

Caring societies for the socially vulnerable people suffering after natural disasters



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Outline

- Aging and Disability
- Disasters and the Aged
- Disasters and the Disabled
- Disasters and Service Delivery
- Tools for at-risk Groups Disaster Planning and Response

Aging and Disability - 1

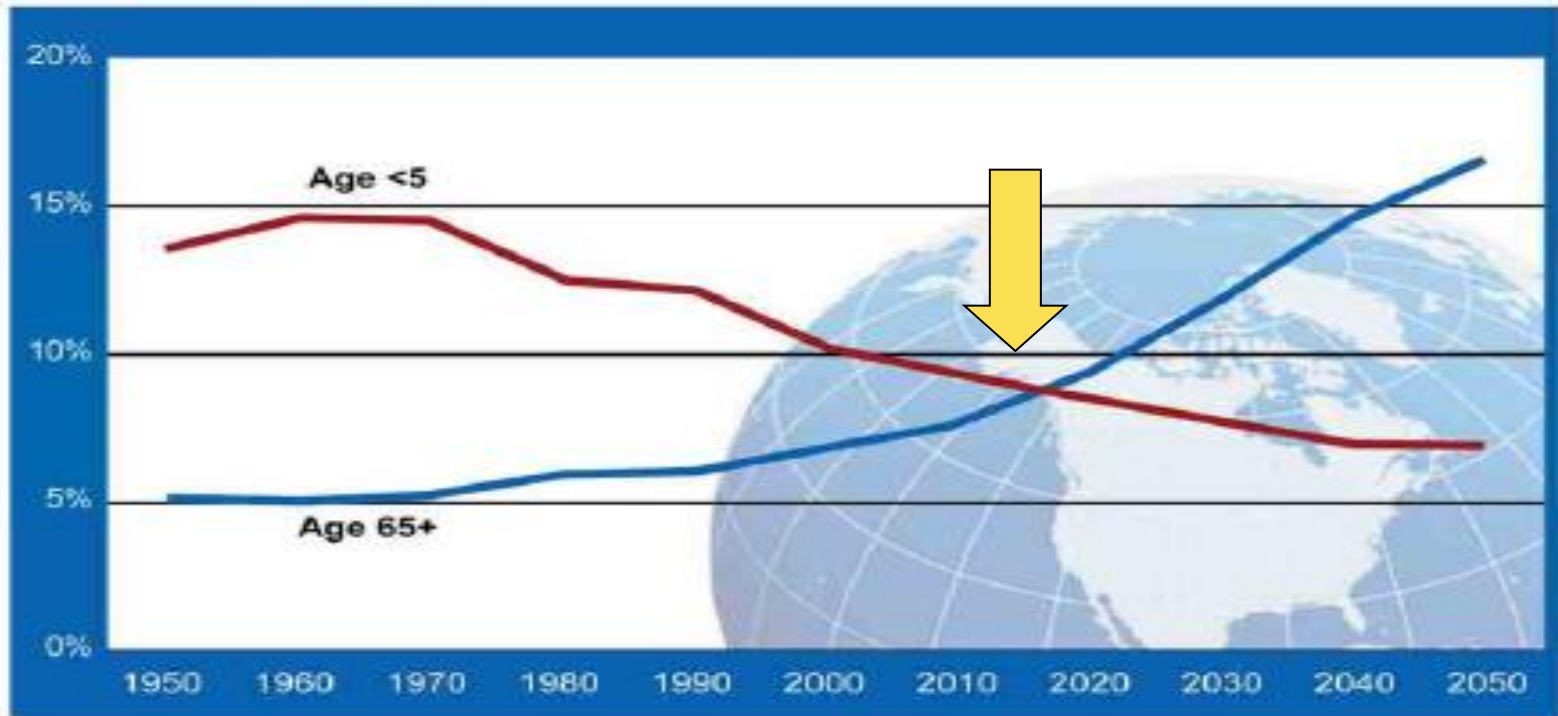
- Death is inevitable, but people are living longer
- If not died before age 5, you are most likely to die from Non-Communicable Diseases
- Populations around the world are rapidly aging; a success in dealing with childhood disease, maternal mortality and controlling fertility
- Between 2000 and 2050, the proportion of the world's population over 60 years will double from 11 to 22%; in numbers from 605 Million to 2 Billion; 80% living in Less-Developed Countries

Aging and Disability - 2

- Over 1 billion people have some form of disability; approximately 15% of which 3% severe disability!
- Aging has a major influence on disability; a third of the disabled people are the aged over 50 years of age
- The global increase in diabetes, cardiovascular diseases, mental disorders, cancer, and respiratory illnesses, will have a profound effect on disability. They are estimated to account for 66.5% of all years lived with disability in low-income and middle-income countries
- Older and disabled populations belong to lower income groupings; even more so in developing countries

