



“Things have just gotten worse”

The impact of the global food, fuel and finance crisis on older people

HelpAge

International



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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Azzam al-Zubairi/DEC – Yemen



Admasu Brook/HelpAge International – Ethiopia

Executive summary

Introduction

In the past year, people around the world have been affected by a global food, fuel and finance crisis that is pushing millions into hunger and poverty. The combined impact of COVID-19, the war in Ukraine, climate change, alongside existing poverty, inequality and humanitarian crises, has already had a detrimental impact on the livelihoods and wellbeing of many older people in lower- and middle-income countries. To identify the effects of this crisis on older people in these contexts, HelpAge International has carried out a research programme in 10 countries, using a range of qualitative and quantitative methods including surveys and focus groups, exploring how older people’s incomes and access to food, fuel, healthcare and other services had been impacted.

Key findings

Our research tells us that large numbers of older people need urgent interventions and humanitarian aid to address alarmingly high levels of food poverty and insecurity. Older people are facing extreme and negative changes to their diets – across our research countries, food consumption and dietary diversity amongst older people declined. Most research participants revealed that they were struggling to afford enough food, or eat food

of sufficient quality and quantity to satisfy their needs and maintain their health. Access to food markets was reported as increasingly costly as a result of rising fuel costs.

The most common coping strategies employed by older people were skipping meals, reducing the amount they eat, and cooking less because of fuel prices. These strategies threaten older people’s nutritional and health status, and reduce long-term resilience to withstanding this and future crises. Older women especially need specific attention to improve their food security and nutritional status, as our research highlighted that they are experiencing even more severe food and nutrition challenges than older men.

The research shows that it is increasingly difficult for older people to afford basic needs; across our research countries, they describe how the economic situation for older people is deteriorating, while governments and other actors fail to act to address their needs. Many older people we spoke with were not covered by social protection, had little access to finance or credit, and had already used any savings they had to survive the crisis so far. They therefore had no safety net to cope. Some older people reported selling assets or even begging in the street to survive.

Far more older people reported receiving support from neighbours and family members, than from governments. Where pensions exist, coverage is limited and study participants reported that payments are not sufficient to cover basic needs. More older people were doing unpaid work in some countries. Older people who were previously able to access financial services reported that this was no longer available to them, as a result of rising interest rates, for example.

Whilst both older men and women reported struggling to maintain their livelihoods and incomes, existing gender inequalities in accessing labour markets have made this crisis even harder for older women. Women reported a lack of opportunity to generate income to help them and their families survive. Many older women who have previously done unpaid domestic and care work, cannot access social protection, and older women were less likely than older men to receive pensions.

Our research showed how older people were trying to find ways to diversify their incomes during this crisis, unsupported by government ministries and international organisations.

An increase in household expenditure on healthcare was found in several research countries. This ranged from an increase of 35–70 per cent, putting further strain on older people's budgets. Increased fuel and transport costs have prevented older people from accessing medical care in hospitals and clinics, and in some places the provision of home-based care has been reduced. Older people reported feelings of shame at no longer being able to

provide for their family, as well as increased social isolation.

Facing rising fuel costs, older people are switching the type of fuel used at home to cheaper, more polluting sources, which have consequences for their health and the wider household's. Fuel costs are also limiting the number of meals older people and their families are cooking. The cost of fuel is driving up the cost of transport; for older people who rely on public transport to access basic services such as healthcare and food markets, this has become a real problem.

It is clear from the research that older women's and men's health is at risk as a result of this crisis. Whether through poor diet and hunger, not being able to access basic health services, or the psychological impact of having to manage the effects of the crisis while cut off from support networks, older people are unable to access appropriate support to reverse the adverse impact of this crisis on their health and wellbeing. A reduction in home-based care, mobile clinics and other community-based services and support has amplified these issues.

Recommendations

The briefing highlights the stark challenges facing older people as a result of the crisis. These have had severe consequences, negatively affecting their food security; access to healthcare, transport, and financial services; and their ability to lead dignified lives. Action is needed at local, national, regional and global levels to directly address the risks facing older people, and to tackle the structural causes of the crisis. We believe that all actors – governments, donors, financial institutions, UN agencies and humanitarian organisations – have a role to play in tackling the impact of this crisis on older people, and in ensuring better preparedness for future shocks.

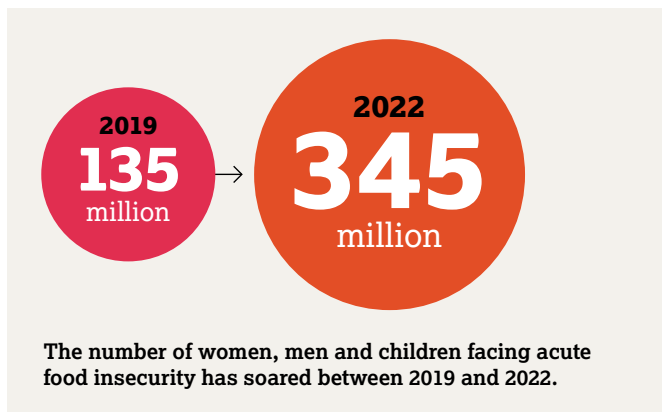
The priority actions required are:

- 1. Provide urgent humanitarian support** to older people to address their immediate needs during this crisis. This includes ensuring older people have appropriate and inclusive access to food, energy sources, healthcare and medicine, and to livelihood opportunities.
- 2. Protect livelihoods and access to the labour market** to ensure older people's income security, and build their capacity to withstand crises such as this one. If older people wish to and can work, they should have the option to do so. This means providing access to an inclusive labour market.
- 3. Strengthen social protection systems** to support people throughout their life course and help prevent and reduce poverty and vulnerability to livelihood risks. Social safety nets are essential in building any resilient society. Social pensions can be a key instrument for social protection for older people, and need to be established or expanded where they exist, to include all older people. Strengthen social protection systems to ensure that they are shock-responsive, i.e. effectively respond in times of crisis.
- 4. Strengthen resilience and adaptive capacity** by supporting programmes to strengthen capabilities, assets and resources at the individual, household and community level to enhance the ability to deal with shocks and their aftermath. This includes addressing disaster risk and the effects of climate change. Climate policies need to consider the resilience of older people, in particular their income security.
- 5. Ensure older people are fully included** within any humanitarian response, and considered in all policy developments and programmes that affect or target them. Their voices should be heard and their dignity upheld. All programmes should collect and use age-, sex- and disability-disaggregated data, to help ensure the full inclusion of older people. All actors should implement policies and programmes that reflect a strong commitment to upholding the rights of older people and to ensuring that both emergency responses and longer-term solutions to this crisis are fully inclusive.

Introduction

People around the world have been hit hard by the 2022–23 global food, fuel and finance crisis that is driving millions of them into hunger and poverty.

The crisis has been triggered by a fall in countries' incomes and a breakdown in global supply chains due to the COVID-19 pandemic. This has amplified political and economic volatility and put extreme pressure on existing, already over-stretched, support structures. The crisis has manifested in sharply increasing food and fuel prices, alongside a fall in average household incomes. In 2022, the World Food Programme reported that “conflict, Covid, the climate crisis and rising costs have combined to create jeopardy for up to 828 million hungry people across the world”, with the number of women, men and children facing acute food insecurity soaring to 345 million (from 135 million in 2019).¹



This is a crisis of unprecedented proportion. Millions of people are affected and millions risk being excluded from responses that need to address both the impacts and the root causes of the crisis. The impact of COVID-19; the war in Ukraine and other conflicts; climate change and shocks associated with it; and global economic instability and downturn have converged with existing poverty, inequality and humanitarian crises. This is having a disproportionate impact on the livelihoods and wellbeing of poor and disadvantaged people across the world, including many older people in lower- and middle-income countries.



Older people's vulnerability to shocks and stressors is determined by their exposure to risk and their coping strategies, which are shaped by age, gender, health and ethnic inequalities and other factors. We know that older people are consistently at risk of having their rights denied and their basic needs unmet when times get tough. They are often invisible in humanitarian responses; data on the number of older people affected is rarely collected or used to ensure they are included. However, we also know from previous HelpAge research² that older people often play important roles within their families and communities, such as caregivers for children, and have experience of how to adapt and respond in times of crisis.

This crisis is long term, and has deep, structural roots, which will take years of concerted work to overcome. It is driven by a combination of global economic, social, political and environmental factors and as such will require time and improvement in multiple sectors and forums, to address its causes. The response and planning structures designed to alleviate the impact of the crises are also at times complex and under-resourced. To find out the needs of older people in these contexts, and how to respond effectively to the growing crisis, HelpAge International has carried out a collaborative research programme in a partnership with HelpAge network members and country teams in 10 countries.

The research findings indicate that older people are regularly skipping meals so their families can eat, reducing the amount they eat and the nutritional quality of food, and cooking less because of fuel shortages. Rising costs and lack of access to finance means that they struggle to afford essentials such as medicines and to access healthcare. This briefing highlights the stark and growing challenges facing older people as a result of the crisis. It outlines what action is needed at local, national and global level to ensure both an immediate inclusive response, and longer-term solutions. We aim to ensure that older people are not, once again, excluded from programme and policy responses to this and future global crises.



