

# Global ageing and the humanitarian system:

## HelpAge International Policy Statement for the World Humanitarian Summit.

7th April 2015

### Humanitarian needs and global ageing

The scale of humanitarian needs in 2014 and the outlook for 2015 continue the upward trend of the last decade, a trend that is accompanied by significant demographic change and global ageing.

Today, about 12.2 per cent of the world's population is aged 60 or more (895 million people)<sup>1</sup>. 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 population<sup>2</sup> and there will be nearly as many people aged 60 or over than children under 15.<sup>3</sup>

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 will be in developing countries.<sup>4</sup> Demographic change demands that humanitarian assistance is adapted to the specific needs and risks of older people, and supports their capacities.

### Why should ageing be a critical concern for humanitarians now and in the future?

#### Heightened individual risks faced by older men and women

HelpAge International experience clearly shows that older people face specific individual challenges which place them at increased risk before, during and after humanitarian emergencies:

#### *Pre-emergency risks exacerbated by crises*

**Poverty and access to basic services:** older people are often among the poorest members of a community. This affects their 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, their poverty may have an impact on the children's protection, health and wellbeing.

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<sup>1</sup> UNDESA Population Division, *World population prospects: the 2012 revision*, DVD edition, 2013

<sup>2</sup> UNDESA Population Division, *World population prospects*

<sup>3</sup> UNDESA Population Division, *World population prospects*

<sup>4</sup> UNDESA Population Division, *World population prospects*

**Isolation and neglect:** 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 sociocultural values and family/community support can result in older people being marginalised and isolated. Even within family structures, when resources are scarce older people face exclusion from decision-making, and basic care may be too much of a burden for existing coping mechanisms.

**Disability:** In a crisis, older people with physical or sensory disabilities are likely to experience greater dependency and vulnerability as their usual family and community support structures are disrupted and their usual ways of accessing goods and services are affected.

#### Post emergency risks

**Safety and security:** Physical risk or harm combined with older people's reduced regenerative capacity, physical strength and mobility challenges often places them at greater risk of injury.

**Housing, land and property rights:** Older people who have lost or never possessed ownership documents, and older women and widows who are not always recognised in inheritance law, face challenges in proving ownership of land or homes. They may also be at high risk of forced eviction.

**Violence, Neglect and deprivation:** Cycles of dependency, discrimination, isolation, neglect and perceived vulnerability may place older people at risk of abuse, and reduce ability to access services.

**Family structures and family separation:** Older people and their families may face specific protection risks if the household is headed by an older person. Family separation can also affect older people, increasing their isolation and reducing their support and access to goods and services.

#### **Systemic risks and older people's vulnerability**

Global ageing coincides with increased disaster risk. The global demographic shift is not confined to the developed world. Rather, increasing numbers of older people live in contexts with a combination of high disaster risk and limited capacity to prepare for or respond to, natural and conflict caused emergencies. HelpAge International's *Disaster Risk and Age Index*<sup>5</sup> presents a unique snapshot of the disaster risk faced by older people in 190 countries across the world. It shows that older people are most at risks in Somalia, Central African Republic and Afghanistan due to ongoing conflict and a hazardous environment as well as the lack of services and protection for older people.

#### **The principles of humanitarian action and ageing**

For many, addressing the needs older people remains an activity for specialist agencies, or something to be done only when time and more are available. The consequence for the humanitarian system is a serious breach of the principles of humanitarian action.

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 discussions in the run up to the WHS. 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.

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<sup>5</sup> HelpAge International (2015) *Disaster Risk and Age Index*. <http://www.helpage.org/download/54ff812842639>

## Gaps in the current system's response

The humanitarian system has been slow to recognise and respond to the consequences of global ageing and the needs of older women and men. Policy analysis shows an increasing awareness of ageing, and some notable initiatives including ECHO's Gender and Age Marker,<sup>6</sup> policy commitments made by DFID<sup>7</sup> and USAID.<sup>8</sup>

While positive developments should be recognised, the shifts are far from systematic. In many cases even basic steps including 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."<sup>9</sup>

Humanitarian financing research conducted by HelpAge International between 2010 and 2012, found that in 2010-11 less than 1% of analysed projects included at least one activity targeting older people, and just 0.3% were funded.<sup>10</sup> In 2012, the numbers of project targeting older people rose to 2.1 per cent yet only 1 per cent were funded.<sup>11</sup> 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. This situation has led to the development of a new programme led by HelpAge International and funded by DFID and OFDA designed to build humanitarian capacity on ageing and disability in humanitarian response. However, more work is needed to address the significant capacity gap.

### Sectoral Gaps

Beyond broad analysis of the limitations of the system to address ageing it is important to recognise that some sectors are moving forward faster than others. Disappointingly the life-saving sectors of health and nutrition are two areas that demand further investment.

#### Health interventions must address non-communicable diseases (NCDs)

Research in Jordan and Lebanon found that 54 per cent of older refugees were affected by one or more NCDs.<sup>12</sup> Interruptions in treatment for common conditions such as hypertension and diabetes are debilitating and can be fatal, yet appropriate treatment options available from health actors was minimal.

#### Nutrition interventions must include older people in assessments and response

Nutrition assessments conducted by HelpAge International in Dadaab refugee camp, Kenya<sup>13</sup>, Chad<sup>14</sup> and Ethiopia<sup>15</sup> all found significant levels of malnutrition among older people that had not been assessed or responded to by nutrition actors.

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<sup>6</sup> [http://ec.europa.eu/echo/files/policies/sectoral/gender\\_age\\_marker\\_toolkit.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf)

<sup>7</sup> <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmintdev/336/336.pdf> See recommendation 19

<sup>8</sup> [http://www.usaid.gov/sites/default/files/documents/1866/guidelines\\_for\\_proposals\\_2012.pdf](http://www.usaid.gov/sites/default/files/documents/1866/guidelines_for_proposals_2012.pdf) See pp 61-3

<sup>9</sup> Mazurana D, Benelli P, Gupta H and Walker P (2011)., *Sex and Age Matter: Improving Humanitarian Response in Emergencies*. Feinstein International Center, Tufts University

<sup>10</sup> HelpAge International and Handicap international (2012). Humanitarian financing for older people and persons with disabilities.

<sup>11</sup> HelpAge International (2013). Disasters and diversity: a study of humanitarian financing for older people and children under five.

<sup>12</sup> HelpAge International and Handicap International (2014). Hidden victims of the Syrian crisis: *disabled, injured and older refugees*.

<sup>13</sup> HelpAge International (2011). Nutrition and baseline survey of older people in three refugee camps in Dadaab

<sup>14</sup> HelpAge international (2012). Nutrition and baseline survey of older people in Haraze Albiar, Chad

<sup>15</sup> HelpAge International (2014). Needs assessment survey of older people in Kolfe Keranyio, Addis Ababa

## Recommendations

- **Evidence-based response** – quality demographic and socioeconomic data on older people’s needs must be collected and used to inform the design and implementation of appropriate and accessible programmes.
- **Capacity to respond** – current humanitarian capacity to 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.
- **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.
- **Leadership** – all humanitarian actors committed to humanitarian principles must be accountable for addressing the needs of older people. However, this should be supported by leadership on the delivery of programmes that address the different needs of all population groups by cluster lead agencies, UNOCHA and Humanitarian Coordinators.

