

Older Persons in Emergency Situations

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Challenging context

Between 2001 and 2019, emergency crises in the UNECE region affected an estimated 130 million people, injuring over 90 million, and making nearly 674,000 people homeless. Though generally disproportionately impacted by emergency crises, older men and women are often neglected in disaster risk reduction strategies and emergency responses. The COVID-19 pandemic has highlighted the vulnerability of older persons carrying the burden of severe illness and mortality as well as of acute loneliness and isolation. As of September 2020, nearly 9 out of 10 COVID-19 related deaths reported in the UNECE region have been among adults aged 65 years and older. Disaster risk reduction and preparedness plans need to be “older persons friendly and inclusive” to prevent and mitigate the

potentially devastating implications of emergency crises among them. The challenge is not only to protect older persons and ensure essential services provide for their needs, as part of the emergency response and recovery after crises, it is also to account for the diversity of this population group, recognize their capacities and harness their experience to maximize the preparedness for and minimize the impact of emergencies.

Suggested strategies

Ensuring that the needs of older person are addressed within preparedness, disaster risk reduction, emergency response and recovery frameworks requires:

- Engaging older persons in the development of preparedness plans and disaster risk reduction strategies;
- Considering older persons prominently in the mechanisms and operations of national and regional civil protection;
- Addressing the needs and rights of older persons in relief efforts;
- Providing financial support and extended social protection measures to protect older persons from the social and economic stress resulting from emergency crises;
- Developing recovery strategies and actions geared towards “building back better”, contemplating specific measures for reintegrating older persons into the normal circuits of social and economic life;
- Promoting the collection, analysis, and dissemination of age-disaggregated data, to inform emergency preparedness, relief, and recovery strategies.

Expected results

Developing preparedness, disaster risk reduction, and emergency response strategies centred on older persons will ensure that this population group is adequately protected, and its potential fully harnessed.

With good practice examples from:

Belgium, Bosnia and Herzegovina, France, Israel, Italy, Malta, Portugal, Republic of Moldova, Slovak Republic, Slovenia, Spain, Sweden, and United States of America.

This policy brief addresses **Commitments 1, 2, 4, and 7, 8, 10 of the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing; Goals I and 3 of the 2017 Lisbon Ministerial Declaration, and SDGs 1,2,3, 5 and 10 of the 2030 Agenda for Sustainable Development.**



United Nations

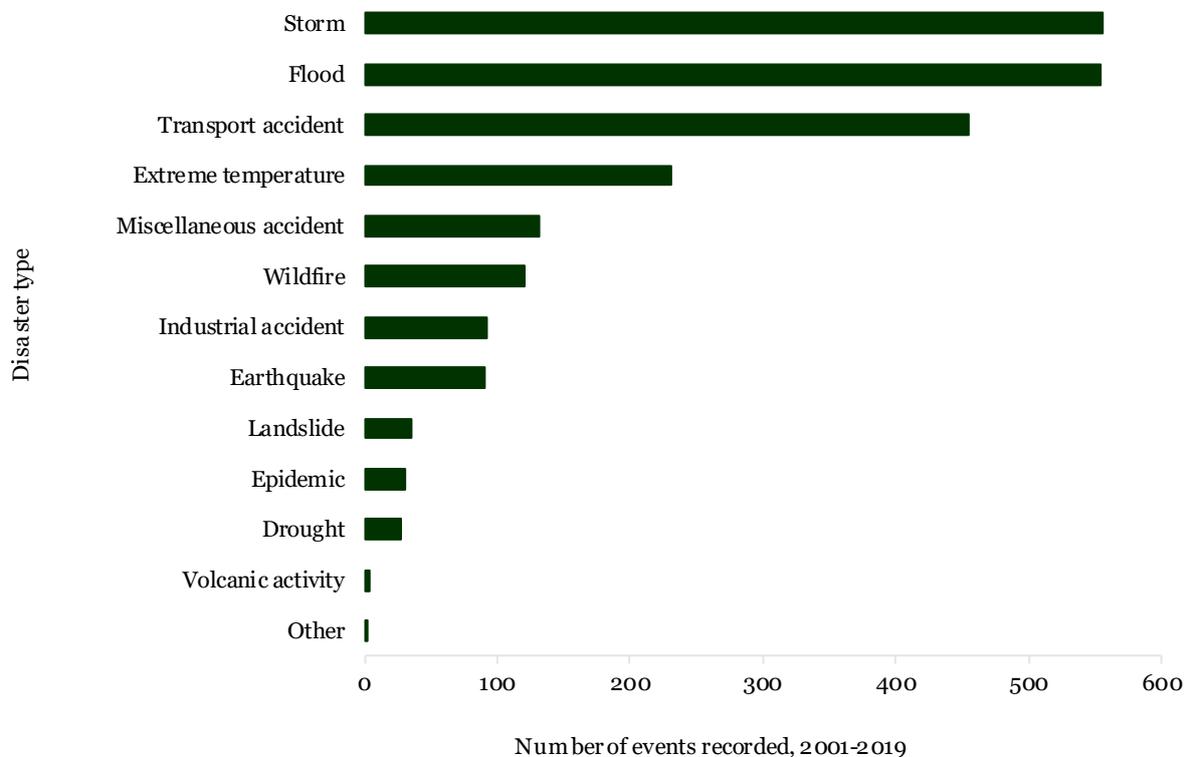
Introduction

Emergency situations may arise as a consequence of multiple factors. They can be triggered by natural or human-made disasters, public health emergencies such as epidemics or pandemics, conflicts and violence, or humanitarian crises, such as big migration movements, influxes of refugees and asylum seekers, among others.

Emergency situations create stress in social and economic life, and test the resilience of individuals and communities. In such situations, older persons tend to be disproportionately affected because of biological and social vulnerabilities, and inadequate preparedness and protection mechanisms. The COVID-19 crisis has highlighted the vulnerabilities of older persons in terms of: having higher rates of severe illness and mortality; having difficulty in accessing essential services, testing and treatment; exposure to ageism; and experiencing stress and anxiety due to isolation and loneliness during times of confinement.

Affecting ageing societies, disasters and emergencies impact a growing number of older persons. Persons aged 65 years and older account for almost 17 per cent of the population in the UNECE region in 2020. This proportion is projected to increase to around 24 per cent in 2050. The proportion of the population aged 80 and over is expected to double over the next thirty years from 4.5 per cent in 2020 to around 9 per cent in 2050.¹ These population trends will pose challenges in emergencies, since older people tend to be more affected. It is important to keep in mind that older persons are not a homogenous group – some continue to lead active lives as part of their families and communities, while others face a multitude of challenges including a lack of adequate care or social isolation.

Figure 1
Frequency of disasters by type in the UNECE region, between 2001 to 2019



Source: Center for Research on the Epidemiology of Disasters (2020).

