

# Health Emergency and Disaster Risk Management

## PEOPLE WITH DISABILITIES AND OLDER PEOPLE

### Key Points

- Persons with disabilities include those who have physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.<sup>1</sup>
- People with disabilities, including older people, are at increased risk in emergency and disaster situations.<sup>2</sup>
- It is important to consult and involve people with disabilities and older people in risk reduction, emergency planning and response and disaster recovery, and to ensure that the capabilities and contributions of people with disabilities and older people are recognized and utilized.<sup>3,4</sup>
- Appropriate needs assessments are critical to address specific needs of people with disabilities and older people during disasters.<sup>2,3</sup>
- It is important to ensure that mainstream services and facilities are accessible to people with disabilities and older people.<sup>2,3</sup>

#### Example: West Darfur and Haiti

*In West Darfur, research showed that 34% of refugees 50 and over were disabled. Some 61% complained of having chronic diseases that required specialized treatment and/or medicines which were not available.<sup>5</sup>*

*It is estimated that the number of people with disabilities in Haiti may have risen from 800 000 to 1.1 million following the earthquake.<sup>6</sup>*

### Why is this important?

The *Convention on the rights of persons with disabilities* (Articles 11 and 32) mandates that all necessary measures, including those taken through international cooperation, ensure the protection and safety of persons with disabilities in situations of risk and humanitarian emergencies.<sup>1</sup>

People with disabilities make up at least 10% of the population. Prevalence is increasing due to population ageing: for example over 40% of people 65 years and older experience chronic illness or disability that limits their daily activities.<sup>7,8</sup>

Disasters can also be a cause of disability for example if injuries are not effectively managed.<sup>2</sup> Disasters can make older people and people with existing disabilities more vulnerable.<sup>2</sup>



*A patient at the Handicap International clinic in Port-au-Prince, Haiti, waits to be fitted with a prosthetic leg.*

*(UN Photo/Sophia Paris)*

### What are the health risks?

**Exclusion** – inappropriate emergency and disaster risk management policies and practices may result in the exclusion of people with disabilities and older people unless specific efforts are made to include them.

**Inaccessible information** – disaster education materials, early warnings and information given to the public during a crisis are often not presented in formats that are accessible to people with disabilities (e.g., those with impaired vision or hearing).

#### Disruption of health services

- people with on-going health care needs may have treatment disrupted.
- People experiencing disability as a result of disaster-related injury or illness may not receive adequate health-care and rehabilitation.

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- people with existing disabilities may lose their assistive devices, such as artificial limbs, crutches, hearing aids and spectacles and have difficulty getting them replaced leaving them dependant and isolated.

**Narrower margin of health** – people with disabilities and older people may be more susceptible to developing additional health problems in disasters (e.g., even small changes in hydration or nutrition can have major impacts on older people pushing them beyond their limits into a significant health event or even dementia).

**Breakdown of social support networks** – social networks, which are particularly important for people with disabilities and older people are often affected during a disaster (e.g., people with disabilities may be separated from caregivers or their caregivers may be injured or killed).

**Physical barriers** – physical environments are often transformed in disasters, exacerbating existing barriers or creating new ones. As a result many people with disabilities and older people may find themselves unable to access health-care services, as well as other essential services such as food, water, shelter and latrines.<sup>4</sup>

## Risk management considerations

Governments and communities can manage disaster-related risks to the health of people with disabilities and older people.

### In risk assessment, prevention and emergency preparedness, by<sup>9</sup>:

- Identifying people at risk, noting where they live and their specific needs and how they can be addressed.
- Identifying older people and people with disabilities to be engaged in planning processes and preparedness activities.
- Ensuring transport, emergency shelter and alert or warning systems and processes are accessible.
- Ensuring mental health is embedded in primary health care and community care services to meet basic health needs. Training service providers and emergency responders to be aware of specific needs and vulnerabilities.

### In emergency response, by:

- Ongoing assessment of needs.
- Ensuring availability of health-care and rehabilitation including drugs for chronic conditions, trauma care and rehabilitation for

people who are injured or who have lost assistive devices.

- Ensuring physical accessibility of transportation, service delivery points, emergency shelters, latrines and other services.
- Ensuring equal access to essential services, which may require specific strategies such as 'fast track' queues to allow access to food supplies, delivery of goods directly to the person, extra clothing and bedding for people with specific health needs.
- Ensuring accessibility of information on location of supplies and services and ongoing risks.
- Linking them with appropriate social support for example to neighbours who can collect fuel or water on their behalf.

### In recovery and transition phase, by<sup>10</sup>:

- Providing appropriate health and rehabilitation services including assistive devices (e.g. wheelchairs, prosthetics) as close as possible to where people live.
- Establishing systems for follow up care.
- Including accessibility considerations in the reconstruction phase to promote participation, for example ensuring that medium and long term housing is accessible.

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