Malumbo Simwaka/Fairpicture/HelpAge International – Malawi

Study aims and methodology

While many organisations are producing evidence on the impact of the global crisis, limited attention has been paid to research on older people. HelpAge’s hypothesis for this study was that the impact of the crisis was likely to further exacerbate existing vulnerabilities, especially within countries already facing economic difficulty and among already marginalised groups.

Therefore, this mixed-methods study sets out to:

- better understand the effects of the crisis on older people, and their basic rights and needs in a range of countries;
- identify and promote appropriate policy measures to support older people in the immediate future;
- identify and promote policy measures which can build the resilience of older people and the structures designed to support them, in the longer-term.

We selected countries offering diverse contexts and perspectives; most were lower- and some middle-income countries in different regions around the world. The initial research into the impact of the crisis on older people took place across 10 countries:

 Argentina	 Mozambique
 Colombia	 Philippines
 Ethiopia	 Sri Lanka
 Lebanon	 Tanzania
 Malawi	 Yemen

HelpAge network members and country teams played a key part in the research. Data was collected between July and December 2022. All household interviews included older people. Despite being relatively small in scale, the interviews were well targeted using HelpAge outreach and experience in each country to ensure older people were able to fully participate.

National research was carried out using a range of different tools and approaches, both qualitative and quantitative. We organised focus group discussions, individual and household level interviews, key informant and in-depth interviews, case studies and listening exercises to ensure the voices of older people were captured fully. Interviews took place with a range of stakeholders such as Older People's Associations (OPAs), government ministries (appropriate to each country but including health, social affairs, local government and finance), and other non-governmental organisations (NGOs) working locally and nationally.

We sought to ensure a gender balance in focus groups with older people, and where necessary or appropriate, we held separate discussions for women and men.

Quantitative research took place through field surveys and data collection with older people. HelpAge reviewed national data collection surveys and supported partners and network members to carry out the research. Primary data came from these surveys of randomly selected older people, and was collected, recorded, transcribed and where necessary, translated.

Where available, secondary sources were used to carry out literature reviews to identify different factors influencing the wellbeing of older people and the impact of the crisis to date. These sources included technical reports, government data, reports from international and national agencies and peer-reviewed articles.

All data collected was analysed to examine both the impact of the crisis on older people, and to compare it to the situation before this crisis, where existing relevant data could be used. Case studies were gathered to highlight the individual experiences of older people and to ensure their voices were heard. Each country's team tailored their research questions to their context. These questions were based on the following themes across the whole research programme:

- Food availability and nutrition quality for older people and their families;
- Changes to income levels, access to cash, credit and finance;
- Access to fuel and sources of energy for older people;
- Coping strategies that older people were employing;
- Access to healthcare services and medicines;
- Differing impact on older women and men;
- National level responses to the crisis.

It is important to note that where Food Consumption Scores and Dietary Diversity Scores are included in the findings, we did not have baseline indicators available to compare these scores to when analysing the results. This means that while they do present a snapshot of acute food insecurity and malnutrition at the time of this research, we cannot solely attribute this to the crisis. Where older people mention other contributing factors in qualitative findings, this has been included.

The 10 focus countries produced national reports, containing in-depth research findings, and accompanying policy briefs and national advocacy plans to support sustainable, impactful and inclusive responses in each of the countries. This global briefing synthesises these reports and briefings, to present HelpAge's key findings of the impact of the crisis on older people globally.



HelpAge Sri Lanka

Key findings

Older people are not one homogenous group. It is essential to recognise the diverse situation of older people affected by different crises, and the specific risks they face as a result. This includes risks related to gender and disability, but also additional challenges that older people living alone, or caring for others, may face. At the same time, older people can play crucial roles within society and are often pivotal in supporting emergency response and recovery. They can also contribute to family income and support, and often care for family members including children, as well as for people in wider social networks.

Regardless of their circumstances, older people are entitled to the same basic human rights to humanitarian protection and assistance as everyone else. However, when a crisis does strike, older people often have their rights denied, regardless of the role they play in their family and community, and often therefore are not able to access basic or specific needs.

Our research into the impact of the food, fuel and finance crisis highlights the stark reality that many older people now face. The crisis has had severe

consequences for older people, threatening their food security; access to healthcare, transport, and financial services; and their ability to lead dignified lives.

“We have no support or financial help. Sometimes we can transport ourselves, but sometimes we cannot. We struggle tremendously to be able to get something to eat.”

Older man, in-depth interview participant, Bogotá, Colombia, November 2022

Pre-existing health conditions, social and economic disadvantages, discrimination throughout the life-course and insufficient social protection mechanisms mean that older people are particularly at risk during a crisis such as this. The crisis has aggravated existing high levels of poverty for many older people in our research countries, exacerbated further by the impact of climate change related disasters, conflict, and systemic economic and governance challenges. In places like Malawi, where the poverty headcount already stood at 50.7 per cent³ and Yemen, where HelpAge estimates 1.65 million older people are in dire need of humanitarian assistance,⁴ older people have had to take drastic measures to survive.



Juan Camilo Gonzalez, Santo Studio/HelpAge International – Colombia

Yasmine's story

Yasmine is 84 and lives in Ain El Remmaneh in Lebanon with her son and two grandsons. While trying to keep the children in school, her son, a taxi driver, has not been able to pay their rent for three months, and cannot afford the rising costs of housing and schooling. This has prevented the family from buying items like meat, fruit, clothing, and funding visits to their village.

“My life is closer to a nightmare, where all my basic needs have been affected severely by the crisis. We are no longer able to purchase

medications or access healthcare without the support provided by Amel Association in the form of providing some of my medicines and certain food parcels. We changed our diet, our lifestyle, gave up visiting our friends due to the high cost of fuel, gave up a lot of food, and tried to find alternative heating or cooling methods.”

says Yasmine, who is a widow, describing her situation.



Amel Association International – Lebanon

Most of the older people we spoke with through this research reported that they had little choice but to buy less expensive food and fuel, reduce their food consumption and avoid using transport, decreasing their access to healthcare, social contact, markets and sources of income or finance. Affording and accessing basic necessities has become difficult, if not practically impossible in some contexts. For example, in Sri Lanka, older people spoke of becoming unwell after queuing for hours in blistering heat for food and fuel. Others spoke of simply not having enough money to buy food.

“For me, fuel, food and financial crisis is just one – all boiling down to financial needs of older people. The reason why you’re hungry is because you don’t have enough money to buy food for yourself and for your family.”

In-depth interview participant, Tacloban City, Philippines, 19 August 2022

In Mozambique, the impact of soaring food prices has been compounded by a decrease in older people’s agricultural production and a reduction in access to other income sources, such as credit. Older people in all our research countries spoke of limited access to social security services, including pensions, and in Yemen, older women reported resorting to begging to try to survive this crisis. Older people who did have access to pensions or accumulated assets told us how these were quickly used up and rarely enough to cover basic food and healthcare needs. The situation for many older people is increasingly dire. In Sri Lanka, they are the poorest group within the country’s population⁵ and the poverty rate for older people in Colombia stood at 24 per cent even before the full impact of the crisis was felt.⁶

Escalating inflation and prices of food, fuel, fertilisers, transport, medicines and healthcare, combined with restricted access to financial services and inadequate social protection systems are putting older people at significant risk.



Michael Goima/Fairpicture/HelpAge International – Tanzania

Food security and nutrition

Across the research countries, the impact of the crisis on food security and nutritional quality for older people, is being sharply felt. In key areas such as food consumption and dietary diversity, older people are facing extreme, and negative, changes to their diets.

Older people also find themselves more at risk of hunger and malnutrition because they struggle to access markets or food distribution points. As a result, they are using drastic coping strategies – such as skipping meals, reducing the amount they eat, and even begging for food – in response to food shortages and a fall in their household income.

The impact of the crisis on older people’s food consumption and diet

Reduced quantity and diversity of food

“Older people are spending their days without food. In extreme situations, they go to bed without eating, unless they receive some support from a neighbour.”

Focus group participant, Gaza, Mozambique, 5 July 2022

Our study suggests that older people's food security clearly deteriorated as a result of the current crisis. Thus, Food Consumption Scores and Dietary Diversity Scores were poor in Ethiopia, Malawi and Tanzania, with older women registering especially low indicators (see section on older women, page 16). Our quantitative data clearly showed food consumption amongst older people in these countries had declined compared to the previous six months whilst food and fuel prices have soared. In Ethiopia, 87 per cent of older people indicated that the diversity and quantity of food available to them and their households had declined due to the crisis. The same was reported by 77 per cent of older people in Malawi and 64 per cent in Tanzania.

Survey findings across our research countries were corroborated by qualitative data; in other countries, older people reported reduced food consumption across focus groups and interviews. Most focus group participants revealed that they were struggling to eat food of sufficient quality and quantity to satisfy their needs.

“The amount of food I eat daily is not enough and I do not feel full.”

Older woman, in-depth interview participant, Ain El Remmaneh, Lebanon, August 2022

Ninety-four per cent of Syrian refugee households in Lebanon faced challenges when accessing food and had to employ coping strategies to manage their food shortages.⁷ In 2020, a HelpAge COVID-19 assessment found that 57 per cent of older Filipinos had difficulty accessing food⁸ and older people highlighted that they did not have enough resources to purchase either the right quantity or type of food. In this research, the situation has worsened for many older people.

“Things have just gotten worse.”