World Population Characteristics

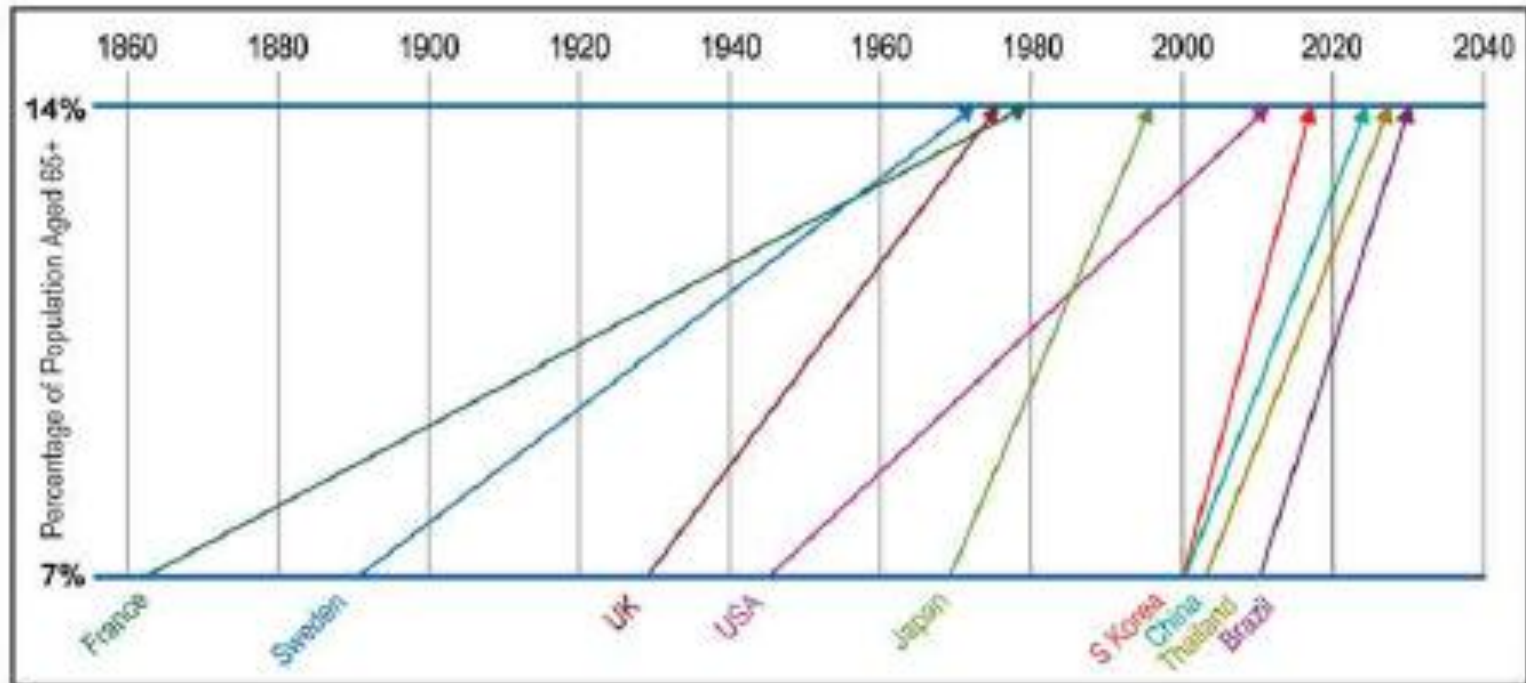
Young Children and Older People as a Percentage of Global Population: 1950-2050



Source: United Nations. *World Population Prospects: The 2010 Revision*. Available at: <http://esa.un.org/unpd/wpp>.

