Health interventions for older people in emergencies: *a summary*

The background

Older people constitute a significant and growing number of those affected by humanitarian crises. When asked about their needs in emergencies, older people prioritise health, food and shelter. Health is indeed a critical determinant for survival in a disaster, and older people are particularly vulnerable to the consequences of the disruption of health services. They need to have regular access to curative and preventive services, particularly if they are affected by a chronic disease. Their mobility and other physical abilities might be impaired, and it is important to help them with walking aids, glasses and other supportive devices. In emergencies, minor health conditions can quickly become debilitating and have serious consequences for an older person. Untreated chronic diseases often lead to severe complications and increased levels of mortality.

At the heart of humanitarian action are the principles of. All people have equal value and dignity, and the exclusion of an individual or a group on grounds of nationality, religion, or politics is contrary to the humanitarian ethos. Humanitarian principles affirm that everyone has the right to humanitarian assistance: "…no one should be discriminated against on any grounds of status, including age, gender…" (The Sphere Project 2011).

The commitments

The right to health is a fundamental human right and "the enjoyment of the highest attainable standard of physical and mental health" was first articulated in the 1946 Constitution of the World Health Organization. It defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The right to health is also enshrined in Article 25 of the Universal Declaration of Human Rights 1948 and includes what the Committee on Economic, Social and Cultural Rights calls the "underlying determinants of health": safe drinking water and adequate sanitation; safe food; adequate nutrition and housing; healthy working and environmental conditions; health-related education and information and gender equality.

In line with the humanitarian principles of humanity and impartiality, and the Sphere Humanitarian Charter and Minimum Actions, the right to health further states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Kate Holt/HelpAge International

The United Nations defines older people as those who are above 60 years of age. However, the definition should be adapted to local contexts. For example, in many developing countries, people aged 50 years are considered to be old due to cultural and social factors which contribute to the perception of someone as being "old".

For humanitarians as for health professionals, care and assistance must therefore be provided according to need for the most vulnerable, and without discrimination. This means that the health needs of older people must specifically be taken into account.

The action points

These guidelines recommend five key action points for addressing the health needs of older people in emergencies. These action points are not exhaustive: they provide guidance for essential minimum health interventions.

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Key action points to address health interventions for older people in emergencies

Action point 1: Assess the health needs of older people

- Identify existing gaps in the organisation of the health system by collecting data, meeting health officials and health partners at all levels of the system, and carrying out field visits to health facilities and communities.
- Undertake gender analysis and collect sex- and age-disaggregated data (SADD).
- Involve older people in the needs assessment through focus group discussions and individual meetings.

Action point 2: Strengthen the health system so that it can cope with older people's health needs

- **Health service delivery:** ensure older people have access to effective, safe and quality health services that are standardised and follow accepted protocols and guidelines ("age-friendly" services).

  Organise access to health services at primary and secondary levels, as well as the referral system between the two levels. Make sure that a family member or a carer accompanies the referred older person.

  Mobile clinics might be useful as a temporary measure.

  Consult with older people when designing the response. Key mechanisms for consultation include meeting older people's associations, focus group discussions, and key informant interviews.

  Make information about health services available to older people in an appropriate form. Community services and health staff should take account of the visual, oral and literacy challenges faced by older people. Mechanisms to ensure accountability should be put in place.

- **Human resources:** ensure that health services for older people are provided by trained and competent health workers who have adequate knowledge and skills to meet the needs of older people.

  Provide basic training on the health needs of older people, and on how to communicate with older people.

  Train health workers at community, health facility and first referral levels, using appropriate curricula. Advocate for other agencies and health authorities to attend and provide such training.

  Evaluate the training and organise regular supervision and refresher courses.

- **Drugs and medical supplies:** ensure older people have access to a consistent supply of essential medicines and consumables, including medicines for chronic diseases.

  Ensure essential drugs for chronic diseases are available at primary and secondary levels. The quality of these drugs should be verified.

  Provide visual, hearing and mobility aids.

- **Health financing:** ensure older people (as well as the general population) have access to free primary health care services for the duration of the disaster.

  If there is no national consensus to provide free primary services to older people, establish contracts with international or local organisations, or with public or private health facilities, to deliver PHC services free of charge to older people (see Action Point 4 about partnership).

- **Health information management:** the design and delivery of health services must be guided by the collection, analysis, interpretation and utilisation of relevant public health data.

  Ask partners to provide sex- and age-disaggregated data and advocate for SADD at cluster level.

  Analyse and discuss this data with the health teams and with older people in order to formulate recommendations for improving the health system and older people's health status.

Action point 3: Provide integrated essential health services to older people

- **Prioritise health services:** provide essential health services to older people according to their needs.

  Depending on the context, the priority might be surgery, control of communicable diseases (eg cholera), specialised geriatric care, disability management (eg eye clinics) or nutrition.

- **Non-communicable diseases:** ensure older people have access to essential therapies to reduce morbidity and mortality due to acute complications or exacerbation of their chronic condition.

  Ensure the continuity of care by providing essential drugs for NCDs.

  Consider the possibility of making palliative care available for older people.

- **Mental health:** ensure older people have access to health services that prevent or reduce mental health problems and associated impaired functioning.

  Provide psychological first aid for people suffering from psychological distress.

  For people suffering from more severe conditions including dementia, provide or refer to mental health services.

  Analyse the needs of older people in care homes and institutions as they may need support during the emergency.