Research participants, Philippines, August 2022

“Even myself who receives a pension can hardly support my daily needs now... [With the recent crisis] the budget becomes so limited that the food on the table can no longer provide the minimum nutritional needs of an older person.”

In-depth interview participant, Tacloban, Philippines, 19 August 2022

The World Food Programme estimate that two-thirds of Yemenis are hungry, and nearly half do not know when they will eat next.⁹ Study participants in Yemen confirmed that they cannot buy food items on a day-by-day basis. As one put it:

“We are no longer able to buy food every day. If we eat food in the morning, we do not eat at noon.”

Older man, focus group participant, Sheikh Othman, Yemen, 6 November 2022

In Mozambique, in line with existing data which showed that at the time of research, food security levels were dropping, across all 15 focus group discussions, older people stressed that their ability to buy food was increasingly threatened.

These figures are not surprising when considering food price fluctuations resulting from this crisis. Monthly food inflation in Malawi reached 34 per cent in October 2022¹⁰ and bread prices doubled in the same year. At the same time, 86 per cent of older people had poor food consumption scores.¹¹ In Lebanon, where nominal food inflation reached 332 per cent between March and June 2022, and where only 10 per cent of the labour force qualify for the state pension,¹² the majority of study participants reported that their income did not cover their basic food expenditure.¹³

Poor diet and reduced food consumption can be explained by the intersecting impacts of rising food prices, falling incomes, and challenges in producing enough food. In most countries we studied, we found that older people were particularly vulnerable to price rises because they did not grow their own food for consumption. In Malawi, 95 per cent of research participants reported that they purchased their food; with rising food prices they can no longer buy as much food, and as much nutritious food, as they were able to previously. This percentage was lower, but still significant, in other countries e.g. 61 per cent of participants researched in Tanzania. As a study participant from Ethiopia suggested:

“The price of food items has been increasing more than 100 per cent nowadays whilst the income of older people is declining; I am struggling to put food on the table for my family.”

Older man, focus group participant, Hawassa, Ethiopia, 14 July 2022

Reduced access to food markets and agricultural inputs

When older people rely more on food markets to purchase food, access to those markets is another issue for older people in times of crisis; sometimes markets (or food distribution points set up by humanitarian agencies or governments) can be hard, and increasingly costly, to reach. Fuel prices have also increased and in Sri Lanka this has led to older people no longer being able to physically access food markets. With limited supplies even at those markets they can reach, their diet is still impacted. This finding was common across the research. Even if older people can make it to shops or markets, those who lack income or access to social protection are no longer able to afford enough nutritious food to maintain their health and wellbeing. For older people who farm and produce their own food, the cost of fertilisers, seeds and other agricultural inputs have all risen. In addition, the dire impacts of climate change such as drought, floods, and destructive weather events, were reported to have reduced the volume of food produced and eaten by older people.



Admasu Brook/HelpAge International – Ethiopia

Coping strategies

“We have to beg in order to eat and provide food for our children.”

Older woman, focus group participant, Sheikh Othman, Yemen, 6 November 2022

Our research found some alarming coping strategies employed by older people to deal with the impacts of this crisis. The most common coping strategies were:

- restricting the number of meals eaten per day;
- consuming less expensive food;
- reducing meal portions.

In Colombia, older people reported reducing food consumption, acquiring cheaper and lower quality products, and receiving external aid. Older people in Malawi reported skipping food as a result of the impact of this crisis.

“We reduced the number of times we eat a day. We used to eat three times a day but now we eat two times, sometimes once and it even gets worse, sometimes we do not eat at all.”

Older man, focus group participant, Machinjiri, Malawi, 7 July 2022

Men in Yemen reported that:

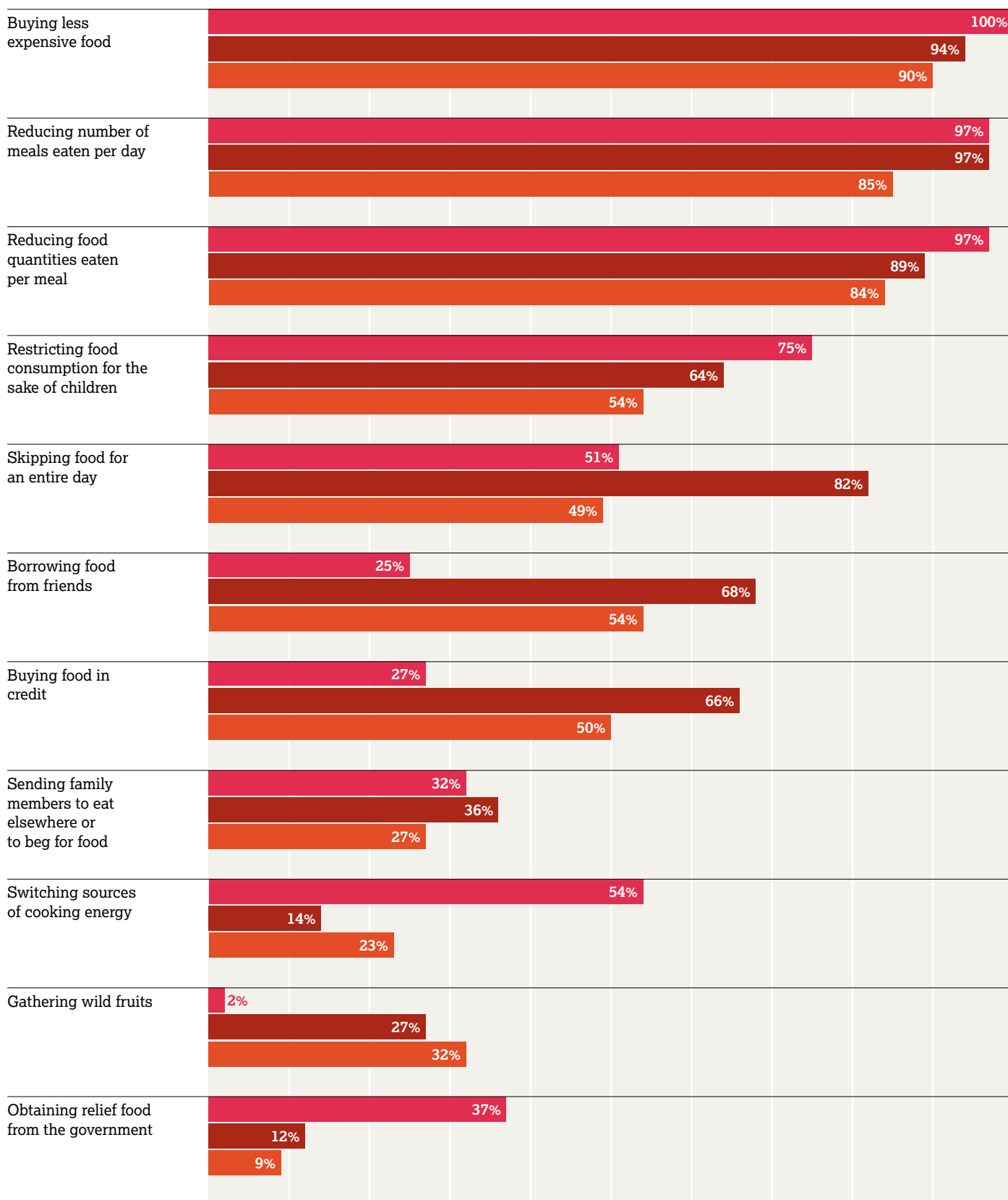
“We do not eat more than two meals per day.”

Older man, in-depth interview participant, Sheikh Othman, Yemen, November 2022

It was routinely reported that older people regularly skip meals so that children in their households can eat; in Lebanon, many older people reported doing this to try to save money also. In Tanzania, 90 per cent of households with older people reported eating cheaper and often less nutritious food and 85 per cent cut down the number of meals eaten per day.

Figure 1 on the following page shows the coping mechanisms used by households with older people in Ethiopia, Malawi and Tanzania.

Figure 1: Coping mechanisms adopted by households to deal with impacts of this crisis in the last six months (per cent), in Ethiopia, Malawi and Tanzania



Source: HelpAge International, 2022. [Dataset] *Food, fuel and finance crisis: impact on older people* (unpublished)





Such coping strategies have detrimental effects on older people's nutritional and health status and can often lead to ill health. They put older people at even greater risk of illness as a result of not getting the nutrients or amount of food they need to survive. The adoption of these coping strategies also means that older people are far less resilient to future crises. Similarly, qualitative interviews revealed that in some instances older people were selling their assets (e.g. land or livestock) to buy food; this reduces older people's long-term ability to withstand and survive this and potential future crises.

“In the past, I lived a life suitable for my health conditions. I used to buy the best quality food, but now I try to buy the cheapest, regardless of the quality. I eat one meal a day, but in the morning I only eat a piece of bread with the medicine. Certainly, this amount of food is not enough for those my age because it may cause me anaemia, but I can't do anything about it. In winter, we cannot afford gas for heating, so we use a thick blanket that I made myself during the 1982 invasion of Beirut.”

Older woman, in-depth interview participant, Ain El Remmaneh, Lebanon, August 2022

Women in Yemen spoke of having to beg for food, and borrowing from friends and neighbours is commonplace, in some countries more so than receiving food from the relevant government or aid agencies. In Malawi, 68 per cent of older people reported doing this, compared to less than 20 per cent receiving food aid.