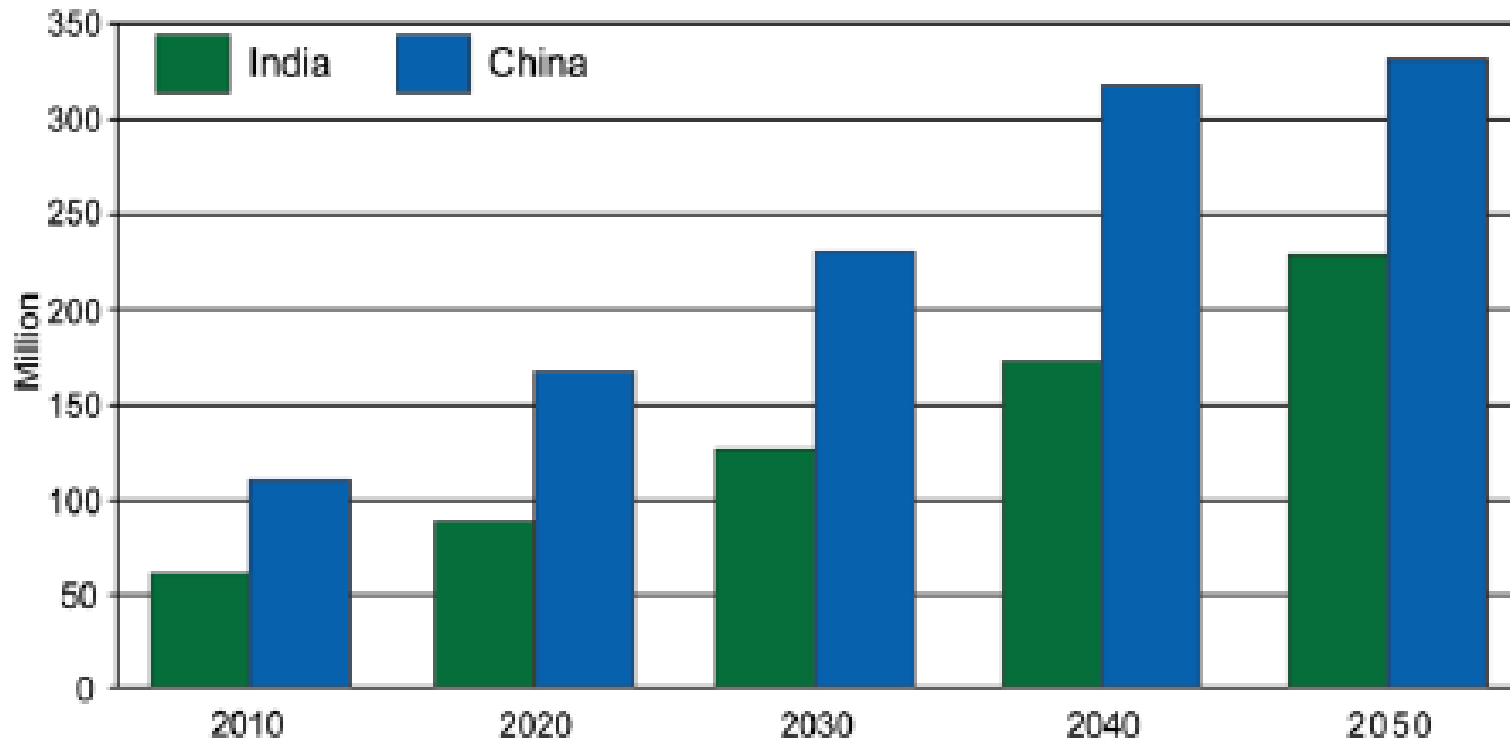
Speed of Population Aging

Time required or expected for percentage of population aged 65 and over to rise from 7 percent to 14 percent



