

Older Adults in Humanitarian Crises

FAVILA.ESCOBIO

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When an older person dies, it is a library that burns down.

— *Amadou Hampâté Bâ, Malian writer and historian*



The Scale of the Problem

21,926

adults aged 50+
accessing MSF mental
health services
2019–2024

Displacement increases vulnerability

Displaced older adults show higher rates of neuropsychiatric, mood, and anxiety symptoms than non-displaced peers.

Age shapes the burden of disease

Older adults present more neuropsychiatric & physical symptoms; younger adults more anxiety, mood & behavioral disorders.

Structural barriers compound the crisis

Mobility limitations, chronic illness, language barriers & unfamiliar health systems restrict access to care.



project examples

Ukraine

- Conflict-affected older adults show cognitive decline and PTSD
- Many choose to remain in frontline areas — attached to homes, land, community
- Home-based follow-ups and caregiver counseling are critically strained

Gaza

- Decades of oppression, blockade, and recurrent conflict
- Prolonged trauma fuels anxiety, depression, and early dementia signs
- Continuity of care severed by damaged infrastructure and limited supplies

DR Congo

- Conflict and displacement accelerate cognitive decline and depression
- Older women face sexual violence during daily survival activities
- Disability and displacement amplify risk at every level

Photo placeholder — add field images above each country card



Two Neglected Dimensions in Humanitarian Settings

Long-Term Care

Even in unstable settings, older adults require:

- Continuity of treatment for chronic illness
- Ongoing follow-up for cognitive impairment
- Caregiver support and monitoring
- Management of functional limitations

Palliative Care

The 2025 Lancet Commission confirms: serious health-related suffering is rising fastest in people aged 70+, especially those with dementia.

Humanitarian care must address:

- Pain relief and symptom management
- Psychosocial support for patients and families
- Dignity-preserving interventions in all settings



Four Evidence-Based Principles for Humanitarian Response

01

Age-Inclusive Assessment

Age- and sex-disaggregated data are critical. Without them, older adults' cognitive and neuropsychiatric needs remain invisible.

02

Integrated Care

, physical health, mental health psychosocial support, and long term care and palliative care must be linked. Cognitive decline cannot be addressed in isolation.

03

Community Engagement

Older adults are caregivers, mediators, and social anchors. Involving them in program design strengthens resilience and reduces isolation.

04

Advocacy & Training

Humanitarian policies must explicitly include older adults. All health and social care staff need age-specific cognitive and mental health training.

A Call to Action

1

Make older adults visible in global health goals, donor frameworks, and humanitarian plans — their inclusion is a human right.

2

Disaggregated data collection, Age, Sex, Disability build services that address older adults' complex needs from the start.

3

Integrate long-term and palliative care throughout the response continuum.

4

Train ALL health and social care professionals in geriatric , long term care and palliative care — not just doctors.

5

Support and resource informal caregivers and strengthen community-based care models.

6

Include older adults in decisions about their own care — their voice must lead the response.

Clear Channel

#AreYouAgeist

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IN ENGLAND EXPERIENCED AGE
DISCRIMINATION IN THE LAST YEAR

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