Despite common assumptions that families will provide for older members in times of crisis such as these, difficult decisions may be made to deprioritise older people in favour of younger family members; older people may also choose to give their share to others in their family and often reported skipping meals so that children in the household could eat.

“We buy bread and cheese and feed the children while we do not eat.”

Older woman, focus group participant, Sheikh Othman, Yemen, 8 November 2022

These coping strategies are a result of a lack of access to any form of sustainable income – whether that be social protection, savings, financial services or income from productive activities. When faced with rising food prices, being able to draw on savings, increase income or receive additional payments from a social protection system would all help to alleviate the challenges older people and their families face. In their absence, older people have no safety net. This crisis is pushing more and more older people into taking drastic steps and in some cases going hungry so their families can survive.

“The magnitude of the [food, fuel and finance] crisis is higher since older people are under a lot of pressure arising from challenges to purchase food items. In some cases, there are older people who would spend a day without food because they cannot afford food and must seek support from their next-door neighbour.”

Key informant, Maputo, Mozambique, 6 July 2022

Older women's food security and diet

Older women's diets particularly badly affected

An emerging trend across the research countries is that older women bear the brunt of this crisis. In many of the food consumption and dietary diversity surveys, results for older women were even worse than for older men. For example, in Tanzania most women reported poor dietary diversity (89 per cent), while the percentage of men was still significant but smaller (69 per cent). In Malawi, 99 per cent of women have poor dietary diversity and in Ethiopia, the figure is 92 per cent – a higher figure in both cases than for older men (in Malawi, the men's figure was 70 per cent and in Ethiopia, it was 43 per cent).

This means older women are eating food that does not give them enough nutritional value. This can have a significant knock-on effect on older women's health and their wider households, for example if they care for children, or need additional health services which come with costs attached.

These figures were supported by qualitative findings. Older women in Sri Lanka and Yemen pointed to existing inequalities and risks they faced, which have been exacerbated by the crisis, making them more vulnerable to worsening nutrition and health. Women-only focus groups reported skipping meals and begging so that children could eat, and fasting one day, so they could eat the next. They also reported a lack of opportunity to generate income for their household to help survive this crisis. While older people in general reported struggling to maintain their livelihoods, existing gender inequalities in accessing labour markets have made this even harder for older women.

Case study

Heenmanika's story

Heenmanika is 70 and a widow living in Maha Oya in Sri Lanka. She makes a living by growing vegetables on a small plot of land and selling her produce to shops. Her situation was already challenging before the crisis as she broke her leg in an accident, but she reports that the crisis has made the situation even worse.

“I didn't have three meals per day, and survive on one or two meals a day now. I ate only if there were food supplies, otherwise I drank water and slept.”

It is difficult to sell her produce because she cannot afford the increased transport costs to get to market:

“I need LKR 500 (1.50 USD) now to buy what I bought for LKR 50 (0.15 USD) before.”

Heenmanika has started to clean and sell coconut sticks to earn extra money to survive the crisis.

Sami's story

Sami is 72 and lives in Lebanon. He relies on food aid, through humanitarian agencies, his children and neighbours. He told us that he skips a meal every day and he and his wife only have small portions, never any meat. Sami told us:

“I had a taxi that I sold eight years ago as I needed heart and lung surgery. Nowadays, I am jobless, which makes me feel sad and ashamed of my neighbour's help in providing for my basic needs. I feel stripped of my dignity. We try to reduce the use of the heater in cold weather in order to get warmth as long as possible. This is due to the small amount of fuel received as help from our neighbours, this year I collected some firewood as an alternative to fuel for heating.”



Amel Association International - Lebanon



Malumbo Simwaka/Fairpicture/HelpAge International – Malawi

Income and livelihoods

The impact of the crisis on older people's incomes

The impact of the economic crisis is profound and widespread, and is affecting all aspects of daily life for older people.

In Lebanon, for example, the majority (79 per cent) of older people surveyed said they were no longer able to meet their basic needs and were now relying on NGOs or their families to support them. In Colombia, 64 per cent of people aged 60 years or older who are heads of household or their spouses reported that the economic situation of their household was “worse” or “much worse” compared to 12 months ago.¹⁴ In Sri Lanka and Ethiopia, research showed that the impact of the crisis on older people's livelihoods is further aggravated by the fact that older people lack adequate savings, access to credit and social protection.

A pastoralist farmer from Ethiopia summed up many of the financial challenges facing older people in this crisis:

“Here in Borena, we struggle a lot to save the lives of our cattle, buying them hay from our savings. Now all my savings are gone. I do not have enough cash to buy food. The situation is quite difficult. As an old man, I am struggling to buy food with significantly scarce resources. This situation is severe for people my age because we are unable to work much as compared to younger people.”

Older man, focus group participant, Oromia, Ethiopia, July 2022

As so many households are unable to meet their basic needs due to rising costs; lack of access to savings; adequate social security or other forms of income; the situation is having a profound impact on all aspects of life – food security, nutrition and health. There are consequences for their security and safety as well, as more families are forced into extreme poverty.

Fewer opportunities to earn an income

It is often assumed that older people are economically inactive, but this is not always the case. Those who do, or did, participate in the labour market reported a range of challenges relating to income generating opportunities. These often relate to the informality of their work, which gives them no income protection nor access to social protection schemes if they stop working. In Sri Lanka, this applies to 66 per cent of the workforce.¹⁵ In the Philippines, most older people, together with other disadvantaged groups, are engaged in the informal economy such as fishing and farming, and if engaged in formal employment, they are in contractual positions.¹⁶ This means little or no protection of their income. Previous research carried out by HelpAge in Ethiopia among older people in the Borena region, showed 71 per cent of respondents indicated their businesses and livelihoods have been negatively affected by the COVID-19 pandemic.¹⁷ In this research, older people in Malawi (and Yemen) with no source of income reported having to beg to survive.

“Sometimes there are little things to do, someone calls me to paint his apartment or that he has a little leak around there, the neighbour called me to cut some glass, and so on, but it’s very little, almost nothing this year.”

Older man, focus group participant, Bogotá, Colombia, November 2022

In Mozambique, older people’s main sources of income in the study areas are proceeds from livestock and agricultural production. As detailed in this briefing, rising costs of agricultural inputs and climate shocks have resulted in decreased production and therefore reduced income. Survey respondents also reported that their income has dropped because consumers’ ability to pay has decreased.

Inadequate social protection

In a crisis, governments should be able to step in and provide financial and other forms of assistance (e.g. through pensions, subsidies or transfers). However, the countries we researched were falling short; far fewer people reported receiving any kind of assistance (including food aid) from governments than those relying on mutual support networks. According to the UN’s International Labour Organization (ILO), in the majority of our research countries, a large share of older people do not have access to effective social protection coverage, see Figure 2.

This lack of coverage means only small percentages of older people receive any form of benefit, such as pensions or cash payments from the state. Some countries, such as Lebanon, Yemen, Malawi and Ethiopia, only offer limited contributory pensions to workers in the formal economy, such as public sector employees, civil servants and others. Other countries, such as the Philippines, Mozambique, Colombia and Argentina, provide means-tested non-contributory social pensions that do not cover the entire population of older people. For those who receive pensions, the impact of this crisis means that transfers received are quickly eaten up by the rising cost of basic needs. This highlights the significant deficit of support available to older people and their families and the need for systemic change at national and global levels so older people can get the support they need.

Figure 2: Existing effective social protection coverage in the research countries (per cent)

Sri Lanka	35.7%
Philippines	20.5%
Yemen	7.4%
Lebanon	9.8%
Ethiopia	3.9%
Mozambique	52.5%
Tanzania	5.5%
Malawi	2.3%
Argentina	89.8%
Colombia	50.6%

Source: International Labour Organization, *World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future*, Geneva: ILO, 2021 (15 February 2023)

Many older people we spoke with were not covered by any form of social protection, had little access to finance or credit, and had already had to draw on savings they had to survive. They therefore had no safety net to deal with the impact of this crisis.

“The ministry is aware that all older people that we support through the social pension are being affected by the crisis. Even before the crisis, they were living in vulnerable conditions and the pension they receive is not sufficient to cover their daily needs (less than 10 USD a month). The current crisis exacerbates their condition.”

**Key informant, Maputo, Mozambique,
6 July 2022**



Kasun Peiris/Unsplash – Sri Lanka

For older people who have worked in the past, or still do now, they have often worked in the informal sector, which means their access to social protection schemes is limited at best. Many older women, who have done unpaid domestic and care work previously, cannot access any form of social protection. This was reported by older people in Sri Lanka and Colombia in our research. In some cases, over-stretched household resources have led to older people doing more work, with no remuneration, mainly within the household. In Colombia, the number of people engaged in domestic work has grown from 2019 onwards, and these are mainly women aged 70 and over.

In Ethiopia, only 7.3 per cent of older people receive a pension, of whom only 10 per cent are female. Again this highlights the low number of women engaged in the formal economy who therefore do not have access to social protection.¹⁸

In Colombia, only 25.5 per cent of people of pensionable age (30.8 per cent of men and 22.4 per cent of women) have a pension, and older people who did receive a pension reported that it was no longer enough to meet their basic needs. This lack of social protection puts additional pressure on older people to remain in the labour force; if and where jobs are available, work is often informal, insecure and poorly paid.