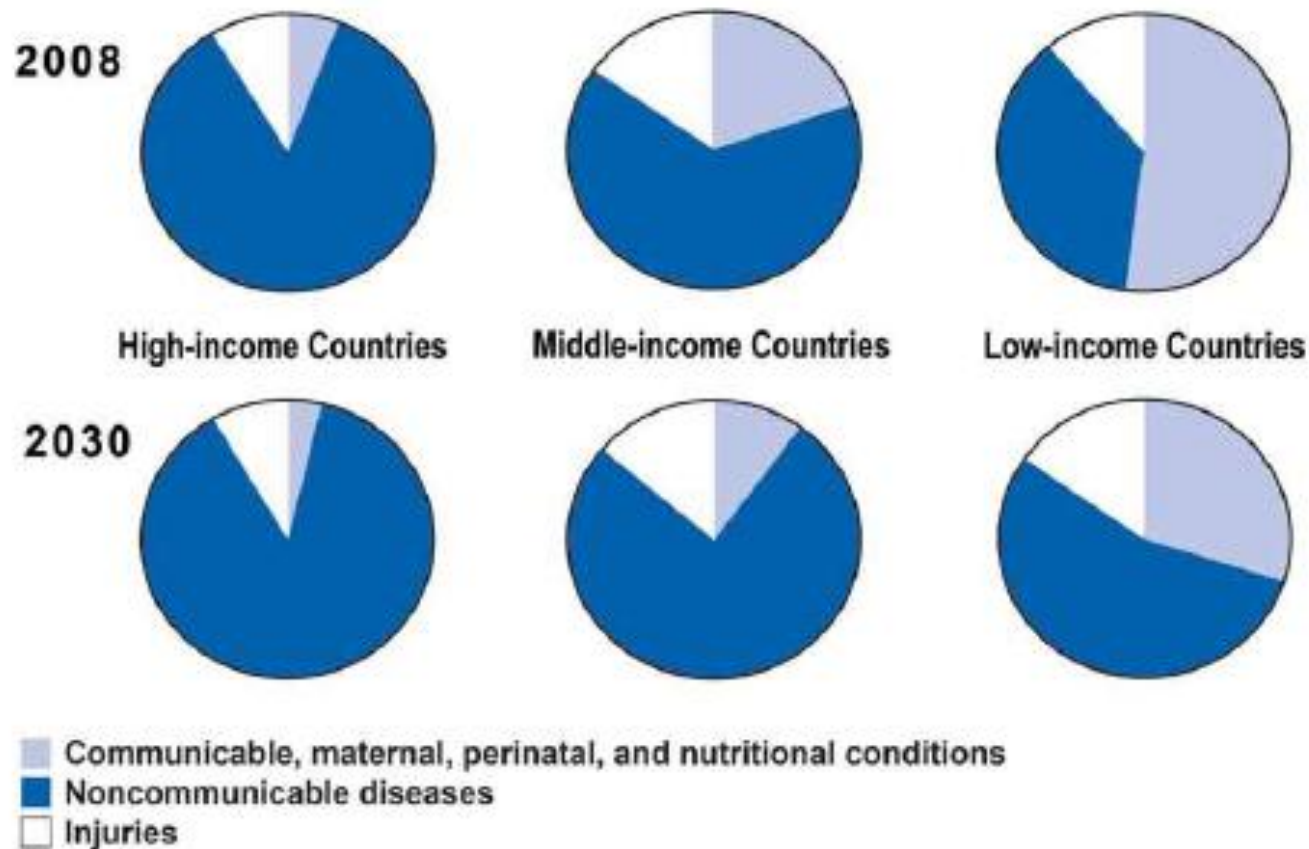
Source: Kinsella K, He W. *An Aging World: 2008*. Washington, DC: National Institute on Aging and U.S. Census Bureau, 2009.

Growth of 65+ Population in China and India



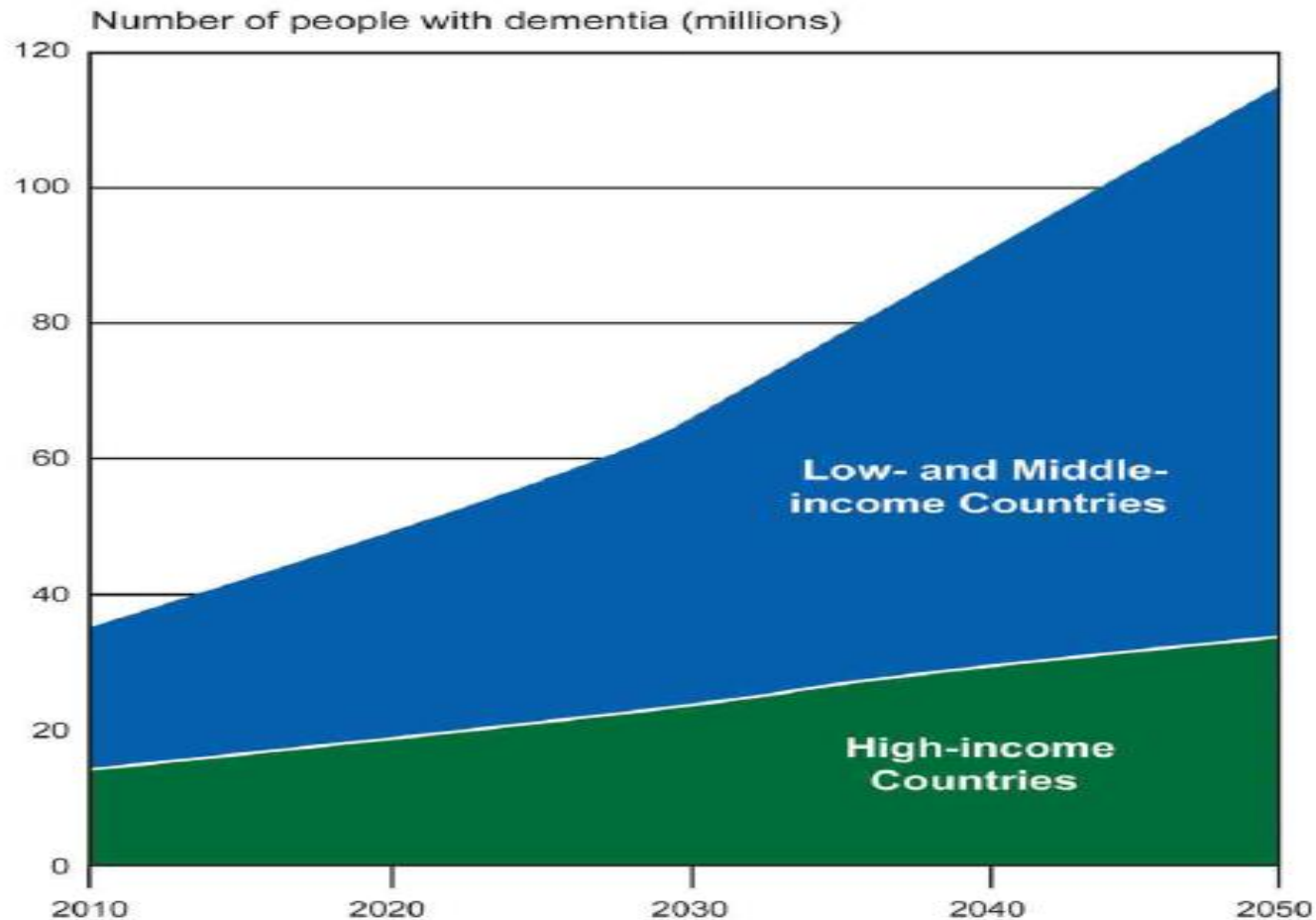
Source: United Nations. *World Population Prospects: The 2010 Revision*.
Available at: <http://esa.un.org/unpd/wpp>.