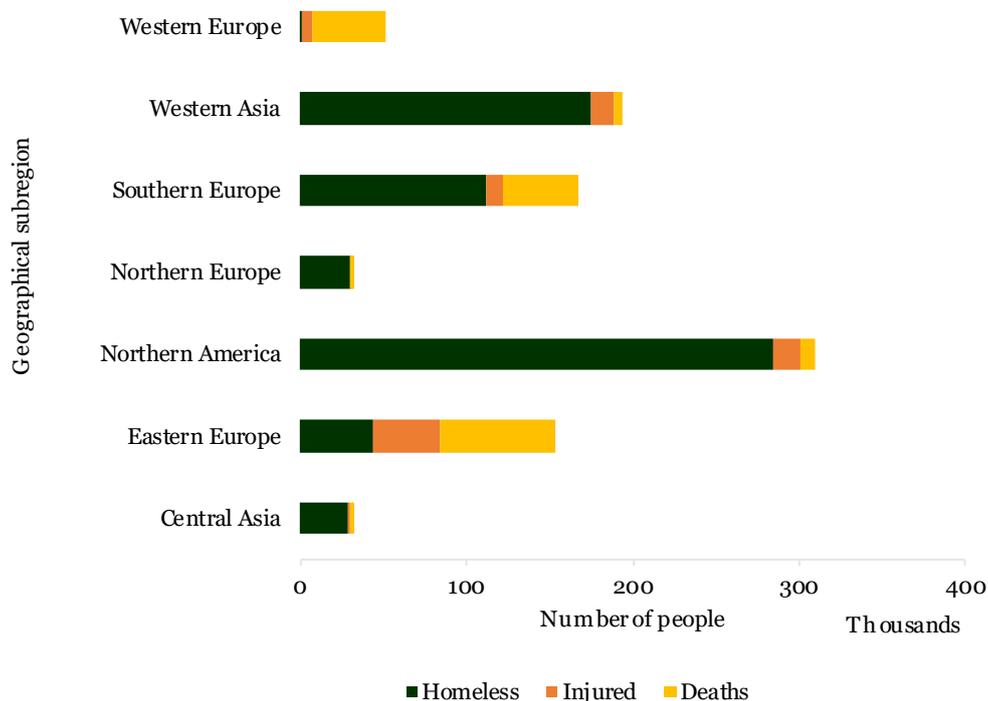
Note: “Miscellaneous accident” includes collapse, explosion, and fire. “Other” includes airburst, insect infestation, and mass movement (dry.)

¹United Nations, 2019.

There is increasing frequency, gravity, and impact of natural disasters and other emergency situations occurring in parts of the UNECE region, intensified by climate change, industrialization, urbanisation, and globalisation. The COVID-19 pandemic is an extreme example given its global impact and particularly high mortality risk for older age groups. But there are also many other types of emergencies that pose risks for older persons, many of which are more localised in scale. Storms (24 per cent), floods (24 per cent), and disasters caused by transport accidents (20 per cent) were the three most common types of disasters in the UNECE region in the last two decades (Figure 1), followed by extreme temperatures which accounted for almost 10 per cent of all disaster events.

Disasters significantly hamper progress towards sustainable development. The Centre for Research on the Epidemiology of Disasters (CREED) estimates that between 2001 and 2019, in the UNECE region close to 130 million people were affected by disasters, over 90 million were injured, and 674,000 people were made homeless. The numbers of people impacted by disasters varies considerably by geographical subregion² (Figure 2). Among those people impacted by disasters, a large proportion became homeless in Northern America, Western Asia, Central Asia, Southern Europe and Northern Europe, whereas in Western Europe and Eastern Europe fatalities accounted for a larger proportion. The proportion of injured people is relatively low in all geographical subregions, except for Eastern Europe.

Figure 2
Number of people impacted by disasters in the UNECE region, 2001-2019



Source: Center for Research on the Epidemiology of Disasters (2020)

² Geographical subregions are used, given the relevance of geographical location for disasters. The geographical subregions are as follows: Western Europe (Austria, Belgium, France, Germany, Luxembourg, The Netherlands, Switzerland), Western Asia (Armenia, Azerbaijan, Cyprus, Georgia, Israel, Turkey), Southern Europe (Albania, Bosnia and Herzegovina, Croatia, Greece, Italy, Malta, North Macedonia, Portugal, Serbia Montenegro, Slovenia, Spain), Northern Europe (Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden, United Kingdom of Great Britain and Northern Ireland), Northern America (Canada and United States of America), Eastern Europe (Belarus, Bulgaria, Czech Republic, Hungary, The Republic of Moldova, Poland, Romania, Russian Federation, Slovakia, Ukraine), Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan).

Disaster-related mortality is relatively low in the UNECE region.³ Nevertheless, approximately 10 per cent of the global disaster events, and 7 per cent of the 1.5 million disaster-related global deaths in 2001-2019, occurred in the UNECE region.⁴

Emergency events are not always unforeseen catastrophes. Societies can organize themselves to reduce risks, mitigate the potential impacts on older persons, address the emergency, and recover from the crisis. Older persons are resilient, knowledgeable about their communities, experienced, and respected within families and communities. Therefore, they are also a valuable resource in the preparedness, response, and recovery phases of emergencies.

The specific needs of older persons must be addressed to reduce their vulnerabilities in emergency situations and safeguard their rights. Additionally, effective interventions need to capitalise on their contributions. Focusing on emergency preparedness, relief, and recovery, this policy brief addresses how policymakers, service delivery workers, and civil society actors can address older persons in emergency situations.⁵

Emergencies in the UNECE region

BOX 1

Defining disasters and emergencies

A **disaster** is a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.

An **emergency** is sometimes used interchangeably with the term disaster, as, for example, in the context of biological and technological hazards or health emergencies, which, however, can also relate to hazardous events that do not result in the serious disruption of the functioning of a community or society. Emergency situations can also relate to conflict, war, and humanitarian crises associated with internal displacement, migration, asylum seekers, and refugee influxes, causing disruptions in social and economic life.

Source: Sendai Framework, United Nations 2015; United Nations General Assembly, 2016.

The following sections elaborate on the different types of events affecting the region and highlight some specific considerations of the impact they have on older people.

Natural hazards

Natural disasters, such as earthquakes, wildfires, or extreme weather events (including hurricanes, torrential rains, floods, strong winds, prolonged droughts or heatwaves), have increased in recent years, resulting in significant damage and human suffering. Heatwaves, for instance, are associated with short-term increased mortality, especially in regions where extremely hot weather is infrequent, and there are fewer behavioural adaptations to hot weather and inappropriate housing. Across twelve countries in Europe, more than 80,000 excess deaths were recorded during the 2003 heatwave, many of them in the older age groups.⁶

Human-made and technological disasters

This category of disasters includes industrial (such as chemical spill, explosion, radiation, oil spill), transport (including air, road, rail, water), or other miscellaneous accidents. A notable example of a human-made disaster is the Chernobyl nuclear accident that occurred in 1986. As a proportion of all disasters, human-made disasters are lower in UNECE region compared to the rest of the world (Table 1), and this could be due to better safety regulations.

³ UNECE, 2020.

⁴ Center for Research on the Epidemiology of Disasters, 2020.

⁵ UNECE, 2017.

⁶ Robine et al, 2007.

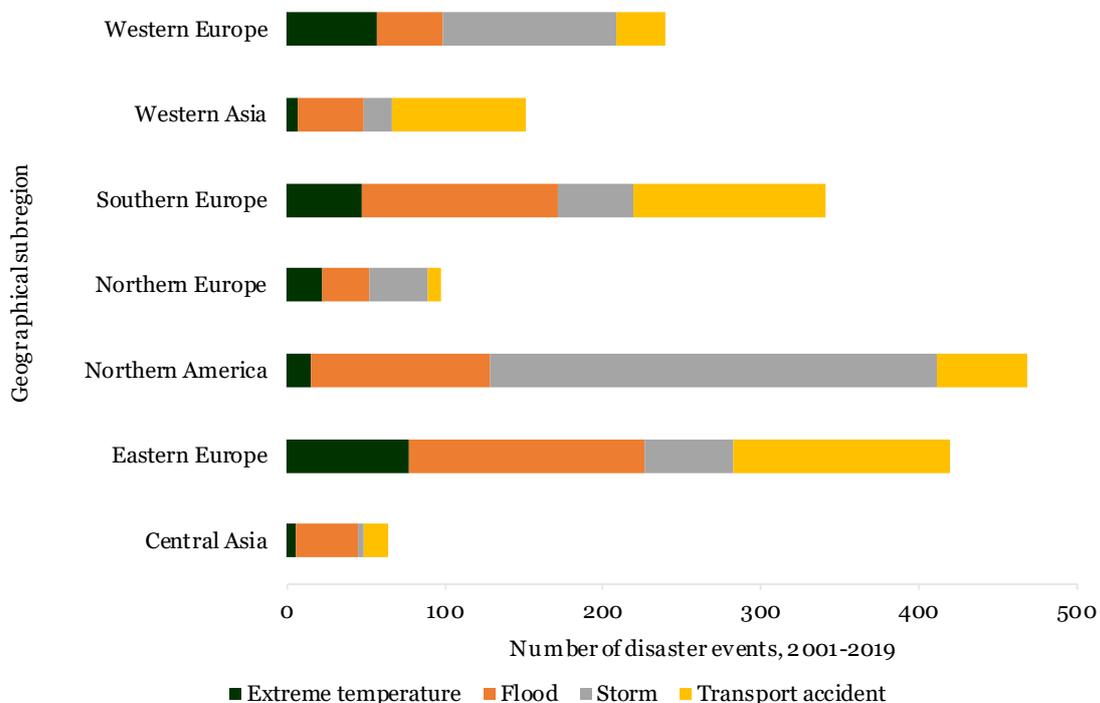
Table 1
Cases of disasters between 2001 to 2019 in the UNECE region and the Rest of the World

