

Access to health systems for older persons in conflict areas

 **19 JUNE 2025**

 **9:30 EDT
15:30 CEST**



ROUNDTABLE SERIES

MAINSTREAMING KNOWLEDGE ON AGEING

*Bridging paths towards strengthening
protection and participation*

With the support of:

This document has been prepared by the **Division for People and Social Development at UNITAR**, Ms. Analucía Jácome, Senior Project Leader and Human Rights Expert, and Ms. Zhuoqing Cao, SDP Team.

We hope you enjoy it!



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SPEAKERS

Focus: Protecting and Empowering Older Persons in Crisis Situations



Mr. Cherian Mathews

Chief Executive of HelpAge International

"It is important to remember that older persons are not just recipients of assistance, they can also be powerful agents of change during crises."

- 1 Older persons are often overlooked in contexts of conflict, disaster, and displacement. In Ukraine, for example, data from 2022 indicated that one in three people affected by the conflict needed humanitarian assistance. Yet the needs of older persons frequently remain unaddressed. One of the most critical challenges we face when working with older persons is the lack of disaggregated data by age, gender, and disability. This absence hinders both investment and action targeted at this vulnerable group.
- 2 Many older persons live with chronic non-communicable diseases, lowered immunity, and an increased risk of communicable diseases. Mobility limitations, often worsened by the lack of mobility aids, further isolate older persons. They struggle with nutritional deficiencies and face barriers to accessing health services.
- 3 These challenges converge around three fundamental issues. First, isolation and living arrangements often make it difficult for older persons to be reached. Second, ageist attitudes present a significant barrier, not only to the wider community but also among healthcare workers and caregivers. Third, there is a lack of participation and involvement of older persons in the design of health support.
- 4 It is essential to identify and remove barriers that prevent older persons from accessing services and participating in decisions that affect their lives. Humanitarian responses must be inclusive, actively engaging older persons as valued members of affected communities.
- 5 To move from neglect to inclusion, several priorities must be addressed. First, improve the systematic collection and use of disaggregated data by gender, age, and disability. Second, design health services that are accessible, age-responsive, and sensitive to the specific needs of older persons. Third, ensure the meaningful participation of older persons in emergency health planning and implementation. Fourth, expand community health teams and home-based care services for individuals who are unable to access conventional facilities, and integrate palliative care into humanitarian health strategies. Finally, healthcare professionals must be equipped with the competencies and resources necessary to deliver compassionate, competent, and age-appropriate care.
- 6 In conclusion, it is vital to understand that older persons are not simply beneficiaries of humanitarian aid; they are active participants and change-makers who can help expand access to care and improve health systems during crises.

HIGHLIGHTS ON THE HELPAGE INTERNATIONAL

HelpAge International is a global non-profit organisation that works to improve the lives of older persons around the world. They work through the HelpAge global network, an alliance of organisations committed to the wellbeing, dignity and voice of older persons.

Its mission is to promote the rights and well-being of older persons, and to help them live dignified and fulfilling lives. They address the challenges faced by older persons, such as poverty, social isolation, and discrimination. They also advocate for policies and programmes that support the rights of older persons and provide support to local organisations and communities working with older persons





IMPORTANT

According to findings from the HelpAge International report “Out of Sight, Out of Mind”, the situation of older persons in humanitarian contexts remains deeply concerning.

Among the older persons interviewed for the report, 69% stated they did not know how to provide their opinion or file a complaint about the services being provided to them, while 77% reported that no other humanitarian agency had asked them about the services they were receiving. Alarming, only three of the needs overviews and humanitarian response plans for the 11 countries covered by the report included data specifically on older persons. In terms of coping capacity, 27% of older persons said they could not cope at all, and only 19% felt able to manage without support.

The findings also underscore how these challenges are even more pronounced for older women. Among them, 58% live alone, 56% are responsible for caring for others, 56% have no access to healthcare, 58% lack access to food, and 58% live without income. Additionally, 30% of older women said they could not cope at all, compared to 23% of older men, highlighting the gendered disparities in resilience and support within humanitarian settings.

