The elderly: an invisible population in humanitarian aid

Ageing and access to health services are increasingly a global public health challenge. This point is acutely true for older people who are uprooted by and trapped in humanitarian crises.

The number of elderly people caught up in humanitarian emergencies has risen in recent years, and, we argue will most probably continue to increase for two reasons. The first is demographic: both the absolute numbers and proportion of older people globally are growing rapidly. The number is projected to increase to 1·4 billion in 2030, and to 2·1 billion by 2050. Growth will continue to be greatest in developing regions, which will have an estimated 1·7 billion people aged 60 years or older in 2050.[1] Second, emergencies are affecting greater numbers of people—an estimated 125 million people needed humanitarian assistance in 2015.[2]

Although data on mortality are scarce because of inconsistent reporting standards, some examples are instructive. During the 2012 refugee crisis in South Sudan, for example, Médecins Sans Frontières reported that the mortality rate among people aged 50 years or older was more than four times that for those aged 5–49 years.[3] During the 2011 tsunami in Japan,[4] death rates for elderly people (≥65 years) were higher than for younger groups.

The health challenges facing elderly people in humanitarian emergencies include: physical access to care facilities and to food and clean water; triage practices by humanitarian staff that might prioritise children, mothers, and younger adults above elderly people; comorbidities; insufficient humanitarian staff expertise in the health-care needs of elderly people; insufficient supply of medications and treatments typically needed by older patients; interruption of treatment, particularly for chronic conditions; and the cost of care, among many other issues.[5]

However, for many years, elderly people as a group have been largely ignored by humanitarian organisations and were virtually invisible to their staff. Nor was it often acknowledged that, in times of crisis, elderly people can be a vital support for younger members of the population—for example, by passing on values, memories, culture, and a sense of solidarity.

Since the 2000, some organisations (notably MSF, HelpAge International, and a few others) have attempted to redress this invisibility. However, it was not until the preparatory stages of the 2016 World Humanitarian Summit that a number of major humanitarian organisations, under the coordination of HelpAge International, produced *Minimum Standards for Age and Disability Inclusion in Humanitarian Action*,[6] which goes far towards illuminating older persons' vulnerabilities and advocating for better access to health care for elderly people.

As the challenges of providing humanitarian aid to older people gain visibility, researchers in various disciplines, so far largely absent from the debate, need to engage more with these issues. A solid evidence base for action is still lacking. Little is known about how aid is best crafted for and targeted to the diverse categories within the elderly demographic, a highly heterogeneous population, both socially and clinically, nor about aid's weaknesses, complete failures, or politics of invisibilisation, to name a few

Clearly, evidence-based strategies are required, and the evidence that drives policy should resist deep set institutional ideologies. Humanitarian programmes should solicit the insights of disciplines beyond just clinical, epidemiological, and economic research and learn from ethnographic, sociological, and political analyses as well. Breadth of view is a crucial antidote to invisibility.

We declare no competing interests.

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

Laëtitia Atlani Duault, Lawrence Brown, Linda Fried
laetitia.atlani-duault@ird.fr

Centre Population et Développement, IRD, Sagesud, Sorbonne Paris Cité University (Paris V René Descartes, IRD, INSERM), Paris, France (LA); and Mailman School of Public Health, Columbia University, New York, NY, USA (LB, LF)

1 UN. World population ageing 2015. New York: United Nations, 2015.
2 United Nations Office for the Coordination of Humanitarian Affairs. World humanitarian data and trends 2016. http://www.unocha.org/datatrends2016/ (accessed April 17, 2017).
3 Karunakara U, Stevenson F. Ending neglect of older people in the response to humanitarian emergencies. *PLoS Med* 2012; **9:** e1001357.
4 Nakahara S, Ichikawa M. Mortality in the 2011 Tsunami in Japan. *J Epidemiol* 2013; **23:** 70–73.
5 MSF. Older people in crises. A review of MSF's approach to vulnerability and needs. Geneva: Médecins Sans Frontières, 2013.
6 HelpAge International, ADCAP. Minimum standards for age and disability inclusion in humanitarian action. London: HelpAge International, 2015.