	Natural Disasters	Human-made and Technological Disasters	Total
UNECE region	1 652	679	2 331
The rest of the World	6 167	4 133	10 300
Total	7 819	4 812	12 631

Source: Center for Research on the Epidemiology of Disasters (2020)

The frequency and proportion of different types of disasters vary considerably by geographical subregion (Figure 3) with a larger proportion of storms in Northern America followed by Western Europe. Disasters caused by transport accidents feature more prominently in Eastern Europe and Southern Europe. Older people tend to be disproportionately affected by disasters, particularly those living with disabilities or mobility issues, or who are socially isolated and dependent on social care programmes or informal care.

Figure 3
Frequency of disasters by type and geographical subregion between 2001 and 2019



Source: Center for Research on the Epidemiology of Disasters (2020)

Pandemics and public health emergencies

Biological hazards are a major source of risk that can result in public health emergencies – large disease outbreaks, epidemics or pandemics. An epidemic is the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The worldwide spread of a new disease is considered a pandemic.⁷

The COVID-19 pandemic has particularly highlighted the increased vulnerability of older persons in health-related emergencies. It has brought to the fore the existing weaknesses in emergency preparedness, response and recovery, and the failings for adequately protecting and caring for this population group. As of September 2020, nearly 9 out of 10 COVID-19 related deaths reported in the UNECE region have been among adults aged 65 years and older⁸, and the pandemic highlighted the risks to residents of residential care institutions.

Humanitarian crises

Population ageing has implications for policy planning and implementation of humanitarian programmes, in part, because older persons have needs that differ from those of younger members of a community. Older persons are a part of internally displaced people and refugees arriving in UNECE region, fleeing from armed conflict areas, persecution, and human rights violations. In 2015, the influx of refugees and migrants to Europe reached staggering levels. On their transit route and in destination countries the delivery of impartial and accountable humanitarian assistance was a challenging task in particular accounting for vulnerability in all its forms, including that of older persons. For instance, it was obvious that in addition to the acute critical health care needs that warrant humanitarian interventions, there are also specific health care needs of older refugees, often differential between men and women, that require access to regular comprehensive health care services, and public health interventions.⁹

Risks, vulnerabilities and capacities of older persons

When emergency situations occur, older persons are particularly at risk. Health conditions, social and economic disadvantages, and insufficient coverage of social protection mechanisms can hinder the ability of many older persons to prepare for and adapt to disasters. Older women are at greater risk than men, because they are more often widowed and living alone, and because of gendered disadvantages that tend to accumulate over the life-course.¹⁰ Consultations held in preparation of the 2016 World Humanitarian Summit revealed that in emergencies, many older people are: separated from their families; have physical disabilities and greater dependence; are cut-off from services; suffer physical and psychological distress; have specific health and nutritional needs; and experience abuse and neglect.¹¹

Evidence shows that older persons are often overlooked in emergency response systems, which aggravates their vulnerabilities and worsens their capacity to respond and adapt to disasters. Consideration of the specific needs and challenges faced by older persons need to be considered in all phases of emergency management. The United Nations Expert Group Meeting on Older Persons in Emergency Crises held from 15 to 17 May 2019 provided a series of recommendations on emergency preparedness, relief and recovery, grouped in the following four major categories: further the rights of older persons in emergencies and urge institutions involved in humanitarian action to be inclusive of their needs, challenges and contributions; promote an age-inclusive response to emergencies; provide adequate finance to ensure that humanitarian action is age-inclusive; undertake, support, and promote the collection, compilation and dissemination of data research, capacity development, and training on older persons in emergencies for an informed humanitarian response.¹²

⁷ For more details see <https://www.who.int/emergencies/diseases/en/> and <https://www.undrr.org/hazard/epidemic-pandemic>.

⁸ This was estimated at around 88 per cent for countries covered by World Health Organization Europe countries, World Health Organization (2020). It was estimated at around 80 per cent for the United States of America, Center for Disease Control (2020).

⁹ SHCAPAC Project, 2016.

¹⁰ Hutton, 2008. For a further discussion of gender equality in ageing societies see UNECE, 2020.

¹¹ United Nations General Assembly, 2016.

¹² United Nations Department of Economic and Social Affairs, 2019

Supporting resilience of ageing societies

Most UNECE countries have ageing populations driven by low fertility rates, high life expectancy, and complex migratory patterns. As a result, the region has a high ratio of older persons to younger age groups. For instance, by 2023, there will be more people aged 65 and over than children under the age of 15. Rapidly growing numbers of oldest old people (80+) is also a marked trend across the region, that currently hosts about 40 per cent of the world's population aged 80 and above.¹³ This latter group is among the most vulnerable in the face of emergencies.

The UNECE region has some distinct attributes that to an extent support resilience of its ageing population. Over the years, UNECE countries have made good progress towards ending poverty and hunger, and ensuring that all people can fulfil their potential in dignity, equality and in a healthy environment. Most UNECE countries have well advanced social protection systems. Social protection helps to provide a safety net for those in vulnerable situations by mitigating the impacts of interrupted income due to retirement, sickness, disability, parental responsibilities, unemployment, and social exclusion. In 2016, about 86 per cent of the UNECE population was covered by at least one social protection cash benefit. Yet, both the breadth of, and access to, social protection varies markedly across the countries, in part mirroring their economic and demographic realities. All UNECE countries have pension provisions for persons above statutory retirement age. In 2016, the proportion of older persons covered by pension schemes was universal in about half of UNECE countries.¹⁴ Nevertheless, inequities in income distribution, living conditions, access to services, and social protection practices exist within and across countries. These inequities are deepened by emergencies.

Additionally, most UNECE countries have functional civil protection coverage consisting of assistance delivered by local or national governments in the immediate aftermath of a disaster, that includes preventative measures to reduce the impact of future disasters. However, not all countries explicitly include actions addressed to older persons.

Finally, a not-insignificant proportion of the oldest old people, particularly women, live in residential care institutions.¹⁵ The quality of services in residential care facilities is an important policy priority across UNECE countries, and efforts have been made to monitor and advance living conditions in long-term care facilities. However, emergencies such as the COVID-19 pandemic, have demonstrated the vulnerability of these institutions with older residents' well-being, health, and safety being at risk. The situation in residential care settings is particularly concerning, given the alarmingly high COVID-19 infection and mortality rates among residents in 2020. In part, this reflects the difficulty of implementing physical distancing and hygiene measures in these settings. In turn, when rigorously enforced, physical distancing requirements put older persons at significant risk of isolation, with consequences for both physical and mental health.