DID YOU KNOW?

There are over 1 billion people aged 60 and above worldwide, and this number is increasing rapidly. In 2020, approximately 12.3% of the population living in fragile countries were aged 50 and over. This proportion is expected to rise to 19.2% by 2050.

USEFUL SOURCES

- HelpAge International, “Out of Sight, Out of Mind: The inclusion and use of data on older persons in the humanitarian programme cycle” | [Link](#)
- Learn more about HelpAge International | [Link](#)

Focus: Centering Older Persons in a Changing World of Conflict and Climate Challenges



Dr. Sue Anne Bell

Associate Professor, University of Michigan School of Nursing

“Older persons are not passive victims of crises. They challenge stereotypes, demonstrating resilience, wisdom, and leadership.”

- 1 Climate change and conflict increasingly intersect to disproportionately affect the health, safety, and dignity of older persons worldwide. It is essential to give greater attention to developing policies that empower, support, and centre older persons in conflict and crisis settings, ensuring they can lead dignified lives.
- 2 Crises are intensifying across nearly every region, driven by conflict and climate-related disasters that displace millions, including a growing number of older persons. Overwhelmed or inaccessible healthcare systems increase the risks for individuals living with chronic conditions or disabilities. Despite these clear vulnerabilities, older persons remain routinely overlooked in global humanitarian efforts, resulting in critical gaps in protection, healthcare, and psychosocial support.
- 3 Climate-related exposures such as extreme heat, air pollution, and natural disasters cascade through systems including housing, healthcare, and emergency response. These disruptions are amplified during crises, particularly for older persons who may have existing health vulnerabilities. Additionally, frailty and mobility limitations hinder evacuation, while cognitive impairments may affect comprehension of emergency instructions. Economic insecurity often prevents older persons from relocating, rebuilding, or accessing medications.
- 4 Social isolation further compounds these risks, leaving older persons at greater risk of being overlooked during evacuations and relief operations. Studies consistently show that older persons often possess greater emotional regulation, empathy, and capacity for meaning-making during difficult times. Their lived experience and legacy are invaluable resources, offering insight into effective emergency planning and community resilience.
- 5 A particularly urgent area for attention is the management of noncommunicable diseases (NCDs). In disaster response contexts, it is not acute injuries but exacerbations of chronic conditions that dominate clinical care. Ensuring consistent, uninterrupted access to healthcare services for older adults is therefore vital, yet remains one of the greatest challenges in emergency settings.
- 6 Nutrition represents another critical aspect of crisis response. For example, following Hurricane Maria, shelters distributed shelf-stable meals high in fat, salt, and sugar, which are unsuitable for many older persons with chronic conditions. The alarming rise in NCDs globally demands that emergency preparedness plans prioritise not only access to healthcare but also appropriate nutrition and health maintenance resources.

HIGHLIGHTS ON THE UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

The University of Michigan School of Nursing aims to advance health for all by educating and developing nurses and other professionals as leaders, generating and applying knowledge, and serving individuals, communities, and populations. The School attaches importance to the health needs of an ageing population, integrating gerontological nursing practices and research into its academic programmes and community initiatives.



- 7 In conclusion, ageing considerations must be systematically integrated into policies for climate resilience and emergency preparedness. Older persons hold vital community knowledge and adaptive skills essential for effective response and recovery. Their voices must be included, not merely as beneficiaries of care, but as active participants in planning, leadership, and advocacy.



IMPORTANT

A study led by researchers from the University of Michigan School of Nursing examined long-term cancer survival outcomes among individuals impacted by Hurricane Katrina.

The study found that cancer patients exposed to the disaster experienced significantly higher mortality rates compared to demographically similar patients outside the disaster zone.

Critically, the increased mortality was not attributed to the immediate effects of the hurricane itself, but to sustained disruptions in routine care and daily life. This finding underscores the vital importance of safeguarding consistent healthcare access for those with chronic illnesses during and after crises.