Burden of Non-Communicable Diseases



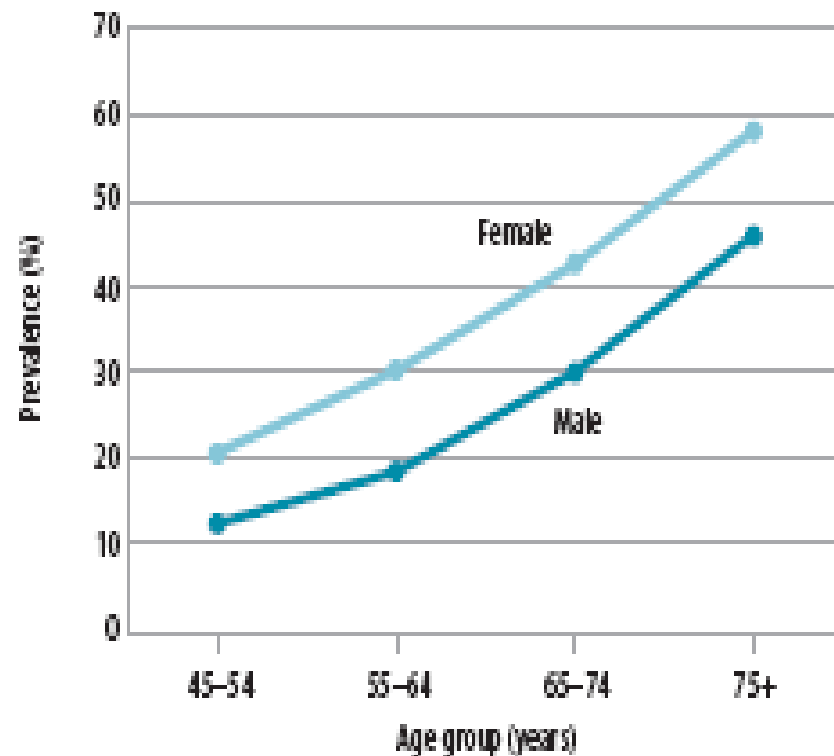
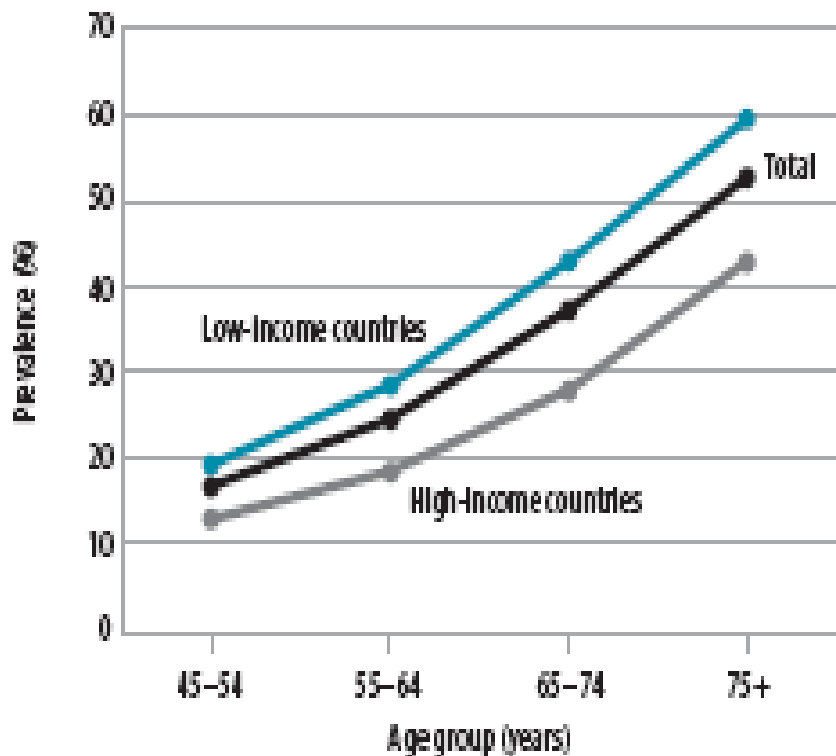
Source: World Health Organization, *Projections of Mortality and Burden of Disease, 2004-2030*.
Available at: http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html.

