpoint. Evidence from conflict situations clearly illustrates the centrality of both actual and perceived impartiality for effective operations and access to affected populations.⁴¹ However, the importance of impartiality, and the principle of non-discrimination on the basis of gender, age, ethnicity is equally important for the delivery of efficient, effective, needs-based and accountable humanitarian assistance, and must be central to our understanding of effective responses to the needs of disaster and conflict affected populations.

Displacement and separation: As has been outlined, in contexts of emergency a reduction in family and community support can seriously undermine older people's ability to cope with disasters. In conflict situations families are often forced to flee long distances at very short notice. For older people who decide to flee, they face risks of separation thus ending up in near-complete isolation. In Darfur in 2004, when huge numbers of people fled to urban centres, numerous older people reportedly arrived in internally displaced people (IDP) camps alone, having been separated from their families during the journey, or simply having stopped or been abandoned along the route due to physical exhaustion. Those arriving later also risked being excluded from registration and access to assistance.⁴²

The decision of older people to stay behind when others flee is equally common. Attachment to family or ancestral land, a sense that they are unable to re-start their lives elsewhere, or simply mobility challenges, are all reported

as reasons for choosing not to flee in conflicts including Syria, Ukraine and South Sudan. Those left behind face a context of dwindling services and support and increased risks of violence, theft and abuse by armed groups. In Eastern Ukraine, data from HelpAge assessments shows that 46 per cent of assessed older people live alone, and 39 per cent are dependent on help from others for daily activities, creating significant challenges when such support structures become limited.⁴³

Physical and psychological impact of conflict: In contexts of sudden displacement the spread of communicable diseases such as cholera is an ever-present threat. Here again we find a significant blind spot of the humanitarian system with responses based on a pre-conception that younger age groups and women are the most at risk. A study by HelpAge, MSF and the Brighton Medical School of cholera treatment centres in Haiti indicates that in fact, people over 60 are more likely to present with severe dehydration as opposed to mild dehydration when compared with younger adults. In addition, individuals over 80 have eleven times the mortality of younger adults in the cholera treatment centre. The initial findings indicate the need to reconsider the way in which cholera treatment is provided to older people.⁴⁴ Again, the issue of access to treatment for non-communicable diseases is a concern. In Eastern Ukraine 58 per cent of assessed older people needed support for long term medical conditions, yet 75 per cent reported a lack of access to appropriate drugs.⁴⁵

Beyond the physical consequences of conflict related displacement it is critical to recognise the psychological toll of conflicts on older people. Increasingly, psychosocial support for children is accepted as a key intervention however, mirroring the situation in the nutrition sector, little or no consideration is given to the needs of older people.

A study of post-traumatic stress disorder (PTSD) among the displaced population of Darfur reveals a high rate among older persons in particular. This is attributed to difficulties faced by older IDPs in adapting to the new social environment created by displacement – particularly the loss of the status they enjoyed in the community before the war – and to the poor quality of life in the camps. High levels of PTSD were also closely linked to the lack of employment, the lack of security and the unsuitability of food items.⁴⁶ Providing inclusive humanitarian assistance that recognises the roles and capacities of older people as well as their vulnerabilities can therefore play a critical role in addressing the psychological impact of conflict.

Older carers: Finally, as has been recognised above older people, and particularly older women often take on a greater care role for children. In areas of conflict where the middle generation has fled or been killed in fighting this role is often even greater. Currently, the recognition of older people's carer roles is limited and few steps are taken to address their specific needs, or those of the children in their care.

Recommendations

- **Defining success:** effective operationalisation of the principles of humanitarian action and specifically the principle of impartiality, demands changes to how we measure and define effective and accountable responses. The degree to which the needs of marginalised groups including older people contribute to, and are supported by, humanitarian programming should be a measurement of successful response.
- **Recognise the impact of conflict on older people:** Identify and provide support to older people who become separated from their families, carers for younger age groups, and those whose ability to recover and respond to the situation is undermined by their psychological status.

Leonid (71) and Nadezhda (73) from Ukraine

71-year-old Leonid sits on a bed in the borrowed two room house in eastern Ukraine. His wife Nadezhda, 73, is distraught and breaks down in tears as she describes what has happened to them. She said she'd managed to leave Permavaisk in the very last few days but it was difficult to get her husband out as he had such problems walking.

"Our home was bombed, completely destroyed. We had nowhere to go."

Source: HelpAge International interview 2015



(c) Iva Zimová / HelpAge International

Notes

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure and healthy lives.

The HelpAge International network is active in over 65 countries.

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