REMEMBER

Noncommunicable diseases (NCDs) claimed at least 43 million lives in 2021. Strikingly, 73% of these deaths occurred in low- and middle-income countries — the very regions most severely affected by conflict and climate crises. This stark reality underscores the urgent need for integrated, context-sensitive health strategies in the face of overlapping global challenges.

USEFUL SOURCES

- United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Global Humanitarian Overview 2025 | [Link](#)
- World Health Organisation (WHO), Noncommunicable Diseases Surveillance, Monitoring and Reporting | [Link](#)
- Learn more about the University of Michigan School of Nursing | [Link](#)



Focus: Enforcing the Right to Health for Older Persons in Armed Conflict and Post-Conflict Recovery



Mr. Santiago Fiorio Vaesken

Member of the UN Committee on Economic, Social and Cultural Rights (CESCR)

“The lack of access to health services is a recurring and urgent issue faced by older persons in armed conflicts.”

- 1 The UN Committee on Economic, Social and Cultural Rights has received numerous reports highlighting a notably higher prevalence of chronic diseases among older persons, including diabetes, hypertension and arthritis. Unfortunately, these needs are often unmet due to overstretched health systems in conflict zones. Older persons require long-term care, regular medication, and consistent follow-up. However, these services are frequently disrupted, particularly in conflict zones, where difficulties in reaching healthcare facilities are especially acute.
- 2 Mobility and displacement pose another serious concern. Due to physical limitations or emotional attachment to their homes, older persons often remain behind in dangerous areas during conflict. Moreover, shelters and displacement camps are rarely designed with the specific needs of older persons in mind.
- 3 Mental health and social isolation are also critical concerns. Exposure to violence, loss of family members, and forced displacement generate trauma that persists even in post-conflict situations. Older persons are often excluded from data collection, resulting in their invisibility in humanitarian planning and emergency responses.
- 4 Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which guarantees the right to the highest attainable standard of physical and mental health, remains fully applicable during armed conflicts. States have an obligation to give special attention to vulnerable and marginalised groups, explicitly including older persons, even in emergencies. Under no circumstances should the right to health be arbitrarily suspended.
- 5 States shall fulfill their human rights obligations in both national and international armed conflicts, consistent with international law and the Geneva Conventions, which mandate the provision of medical services to populations, the protection of healthcare personnel and facilities, and the facilitation of humanitarian aid. Occupying powers also bear specific responsibilities under extraterritorial obligations.
- 6 Finally, these obligations extend beyond conflict to the post-conflict recovery period. Recovery processes must actively include populations in situations of vulnerability, as post-conflict environments often endure longer than active conflicts themselves.

HIGHLIGHTS ON THE UN COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

The UN Committee on Economic, Social and Cultural Rights is the body of 18 independent experts that monitors implementation of the International Covenant on Economic, Social and Cultural Rights by its State parties. The Covenant enshrines economic, social and cultural rights such as the rights to adequate food, adequate housing, education, health, social security, water and sanitation, and work. The Committee seeks to develop a constructive dialogue with State parties, determine whether the Covenant's norms are being applied, and assess how the implementation and enforcement of the Covenant could be improved so all people can enjoy these rights in full.





DID YOU KNOW?

In the armed conflict in western South Kivu, Congo, many older persons died due to the lack of access to insulin, dialysis, and even basic food supplies.

TO BEAR IN MIND

The Committee on Economic, Social and Cultural Rights (CESCR) is currently drafting a new General Comment to formally interpret the right to health of older persons in both conflict and post-conflict contexts.

