

## Older people: forgotten victims amid the Ukrainian humanitarian disaster



With improvement in life expectancy and the rapid population ageing in recent decades, when a humanitarian crisis occurs, a larger group of older people than in previous decades might be disproportionately affected.<sup>1</sup> Although older people have been recognised as a vulnerable group in humanitarian crises, they have not traditionally been considered a priority for humanitarian assistance.<sup>2</sup> International guidelines take older people into account and specific recommendations exist on the inclusion of this population amid humanitarian crises;<sup>3</sup> however, their concrete extent of real-world applicability remains limited.

In February, 2022, Russia started a military invasion of Ukraine, in a major escalation of the war that began in eastern Ukraine in 2014. According to WHO Regional Office for Europe, as of March 14, at least 636 deaths had been reported among civilians, including 46 children, and 1125 injuries, with more than 31 reports of attacks on health-care facilities, and more than 3 million people fleeing the war. The Ukrainian crisis is rapidly unfolding, causing a major disruption of health-care services in a country already struggling with the COVID-19 pandemic, a low COVID-19 vaccination coverage (34%),<sup>4</sup> and a non-communicable diseases burden accounting for 91% of total deaths.<sup>5</sup> About 24% of the Ukrainian population is aged 60 years or older, and this population suffers the most severe consequences of humanitarian emergencies.<sup>1</sup> This has also been reported by several studies conducted in eastern Ukraine since the beginning of the war in that area (2014), with approximately 70% of older people who live in conflict affected areas having at least one chronic disease, including serious psychological distress, ranging in prevalence from 33% to 42%, and about 60% having been displaced.<sup>2,6</sup>

Specific challenges and barriers characterise the older population in humanitarian settings, including difficulties in accessing food, clean water, and health services; comorbidities and an increased susceptibility to ill health, malnutrition, disability, and injury; an increased risk of discrimination and violence, particularly for those with disabilities; inappropriate management of chronic conditions; socioeconomic status with financial

dependence and social and economic marginalisation; few trained humanitarian professionals with a specific expertise in the health-care needs of older people; scarcity of medications and assistive technologies with consequent interruption of treatment and assistance; difficulties in moving and migrating, with the consequence of being trapped; and the cost of care.<sup>1</sup> In addition, the effects of the COVID-19 pandemic might be amplified, particularly in the older population, due to the difficulties of preventive measures aimed at limiting the spread of the infection (ie, isolation and quarantine). Marginalisation of older people in humanitarian crises is not new.<sup>7</sup> A recent interview-based assessment from HelpAge in Ukraine showed that 34% of older people are in need of urgent medication for their chronic illnesses, and 99% of older people don't want to evacuate from their homes.<sup>8</sup> Equally, older people who manage to cross the border will need urgent assistance, for which the receiving countries should be ready to respond. For example, around 230 000 refugees have crossed the Ukraine–Moldova border and 98 shelters have been set up where many of the most at-risk older people have settled. Among the 105 older refugees (aged 50 years and older) interviewed by HelpAge in Moldova, 28% reported that they needed urgent medication (for diabetes, blood pressure, pain relief, etc). Furthermore, 22% of the interviewees had a disability, suggesting that hosting health systems need to be prepared to possibly provide hearing aids, wheelchairs, and incontinence pads.<sup>9</sup>

Tackling the needs of older people must be considered central to the humanitarian response during an emergency crisis, and particularly within the current Ukrainian war, both for the older people on the move and the ones staying in the country. Older people are a key support for the community through the sharing of values, memories, culture, and solidarity. As reported in the Decade of Healthy Ageing 2020–2030 plan, and as currently shown in the Ukrainian war, health systems during humanitarian crises need to: (1) ensure age-inclusive emergency preparedness, response, and recovery; (2) implement integrated care for older people, including community social care and support; (3) train

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For the Decade of Healthy Ageing 2020–2030 plan see [https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc\\_25&download=true](https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_25&download=true)

health personnel on specific health needs for older people; and (5) provide access to long-term care. Finally, in line with the principles of humanitarian action—humanity and impartiality—all people have equal value and dignity, and endorsing the concept of leaving no one behind and the Sustainable Development Goal of ensuring healthy lives and promoting health and wellbeing for all at all ages, the resilience, strengths, and potential of older people should be fostered in humanitarian settings.

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