Mental Health Statistics: Dementia



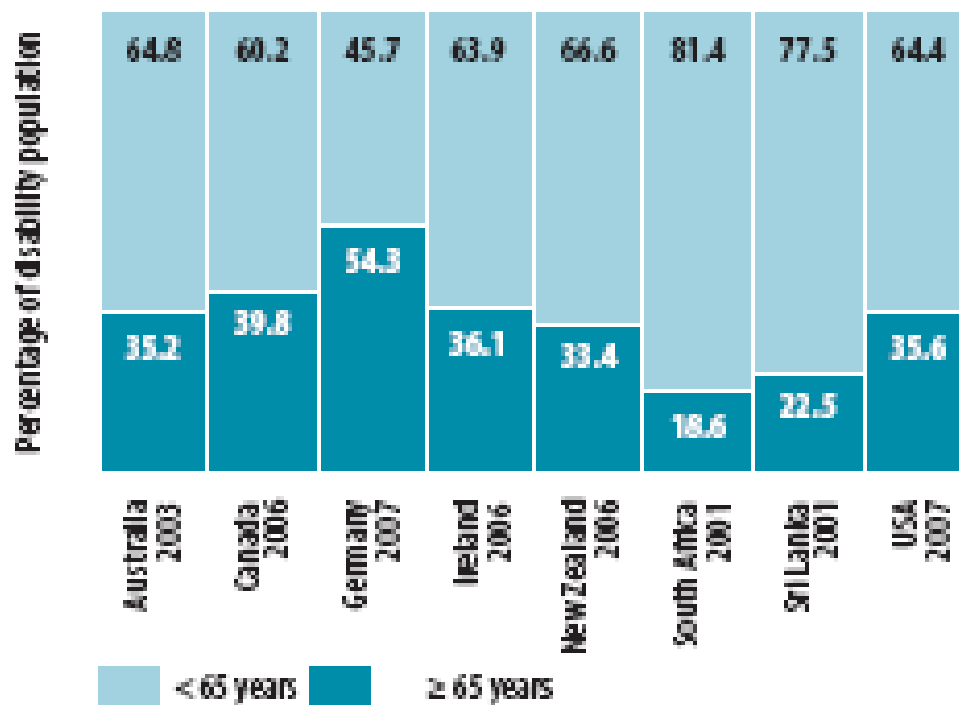
Source: Alzheimer's Disease International, *World Alzheimer Report, 2010*. Available at: <http://www.alz.co.uk/research/files/WorldAlzheimerReport2010.pdf>.