USEFUL SOURCES

- International Covenant on Economic, Social, and Cultural Rights | [Link](#)
- General Comment No. 24 (2017) on State Obligations in the Context of Business Activities | [Link](#)
- The Geneva Conventions of 12 August 1949 | [Link](#)
- Learn more about the work of CESCR | [Link](#)

Focus: Breaking Barriers to Healthcare for Older Persons in Crisis Contexts



Dr. Sara Ghanem

Health and Development Coordinator, UNITAR
Former Medical Doctor Supervisor, Médecins Sans Frontières (MSF)

“Older persons must be integrated into the initial design phase of humanitarian planning and throughout all subsequent stages.”

- 1 The barriers faced by older persons in vulnerable contexts can be broadly categorised into three groups: health system-related barriers, older persons-related barriers, and barriers encountered during transit.
- 2 First, health system-related barriers primarily include challenges with physical access and mobility. In conflict zones, health facilities often lack the capacity and infrastructure designed for older persons, such as wheelchair accessibility or adequate mobility support. Language barriers are also prevalent, as health workers often do not speak the local languages of affected populations. Health systems are typically overstretched, with insufficient medical staff and limited community outreach to raise awareness about available services. Medical supplies for chronic diseases are frequently insufficient.
- 3 Second, older persons face additional barriers related to their circumstances. Many lose their family support systems during displacement and may not fully understand the severity of their conditions or be aware of available services. Other challenges include loss of medical records, histories, and medications, especially chronic medications like those for diabetes or hypertension, which complicate timely and appropriate treatment. Mental health challenges and psychological stress further compound these difficulties.
- 4 Third, with regard to transit, healthcare facilities are often distant and difficult for older persons to reach due to challenging terrain and a lack of transportation. Older individuals frequently experience stigmatisation and discrimination, particularly those with communicable diseases such as HIV, as well as those with non-communicable chronic conditions. This leads to social isolation and reduced communication capacity, making access to healthcare even harder.
- 5 To address these complex challenges, a multi-stakeholder approach is essential. Establishing strong communication channels and referral systems among various actors in the field can significantly improve access to healthcare for older persons. Solid systems must be developed to coordinate efforts efficiently and effectively.
- 6 Mobile clinics and community-based outreach should be provided promptly in conflict areas. Continuity of care must be ensured by guaranteeing access to medications for chronic diseases at all locations. Lastly, efforts must be made to dismantle stigma and discrimination within healthcare systems and communities worldwide.

HIGHLIGHTS ON UNITAR

UNITAR is a United Nations autonomous body with the mission of developing the individual, institutional and organisational capacities of countries and other UN stakeholders through high-quality learning solutions and related knowledge products and services to enhance decision-making and to support country-level action for overcoming global challenges. In this regard, the UN Decade of Healthy Ageing has triggered UNITAR's interest in approaching other UN entities, as well as States, academia, non-governmental organisations, and the private sector for organising this Virtual Roundtable Series.



CASE STUDIES

The first case involves a 75-year-old South Sudanese woman who only spoke the local language of Dinka. The clinic had no interpreters for her language. She arrived disoriented, with difficulty recognising place and time, and was carried by a stranger due to a lack of wheelchair availability. She had no medical records or medications. Her vital signs were unstable, with dangerously high blood sugar. Fortunately, insulin was available for emergencies, but she required referral to a tertiary hospital for stabilisation and further investigation. The referral process was complicated by language barriers and inadequate infrastructure, resulting in significant delays. Moreover, local tertiary hospitals were at full capacity, forcing a search for alternative facilities. This case illustrates the time-consuming and complex nature of delivering appropriate care in such settings.

The second case involved a person living with HIV and cardiac disease who fled their home country without medicines. They are presented with low back pain, leg weakness, and numbness. After examination, lumbar herniation surgery was required. Unfortunately, stigma and discrimination against people living with HIV, perpetrated even by healthcare workers, made referral and treatment difficult. Access to HIV and cardiac medications was severely limited, and the patient remained on conservative treatment for months. This highlights the challenges posed by stigma and healthcare system deficiencies.

TO BEAR IN MIND

Multiple humanitarian actors often have specific operational scopes, which leads to gaps and discontinuity in healthcare. For instance, a survivor of sexual violence might need specialised care but simultaneously suffer from chronic diseases like hypertension or diabetes that remain unaddressed. This situation reflects a lack of comprehensive and continuous care, highlighting the weak coordination among actors in conflict zones.