Capacities and resilience of older persons in emergencies

Older people are an important part of the human and social capital that can be mobilized for reducing disaster risks and finding community based solutions in post emergency reconstruction.¹⁶ They have multiple capacities that can be put at the service of emergency preparedness, relief and recovery efforts. These capacities of older persons may be enhanced by specialised training.

Older women and men perform crucial roles in their communities and families, such as by contributing to household incomes and supporting younger generations, for example providing childcare. They are a valuable resource for guidance and advice, and transmitters of culture, skills and crafts that are important in preserving the traditions. Older refugees actively contribute to the well-being of their next-of kin. Older persons can also contribute to peace and reconciliation measures. These capacities should be harnessed, and these roles supported. An example is provided from Belgium in which older volunteers supported the oldest old people during the COVID-19 crisis, demonstrating the crucial role of older persons in supporting members of their community.

¹³ United Nations, 2019.

¹⁴ UNECE, 2020.

¹⁵ World Health Organization, 2020.

¹⁶ World Health Organization, 2008.

Older persons as contributors to emergency responses in Belgium

In Belgium, the Flemish Elderly Council worked together with multiple associations for older persons, to create solidarity initiatives as part of the COVID-19 response. For example, thousands of older volunteers from these associations called the oldest old people every week, to find out how they were doing. Between March and July 2020, 100,000 older people had been contacted by volunteers through this “geen belet!” initiative. The objective was to reach older people who are not digitally active, in order to keep in touch with those who may have been at greater risk of feeling isolated.

Source: Flemish Elderly Council and Belgium Service Public Fédéral Sécurité Sociale.

Rights of older persons in emergency situations

Older age often compounds other forms of vulnerabilities or inequality, such as gender, race, education level, income, health status, or access to justice, that accumulate during a lifetime. When older persons do not enjoy their rights fully in regular times, their vulnerability to emergencies is likely to increase. The 2019 Report of the Independent Expert on the Enjoyment of all Human Rights by Older Persons, examined the protection of human rights of older persons in emergency situations. The Report analysed the requirements for inclusive assistance and relief action to respond to the specific needs and vulnerabilities of older persons, while building on their roles and capacities. The report contains recommendations on how to facilitate the design and implementation of appropriate and effective frameworks to ensure the promotion and protection of the rights of older persons.¹⁷

The European Union Agency for Fundamental Rights (FRA) has highlighted, in connection with the recent developments associated with the COVID-19 pandemic, a number of important dimensions related to the rights of older persons.¹⁸ A review of the impact of the COVID-19 restrictions on older people’s rights in the European Union indicated that the pandemic has particularly affected the rights to life and health of older persons. Issues around access to treatment and testing, the challenges in institutional settings, access to services, and the impact of isolation featured prominently. These issues affected older people’s right to lead a life in dignity and independence. While certain measures were important to reduce the risk to health and life of older people by preventing infection, they may also have led to ageist attitudes and potential discrimination on the grounds of age.

National health systems and medical professionals came under pressure and faced difficult choices about who to treat given scarce resources, undermining the right to equal access to healthcare. Many countries implemented specific restrictive measures or recommendations targeting older persons, including: stricter stay-at-home or self-isolation rules than for the general population; and special rules concerning shopping and accessing services, using public transport, accessing workplaces and participating in communal or voluntary activities. Such well-meaning policies can also have unintended negative consequences. For example, restrictions on visitors entering residential care homes during the first phase of the pandemic substantially limited social contacts between older people in institutional settings and their families and social networks, resulting in further social isolation.¹⁹ It is therefore crucial to balance the responsibilities of protecting more vulnerable members of the population, with the importance of upholding the rights and dignity of older persons. As many countries enter the second wave of the COVID-19 pandemic in the final months of 2020, the lessons learned from the first wave should inform the measures implemented in subsequent stages of the pandemic.

Strategies to support older persons in emergencies: Preparedness, relief, and recovery

Several existing interconnected frameworks related to emergency response and disaster risk management guide national and international action (see Box 2). While many of the frameworks do not provide sufficient guidance on how to address the specific issues associated with older persons in emergency situations, they are nevertheless relevant. Such frameworks could be further strengthened by integrating a specific lens on the situation of older persons.

¹⁷ United Nations General Assembly, 2019.

¹⁸ Council of Europe Commissioner for Human Rights, Statement, 20 May 2020, Quoted in European Union Agency for Fundamental Rights (2020).

¹⁹ Additionally, many people died alone or without being able to see their close family.

In the preparedness, relief, and recovery phases of emergencies, actions can be taken to ensure the needs of older persons are considered and their capacities harnessed. If older persons are invisible during the preparedness stage, for example, if data are not disaggregated by age and older persons are not involved in the planning process itself, it is likely that the needs, capacities, and contributions of older persons will also be overlooked in the relief and recovery stages.²⁰

BOX 2

Relevant international frameworks

The International Strategy for Disaster Risk Reduction

The International Strategy for Disaster Reduction reflects a major shift from the traditional emphasis on disaster response to disaster risk reduction, and seeks to promote a “culture of prevention”.²¹ Disaster risk reduction (DRR) is a conceptual framework of elements that have the function of minimizing vulnerabilities and risks in a society, to avoid (prevention) or limit (mitigation and preparedness) the adverse impact of threats, within the broad context of sustainable development.

Sendai Framework

The Sendai Framework for Disaster Risk Reduction 2015-2030 is a voluntary, non-binding agreement which recognizes that the State has the primary role to reduce disaster risk, but that responsibility should also be shared with other stakeholders including local government, the private sector, and other stakeholders.²² The Sendai Framework emphasises disaster risk management. In addition, it expands the scope of disaster risk reduction focusing on both natural and human threats, as well as related environmental, technological and biological threats. The Sendai Framework evolved from the Hyogo Framework for Action 2005-2015.²³

Early Recovery Framework

The Early Recovery Framework was developed by the United Nations Development Programme (UNDP) and endorsed by the Inter Agency Standing Committee responsible for coordinating International Humanitarian Action.²⁴ Early recovery is a strategy to incentivize the capacities of individuals, service systems, and society to be self-reliant, and represents the first steps in a planning process for longer-term sustainable development, and as such should start in parallel with emergency response activities. Early recovery is not a separate phase in the schedule of actions between relief and development but is an effort to strengthen the links between the two.

The Nexus between Humanitarian action and sustainable development (“New Way of Working”)

The adoption in 2015 of the 2030 Agenda and the Sustainable Development Goals (SDGs) provides a reference frame for both humanitarian and development actors to contribute to the common vision of a future in which “no one is left behind”.²⁵ The 2016 World Humanitarian Summit (WHS) identified the need to strengthen the humanitarian-development nexus.²⁶ The Nexus framework (New Way of Working) connects the humanitarian and development logic, particularly after conflict or natural disasters.²⁷ It addresses simultaneously the humanitarian imperative of saving lives and offering protection to affected people and the developmental imperative of creating resilience, contributing to sustainability, and setting the foundations of peace.²⁸

Preparedness

Investment in disaster preparedness minimizes the loss of human life.^{29, 30, 31} The fundamental objective is to reduce the degree of exposure and vulnerability. The proportion of local governments with disaster risk reduction strategies varies widely across the UNECE region: nine countries have full coverage while an equal number of countries have no such strategies at the local level.³²

²⁰ United Nations General Assembly, 2019.

²¹ United Nations General Assembly, 1989.

²² United Nations, 2015.

²³ UNISDR, 2005.

²⁴ United Nations Development Programme, 2008.

²⁵ United Nations, 2015.

²⁶ United Nations General Assembly, 2016.

