

HelpAge

WORLD HUMANITARIAN SUMMIT Messages for the thematic consultation

Theme: Reducing Vulnerability and Managing Risk

What are the major threats and challenges faced in the future and what are the implications of this for humanitarian preparedness and response?

The global demographic shift to an ageing world presents a major challenge to humanitarian response and preparedness in the future.

Population ageing is transforming nations. Today, about 12.5 per cent of the world's population is aged 60 or more.ⁱ In just 10 years' time, the number of older people will surpass 1 billion and by 2050 – less than 40 years away – there will be 2 billion older people accounting for more than one-fifth of the global population. Older populations themselves are also ageing, with the size of the “oldest old” population (aged 80 and over) increasing faster than that of the older population as a whole. In 2000, for the first time, there were more people over the age of 60 than children under 5. And by 2050 there will be more people aged 60 or over than children under 15.ⁱⁱ

Far from affecting only higher-income countries, population ageing is happening fastest in developing countries where people are more at risk from natural and man-made disasters and have fewer resources to prepare for and recover from them. Currently, more than two-thirds of older people live in developing countries. By 2050, this will be four-fifths.ⁱⁱⁱ We therefore face a world where rapidly growing numbers of older people will be highly exposed to the risk of humanitarian crises.

This situation creates unprecedented challenges in humanitarian emergencies, challenges which the humanitarian community has been slow to realise and address. For example, health interventions often fail to recognise the risks faced by older people affected by non-communicable diseases (NCD), for whom interruptions in treatment can prove fatal. Research in Jordan and Lebanon found that 54% of older refugees were affected by one or more NCD. MSF has further identified those Syrian refugees affected by NCDs as the *silent casualties* of war – those dying from manageable diseases.^{iv}

In the nutrition sector, older people are almost entirely excluded from nutrition assessment and response activities including supplementary and therapeutic feeding. HelpAge nutrition assessments in Dadaab refugee camp in Kenya^v, in Chad^{vi} and in Ethiopia^{vii} all found significant levels of malnutrition amongst older people. In less technical areas, evidence from HelpAge programmes shows that in recurrent emergencies, even small low-cost modifications that would enable older people's access (e.g. separate queue at distribution points, home delivery of relief goods or ramps and grab rails in WASH facilities) are rarely implemented by humanitarian agencies.^{viii}

Similarly too often there is a lack of consideration of older people's needs and capacities in disaster risk assessment and the development of mitigation and preparedness planning. Risk management must include the identification, monitoring and anticipation of threats specific to older people and other potentially vulnerable individuals. Specific actions are needed to reduce the vulnerabilities of

highly vulnerable people with commitments from all stakeholders to an inclusive approach to disaster management and humanitarian response.

The exclusion of older people and other marginalised groups from humanitarian programming is viewed by many as seriously undermining the overall efficiency and effectiveness of humanitarian operations and may constitute a breach of the principle of impartiality. Furthermore, disregard for age considerations is in contrast to the rights-based approach adopted by large parts of the humanitarian community and reflected in initiatives such as the SPHERE standards and the Red Cross NGO Code of Conduct.

What changes to current financing mechanisms are required to enhance preparedness and risk management?

Current humanitarian financing mechanisms are inadequate to provide the resources to address the needs of older people and other vulnerable marginalised groups.

Three consecutive studies carried out by HelpAge International covering the period from 2010-2012,^{ixx} analysed over just under 10 thousand projects included in the Consolidated Appeal Process. The studies found that in the 2010-11 analysis 0.78% of projects included activities targeting older people, rising slightly to 2.1% of project in 2012. In the same periods 0.3% were funded, rising slightly to 1%. The 2010/2011 West Africa Regional CAP covering food insecurity affecting millions of people in 16 countries, did not include any project with activities targeting older people.