USEFUL SOURCES

- Learn more about Médecins Sans Frontières | [Link](#)
- UNAIDS: HIV-related Stigma and Discrimination in Health-Care Settings | [Link](#)



Focus: Addressing the Rights and Challenges of Older Persons in Humanitarian Crises



Dr. Michael Ashley Stein

Co-founder and Executive Director of the Harvard Law School Project on Disability, Visiting Professor at Harvard Law School

“Older persons are a diverse group. Some are autonomous yet isolated, while others serve as caregivers within their families.”

- 1 In today's world, forced mobility results not only from conflict but also from climate disasters and other crises. These factors are not explicitly addressed in current legal frameworks, highlighting the urgent need to emphasise them to ensure the full spectrum of rights for older persons, including those with disabilities. A complex issue in vulnerable contexts is the abandonment of older persons. However, many older persons choose to stay behind due to personal preference, lack of alternatives, or strong emotional ties to their homes.
- 2 Stigma against older persons remains widespread, often rooted in economic perceptions that label them as less “viable” contributors. This bias extends across many marginalised groups. In practice, healthcare workers frequently prioritise children or patients with fewer complexities, adopting a utilitarian approach that overlooks the specific needs of older persons who require accommodations and ongoing support.
- 3 Another major gap is the lack of co-design in humanitarian responses. Older persons are rarely consulted or involved in the planning and implementation of programs affecting them. To date, there are no widely recognised toolkits created specifically for or with older persons that articulate their needs and facilitate collaborative solutions.
- 4 The intersection of climate change, disaster, and conflict is overwhelming and extensive. While physical impacts receive considerable attention, the less visible psychological effects on older persons are often neglected despite extensive data and anecdotal evidence. There is an urgent need for clear guidance to operationalise effective psychological and social support on the ground.
- 5 Humanitarian aid workers and human rights advocates are heroic, often working long hours under extreme stress. However, without proper guidance, they tend to prioritise fewer complex cases, unintentionally marginalising older persons further.
- 6 Finally, abuse and exploitation arising from forced displacement due to conflict and climate crises are often overlooked. Even the most autonomous and resilient older individuals can find themselves in desperate situations, dependent on others for survival, making them highly vulnerable to abuse and exploitation.

HIGHLIGHTS ON THE HARVARD LAW SCHOOL PROJECT ON DISABILITY

The Harvard Law School Project on Disability has demonstrated a steadfast dedication to empowering civil society and other actors by fostering knowledgeable and discerning advocacy for Human Rights. Their endeavours encompass a range of activities, including the provision of comprehensive human rights training and education, the facilitation of international law and policy development, the promotion of inclusive practices in development, the dissemination of technical assistance pertaining to strategic litigation, and the cultivation of innovative perspectives regarding the capabilities of persons with disabilities and their entitlement to human rights.





DID YOU KNOW?

The COVID-19 pandemic has highlighted significant vulnerabilities among older populations. In the United States, at least 20% of reported deaths occurred in nursing facilities housing older adults, though this figure may be underestimated due to deaths being recorded as age-related.

FOOD FOR THOUGHT

Many older persons live in “sandwich generation” households, where children reside with grandparents while the middle generation struggles to make ends meet. During conflict and disaster, these households face multiple challenges, including loss of assistive technologies, caregivers, medical supplies, and crucial documents such as medical records and identification papers. The lack of proper documentation poses significant administrative barriers for displaced older persons seeking asylum or access to services.

USEFUL SOURCES

- Learn more about Zero Project which calls for papers and best practices on local responses to climate change, disasters, and humanitarian relief. | [Link](#)





Decade of healthy ageing



United Nations

Department of
Economic and
Social Affairs



International
Labour
Organization



UNHCR
The UN Refugee Agency



World Health Organization



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