In Tanzania, where only a small proportion of older people receive a pension from a contributory scheme, most people rely on support from informal social networks, mainly family, to survive. Older people are indeed three times more likely than the national average to receive monetary transfers from family members.¹⁹ Reliance on family members, friends and neighbours was commonly reported, and had a negative impact on many older people’s mental health, as they felt shame and embarrassment in having to accept help.

Even in countries with a high pension coverage rate such as Argentina, where the main source of income for older adults is a pension (for older women this is 68.8 per cent and for older men 86.7 per cent),²⁰ it was clear from interviews with older people and other stakeholders that this was no longer enough to support older people in the face of inflation.

“Although there is extensive pension coverage, most of the incomes are minimal and it is not enough for them to make ends meet. In general, they depend on other income source or financial aid from their family or community environments, which are not much better either.”

**Key informant, San Martín, Argentina,
6 October 2022**

There is an important balance to be struck between ensuring older people are included in the labour market and have access to livelihoods and income generating opportunities, and providing sustainable and universal public pensions to ensure income security for all older people. Global evidence suggests that social pensions which offer non-contributory cash transfers to older people can strengthen their income security, access to services, voice and dignity. Pensions can be an effective way to reduce existing poverty and deprivation, and can provide protection against shocks and stresses to ensure people do not become destitute in the first place.²¹

When well implemented, these systems build people's resilience to risks by helping people meet their basic needs in a predictable and systemic manner. HelpAge research from other countries also backs up global evidence, for example, the establishment of a universal social pension in Zanzibar provides an example of how governments can support older people and bring about positive improvements in their lives.²²

Reduced access to financial services

Older people who could previously access financial and banking services (of which there were few, e.g. in Malawi, over 80 per cent of older people interviewed indicated that they did not have access to credit) are now reporting that this access has been cut off, due to rising interest rates, for example. Those who were managing before, now cannot afford to eat, heat their homes or access basic healthcare. Among those who did report having credit in Malawi, almost half reported that the interest rate on their loan had increased in the last six months and over half said it was costing more to maintain access to financial services.

Restricted access to credit also makes it difficult for older people to generate income that could help them sustain and enhance their livelihoods in normal times as well as strengthen their capacity to prepare for and respond to shocks. While access to low-cost credit could substantially improve older people's coping and adaptive capacity, banks and lenders have shown reluctance to lend to older people. In focus groups where participants were asked about changes in the cost of living in the last six months with regard to the cost of borrowing, some challenges were reported. One participant in Ethiopia noted that:

“Neither banks nor micro-finance institutions take older people as credit-worthy.”

Older man, focus group participant, Addis Ababa, Ethiopia, 15 July 2022

Similar views were held in Tanzania:

“We aren't getting any loans because we are considered to be too old to service loans and we cannot repay.”

Older man, focus group participant, Kibondo Kigoma region, Tanzania, 4 July 2022





In Mozambique, households reported that increased interest rates are also putting pressure on those who do have loans or access to credit. Respondents in Malawi who did have some form of credit also reported higher interest rates.

“We are unable to borrow money because the interest rates are so high. We as older people have been affected because we can no longer take loans because we are unable to find money and give back with the high interest.”

Older man, focus group participant, Nailuwa, Malawi, 5 July 2022

Rising debt and loss of assets

Older people reported selling their assets (including land, household items, and livestock) to generate income for their families – a short term fix to a lack of household funds which in the long run decreases older people and their families’ resilience to the crisis, and any future crises. In Yemen, older people identified the accumulation of debt as a key impact of this crisis, with older people saying they owed money to friends, relatives, grocery shops and pharmacies.

“I don’t have any savings now. To the contrary, we have debts and we don’t know how to cover them. Because of this crisis, I sold a bottle of gas to provide my husband with treatment.”

Older woman, focus group participant, Sheikh Othman, Yemen, 6 November 2022

Susan’s story

Susan is 65 years old and lives in Mpilisi, Malawi. She talked about the rise in price for maize and how it has affected older people. Most people buy maize regularly, but it has become scarcer and more difficult to afford. People need to travel longer distances to buy it and this incurs additional travel costs. She also notes that older people find it difficult to stand in long queues to buy scarce supplies:

“From January to June this year [2022], prices of things are going up daily – and it is very hard to know whether people who sell things are also just taking advantage of the situation. Maize used to be K14,000 (around 14 USD) a bag and now it is being bought at K20,000 (around 20 USD) a bag, which we cannot afford as old people because most of us earn less than that. I think it is being caused by the rise in transport prices. This year’s harvest is not good enough and most people have already finished eating what they harvested, and we are now buying. As older people, we don’t have the strength to hunt for jobs or a piece of work to get money for food. In the last six months maize is scarce even at marketplaces and people are forced to travel long distances just to buy maize which costs us more.”

She observes that the increase in transport cost has also made it difficult for older people to visit their families and friends. Previously, they would pay K1,200 (around 1 USD) to travel to Utale, but that cost has trebled to 3 USD. Instead, people are forced to walk long distances or not see their families and support networks.

In addition, many older people can no longer rely on others in their community to help as most people have little money. Susan told us that:

“No one is helping one another anymore because things are difficult for everyone and those who [used to] help can no longer help because they also have their families [to support].”

Older people also find it difficult to borrow money as the cost of borrowing has gone up as a result of poor harvests and money devaluation. She explained why her family no longer takes out loans:

“We decided to stop borrowing money because we cannot afford to give back the money due to high-interest rates. We do not borrow money anymore because we are scared.”



Michael Goima/Fairpicture/HelpAge International – Tanzania

Fuel

The impact of the crisis on older people's access to fuel

The soaring price of fuel has also had a profound impact on the wellbeing of older people.

It has led many to switch the type of fuel they use in their homes – for example, in Tanzania, approximately 30 per cent of people have changed their energy source for cooking to cheaper, more polluting sources, which have consequences for the health of older people and the wider household. In Ethiopia, 99 per cent of survey respondents stated that the cost of cooking fuels had increased in previous months; leading them to cut down the number of meals they cooked. In Lebanon, more than two-thirds of households spend more than 50 per cent of their income on energy. In Malawi, most survey respondents (82 per cent) indicated that fuel prices had increased in the previous six months. These price rises mean that older people spend a larger share of their limited income on energy at the expense of other basic needs such as food and medicine.

The cost of fuel is also driving up the price of transport – for older people who rely on public transport to access basic services such as healthcare and food markets, this is a real problem. In Yemen and Mozambique, older people said that the cost of fuel has stopped them from being able to go to work and in Malawi, one older person spoke of how they have had to close their business down because of the increased price of fuel.

Older people also reported delaying access to healthcare because of the cost of accessing health services, and some have said that the cost of transport has disconnected them from families and support networks, increasing social isolation.

Queuing for fuel has become common – with younger members of the household working this often falls to older people and in Sri Lanka, our researchers were told of the deaths of some older people whilst queuing for fuel, caused by acute heat exhaustion.

Case study

Layla's story

Layla is 74 and lives with her husband and son in Khiam, Lebanon. She relies on her husband's meagre retirement salary in addition to some help from her children, which she says is no longer enough to survive in Lebanon.

“Food is expensive and no longer enjoys the same quality as before. I only buy basic food supplies daily, and try to rely on alternative medicines since the genuine ones are very expensive or not available most of the time. The worst thing is that my grandchildren cannot visit me weekly due to the high cost of transportation, which causes me to feel empty and lonely, this is a great injustice.”



Whendy Ruiz/HelpAge International – Colombia

Health

The impact of the crisis on older people's health

For many older people, access to healthcare and medicines was reported as a top priority, and this is jeopardised by the current crisis, exacerbating the impact of COVID-19, global supply chain problems, and existing medicine shortages. These problems affect older people who have chronic, long-term conditions and/or sudden illnesses.

In crises, managing non-communicable diseases that affect many older people can be a huge challenge, due to factors such as short supply of medicines, inaccessible or disrupted health services, and the crisis itself, which can worsen poor health or cause injury. Despite this, ongoing health conditions and disabilities are often forgotten in crises. Older people are more likely to have chronic illnesses and/or disabilities; for example in Colombia, 40 per cent of older people experience one or more chronic conditions and 19 per cent have some degree of disability.²³

In this crisis, the cost of accessing healthcare and medicine has increased, along with the cost of food and fuel, leaving households with hugely inflated costs. Combined with the use of more polluting fuel sources in the home and poorer diets, with poor nutrition, older people's health is being significantly put at risk by this crisis.

“Medicine prices have gone up and it is affecting our health as older people. Sometimes we get a dosage that is not enough because the money is not enough. Medicine is scarce and expensive in a way that we cannot afford to buy, and we think we are going to die. We get sick and we no longer go to the hospital due to high transportation costs and now we cannot even afford to just buy at the pharmacy; the only thing left is for us to die.”

Older woman, focus group participant, Kwitanda, Malawi, 5 July 2022

Increased household expenditure on healthcare

Healthcare related expenditure for older people is often a significant part of household costs. Data shows that people living in older households face the highest incidence of catastrophic health spending. If the cost of healthcare services and medicines or access to either go up, this puts further strain on their budgets. In Tanzania, research found that 35 per cent of households had experienced increased household health expenditure in the previous six months. One key informant who worked on health policy in the country said that for older people seeking healthcare:

“If you don’t have money, you die.”