Positive steps are being taken by donors including ECHO and DFID to ensure better inclusion of marginalised groups in funding proposals through mechanisms including the collection of sex and age disaggregated data, and the development of tailored response to the needs of different groups within disaster affected populations. It is critical that such good practice is replicated by other humanitarian donors, and that where needs are identified amongst marginalised groups, funding is made available.

Theme: Serving the Needs of People in Conflict

What principles and standards should guide humanitarian action in armed conflicts?

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.^{xi} However, the importance of impartiality, and the principle of non-discrimination on the basis of gender, age, ethnicity etc., is equally important for the delivery of efficient, effective, needs based and accountable humanitarian assistance.

Impartial, inclusive needs assessments, which ensure the views of affected populations are placed at the centre of programme design, is the first step towards the achievement of this objective. Assessments must include the collection, analysis *and use* of sex and age disaggregated data to inform the design, targeting and delivery of assistance services. Beyond data, it is equally important that assessment and preparedness activities understand how cultural practices, roles and responsibilities and universal determinants such as age and gender, impact on people's experience

of emergencies. Developing such understanding is best achieved through the active participation and consultation, of affected populations in assessments.

What are specific needs for people in armed conflicts?

In armed conflicts, older people face a range of risks and challenges in addition to those outlined above, which are largely unique to their age. For example, reduced mobility and impaired vision can make it more difficult for older people to flee in times of emergencies, and more difficult for their families to support them when they leave their homes. A growing number of case studies reveal that older people are often left behind when the rest of their community is displaced and those who remain are at increased risk of attack by intimidation by armed groups.

For older people who decide to flee, risks include being separated from their family and thus ending up in near-complete isolation. In Darfur in 2004, for example, when huge numbers of people fled to urban centres, numerous older people reportedly arrived in 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 risk being excluded from registration and access to assistance.^{xii}

During displacement itself, the specific needs and risks of older people can be categorised in four areas: exclusion and discrimination linked to the impartiality of assistance, as above; erosion of family and traditional support systems on which many older people rely to access services and meet their basic needs; access to information and documentation from which older people are often excluded due to challenges in understanding registration systems or written communications; and finally their limited access to basic services, including shelter, food and nutrition, livelihoods and recovery, and health as outlined above.^{xiii}

ⁱ World Population Ageing 1950-2050, UN DESA, 2002

ⁱⁱ Global AgeWatch Index 2013 Insight report p.7

ⁱⁱⁱ Global AgeWatch Index 2013 Insight report p.7

^{iv} HelpAge International and Handicap International, 2014, Hidden victims of the Syrian crisis: disabled, injured and older refugees, p 26

^v <http://www.helpage.org/silo/files/nutrition-and-baseline-survey-of-older-people-in-three-refugee-camps-in-dadaab-october-2011.pdf>

^{vi} <http://www.helpage.org/silo/files/nutrition-and-baseline-survey-of-older-people-in-haraze-albiar-chad-june-2012.pdf>

^{vii} <http://www.helpage.org/silo/files/needs-assessment-survey-of-older-people-in-kolfe-keranyio-addis-ababa-february-2014.pdf>

^{viii} HelpAge and UNHCR 2012, Protecting older people in emergencies: good practice guide <http://www.helpage.org/download/4f1817fa03b4b/>

^{ix} HelpAge International and Handicap International, 2012, A study of humanitarian financing for older people and people with disability, 2010-2011 <http://www.helpage.org/what-we-do/emergencies/a-study-of-humanitarian-financing-for-older-people-and-people-with-disabilities/?keywords=humanitarian+financing>

^x HelpAge International, 2013, Disaster and Diversity: humanitarian financing for older people and children under five. <http://www.helpage.org/silo/files/disasters-and-diversity-a-study-of-humanitarian-financing-for-older-people-and-children-under-five.pdf>

^{xi} <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7976.pdf>

^{xii} HelpAge International, 2012, The Neglected generation: the impact of internal displacement on older people, p 19.

^{xiii} HelpAge International, 2012, The Neglected generation: the impact of internal displacement on older people, pp 20-32.