

Overlooked and Misunderstood: The Neglected Victims of Humanitarian Crises

Written by Toby Porter

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TOBY PORTER, MAY 17 2016

Any health professional worth their salt knows that women and men develop specific health risks and needs as they age. So why is the humanitarian system so poor at providing age-appropriate health services to older people caught up in humanitarian crises?

The first ever World Humanitarian Summit takes place on 23-24 May in Istanbul. In the run-up to this event, HelpAge International has been speaking to older women and men enduring crises in South Sudan, Ukraine and Lebanon. We want to bring their voices to the Summit, and have just published a report bringing together what they said.

Over two thirds of the older people we spoke to reported at least one chronic health condition such as diabetes, hypertension, arthritis or respiratory problems. 80% reported poor eyesight and 48% had poor hearing. Just over 30% had a physical disability. Nearly a fifth were housebound and 7% were too sick to leave their bed.

Older women and men have the same right to health care as anyone. But they are more or less rendered invisible by the current humanitarian system that relegates them to the back of the queue.

We have well-established humanitarian principles that prescribe the right of all women and men to assistance according to need, without discrimination, and regardless of their age. Yet because of explicit or implicit age discrimination or because older people's health needs are not understood or considered important enough in emergency contexts, humanitarian programmes are not providing the care that older people need.

Often it is not possible for older people to even reach essential services including health facilities. As Warda, an 85-year-old woman who had fled the conflict in Syria told us: "I know that humanitarian aid might be helping, but only for those who can go and get it. How am I supposed to get this help if I can't even leave the room?"

The humanitarian system will have to change if it is to be fit for future realities. Global demographic change means that older people like Warda constitute a growing number of those affected by emergencies and crises.

Within the next five years, adults aged 65 and over will outnumber children under five years of age. By 2050, older people aged 60 and over will outnumber all children under 14. It is often assumed that population ageing affects only rich developed countries but, in fact, the number of older people in low-and middle-income countries is growing faster than in high-income countries, where the human impact of disasters and conflicts is greatest.

By 2050, more than 80% of the world's older people will be living in low-and middle-income countries. In areas of economic migration, conflict, or high HIV prevalence, the proportion of older people can be particularly high. In conflict affected eastern Ukraine, for instance, a third of all people identified as in need of assistance are elderly.

Yet, while older people are a growing number of those affected by crises, and despite clear evidence of disproportionate mortality and morbidity amongst older people in disasters and conflict, their healthcare is still largely neglected by humanitarian responders. Their needs are rarely assessed and in health monitoring, most adult data are

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aggregated, leaving the profile and requirements of older groups invisible. Humanitarian health programmes often do not address the non-communicable diseases such as diabetes, hypertension and dementia that affect so many older people. Health facilities are often not accessible for the high proportion of older people with disabilities. There is also a dearth of research on older people's health in emergencies.

HelpAge International and its global network are calling for an end to this neglect. One of the targets of the Sustainable Development Goals adopted last year is: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."

A similar commitment must be made at the World Humanitarian Summit on non-communicable diseases in humanitarian crises. We strongly support the suggested introduction of an essential health package that includes provision for the management of non-communicable diseases and the additional needs of older people. We also want health providers to recognise that older people are at increased risk from communicable diseases as well and to consider their specific needs in infection-control programmes. We want health programmes to be properly evidence-based, informed by assessment and monitoring data that is disaggregated by age. We want more research into older people's health in humanitarian crises. And, of course, donors must broaden their priorities and fund this change agenda.

In collaboration with other humanitarian organisations, HelpAge International will work tirelessly to improve humanitarian response for all the most vulnerable including children, older people, women and people with disabilities. Key actions have been identified regarding participation, data collection, skills and capacity, coordination and funding. These are framed in a new Inclusion Charter that we urge all humanitarian organisations committed to help the most vulnerable to support. Our common humanity demands no less.

About the author:

Toby Porter is the Chief Executive of HelpAge International, a global network of organisations working to help older women and men claim their rights, challenge discrimination and overcome poverty and humanitarian crisis in older age.