Key informant, Tanga, Tanzania, 5 July 2022

In Malawi, the personal finances, health and wellbeing of older people have also been hit by the rise in medicine costs. Seventy per cent of older people interviewed indicated that they had experienced higher out-of-pocket health expenditure in the past six months.

Reduced access to health and care services

For many older people, it has become harder to access health services since the crisis hit. The increased cost of transport and fuel has prevented older people from accessing hospitals, clinics and other services across our research countries. In Sri Lanka older people said they could no longer access hospitals for regular treatment of chronic conditions because of the price of getting to the hospital. Focus group participants in Yemen reported similarly.

Providers in Colombia and the Philippines have reduced the provision of home-based care (something many older people rely on to meet their basic needs) and healthcare in remote and rural locations, because of increased costs. Where health services are fragmented, accessing the right care becomes even more difficult.

“I live in a rural area. In my case, I have to travel about three or four hours to Bogotá. I try to make sure that my mother’s and my medical appointments coincide. If they don’t coincide, I have to find someone to stay at the farm to take care of her, and that is another expense.”

Focus group participant, female family member of an older person, Bogotá, Colombia, 10 November 2022



Michael Goima/Fairpicture/HelpAge International – Tanzania

“Many of us opt to not go into these [health] programs anymore. We endure expensive rides and long queues only to know upon arriving at the venue that the medicines the local government promised were already out of stock, since no priority was given to older persons.”

Older woman, focus group participant, Calocan City, Philippines, 18 August 2022

In Mozambique, our study found that most older people have reduced their trips to basic services, such as healthcare, because of fuel prices. A focus group discussion participant in Gaza province suggested that the high cost of healthcare prompted some people not to seek treatment in formal health facilities and rely instead on traditional medicines:

“Because of the increased cost of health services, older people have had to utilise traditional remedies.”

Focus group participant, Gaza, Mozambique, 5 July 2022

Reduced access to medicines

In many of these countries, older people reported not being able to access medicines. This was an existing problem as medicines for conditions more common in later life can be less available and accessible in general. But the problem has been exacerbated by COVID-19 and the knock-on effect on global supply chains, as well as recent rising prices. For example in Lebanon, 41 per cent of older people interviewed have not been able to access medicines they need and a majority of older people in Sri Lanka reported stopping taking medicines altogether for the time being. In some countries, such as Lebanon, medicine was listed as older people's highest priority with many saying they missed meals to save money to buy medicine. Despite this, in Lebanon, more than 25 per cent of respondents had made the deliberate decision to limit or stop taking their prescribed medications in the last six months, because of rising costs.

Key informants participating in the research in Mozambique highlighted older people's growing inability to afford basic necessities, including medicines and hygiene items, and in Yemen, over 50 per cent of focus group participants said they could no longer afford their medication, resorting to either buying poor quality products, borrowing money to cover the cost, or not taking medicine at all. Drug shortages were also reported across research countries. Fifty two per cent of older people in the Philippines had difficulty accessing medicines²⁴ and in Sri Lanka, where nine out of 10 people aged 60 and over have a chronic illness, older people reported not being able to get the medicine they needed.

“I cannot walk for long distances, I do not have money to take a bus or a taxi, and I cannot wait in healthcare centres for a long time. Sometimes, doctors do not show up. While the medical examination might be free sometimes, the overall cost of treatment is very high. Because of all of this, I do not take the needed medications for diabetes and blood pressure on a regular basis.”

Older woman, focus group participant, Sheikh Othman, Yemen, 6 November 2022

Increased social isolation and mental health

Older people may be more at risk of poor mental and psychosocial health and wellbeing during crises because they have fewer opportunities for social participation and greater risk of poor health. A loss of independence and role within the family, and worries about insecurity, can affect the mental health of older people in times of crisis. This research found this to be the case, with older people reporting feelings of shame and humiliation at no longer being able to provide for or look after their family or live in dignity:

“An older person has to work twice as hard to live with dignity, this is humiliating.”

Older man, focus group participant, Ain El Remmaneh, Lebanon, 22 August 2022

These feelings of dependency and embarrassment were reported alongside no longer being able to afford fuel and transportation to be able to see other family members, resulting in a loss of support networks at a crucial time. This comes on top of the devastating impact of COVID-19 lockdowns on older people's support networks and mental resilience.

“Something I would never like to have in my life is loneliness, [this crisis is] very difficult to go through when you have no family support or anything; how hard it will be not to have anyone to talk to, something terrible for an older person.”

Older man, in-depth interview participant, Bogotá, Colombia, November 2022





Mauro Vombe/Fairpicture/HelpAge International – Mozambique

Conflict and climate change

Although the impact of climate change and conflict on older people was beyond the initial scope of this research, across many of our research countries the interplay between the crisis and the context of insecurity caused by climate change and conflict, was evident.

Some findings related to the impact of climate change and conflict and how these connect to the food, fuel and finance crisis by exacerbating the challenges older people and their families face. Some of these findings are detailed on the following pages; more research is needed to better understand the intersecting impacts of the crisis and these factors on older people's lives.

Conflict and the crisis

The research in Colombia, Sri Lanka, Lebanon, Ethiopia, Yemen, Tanzania, and Mozambique, highlighted how conflict weakens older people's ability to manage during the crisis. For example, in Ethiopia, participants reported armed conflict in the north of the country causing further challenges for older people when trying to access markets, or their land, especially when they were trying to produce their own food to eat. Nearly all focus group participants stressed the importance of peace-building to tackle the impact of the crisis.

“Peace building has to be the priority of all concerned bodies and stop displacement, disruption of farming activities and destruction of public and private properties.”

Focus group participant, Debre Markos, Amhara, Ethiopia, 5 July 2022

In Yemen, the crisis has inflamed an already dire situation for older people. Most people in our study agreed that the war and conflict in Yemen is the main cause of the problems they experience, alongside the rising cost of food and fuel. In conflict-affected areas in Tanzania and Mozambique, older people said that violence was hitting agricultural production, and making it harder to buy food. In Mozambique, people spoke of how they rely heavily on humanitarian assistance for their food and nutrition needs, as a result of this conflict.²⁵ Interestingly, in Colombia, many older people perceived the crisis as a decline of conditions that have been present for many years; they reported that their lives have been marked by food shortages since childhood, but was always worse during conflict.



COSE – Philippines

Climate change and the crisis

Almost all research countries reported that the impact of climate change was exacerbating the impact of the crisis. Drought, floods, cyclones and other extreme weather events were all decreasing older people's access to food as harvests were reduced, leading to price rises. The impact of climate related disasters on food security was mentioned by many focus group participants. This was often supported by secondary literature reviewed for the study, for example in Ethiopia where a widespread food emergency is expected in southern and south-eastern pastoral areas, where drought conditions are projected to persist at least until June 2023.²⁶ And in Malawi and Tanzania, where very low rainfall levels and multiple tropical storms have already had an impact on agricultural production. In the Philippines, 54 cyclones have hit since 2020 alone,²⁷ depleting the country's ability to withstand economic shocks and therefore reducing the support it can give to its population, including older people.

Summary of key findings

Figure 3 gives a summary of key findings from the different thematic areas of the study.

Whilst the findings are broken down by commodities and basic needs, it is clear from the research that some of these intersect – for example, a lack of access to a good diet as a result of rising food prices has a knock-on

impact on older people’s health; older women who were already more excluded from the labour market or social protection systems than older men, are experiencing rising prices and lack of access to income more sharply in relation to their diet; and those who cannot afford fuel to travel are unable to access healthcare, social networks, or markets. All these factors intersect to deepen the impact of this crisis on older people.

Figure 3: Summary of research key findings

Commodity / need	Findings
Food	<p>Older people are facing extreme, and negative, changes to their diets – across our research countries, food consumption and dietary diversity amongst older people declined compared to the six months previous.</p> <p>Survey findings were corroborated by qualitative data. Most focus group participants revealed that they were struggling to eat food of sufficient quality and quantity to satisfy their needs.</p> <p>Access to markets was reported as increasingly costly and prices have risen, meaning older people can afford to buy less.</p> <p>Coping strategies employed by older people included restricting the number of meals eaten per day, and consuming less expensive food, reducing meal portions.</p> <p>All coping strategies employed have detrimental effects on older people’s nutritional and health status, and reduce long-term resilience to withstanding this and future crises.</p> <p>Almost all research countries reported that the impact of climate change was increasing the impact of the crisis for older people.</p>
Gender	<p>Older women bear the brunt of this crisis. In many of the food consumption and dietary diversity surveys, results for older women were worse than for older men.</p> <p>This means women are not getting the nutrition they need, which can have a knock-on impact on their health and the wider household’s.</p> <p>Women-only focus groups reported skipping meals and begging so that children could eat, and fasting every other day.</p> <p>While older men and women reported struggling to maintain their livelihoods, existing gender inequalities in accessing labour markets has made this even harder for women. Women reported a lack of opportunity to generate income to help survive.</p> <p>Many older women, who have done unpaid domestic and care work previously, cannot access any form of social protection. Older women were less likely to receive pensions than older men.</p>

continued over >

Figure 3 continued

Commodity / need	Findings
<p>Income security</p>	<p>It is increasingly difficult for older people to afford basic needs; the economic situation was described as worsening, with governments and other actors failing to address this.</p> <p>Many older people lack adequate savings, access to credit and social protection. Some older people reported begging to survive.</p> <p>Far more older people reported receiving aid from neighbours or families, than from governments (in the form of pensions, transfers or subsidies). Where pensions do exist, coverage is limited and current payments are not enough to cover basic needs.</p> <p>Rising costs of agricultural inputs coupled with climate shocks have restricted older people's ability to produce enough food to eat or to sell.</p> <p>Older people reported selling their assets (including land, household items, and livestock) to generate income – a short term fix which decreases their resilience in the long term.</p>
<p>Fuel</p>	<p>With rising fuel costs, older people are switching their household fuel to cheaper, more polluting sources, risking their health and the wider household's.</p> <p>Fuel costs are limiting the number of meals older people and their families are cooking.</p> <p>The cost of fuel is also driving the cost of transport up – for older people who rely on public transport to access basic services such as healthcare and food markets, this is a real problem.</p>
<p>Healthcare</p>	<p>Rising household expenditure on healthcare was reported in several research countries. This ranged from an increase of 35–70 per cent, putting further strain on older people's budgets.</p> <p>Increased fuel and transport costs have prevented older people from accessing medical care in hospitals and clinics, and in some places the provision of home-based care has also declined.</p> <p>Access to medicine (already a problem due to COVID-19) is an ongoing challenge for older people.</p> <p>Older people reported feelings of shame and humiliation at no longer being able to provide for their family; as well as increased social isolation and a loss of support networks.</p>