²⁷ United Nations Office of Coordination of Humanitarian Affairs, 2017.

²⁸ Emergency assistance provided by the international humanitarian community is guided by the United Nations General Assembly resolution A/RES/46/182 “Strengthening of the coordination of humanitarian emergency assistance of the United Nations”, which was adopted in 1991.

²⁹ Smith et al, 2009.

³⁰ Inter Agency Standing Committee, 2011.

³¹ Tuohy et al, 2011.

³² UNECE, 2020.

Engage older persons in development of preparedness plans and disaster risk reduction strategies

A wide body of evidence underlines the importance of effective, rights-compliant policymaking involving the people concerned in decisions made about their lives. It is important therefore to engage older persons in the development of preparedness plans and disaster risk reduction strategies, ensuring also that older women are able to participate meaningfully in policy and decision-making processes that impact them.³³ Actively engaging older persons in the design, implementation, and monitoring of measures during the COVID-19 pandemic and its aftermath helps to ensure that policies meet their needs and retain their support.

Inclusion of older persons in decision-making

Evidence collected by the European Agency of Fundamental Rights (FRA) identified only isolated examples of consultation with representative organizations of older people on COVID-19 related measures. National health authorities in Denmark and Finland consulted national organizations of older people before updating their guidelines for care homes and relaxing visitation restrictions. The Slovenian organization of pensioners participated in consultations on a proposed one-off solidarity payment to pensioners and engaged with local communities to provide information to volunteers about the needs of older people.

Source: European Union Agency for Fundamental Rights (2020).

In order to deliver on the pledge of leaving no one behind, it is important to mainstream inclusive approaches and operationalise guidelines and tools, with the engagement of older persons. In line with this, first responders and volunteers must be trained on the needs and contributions of older persons in emergency situation.³⁴

Learn from past emergencies and their impact on older persons

Preparedness involves using the experiences of past emergencies to prepare for the future. For example, actions include establishing registries that are informed by past emergencies, that identify and track those who are most vulnerable, so that efforts can more efficiently serve those in need as quickly as possible.³⁵ Preparedness measures also include using data and enhancing early warning systems. The lessons learned from the heatwaves that were experienced across many European countries in 2003, has informed the preparedness strategies for many of the affected countries. The record high temperatures in France in 2003 resulted in an estimated 15,000 excess deaths, predominantly affecting older individuals.³⁶ This heatwave underscored the need for the development and implementation of public health measures including early warning systems, to reduce mortality among older persons.

Lessons from the 2003 heatwave in France

Following the 2003 heatwave, the French Government, in partnership with the French Meteorological Office and health departments, enacted an alert system for health and social care professionals in the event of high temperatures. This is beneficial for planning and responding to threats during emergency periods to prevent avoidable casualties among vulnerable individuals. The lack of air-condition was implicated in the increased risk of dehydration-related mortalities in residential homes in the 2003 heatwave. As compared to the 19 per cent coverage in 2003, the French Government announced the financing of up to 40 per cent of the costs of air conditioners for rooms in residential homes and by July 2005, the French Ministry of Health reported that 90 per cent of residential homes for older people were equipped with at least one ‘cool room’ and have put plans in place to mitigate future heatwaves. Preparedness could be further strengthened by engaging older persons in the preparation of heatwave communication materials, to ensure that public health messages are effective.

Source: Ogg, 2005.

³³ United Nations Department of Economic and Social Affairs, 2019.

³⁴ United Nations Department of Economic and Social Affairs, 2019.

³⁵ United Nations Department of Economic and Social Affairs, 2019.

³⁶ Ogg, 2005.

Strengthen civil protection mechanisms through international and regional cooperation, and federal and subnational collaboration

Preparedness also includes strengthening national and regional civil protection mechanisms to include the participation and protection of older persons, and strengthening inter-state cooperation.^{37, 38} When an emergency occurs at a scale too immense for one country to handle on its own, there is need to have inter-States collaboration in place, to handle the distribution of material and services in the time of crisis. Some disasters are so grave that they stretch the ability of countries to help each other, particularly when several countries face the same type of disaster simultaneously. Established international/regional coordination structures play an important role. For instance, the European Union Civil Protection Mechanism coordinates deployments and provides financial support. It is important that these mutual support mechanisms take into account the needs and perspectives of older persons.

European Civil Protection Mechanism

The overall objective of the European Union (EU) Civil Protection Mechanism is to strengthen cooperation in the field of civil protection, to improve prevention, preparedness and response to disasters. The EU Civil Protection Mechanism brings together a total of 34 countries: 27 EU Member States, 6 Participating States (Norway, Iceland, Montenegro, North Macedonia, Serbia, and Turkey), and the UK during the transition period. This European Civil Protection “family” shares operational challenges and similar approaches to managing disaster, while the structure and composition of emergency services in the 33 countries varies considerably from country to country.

When the scale of an emergency overwhelms the response capabilities of a country, it can request assistance via the Mechanism. Through the Mechanism, the European Commission plays a key role in coordinating the response to disasters in Europe and beyond and contributes to at least 75 per cent of the transport or operational costs of deployments.

In 2019, the European Civil Protection Mechanism was upgraded and now includes an additional layer of protection: rescEU, a European reserve of capacities that ensures a faster and more comprehensive response to emergencies. In 2020 it co-financed additional support to fight forest fires. Croatia, Cyprus, France, Greece, Italy, Spain and Sweden have supported thirteen firefighting planes and six helicopters, which are at the disposal of other EU Member States in case of an emergency. The strengthened system also invests in knowledge sharing and preparedness activities.

Source: https://ec.europa.eu/echo/what/civil-protection/mechanism_en and https://ec.europa.eu/echo/resceucampaign_en.

Such advance cooperation between countries is important at the emergency preparedness stage. Alternatively, the cooperation might be subnational, as was the case with the Hurricane Katrina response. An interstate agreement for emergency assistance was already in place for the Hurricane Katrina disaster. The government of Louisiana was assisted via the facilitated deployment of trained personnel from other states to rapidly assess the needs of vulnerable older persons.³⁹

Evacuation of Older People: The Case of Hurricane Katrina in the United States of America

In 2005, Hurricane Katrina affected the United States of America Gulf Coast causing unprecedented damage to numerous communities in Louisiana and Mississippi. This disaster resulted in 1.4 million persons displaced and approximately 1,200 deaths. In Louisiana, 71 per cent of those who died were among persons aged 60 years and over. Hurricane Katrina had significant effects on older persons with physical and mental disabilities, especially those who were socially isolated and dependent upon social service programmes. When informal caregivers themselves struggled to locate shelter and basic necessities they were unable to sustain their caregiving activities.

By the time that Hurricane Katrina hit New Orleans, it is estimated that 85 per cent of the population had already left, primarily in vehicles. Around a third of those who remained in New Orleans took refuge in a designated Superdome. As the days progressed, the remaining people were eventually evacuated, thanks to the deployment of trained personnel. Nearly half the deaths were of people aged 75 or older. An important lesson learnt on older people living in institutional care is the need for robust alert systems for carers of vulnerable individuals. This was because many individuals could not be evacuated appropriately due to the loss of time in response to the disaster and inadequate equipment in the care facilities.

Source: American Association of Retired Persons, 2006; Bytheway, 2007; Nuffield Council on Bioethics, 2019.

³⁷ Toner, 2010.

³⁸ Center for Disease Control and Prevention (2012).

³⁹ AARP, 2006.