Age-specific Disability



Age Distribution in Disabled Populations

Fig. 2.3. Distribution of ages within disability populations



Disasters in Western Pacific Region

- Disaster Trends in WPR Countries:
 - About 460 disaster events occur each year in WPR countries
 - From 1900 to 2000, 87.6% of all disaster events in Asia and Pacific were caused by just 5 hazards: mass accidents (37.8%), storms (19.1%), floods (18.4%), earthquakes (8%) and epidemics (4.3%); Since 2000, this figure has risen to 92.1% of all events.
- Disaster burdens in WPR countries:
 - 95% of morbidity and mortality in the first week after a disaster is due to injury;
 - 72% of disasters in the Asia and the Pacific involve less than 50 trauma victims (deaths plus injuries);
 - 60% of injury victims are treated outside hospitals;
 - 95% of disaster deaths occur before the victim reaches a hospital

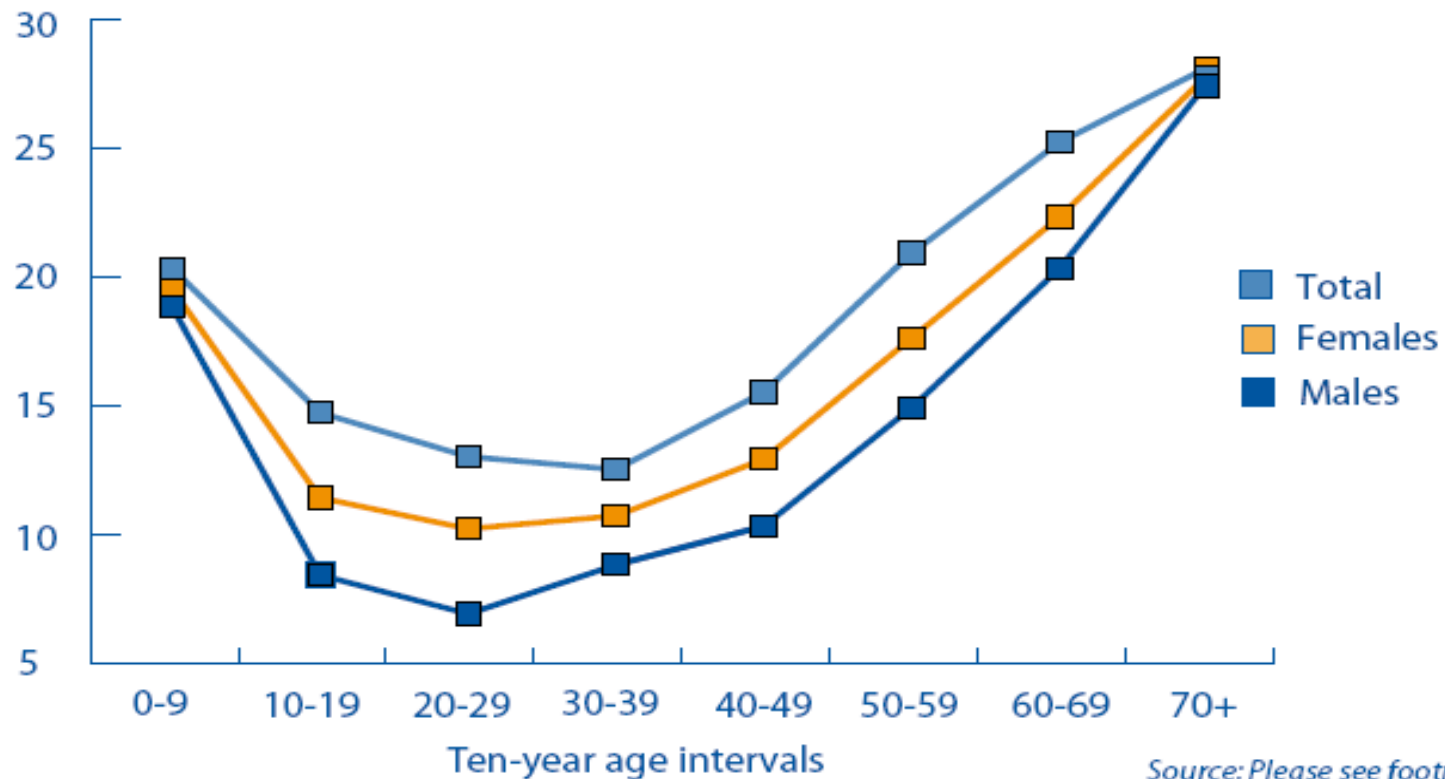
Disasters and the Aged

- Facts:

- Kobe earthquake 1995: 50% of initial deaths and 90% of subsequent deaths were older people
- Aceh Tsunami 2004: 50+% mortality in 60+ population
- Lebanon armed conflict 2006: 84% of 1.1. million affected people that had to leave their homes were elderly people
- European heat wave 2003: all deaths (34800) were in 45+ population, mostly in France
- Chernobyl nuclear disaster 1986: Forced evacuation lead to psychosocial difficulties in adaptation especially amongst the elderly
- Kashmir earthquake 2005: 3 million people without shelter and access to basic health services, affecting specifically women and housebound elderly people
- Great Japan earthquake and tsunami, 2011: Nursing care for 74,000 (25% of affected) elderly was hampered as 30 nursing facilities were totally destroyed and nearly half of the remaining were partially damaged