Recommendations

As our research shows, the global food, fuel and finance crisis continues to have a devastating impact on older people's wellbeing. This cuts across their food security, nutrition, access to sources of finance and income, health, energy and fuel use, their social connections and support networks. While there may be variations in the experiences of older people in different settings, across all 10 countries the testimonies paint a bleak picture. Indeed, for many older people in lower- and middle-income countries, it is becoming harder to survive.

In line with global trends, many of our research countries are experiencing demographic changes resulting in an ageing population. By 2050 the number of older people aged 65 and above will have doubled to 1.6 billion.²⁸ Action is needed at local, national, regional and global levels to address risks facing older people, and to tackle the structural causes of the food, fuel and finance crisis. The impact of crises such as these on older people is only going to increase in years to come. These recommendations should be carried out in the context of our rapidly changing, and ageing, world.

Our governments and societies need to plan and adapt for this huge demographic shift.

Each country team and its researchers have made context-specific policy recommendations as part of their nationally focused work. The aim was to understand the impact of the crisis on older people, and to ensure relevant actors take steps to support and include older people in their responses. The recommendations build on these national level calls to action, and highlight the need for integrated policy making at all levels to ensure older people both survive, and then thrive, despite this crisis.

This research and HelpAge's extensive experience of working with older people in both humanitarian and longer-term contexts, highlight the need for immediate support for older people. Coupled with this, major systemic changes are required to ensure that older people, and our ageing global population, can manage through crises such as this, and live in dignity.

The following areas are where we believe that all actors – governments, donors, financial institutions, UN agencies and other humanitarian organisations – have a role to play in tackling the impact of this crisis on older people and in ensuring better preparedness for any future shocks.

The priority actions required are:

- 1. Provide urgent humanitarian support** to older people to address their immediate needs. This includes ensuring older people have appropriate and inclusive access to food, energy sources, healthcare and medicine, and to livelihood opportunities.
- 2. Protect livelihoods and access to the labour market** to ensure older people have income security and build their capacity to withstand crises like this one. If older people can work, and wish to, they should have the option to do so. This means providing access to an inclusive labour market.
- 3. Strengthen social protection systems** to support people throughout their life course, help prevent poverty, and reduce vulnerability to livelihood risks. Social pensions are a key instrument for supporting older people. Where social pensions already exist, they need to be expanded to include all older people. Strengthen social protection systems to ensure that they are shock-responsive, i.e. effectively respond in times of crisis.
- 4. Strengthen resilience and adaptive capacity** by supporting programmes to strengthen capabilities, assets and resources at the individual, household and community level to enhance the ability to deal with shocks and their aftermath. This includes addressing disaster risk and the effects of climate change. Climate policies need to consider the resilience of older people, in particular their income security.
- 5. Ensure older people are fully included** within any humanitarian response, and regarding policy developments and programmes that affect or target them. Their voices should be heard and their dignity upheld. All programmes should collect and use age-, sex- and disability-disaggregated data, to help ensure the full inclusion of older people. All actors should implement policies and programmes which reflect a strong commitment to upholding the rights of older people and to ensuring both emergency responses and longer-term solutions to this crisis are fully inclusive.

Food security and nutrition

1. Address immediate emergency needs

Governments and humanitarian actors, including UN agencies, funds and programmes including the UN's Food and Agriculture Organization (FAO) and the Committee on Food Security, the World Food Programme, UNICEF, and NGOs must ensure:

- The provision of appropriate levels of humanitarian assistance for older people to address their food insecurity and malnutrition and meet urgent and growing needs. This may involve the extension of existing cash transfer programmes and the introduction of subsidies to address the immediate crisis.
- Older women are given specific attention in humanitarian responses, to improve their food security and nutritional status.
- Older people are prioritised so they can easily access food sources, including food and cash assistance. Foods should be easy to prepare and consume, meeting any additional protein and micronutrient requirements, particularly for those with specific impairments or vulnerabilities, and those affected by non-communicable diseases that require specific diet management.

Government donor agencies should:

- Ensure funding gaps for this crisis are met and that any funding provided to this crisis includes older people as a priority at-risk group. Ensure also that there is specific attention to sub-groups of the older population that face specific risks, including older women.
- Directly fund organisations that have expertise in the delivery of humanitarian support to older people, and those working across the life course and intergenerationally to address crises.

2. Develop and strengthen food security and nutrition policies

Governments and humanitarian agencies responding to the crisis should:

- Systematically assess and monitor the nutritional status of older people, particularly older women, including them in emergency nutrition responses.
- Strengthen humanitarian policies where there are gaps in policy and expertise in relation to the inclusion of older people and their food security. This should include investing in capacity-building and skills training of humanitarian actors to

understand and respond to the food and nutritional needs of older people. This is in line with the World Food Programme's commitment to country capacity strengthening as part of work to achieve Zero Hunger (Goal 2 of the Sustainable Development Goals), which highlights the need for food security and nutrition policies to be rooted in responsive institutions, strong leadership and an enabling environment.

- Invest in programmes and policy development to better understand the links between the nutrition, food security and health of all household members and study and respond to the emerging trend which sees some older people not eating so that young children can, and the impact this has on the household. Too often, nutrition responses focus on children and women of childbearing age and ignore the specific nutritional needs of older people. This can have a knock-on effect on their families and healthcare systems, which can become even more stretched as a result.
- Governments in affected countries should also take other steps to tackle the rising price of food and to support older people's capacity to access the food they need, including the introduction of subsidies on food, agricultural inputs and fuel. Subsidies should aim to reduce food costs, improve access to markets, and lower the price of growing food. Subsidies should be well targeted and shock-responsive, so they can be activated or extended during crisis periods.

3. Support people to produce their own food

Governments and humanitarian agencies responding to the crisis such as the FAO should:

- Ensure older people and their families are supported to increase their own food production, where feasible and appropriate. Governments and other agencies operating in these countries can facilitate solutions such as home gardens, and the provision of inputs to support this. Increasing household production reduces pressures on family budgets and local markets that are experiencing food shortages. Where programmes like this already exist, they must be fully accessible to older people.
- Provide general support for smallholder farming activities led by older people, including access to productive resources, affordable and easily accessible agricultural inputs; post-harvest management, disaster risk preparedness.

Income and livelihoods

1. Include older people in livelihoods programmes to improve income security

Governments and other agencies responding to the crisis and planning longer-term livelihoods activities should:

- Include older people in interventions or programmes designed to support livelihood development or diversification in communities particularly affected by the crisis.
- Not assume that older people are economically inactive or not contributing to the finances of their household; many older people lose access to their income sources or land and property in a crisis, or take up new, informal income generating activities to support their families. The impact of increased household poverty also often means more unpaid labour is carried out by older people, such as care and domestic work.
- Design livelihood, income-generating and cash programmes alongside older people to ensure older people's voices, roles and capabilities are considered when planning these programmes.
- Make start-up capital, training, and vocational support available for older people who want to work, to enable and improve access to alternative income-generating activities.
- Ensure the impacts of disruptive factors such as climate change and conflict are accounted for in livelihoods programmes and support (see recommendations related to climate change and conflict, page 34).

Government donor agencies should:

- Allocate funding for organisations to include older people, including those with disabilities, in programme areas where older people are often overlooked, such as income generation and livelihoods projects.



Mauro Vombe/Fairpicture/HelpAge International – Mozambique

2. Protect and enable access to the labour market for older people who wish to work

Government agencies, international and local actors need to ensure that:

- Older people who are already engaged in the labour market when crisis strikes, for example through farming or informal work, are supported to protect and/or diversify that income. Our research showed that older people were already finding ways to diversify their incomes during this crisis, but are currently unsupported by agencies or government ministries.
- Lifelong vocational training and education is available to support older people to access employment and other sources of income. Particular attention should be given to those who are at higher risk, for example, older women, older people who live alone, who do not receive any form of pension, or those with disabilities.
- Protection for older peoples' assets and capabilities is available, for example through support to small scale farming, raising livestock and non-farm activities. For those wishing to increase their agricultural capacity (either for income generation or to address food shortages within their household), training for older people in sustaining home gardens, crop diversification, vegetable growing, irrigation techniques and other agri-production skills should be provided.
- Barriers that link to discrimination of older people and ageism within informal and formal labour market spaces are eliminated.
- The financial inclusion of older people is enhanced, including through working with banks and other financial institutions to ensure non-discriminatory access to credit and financial services for older people, such as banking, affordable loans or credit, and mobile money.