Relief

Emergency relief is the provision of essential needs to individuals, families and communities in the immediate aftermath of an emergency.^{40, 41} It is important to ensure that relief efforts uphold the fundamental human rights and dignity of older persons, and address the needs of older persons to mitigate the adverse effects on them in emergencies. It is also important to ensure that interventions do not worsen the invisibility, marginalisation or exclusion of older women, and to ensure that their specific perspectives, priorities, and needs are addressed.⁴²

Uphold the fundamental rights and dignity of older persons

The United Nations Secretary-General in his policy brief on the Impact of COVID-19 on older persons, drew attention to a range of effects from the pandemic including the health care denied for conditions unrelated to COVID-19, neglect and abuse in institutions and care facilities, an increase in poverty and unemployment, the dramatic impact on well-being and mental health, and the trauma of stigma and discrimination.⁴³ His key recommendations are presented in Box 3.

BOX 3

Recommendations from the United Nations Secretary-General policy brief on the Impact of COVID-19 on older persons

The United Nations Secretary-General, in his policy brief on the impact of COVID-19 on older persons, identified the need to: ensure that difficult healthcare decisions affecting older persons are guided by a commitment to dignity and the right to health; strengthen social inclusion and solidarity during physical distancing; fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19; and, expand participation by older persons, share good practices and harness knowledge and data.

Source: United Nations (2020).

Tensions arose during the COVID-19 crisis, in which difficult decisions were made regarding access to healthcare in the context of over-stretched services, undermining the right to equal access to healthcare. Stay at home orders for older persons and bans on visits to care homes - measures aimed at protecting older persons from a COVID-19 infection introduced by many countries - had the unintended consequence of further isolating older persons, with negative impacts on their health and well-being. A balance must be struck between protecting older persons from threats such as COVID-19 infection, and upholding their rights and dignity in relief efforts.

Ensure access to food and essential goods and services

During an emergency, relief efforts need to ensure regular access to food, health care, and basic services for older persons. There are examples from multiple countries during the COVID-19 crisis in which structures were set up to provide essential food and medicines to older persons, to minimise the need for them to leave their homes. In Albania and the Slovak Republic, municipalities were made responsible for identifying vulnerable or isolated older persons without family nearby, in order to provide the necessities to them. Some countries introduced dedicated shopping times for older persons, typically first thing in the morning. They were encouraged to use the reserved shopping times whenever possible, to protect themselves and others. Some specific examples of the provision of meals or food baskets to older persons in Israel and Portugal are provided in the box.

⁴⁰ HelpAge International and United Nations High Commissioner for Human Rights, 2012.

⁴¹ HelpAge International, 2012.

⁴² United Nations Department of Economic and Social Affairs, 2019.

⁴³ United Nations, 2020.

Provision of food and basic necessities in Israel and Portugal

In Israel, the Ministry of Labour, Social Affairs and Social Services provided over 4,250,000 meals in 233 municipalities to around 127,000 older citizens. The meals were provided to the homes of older persons who wished to receive services and who fulfilled specific criteria of being in need. The transportation of meals from the distribution centres in local authorities to the homes of older persons was operated by a network of volunteers of the municipality with support from the Israel Defence Forces Home Front Command. Additionally, “Operation Gold Guard”, a project of the Ministry in cooperation with the Israel Defence Forces Home Front Command with a complementary budget from the Ministry of Finance, distributed 232,000 two-week food baskets to older persons. These baskets included complementary products to the meals received by older persons taking part in the operation.

In Portugal, Lisbon City Hall, 24 Parish Councils (Juntas de Freguesia) and the Santa Casa da Misericórdia of Lisbon (SCML) created a common network to support food delivery for older persons and those with limited mobility. The measure involved ensuring the delivery of meals, medicines, and basic necessities, depending on the autonomy of the beneficiaries. The support has covered around 4,000 older persons, but it is anticipated that the network will continue to grow. The programme would use the production capacity from the school cafeterias of the municipality and the SCML. The users would place an order by telephone and the items would be delivered to the door. Deliveries were made by professionals from the Parish Council in partnership with other institutional structures.

Sources: Israel Ministry of Labour, Social Affairs and Services; Portugal President of Santa Casa da Misericórdia de Lisboa.

Ensure health protection

In the early months of the COVID-19 pandemic, personal protective equipment and testing capacities were scarce in many countries. Long-term care institutions often encountered access difficulties as hospitals and health care providers were prioritised. The provision of personal protective equipment, guidance on infection control and prevention measures and hygiene to long-term care providers as well as testing were important in protecting the health and lives of residents in care homes.

Approaches to protect older persons from COVID-19 in care homes in France, Israel, Malta, Portugal, Slovak Republic and Spain

In France, Israel and Spain, personal protective equipment such as masks, gloves, and sanitizer were distributed to residential care institutions, and staff were trained on infection prevention and special procedures for quarantine of older persons, to limit the spread of COVID-19. Hand hygiene and respiratory hygiene posters were displayed in common areas. In Spain, centres were asked to develop action plans preparing for a possible outbreak, including business continuity plans considering possible staff shortages.

Testing was stepped up in Portugal, in cooperation with the Portuguese Red Cross, where health, social security services, and municipalities launched a national plan for testing all older persons in residential care settings and their staff. Those who were infected were separated and moved to another building, usually provided by the municipalities. Additionally, in the Slovak Republic and Spain, COVID-19 testing was prioritised for those in social service facilities including residential care institutions, emergency social facilities, and all facilities for children and families, in order to protect the health of the most vulnerable people.

As was the case in many countries affected by the pandemic, visits to care homes in Malta were stopped with the aim of protecting residents. Additionally, at some residential homes staff would voluntary lockdown with residents for three weeks, living with them at the home to reduce the risk of introducing infection. To reduce the feelings of social isolation and loneliness, care home staff organized additional activities with residents, including video calls with relatives, crafts, grooming sessions, gardening, cooking, reading, and holding events around Easter to try to keep spirits high.

Sources: France Ministry of Social Affairs and Health; Israel Ministry of Social Affairs and Services; Malta Ministry for the Family, Children’s Rights and Social Solidarity; Portugal President of Santa Casa da Misericórdia de Lisboa; Slovak Republic Ministry of Labour, Social Affairs and Family; Gobierno de España, 2020.

Maintain access to health care

Challenges in accessing medical care at the start of an emergency may occur. During a prolonged emergency, it is important to maintain routine health care services, including for older women and men who may need frequent support. The case of France demonstrates how services were adapted in order to continue to provide quality health care services to older persons, in the context of COVID-19 restrictions around infection prevention.

Ensuring access to health care services for older persons in France and Italy

In France, during the COVID-19 pandemic, residential care facilities took steps to maintain quality of care to residents for non-related pathologies. Teleconsultations and a geriatric telemedicine platform were established to ensure continuity of care, while also reducing physical contact. A hospital admissions channel for older persons was established to give this population special attention. Intervention rules of mobile geriatrics and palliative care teams were made more flexible and at-home treatment was facilitated. Facility directors were encouraged to call on medical volunteers, such as medics, and retired practitioners, to guarantee continuity of care. Treatments provided by independent caregivers were reimbursed by the health insurance, if residential care facilities were no longer able to provide the service themselves due to staff shortage. For older persons living at home, several pharmacies offered free delivery. The organization Mon Emile provided free nursing care. With physical trips to get medical advice restricted, France promoted the use of teleconsultations via video or telephone. Health insurance fully covered the cost of such consultations until the end of the state of health emergency.

In Italy, the Lazio Regional Health Service reinforced the role of local health districts (LHD) and favoured coordination and continuity of care across different healthcare settings, in response to the health care needs emerging during the COVID-19 emergency. One measure was to establish proactive nursing assistance within each district. Existing health care staff were supported by an additional 580 nurses (1 per 10,000 residents) providing home care upon request by the LHD. Services were targeted to chronically ill and frail patients by identifying them on the basis of validated algorithms using routine healthcare data and a questionnaire. Proactive services included taking care of frail patients, evaluating individual risk, planning and carrying out interventions when necessary, and monitoring service delivery.

