Disasters are Ageist, is DRRM too?

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Older persons (OPs) are more vulnerable to disasters compared to other population groups. As population ageing dominates global demographic phenomena, disaster risk reduction and management (DRRM) strategies have to be age-sensitive and inclusive. Thus, there is a need to understand the Philippine ageing phenomenon, explore the vulnerabilities of Filipino OPs, and identify key entry points for age-friendly DRRM strategies.

While the Philippine population is relatively young, its increasing median age is indicative of a slowly ageing population (Abalos, 2020). As reported in the population censuses, the Philippine population's median age is 21.3 years in 2000, 23.4 years in 2010, and 24.3 years in 2015 and is expected to increase in the succeeding years. Moreover, the ratio of older adults aged 60 years and over to persons aged under 15 is increasing. From 1.6 million Filipino OPs or 4.5% of the total population in 1970, the Philippine Statistics Authority (PSA) reported 7.5 million Filipino OPs or 7.5% of the country's total population in 2015. PSA also projected that Filipino OPs aged 60 and over will comprise 9.93% of the population in 2025 and 12.76% in 2035. Once the proportion of people aged 60 years and above reaches 10% or more, the population will be considered an ageing population (UNDESA, Population Division, 2015b in Cruz et al., 2019).

In addition to the foreseeable ageing phenomenon, Filipinos face an average of 20 tropical cyclones per year. More typhoons enter the Philippines compared to other countries around the world. As the country

and its people struggled amid the 2019 coronavirus disease (COVID-19) pandemic, the Philippines was hit by Super Typhoon Goni and Typhoon Vamco in November 2020 (OCHA, 2020). Both typhoons affected millions of Filipinos leaving thousands of people displaced and almost a hundred dead (OCHA, 2020). Additionally, earthquakes and volcanic hazards trigger thousands of new displacements in the country, most recently of which is the eruption of Taal Volcano in January 2020 and July 2021 (Internal Displacement Monitoring Centre and Norwegian Refugee Council, 2021).

Natural hazards impact the general population most recognizably through morbidity, mortality, destruction of property, and overall decreased quality of life (Ngo, 2001). OPs suffer disproportionately from the impacts of disasters, more so when they live in a vulnerable country with poor social safety nets like the Philippines. The Philippine Disaster Risk Reduction and Management Act of 2010 recognizes OPs as part of the "vulnerable and marginalized groups" who face higher exposure to disaster. However, mere recognition of the vulnerable and marginalized is barely scratching the surface. It is imperative to understand the vulnerability of OPs to disasters and identify key entry points for developing resilience among the OP population.

Disasters primarily increase the susceptibility of OPs to health consequences. OPs are already at a higher risk for both communicable and non-communicable diseases because of senescence or biological aging (Schneider, 1983; Jin et al., 2015). The risks to these diseases especially increase amid disasters. Literature suggests that non-communicable diseases like cardiovascular disease (CVD) abruptly increase among OPs post-disaster (Becquart et al, 2018; Aoki et al., 2012). Similarly, communicable diseases were found to be prevalent after disasters (Salazar et al., 2016). Incidences of mental health outcomes such as post-traumatic stress disorder, depression, and anxiety also increase among OPs during and after disasters (Parker et al., 2016).

Disasters also have immediate socio-economic impacts that exacerbate the conditions of those living in poverty and derail poverty alleviation efforts (Shepherd et al., 2013). Unfortunately, Filipino OPs have "poor overall economic well-being", with many of them living in poverty

throughout their entire life course and a quarter having accumulated debts (Cruz et al., 2019). While some OPs own their house, they have low income and only a few have income-generating assets. OPs barely have financial resources and often depend on transfers from their children and pension benefits that are below subsistence level (Cruz et al., 2019). These circumstances reduce the capacity of OPs for disaster preparation including stockpiling of food and water supply (Hartog, 2014). Meanwhile, frail and poor OPs who live alone and isolated from family live in poorly constructed houses and are less likely to evacuate their homes during disasters (Hartog, 2014).

The adverse socio-economic conditions coupled with the lack of provision of adequate social services heightens the vulnerability of OPs amid disaster situations. Presently, Filipino OPs are entitled to discounts on medicine purchases, transportations, recreational facilities, funeral services, and individual tax exemption as well as the right to long-term and palliative care, social security, and social protection (Paguirigan, 2019). Despite awareness of these programs, there exists a policy-implementation translation gap particularly among the poorest and neediest OPs because of their low purchasing power and inability to meet strict criteria for social pension (Paguirigan, 2019). Consequently, this will lead to heightened vulnerabilities of indigent OPs and increased inequalities especially during disasters.

Filipino OPs' vulnerability to disasters is closely linked to health, socio-economic, and institutional factors. Nevertheless, these are also the key entry points for age-sensitive and inclusive DRRM. In addition to calls for improvement in the public health system, it is also necessary to advocate for improved disease surveillance especially during disasters and crises. In 2011, the country's Health Emergency Management Bureau (HEMB) created the Surveillance for Post Extreme Emergencies and Disasters (SPEED), which is a real-time surveillance system that detects and monitors post-disaster disease patterns (Salazar et al., 2016). However, the last available data on post-disaster diseases obtained through SPEED were those from the 2013 Typhoon Haiyan (Salazar et al., 2016). This surveillance system would have revolutionized an evidence-based program and policy response to the intersectionality in health and DRRM especially in addressing the needs of the most vulnerable sectors including the OPs.

Aside from health-related concerns, Filipino OPs have poor socio-economic conditions and inadequate social protection that put them in an unfavorable position during disasters. Unfortunately, the country's social welfare and DRRM strategy to address this dilemma is to merely provide relief and recovery assistance through the Emergency Cash Transfer (ECT) program. While provision of cash assists in the recuperation post-disasters, the country has to have programs and policies that institutionalize and implement the active role OPs can play for an inclusive DRRM. Such policies and programs should not just focus on relief and recovery operations but all dimensions of DRRM – preparation, response, mitigation, and resilience-building.

Inclusive disaster preparation and response significantly reduce the impact of disasters among OPs and other vulnerable populations. Effective preparation and response include OPs in risk assessment, early warning systems, stockpiling of resources, evacuation planning, and emergency training (Hartog, 2014). It is important to have OPs involved in these processes to better understand their needs and respond to these needs especially amid disasters and crises. Mitigation and resilience-building, on the other hand, should entail an understanding of economic, social, environmental, and physical causes of vulnerabilities of OPs. In doing so, there is a need to address the needs and mobilize the capacities of OPs in their livelihoods, financial literacy, and social protection before, during, and after disasters (Hartog, 2014).

The Philippine ageing phenomenon is at a slow but steady growth. Additionally, the country's geographic location made it highly vulnerable to natural hazards. With the imminent ageing phenomenon and the inevitable threat of disasters, OPs' vulnerability and resilience to disasters should make it to the public discourse on DRRM in the country. Likewise, the glaring consequences of ageing and disasters should alert policymakers and program planners for an age-sensitive and inclusive DRRM.

Disasters are Ageist, but DRRM is not and should not be.

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