Illustrating Disasters and the Elderly

Figure 1. Age and sex specific mortality rates among tsunami-displaced households



Disasters and the Disabled

- Approximately 250,000 disabled lost homes , livelihoods and lives during the Tsunami in Aceh
- Dialysis services were interrupted in Japan for at least a week during the Multi-Disaster in March 2011
- 200,000 additional disabled people after the Haiti earthquake
- Multiple disasters (earthquake, tsunami, nuclear radiation) in Japan leading to extensive increase in use of mental health and psychosocial services
- **Overall: little specific information available on disabled casualties and impact on disabled after disasters.**

The Aged and Disabled: Why disproportionately affected?

- Sheer number (elderly people)
- Compromised conditions of elderly and disabled:
 - Physical health, especially affecting mobility
 - Mental state
 - Weaker immunities
- Loss of social support and/or aids
- Aggravated circumstances in evacuation s
- Loss of health services, medication, and mobility aids
- Loss of livelihoods



Psycho-social causes and effects

- Causes:
 - Trauma
 - Entrapment: shelter, new situation (disease, injured or location)
 - Loneliness
 - Loss of possessions/lack of insurance concerns
 - Loss of livelihood
 - Disrupted social/family/cultural/gender relations, due to death, injury, displacement
 - Safety concerns
- Effects:
 - Fatigue, depression, sleep/eating disturbance, anxiety, memory loss, other mental health problems, including psychosomatic

Disasters and the Social Vulnerable

- Social vulnerability has many dimensions and will therefore affect population groups beyond the elderly and disabled.
- Dimensions include: age (young and old), gender, race/ethnic groups, income, employment, place of residence, migrants and other characteristics
- Each of these social vulnerable groupings may have different vulnerabilities and thus also different disaster experiences and disaster recovery. Examples are loss of social cohesion, being remote and far from support, limited financial resources or housing.
- Hence they should be included in disaster planning and mitigation as well

Disasters and Health Service Delivery

- Health (or nursing) facilities destroyed, closed
- Staff death, injured or evacuated
- Access to medication lost or limited
- Access medical support services lost or limited
- Medical records lost
- Transport to/fro medical services interrupted

Three Stages of a Disaster

- In 2008, the World Health Organization (WHO) stated that it should be a primary goal of emergency management teams to support 'vulnerable' people in an emergency, to minimize harm, and to help them maintain the highest possible level of health and functional capacity and to aid them in recovering from a disaster as quickly as possible.
- Disaster Preparedness
- Disaster Response
- Disaster Recovery

Disaster Preparedness

- Identify vulnerable groups: composition, location, access; Make them visible!! (e.g. frail elderly, physical and psychiatric disabled, groupings with other characteristics) ; Plan for new victims!
- Describe and prepare (health, social, shelter and back-up) services (including capacity building); taking into account 4 'A' of service delivery: accessibility, availability, acceptability, affordability.
- Identify support groups;
- Involve at-risk groups
- Develop communication systems; links to media
- Practice disaster response

Disaster Response

- Health care services and supplies
- Appropriate shelter/food services
- Mobile services to shelters
- Psychosocial support
- Security
- Information provision: family records, next action, management of the crisis, link with media

Disaster Recovery

- Restoration of health and social services
- Restoration to pre-disaster state, where possible: housing, services, health (or better: 'Design for All')
- (Financial and other) support for replacement of losses
- Restoration of livelihoods
- Develop long term health and psycho-social support plans for identified vulnerable individuals/groups
- Document experiences/lessons learned/update plans/update resource allocation

Tools for at-risk Groups Disaster Planning and Response

- WHO/Health Cluster Needs Assessments; both pre-event baseline information, preliminary and continuing needs and risk assessments. (Capacity building of local/national health cluster teams is being planned)
- Health Cluster Implementation Guide
- Disability Checklist for Emergency Response by Handicap International

References on Disasters, Elderly and Disability

- http://www.who.int/ageing/publications/global_health.pdf
- <http://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf>
- http://www.who.int/disabilities/world_report/2011/en/index.html
- http://www.who.int/violence_injury_prevention/other_injury/disaster_disability2.pdf
- <http://www.handicap-international.fr/fileadmin/documents/publications/DisabilityInEmergency.pdf>
- http://www.comunicazione.uniroma1.it/materiali/21.46.04_toolkit_introduction.pdf
- www.design-for-all.org

Social Vulnerability is a Man-Made Disaster in Slow Motion!

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Thank you!