Sources: France Ministry of Social Affairs and Health; Italy Lazio Regional Government.

Promote the digital inclusion of older persons

Information and communication technology including social media is increasingly being used to help communities prepare for and react to disasters, for example by providing information. In general, there has been a rapid increase in the number of older persons who are now online. Between 2008 and 2017, a survey indicated that the share of the European Union population aged 65 to 74 years who had never used a computer was reduced from 68 per cent to 40 per cent.⁴⁴ However, the survey also raised awareness about the fact that almost half (48 per cent) of persons between 65 and 74 years old did not engage in internet activities over the three months preceding the survey. The rapidly rising use of digital technology could result in exclusion of older persons lacking access or with low digital literacy from crucial information on relief and support services, or from the services themselves. Nevertheless, the COVID-19 crisis led to a multitude of strategies to facilitate older persons to get online, communicate with their loved-ones, and tackle the isolation associated with social distancing.

Digital Inclusion of older persons in Belgium, France, Israel, Portugal, and Slovenia

In Belgium, France, Israel, and Slovenia, older persons living in residential care settings were assisted to have video calls with their relatives during the COVID-19 related restrictions. Tablets or smartphones were made available in Belgium and volunteers or non-nursing staff members supervised the activity, prioritising those who were most isolated. In addition to assisting with video calls, some facilities in France offered online sports classes and other activities. In Israel, the “Connected” project created a unique solution, with an easy-to-use tablet suitable for older persons. Digital literacy was not required: as a green button connects to and a red button disconnects from the other person. Experiences from Slovenia found that assisting with video calls and connecting the voice with a familiar face had a positive effect on the mood of older persons in residential care institutions, but was less beneficial for those with dementia or hearing difficulties.

In Portugal, the 5th edition of the digital social innovation contest has been dedicated to the creation and adaptation of digital tools that respond to the needs of older persons affected by the COVID-19 crisis, including those living in institutions or at home. The Santa Casa da Misericórdia de Lisboa, through the Casa do Impacto, launched this challenge. The aim is to combat the effects of isolation of older persons, and ensure active social participation, especially in relationships with family, community, health services, and social action. Applicants include digital start-ups and technological companies in both Portugal and elsewhere in Europe. A maximum of four applicants will have the chance to develop a pilot project to validate the solution in the specific context of older persons.

Sources: Belgium Service Public Fédéral Sécurité Sociale; France Ministry of Social Affairs and Health; Israel Ministry of Social Affairs and Services; Portugal President of Santa Casa da Misericórdia de Lisboa; Slovenia Ministry of Labour, Family, Social Affairs and Equal Opportunities.

⁴⁴ Eurostat, 2019.

Encourage volunteering and intergenerational solidarity

An example of older volunteers in Belgium supporting the oldest old in their communities during the COVID-19 crisis was presented earlier, demonstrating the capacities of older persons as key contributors to relief efforts. Additionally, social cohesion in general and intergenerational dialogue can support national response efforts to crises. Examples of intergenerational solidarity and volunteering during the COVID-19 pandemic are presented in the Boxes below.

Intergenerational Solidarity during the COVID-19 crisis in France, the Republic of Moldova, and Slovenia

In the Republic of Moldova, 300 older persons over the age of 65 received essential food products and emotional support from a team of fifteen young volunteers from Youth Centres and the National Youth Council Network. The project supports the efforts to protect older persons, through the involvement of the younger generation. It is thought that young people have enormous potential in the use of information technologies and other creative resources, which can support the response measures against COVID-19 and support for older persons. The group of volunteers were trained by an epidemiologist and psychologist on how to talk with older persons by phone in order to inform them about measures of protection against COVID-19 and how to provide emotional support during the period of social isolation. Additionally, in September 2020 Help Age International Moldova launched, with support from the UNFPA, an innovative project aimed at developing the digital skills of older women and men. As many as 200 older people will be given mobile phones and will be taught how to use them by a group of young volunteers. This will encourage intergenerational dialogue and the setting up of a communication bridge between young and older people, especially during the pandemic.

Intergenerational social contact was also maintained in Slovenia, through music performances in nursing home gardens by volunteers. In France, some schools were twinned with facilities for older persons, so that children could send letters and art to older persons.

Source: France Ministry of Social Affairs and Health; Republic of Moldova Ministry of Health, Labour and Social Protection; Slovenia Ministry of Labour, Family, Social Affairs and Equal Opportunities.

Volunteering during the COVID-19 crisis in Belgium and Portugal

Systems were set up in Belgium so people could volunteer their services in response to the COVID-19 crisis. The *Agence pour une Vie de Qualité* launched the Walloon Solidarity Platform, an application intended for educators, health professionals, psychologists, caregivers, kitchen and maintenance staff, and social workers, to register their interest and availability to use their expertise to support under-staffed services. Within a short period of time, 1,300 people had registered in the platform.

In Portugal, #cuidadetodos was established to mobilize volunteers to help in residential care institutions for older persons, in order to meet the needs arising from the COVID-19 pandemic. This initiative was launched by the Ministry of Labour, Solidarity, and Social Security, to attract volunteers with the aim of strengthening the human resources. Another Portuguese project, Project COMVIDAs, organizes a network of volunteers who register online to support older persons. The aim is to reach all residential care institutions for older persons with a network of volunteers who help in a safe and responsible manner, promoting greater comfort, quality of life, and ensuring the dignity of older persons. Finally, SOS vizinho brings together specialists in Portugal to organize a support network of volunteers, who register online, to support those in social isolation. Volunteers bring essential goods to those at higher risk, enabling them to stay in their homes and avoid exposure.

Source: Agence pour une Vie de Qualité (AVIQ – Walloon Region) and Belgium Service Public Fédéral Sécurité Sociale; Portugal President of Santa Casa da Misericórdia de Lisboa.

Financially support social protection mechanisms in times of emergency

Existing social protection mechanisms, such as social safety nets, social services, and social security, may not be sufficient to address the acute needs faced by older persons during and after emergencies. Specific ad hoc measures may be required depending on the nature of the disruption on their lives, the impact on the availability of care, access to goods and services, and living conditions including income. Lack of access to adequate and reinforced social protection could aggravate poverty among older persons and could impair their coping mechanisms in emergencies. In this regard it is important to provide targeted financial support and reinforce social protection measures to protect older persons from the social and economic stress resulting from crises. Examples of financial support provided to older persons during the COVID-19 crisis are provided in the next Box.

Financing support for vulnerable older persons during the COVID-19 crisis in Israel, Romania, and Sweden

The Romanian Ministry of Labour and Social Protection launched a project, funded by the European Social Fund, to provide direct support to 100,000 older people and persons with disabilities affected by COVID-19. It includes direct financial assistance, and psychological and other tailored support to beneficiaries, and is being implemented in partnership with 116 municipalities.

The Swedish Ministry of Culture announced in May 2020 an investment of SEK 100 million (€9.6 million) to support civil society organizations working with the most vulnerable during the COVID-19 crisis, earmarking 50 million SEK (€4.8 million) for organizations addressing loneliness and isolation of older persons.

A flexible grant of around NIS 1.5 million was provided to 145 municipalities throughout Israel, selected based on the socio-economic situation, to address the individual needs of older persons during the COVID-19 pandemic. This initiative was assisted by the Shusterman Fund and in partnership with Eshel Joint Israel.

Source: Israel Ministry of Social Affairs and Services; European Union Agency for Fundamental Rights, 2020.

In addition to ad hoc social protection measures to older persons, it is also important to provide additional financing for residential care institutions to cover the needs related to emergency situations.

