**UNHCR Input to Open- Ended Working Group on Ageing- 10th session 2019**

Older persons in situations of forced displacement face particular challenges and experience intersecting forms of discrimination, both on the basis of age and their status as refugees, asylum seekers, internally displaced persons (IDPs) or stateless. In situations of forced displacement, older people are often left behind as younger family members are forced to flee;[[1]](#footnote-1) and are often the last to return. Separation from family and community support networks increases the risk of exploitation, abuse and neglect. Further, in forced displacement contexts, older persons are often forced into new roles, such as caring for younger family members when family members known as the ‘middle generations’ flee or are killed. The most common challenges faced by older refugees, asylum seekers, IDPs and stateless persons, as reported to UNHCR, are related to access to services, including health and nutrition services, participation in livelihood opportunities and access to pension benefits.[[2]](#footnote-2)

Social Protection and Social Security

Older refugees, asylum seekers and IDPs are particularly vulnerable to poverty and exclusion, due to the compounding risks associated with both age-related discrimination and forced displacement. Older displaced persons often lose their economic and physical assets and report experiencing discrimination in access to work opportunities, both on the basis of age and their status as ‘outsiders’. Further, in humanitarian contexts, older displaced persons often face barriers to accessing livelihoods programs, due to limited access to information about opportunities and discriminatory eligibility criteria. Older refugees, asylum seekers and IDPs, particularly women, also face discrimination in access to housing, land and property rights, exacerbated by limited economic resources or legal protection, and separation from family and social networks.[[3]](#footnote-3)

Despite being particularly vulnerable, older refugees are often not included in national social protection systems, due to legal/ administrative barriers. Further, restrictions on movement (e.g. to complete administrative processes or medical assessments to access pensions) create a barrier to inclusion in social protection systems for older persons in armed conflict.

The Global Compact on Refugees sets out a commitment to meet the food and nutrition needs of refugees, including through social protection systems,[[4]](#footnote-4) and there have been some positive examples of States taking steps towards including older refugees in national social protection systems. For example, in 2017 the Brazilian Supreme Court made a decision on entitlement to access the Continuous Financial Benefit, a social assistance grant offered by the Brazilian Government to persons over 65 years old and persons with disabilities.[[5]](#footnote-5)

Education, Training, Lifelong Learning and Capacity Building

Older refugees, asylum seekers, IDPs and stateless persons face compounding and intersecting barriers to accessing education and lifelong learning opportunities, on the basis of age, legal status and experience of armed conflict and forced displacement.

In humanitarian emergencies, education systems are often severely disrupted, education facilities may be damaged or destroyed, and affected people experience restrictions in moving around safely, all impacting on education, including for older persons. Humanitarian response often prioritizes access to primary education for children and youth, although the importance of education and lifelong learning opportunities for older persons is being increasingly recognized.[[6]](#footnote-6)

In situations of forced displacement, older refugees often do not have access to education and lifelong learning opportunities offered to older persons in the national population due to legal or administrative barriers. Further, older refugees and IDPs are often forced to take on additional income generation or caregiving responsibilities as families are separated and ‘middle generations’ are injured, killed or flee. These new responsibilities present additional barriers to accessing education and lifelong learning opportunities.

Long Term and Palliative Care

Older refugees, asylum seekers, IDPs and stateless persons face compounding barriers to accessing palliative care. In armed conflict, disruption or absence of health care services put those with pre-existing, serious, acute or advanced chronic illnesses at risk of unrelieved suffering.[[7]](#footnote-7) Chronic health conditions of older persons are also known to be exacerbated in situations of forced displacement.[[8]](#footnote-8) Older refugees may not have access to palliative care services at a national level due to legal or administrative barriers or a lack of inclusion in referral networks. Further, humanitarian response often does not include palliative care in the basic package of assistance to affected populations.

International standards should take into account the specificities of humanitarian contexts, guided by existing guidelines and standards[[9]](#footnote-9) (for example, integration of palliative care services into emergency medical responses; inclusion of mental health and psychosocial support in palliative care training, in recognition of the devastating psychological impact of armed conflict and violence;[[10]](#footnote-10) and creation of linkages between humanitarian responders and national/ local healthcare system and networks of community care).[[11]](#footnote-11)

Further, international standards should be guided by existing frameworks for refugee response, including a strengthening of health care systems (including palliative care) in countries hosting large numbers of refugees. The Global Compact on Refugees commits States and relevant stakeholders to contribute resources and expertise to “expand and enhance the quality of national health systems to facilitate access by refugees and host communities, including… older persons”.[[12]](#footnote-12)

1. HelpAge ‘Older People in Emergencies and Humanitarian Crises’ <http://www.helpage.org/what-we-do/emergencies/older-people-in-emergencies/> [↑](#footnote-ref-1)
2. UNHCR Age, Gender and Diversity Accountability Report 2017 <https://www.refworld.org/pdfid/5bd03df04.pdf> [↑](#footnote-ref-2)
3. UNHCR Age, Gender and Diversity Accountability Report 2017 <https://www.refworld.org/pdfid/5bd03df04.pdf> [↑](#footnote-ref-3)
4. <https://www.unhcr.org/gcr/GCR_English.pdf> see paragraph 81 [↑](#footnote-ref-4)
5. UNHCR Age, Gender and Diversity Accountability Report 2017 <https://www.refworld.org/pdfid/5bd03df04.pdf> [↑](#footnote-ref-5)
6. See, for example: <http://www.connectedlearning4refugees.org/news-and-stories/mark/> [↑](#footnote-ref-6)
7. WHO (2018) Integrating Palliative Care and Symptom Relief into the Response to Humanitarian Emergencies and Crises <https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?ua=1> [↑](#footnote-ref-7)
8. HelpAge and Internal Displacement Monitoring Centre (IDMC) (2012) ‘The Neglected generation: the impact of displacement on older people’- <http://www.refworld.org/pdfid/524571814.pdf> [↑](#footnote-ref-8)
9. Including: SPHERE Handbook (2018) health standard 2.7 <https://handbook.spherestandards.org/> ; and WHO (2018) Integrating Palliative Care and Symptom Relief into the Response to Humanitarian Emergencies and Crises <https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?ua=1> [↑](#footnote-ref-9)
10. WHO (2018) Integrating Palliative Care and Symptom Relief into the Response to Humanitarian Emergencies and Crises <https://apps.who.int/iris/bitstream/handle/10665/274565/9789241514460-eng.pdf?ua=1> [↑](#footnote-ref-10)
11. SPHERE Handbook (2018) health standard 2.7 <https://handbook.spherestandards.org/> [↑](#footnote-ref-11)
12. <https://www.unhcr.org/gcr/GCR_English.pdf> see paragraph 72 [↑](#footnote-ref-12)