Action point 4: Build partnerships

- Integrate care for older people in the general health system at primary and secondary levels by building partnerships with public or private health facilities and international or national non-governmental organisations.
- The partnership may include contracting the partner to deliver services. This may include providing funds, training for staff, or integrating your staff in their team.
- The partner must be accountable by providing regular activity and financial reports including SADD.

Action point 5: Advocate for older people's right to health

- Present evidence and messages at coordination forums. Be an active member of the Health Cluster. Hold one-to-one meetings and build relationships with key decision-makers. Participate in the Consolidated Appeal Process.
- Share reliable SADD and make evidence-based recommendations to cluster partners and the relevant levels of the Ministry of Health.
- Coordinate with international and local partners who are working to address older people's health needs.

Essential list of generic drugs for chronic diseases

Evidence from conflicts and natural disasters shows that much excess morbidity and mortality results from the exacerbation of existing non-communicable diseases (NCDs) such as hypertension and diabetes. It is therefore crucial older people have access to basic NCD drugs.

Antiasthmatic
- Beclometasone 50 mcg/dose inhaler
- Salbutamol 0.1 mg/dose inhaler

Antidiabetic
- Glibenclamide 5 mg tablet/capsule
- Metformin 500 mg tablet/capsule

Serum lipid reducing (against high levels of cholesterol)
- Lovastatin 20 mg tablet/capsule

Antihypertensive
- Atenolol 50 mg tablet/capsule (note: present in the IEHK)
- Captopril 25 mg tablet/capsule
- Hydrochlorothiazide 25 mg tablet/capsule
- Losartan 50 mg tablet/capsule
- Nifedipine retard 20 mg retard tablet

Antacid
- Omeprazole 20 mg tablet/capsule
- Ranitidine 150 mg tablet/capsule

Anti-inflammatory
- Diclofenac 25 mg tablet/capsule

Antiepileptic
- Carbamazepine 200 mg tablet/capsule
- Phenytoin 100 mg tablet/capsule

Anti-Parkinsonian
- Levodopa + Carbidopa, tablet: 100 mg + 10 mg; 250 mg + 25 mg
- Biperiden injection: 5 mg (lactate) in 1 ml, tablet: 2 mg (hydrochloride)

Antipsychotic
- Fluphenazine decanoate 25 mg/ml injection

Anxiolytic
- Diazepam 5 mg tablet/capsule

Antidepressant
- Amitriptyline 25 mg tablet/capsule
- Fluoxetine 20 mg tablet/capsule

HelpAge International's sex- and age-disaggregated data methodology

How to estimate the percentage of older people in the total population

Age	Male	Female	Total male and female population
50-59 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
60-69 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
70-79 years	Total sum (% of total population)	Total sum (% of total population)	Total sum
80+ years	Total sum (% of total population)	Total sum (% of total population)	Total sum
Total	Total sum (% of total population)	Total sum (% of total population)	Total sum

The use of sex- and age-disaggregated data (SADD) is essential for humanitarian programmes, advocacy and learning. The application of the following SADD methodology will enable response teams to understand the demographic composition, profile and number of the older population that may be affected by conflict or natural disaster.

How and where to collect SADD

It is unlikely that you will find accurate nationally produced SADD in many countries or regions, so we must make demographic projections through estimates that will be close to real figures.

You can use data produced by the National Institute or Bureau of Statistics if the census provides detailed information by sex, age and administrative boundaries, and is no more than five years old. Unfortunately a lot of national statistical information is neither updated nor accurate, and in some contexts can even be influenced by political considerations. In an emergency, when time may be very limited, two alternative sources of information may be used to produce quality demographic projections.

Data provided by the UN Department of Economic and Social Affairs (UNDESA), Population Division

How to use UNDESA data to produce national SADD estimate

Follow this link:
http://esa.un.org/unpd/wpp/Excel-Data/population.htm

It will lead you to the UNDESA World Population Prospects where you will find updated population estimates disaggregated by country, sex, age, population density and dependency ratios. Open the Excel files, search for the relevant country and find the estimates on older age groups.

How to estimate SADD

Having found the relevant country and the most recent year's data, you can calculate the percentage of older people from the total population and fill in the table above.

You will see that some countries in the UNDESA database have estimates for the 80+ and 90+ age range. In these cases, we recommend using 80+ as the cut-off.

How to estimate SADD for specific geographical or administrative areas

Once you have a nationwide estimate, you can estimate the percentage of older people in the population in specific areas of the country. All you need is an estimate of the total population for the area of interest, and to apply the national percentages of older people to that area.

Data provided by *The World Gazetteer*

If you cannot obtain reliable population estimates from country-based information sources, you can use *The World Gazetteer,* by following this link: www.world-gazetteer.com

The World Gazetteer provides a breakdown of population data for countries and offers related statistics for different administrative divisions, areas, cities, towns and maps in English, French, Spanish and German. It will provide you with quality estimates that you can disaggregate later.

Always remember

You should make both a lower and higher estimate of the numbers of older people (60+) potentially affected by the crisis.

You can establish estimates based on the initial reports of the numbers of people affected by the crisis issued by the media, UN, INGOs or other sources. Estimates will vary depending on the crisis; for example your lower estimate may show that 30-50 per cent of the older population has been affected by a crisis and 60-80 per cent affected as the higher estimate. In some cases these estimates may equal 100 per cent, for example when assessing refugee or IDP camps with defined populations.

Estimating the size of the older population affected by a crisis is not an exact science. However it can form the basis for very important messages to share with humanitarian actors and decision makers in the initial stages of an emergency response.

The full guidelines can be obtained from www.helpage.org/resources/publications

www.helpage.org