Financing for nursing home sector in Belgium

In Belgium, financial support was provided to the 602 rest and nursing homes in Wallonia, with more than 18,000 workers and nearly 50,000 residents, to support those most vulnerable to COVID-19. A total of 12.5 million Euros was planned for three months and will be liquidated monthly. This represents exceptional assistance of 250 Euros quarterly, per bed, for all nursing and care homes. The emergency assistance will cover the additional costs related to the purchase of equipment, the fitting out of premises linked to the protective measures and confinements of COVID-19 residents, the additional salary costs, disinfection, and waste treatment.

Agence pour une Vie de Qualité (AVIQ – Walloon Region) and Belgium Service Public Fédéral Sécurité Sociale.

Recovery

Recovery encompasses the decisions and actions taken after a disaster to restore the living conditions of the affected community, while in turn promoting and facilitating the changes necessary for attaining disaster reduction. It is important to gear recovery strategies towards “building back better”, contemplating specific measures for reintegrating older persons into the normal circuits of social and economic life. Specific measures include incorporating the perspectives of older persons in recovery agendas, improving social care and service delivery, and investing in long-term projects that anticipate shocks, recovers service provision, and recuperates the social and economic activity affecting older persons.

Assess the specific needs of older persons resulting from the emergency situation

The Balkans flood in 2014 affected an estimated 3 million people across Serbia, Bosnia and Herzegovina and Croatia. In Bosnia and Herzegovina, over a million people were affected, with 90,000 displaced and 25 deaths recorded. In Croatia, the floods destroyed valuable infrastructure, three people were killed, and an estimated 15,000 people evacuated. In Serbia, over 20,000 households were affected by the flooding. Re-housing efforts are described in the next Box. Planning these kinds of programmes early is necessary to hasten the recovery efforts during disaster management, and to prevent further detrimental effects on older persons. It is also important to learn from such disasters and assess the needs of older persons that arise during and in the aftermath of a specific disaster.

Re-housing following the Balkans floods in Bosnia and Herzegovina

Housing is one of the most challenging issues to address in the recovery phase of an emergency, in part because it is houses that are often involved in the ruins of a crisis, but also because inappropriate housing can aggravate the emergency situation, especially for vulnerable older persons. In 2017, older people benefited from the Housing Interventions Programme for an estimated 3,000 households in Bosnia and Herzegovina affected by the 2014 Balkans flood. This was financed by a 15 million EUR donation from the European Union and implemented by the United Nations Development Programme. The Programme prioritized assistance to marginalized groups, older people, low income households and persons with disabilities.

Source: Lindel and Prater, 2003; United Nations Development Programme, 2017.

Develop national and local recovery plans and strategies including social care and improvement of service delivery

Existing social protection mechanisms, such as social safety nets, social services, and social security, may not be sufficient to address the acute needs faced by older persons during and after emergencies. Specific ad hoc measures may be required depending on the nature of the disruption on their lives, the impact on the availability of care, access to goods and services, and living conditions including income. Lack of access to adequate and reinforced social protection could aggravate poverty among older persons and could impair their coping mechanisms in emergencies. In this regard it is important to provide targeted financial support and reinforce social protection measures to protect older persons from the social and economic stress resulting from crises. Examples of financial support provided to older persons during the COVID-19 crisis are provided in the next Box.

Older Americans Act: Disaster Assistance for Older Persons After Hurricane Katrina in United States of America

The devastation caused by Hurricane Katrina had significant negative effects on older persons with physical and mental disabilities. Those who were socially isolated and dependent upon informal caregivers and social service programmes to assist them to live independently, had both immediate and long-term needs. The Administration on Aging allocated \$750,000 US dollars in disaster relief funds available through the Older Americans Act to Alabama, Louisiana, and Mississippi (divided equally among the three states). Congress considered additional actions as necessary to assist state and area agencies on ageing in their efforts to assist the older persons in the wake of Hurricane Katrina.

Source: Shaughnessy, 2005.

Promote the collection, compilation, dissemination and use of age-disaggregated data

Throughout the stages of emergency preparedness, relief, and recovery, it is important to promote the collection, compilation, dissemination, and use of gender- and age-disaggregated data, to provide robust evidence for the design and implementation of programmes, and to demonstrate the impact of crises on older women and men. For example, American Community Survey statistics from the United States Census Bureau help to identify counties with large at-risk populations such as those with a large share of older persons.⁴⁵ The Conference of European Statisticians Recommendations on the Role of Official Statistics in Measuring Hazardous Events and Disasters provides National Statistical Offices with guidance to address emergency situations with official statistics, including the geographical distribution of populations at risk, and plan specific activities that may be needed at the end of the crisis.⁴⁶ Data should allow for a differentiation of older and oldest old persons, who have different needs and capacities.⁴⁷

⁴⁵ See https://www.census.gov/library/stories/2020/04/how-census-data-help-the-nation-respond-to-disasters.html?utm_campaign=20201030m-spis1ccobsnl&utm_medium=email&utm_source=govdelivery.

⁴⁶ UNECE, 2019.

⁴⁷ United Nations Department of Economic and Social Affairs, 2019.

Conclusions

It is crucial that the specific vulnerabilities, needs, and capacities of older persons are featured prominently in emergency preparedness, relief, and recovery. If older persons are invisible at the preparedness stage, it is likely that the needs and contributions of older persons will also be missing at the relief and recovery stages. The practices presented in this policy brief provide a sample of the range of activities that have been undertaken in the face of emergencies in the UNECE region.

Older persons must be engaged in the development of preparedness plans and disaster risk reduction strategies. They need to be considered prominently in the mechanisms and operations of national and regional civil protection. The rights and dignity of older persons must be upheld, and the needs of older persons should be addressed as part of relief efforts. Financial support and extended protection measures to protect older persons from the social and economic stresses resulting from crises may be needed. Finally, recovery strategies and actions should be geared towards “building back better”, with specific measures for reintegrating older persons into the normal circuits of social and economic life. Data disaggregated by age and sex, and research on issues relevant to older persons in emergencies should enhance the evidence base to inform emergency preparedness, relief, and recovery.

In some countries there are already well-established practices that can be adapted or replicated in others. A fundamental challenge though is to mainstream them to ensure that older persons are part of national, and subnational Disaster Risk Reduction and Emergency Response strategies. In some other cases new strategies need to be developed and established with a focus on the needs of older persons, respecting their rights, and actively protecting them in emergency situations. There is also an important dimension of resilience among older persons that should be harnessed for contributing to the preparedness, response and recovery activities in connection with emergencies.

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Checklist: Older persons in emergency situations

Main areas	Areas of implementation	Key elements
Preparedness	Engagement of older persons	• Include older persons in decision-making
		• Address older people's perspectives and risks in disaster risk reduction plans
		• Promote lessons learned from past emergency situations
		• Promote digital inclusion of older persons
		• Target specialised training for older persons
		• Train first responders on the needs and contributions of older persons
	Civil protection mechanisms	• Consider older persons in civil protection mechanisms
		• Promote international/regional cooperation, federal/subnational collaboration
• Strengthen disaster preparedness for effective response		
• Enhance early warning systems		
Relief	Access to services	• Uphold the fundamental rights and dignity of older persons
		• Ensure access to food, healthcare, and dedicated services to meet basic needs (in place and in case of displacement)
		• Promote older persons community volunteers
		• Promote intergenerational solidarity and volunteering
	Financial support and extended social protection measures	• Promote financial support
		• Encourage ad-hoc measures of social protection
Recovery	Reintegrate older persons into the normal circuits of social and economic life	• Assess needs of older persons resulting from the emergency situation
		• Develop national and local recovery plans and strategies including social care and improvement of service delivery
		• Invest in infrastructure for risk reduction and recovery
		• Assess lessons learned, for building back better
		• Champion gender- and age-disaggregated data, research, and capacity building activities