

Older people in emergencies

Natural disasters are on the increase worldwide. However the plight of older people is still largely neglected. More emergencies are taking place in rapidly ageing countries.

In WHO's view older people are not simply a vulnerable population group, but also a resilient group who plays a crucial role during an emergency situation. Older persons are precious resources for communities affected by crises.

In a crisis, impairments that do not interfere with daily functioning in normal circumstances can quickly become handicaps that overwhelm the person's capacity to cope. For instance, an older person with arthritic knees, diminished vision and poor hearing can rapidly become incapable of getting food or water or receiving messages to flee from danger.

There are specific issues that can impact an older person's reaction during an emergency. Awareness of these issues by those providing care to them can improve the effectiveness of interventions. Knowledge on the following factors will ensure that older people at risk are identified and that appropriate supplies and services are provided on-site.

- 1.physical health,
- 2.oral health and dentition,
- 3.mental health,
- 4.functional status and disability,
- 5.lifestyle habits,
- 6.nutrition,
- 7.family and social relations,
- 8.economic situation,
- 9.gender issues.

What WHO is doing for older persons in emergencies

WHO is working on:

- raising the awareness of the rights, health and social needs, and contributions of older people in crisis settings;
- emphasizing the importance of adequately managing age-related illnesses and conditions to ensure older people in emergencies remain above the disability threshold; and
- ensuring the provision of equitable access to essential health and social services to older people during all phases of an emergency.

WHO in collaboration with stakeholders is developing a global response to make older people's health care and other social needs included into humanitarian assessments, programmes and interventions. The following activities are being implemented:

- Compiling best practices through the commissioning of 15 case studies, assessing the impact of disasters on their health and well-being.
- Publishing and disseminating a series of technical reports that take into account WHO's ageing perspective.
- Collaborating with WHO clusters and groups: Health Action and Crises (HAC) and working with the IASC Health Cluster Working Group.

Source: WHO - <http://www.who.int/ageing/emergencies/en/index.html>