Social protection

1. Provide guaranteed universal social pension coverage

Governments should:

- Provide guaranteed universal social pension coverage to ensure sustainable income security for older people, including revising and amending laws, policies and guidelines where needed, to maximise the impact of social protection programmes for older people.
- Make use of evidence-based pilots to improve targeting and coverage for older people, so existing systems include all older people.
- Ensure that where existing systems are in place, action is taken to tackle perceived or actual corruption and complex bureaucracy that acts as a barrier to older people accessing their pensions.
- Strengthen social protection systems to ensure that they are shock-responsive, i.e. effectively respond in times of crisis. Specifically, shock-responsive social protection systems should be built to be able to expand horizontally (to cover all those affected) and vertically (to top up existing amounts and transfers). Additional cash payments must meet the food, health and disability-related needs of older people. Where relief budgets have been, or are being, introduced by governments, these should be inclusive of older people, targeting them with appropriate welfare and social services.
- Mainstream gender into social protection programmes to ensure they address gendered needs and vulnerabilities appropriately; policies should aim at reducing gendered ageism to ensure women can access and benefit from social protection and livelihood opportunities.
- Develop integrated service delivery models for supporting multiple needs, e.g. link cash transfers with complementary activities and programmes, such as asset transfer and livelihoods programmes, access to information and counselling, and access to health and social services.

Government donor agencies should:

- Support the introduction and application of universal social protection systems in lower- and middle-income countries.
- Provide capacity building and opportunities for sharing good practice and lessons learned for governments, in relation to policy formulation, programme implementation, and monitoring and evaluation of social protection systems.
- Support governments with introducing and using appropriate and comprehensive information management systems.

Health

1. Enable access to healthcare and medicines

Governments and humanitarian agencies responding to the crisis must ensure:

- Older people are given immediate and appropriate healthcare support to reverse the adverse impact of this crisis on their health and wellbeing.
- Health and social care responses to the crisis are made fully inclusive of older people, for example through the provision of home-based care, mobile clinics and other community-based services and support. Particular attention should be paid to the psychological impact of the crisis on older people and their potential loss of dignity and social isolation. Older people must be included in psychosocial and protection responses.
- The management of chronic and other medical conditions that are more common in later life (e.g. coronary heart disease, hypertension, stroke, diabetes, rheumatism, dementia) is a key part of any health response to this crisis; governments and others need to ensure that older people living with such conditions remain able to access timely and affordable care and medication.
- That fuel and public transport subsidies are introduced to enable older people to still access essential health and social care services, and their own social and support networks. Fuel subsidies may also deter older people and their families from switching to cheaper, more polluting types of fuel (as they are currently doing in this crisis) which has an adverse impact on their health.

2. Establish universal health care

Governments and international actors should also:

- Work towards establishing universal health care so that everyone, everywhere, can have access to quality and timely health services without suffering financial hardship.



HelpAge International - Lebanon

Climate change and conflict

1. Strengthen resilience and adaptive capacity

Governments should:

- Ensure social protection systems are built with shock-responsive design features to support the ability to cope with shocks such as those caused by climate change and conflict.
- Promote programmes to develop older people's adaptive capacity and their resilience to shocks and stressors, specifically, programmes that aim to address root causes of food insecurity and promote the capabilities, assets and resources of individuals, households and communities.
- Collaborate together to address the impact of COVID-19 on global health supply chains, to ensure that medicine shortages are addressed in lower- and middle-income countries.
- Enhance access to essential services, climate-resilient infrastructure, and livelihood opportunities for conflict-affected communities.
- Address local and national level conflict and violence that exacerbate the impact of the crisis, investing in peacebuilding and conflict resolution. Peacebuilding and conflict resolution is an essential precursor to the longer-term resilience of older people, their families and communities. Fundamentally, older people will cope better if underlying and ongoing conflict is addressed; this will strengthen their ability to withstand other shocks and crises.

Government donor agencies should:

- Play a part in relieving countries of mounting debt and reducing the debt burden for all countries who need it through a comprehensive debt relief scheme; this should include countries experiencing the worst impacts and associated costs of climate change.



Michael Goima/Fairpicture/HelpAge International – Tanzania

2. Address disaster risk and climate change mitigation and adaptation

Governments should:

- Ensure climate change adaptation and mitigation policies consider the resilience of older people, in particular their income security. Where communities are more resilient to climate change, they will be more resilient to other shocks and challenges.
- Invest in adaptation and mitigation measures such as climate smart agriculture, improving farmers' access to accurate timely weather and market information, subsidised agricultural inputs like credit and extension services, and renewable energy access would all help older people and their families to cope with the impacts of climate change. If taken up at large scale, such policies would also support overall agricultural production, reducing damage to harvests and therefore potentially keeping prices from rising.
- Where community and local level adaptation and mitigation projects such as the above already exist, scale these up and ensure they support older people and their households, e.g. to grow their own food, for example by providing relevant inputs for household gardens.
- Ensure that climate change funding integrates ageing and the specific needs of older people, especially within adaptation finance.

UN agencies, funds and programmes should:

- Ensure that widespread and stringent measures are taken to address this crisis while addressing climate change, promoting risk mitigation and adaptation, and including older people in these programmes.

Inclusion and voice of older people

1. Build older people's resilience by first identifying the affected population, increasing visibility and understanding their needs

Governments and humanitarian agencies responding should:

- Highlight the impact of the crisis on older people in high level and political statements to ensure sufficient visibility for an at-risk population and an appropriately targeted and inclusive humanitarian response.
- Improve their own knowledge and understanding of older people's needs and risks, through effective consultation and involving them in data collection and analysis (this often does not happen, so their needs remain unknown).
- Ensure appropriate and inclusive attitudes and behaviours of government and humanitarian agency staff when responding to this crisis, to prevent further barriers for older people trying to access assistance.

2. Engage older people in the development of policies, plans and programmes

All actors should:

- Develop and implement policies and programmes which reflect a strong commitment to upholding the rights of older people and to ensuring both emergency responses and longer-term solutions to this crisis are fully inclusive.

Governments should:

- Ensure that older people are involved and engaged in the development of national policies, plans and programmes that are introduced to address the impact of the crisis, in the medium- and longer-term. This may require shifts in attitudes so that older people are treated with respect and dignity, their rights protected, assumptions are not made about their capacities and vulnerabilities, and they are not discriminated against.



Valentina Pardo/HelpAge International – Colombia

3. Empower and work with Older People's Associations (OPAs)

Governments should:

- Focus on working with OPAs as a key way to strengthen older people's voices and ensure dialogue between older people and government agencies. This is a tried and tested model implemented by HelpAge and its network members around the world. Older People's Associations can help with health and social care needs, facilitate access to savings and provide essential support with livelihoods for older people. They also act as a representative body and give older people a voice in contexts where they may otherwise have none. Many older people interviewed through our research said that they had ideas to contribute in terms of effective programming to respond to this crisis, but there were few opportunities to share these. Developing and improving such opportunities would help devise more appropriate and effective services for older people. Existing tools can be used to support this work such as those outlined in the United Nations Economic Commission for Europe (UNECE) guidance on including older people in policy making.²⁹

Data and research

1. Improve the inclusion of older people in data collection

Governments, institutions and all humanitarian agencies responding to the crisis in the short, medium- and longer-term must:

- Continue to improve the inclusion of older people in data collection and analysis, ensuring all programmes collect and use age-, sex- and disability-disaggregated data, to help ensure the full inclusion of older people. Too often data at national level is not disaggregated by age, gender or disability, which leads to the exclusion of older people. Without the right data, it is challenging to include older people in humanitarian response or longer-term policies to address some of the structural causes of the crisis in specific countries.
- Work together in countries where a response is taking place to ensure effective data sharing and targeting of those older people most at risk.
- Work collaboratively to complement the work of governments, local actors and humanitarian agencies, including establishing shared or common systems for assessing risk, vulnerability and monitoring delivery of assistance, and finding ways to involve and include the affected population in joined up responses.

National statistics offices and agencies need to:

- Work with other government stakeholders to ensure older people are part of data collection, monitoring and evidence-based policy making on an ongoing basis. This will bring to light the risks and challenges older people are facing, and design responses accordingly.
- Ensure age disaggregation is done by five-year cohorts, to ensure nuanced policy making that does not assume older people are one homogenous group that can be treated in the same way.



Juan Camilo Gonzalez, Santo Studio/HelpAge International – Colombia



Admasu Brook/HelpAge International – Ethiopia

Future research

While our research makes it clear that the impact of the crisis on older people’s food security, nutrition, health, incomes and social structures is already severe, more in-depth research is needed.

Future research should consider such areas as gender, climate change, conflict and protection and the interplay between these factors and the impact of the food, fuel and finance crisis on older people.

Better and wider communication of existing information and evidence is also required, to address the under-representation of older people in policy and programme responses to this crisis.

We welcome partnerships and interest from other organisations in developing and exploring these research findings further.

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Find out more:

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“Things have just gotten worse”

