



OLDER PERSONS IN ARMED CONFLICT AND PEACEBUILDING

SUBMISSION TO THE INDEPENDENT EXPERT ON THE
ENJOYMENT OF ALL HUMAN RIGHTS BY OLDER
PERSONS

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*Cover image: An older woman standing
in her destroyed home in Chernihiv,
Ukraine. July 2022 © Amnesty
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INTRODUCTION

Amnesty International has prepared this submission in response to the call for input¹ in advance of the Independent Expert's report on the rights of older persons in armed conflict and peacebuilding. In this document, Amnesty International responds to the guiding questions by using reporting from several places, including: Myanmar, Nigeria, Nagorno-Karabakh, Ukraine, and Gaza. This reporting took place between 2018 and 2024. A link to each relevant publication can be found in the footnotes. Wherever it was possible to access updated information about the above-mentioned situations, we have included that information as well as relevant additional footnotes.

¹ <https://www.ohchr.org/en/calls-for-input/2025/call-inputs-report-independent-expert-enjoyment-all-human-rights-older-persons>

1. HUMAN RIGHTS IMPACT & EVACUATIONS (QUESTIONS 1-4 & 8-10)

Amnesty International has repeatedly documented the disproportionate risks that older people face during armed conflict. Some older people have disabilities that make fleeing a conflict zone physically more challenging, while others lack access to online information about evacuation routes. Many are strongly attached to their homes and land and reluctant to abandon them, as these are usually their most valuable assets.

In Ukraine, since Russia's full-scale invasion began in February 2022, OHCHR has found that older people account for almost half of civilian deaths and one-third of injuries in cases where the person's age could be verified.² In two reports on the situation in Ukraine,³ Amnesty International interviewed many older people who said that bomb shelters available to the civilian population were not physically accessible or easily reachable, meaning that those with limited mobility were unable to reach them and were at greater risk during attacks. In addition, information about evacuations was sometimes distributed online only, and failed to reach older people who did not have access to or did not know how to use the internet. Particularly in the early stages of the war, transportation for evacuations was not always physically accessible to older people, though as the conflict progressed, government agencies and NGOs providing evacuations made significant improvements, providing more physically accessible transportation options for older people with disabilities.

In other contexts, evacuations of civilians from a conflict area did not happen at all and people were provided with no warning ahead of an attack. In 2018, Amnesty International documented the situation of older Rohingya people who fled the assault of the Myanmar military.⁴ Older people often stayed behind in their homes when other villagers fled a military advance, either because they had limited mobility or because of a deep connection to their home and land. When Myanmar soldiers discovered older people who stayed behind, they sometimes killed them or subjected them to torture or other ill-treatment. According to quantitative surveys carried out in Rohingya refugee camps in Bangladesh, Médecins Sans Frontières (MSF) estimated that the highest rates of mortality by far during the attacks on the Rohingya population were among people aged 50 and older, with violence being the direct cause of death in the clear majority of cases.⁵ Older people who did manage to flee to Bangladesh described an arduous journey walking many kilometres over hilly land after fleeing the military. The challenge of the journey for those with limited mobility is likely another reason for the disproportionately high mortality rate of Rohingya over 50 years old.

During the 2020 armed conflict in Nagorno-Karabakh between Armenia and Azerbaijan, people over 60 years old made up more than half of civilian deaths amongst ethnic Armenians.⁶ In this context as well, older people were reluctant to flee. Many of those who stayed were subjected to extrajudicial executions by the Azerbaijani forces, including by beheading. In some cases, older men appeared to have been subjected to ill-treatment on the basis of their age, because Azerbaijani soldiers believed they had participated in Armenia's war effort during the 1990s.

In Nigeria, Amnesty International documented in 2020 how older people often remained in Boko Haram-controlled areas while younger civilians fled.⁷ Many said that the armed group looted their

² OHCHR, "Report on the Human Rights Situation in Ukraine: 1 September – 30 November 2024", <https://www.ohchr.org/sites/default/files/documents/countries/ukraine/2024-12-31-pr41-ukraine-en.pdf>.

³ See: Amnesty International, "I Used To Have A Home": Older People's Experience of War, Displacement, and Access To Housing in Ukraine (Index: EUR 50/6250/2022), 6 December 2022, <https://www.amnesty.org/en/documents/eur50/6250/2022/en/> and Amnesty International, "They live in the dark": Older people's isolation and inadequate access to housing amid Russia's invasion of Ukraine (Index: EUR 50/7385/2023), 1 December 2023, <https://www.amnesty.org/en/documents/eur50/7385/2023/en/>.

⁴ Amnesty International, "Fleeing My Whole Life": Older People's Experience of Conflict and Displacement in Myanmar (Index: ASA 16/0446/2019), 18 July 2019, <https://www.amnesty.org/en/documents/asa16/0446/2019/en/>.

⁵ See Médecins Sans Frontières (MSF), Myanmar/Bangladesh: Rohingya crisis - a summary of findings from six pooled surveys, 9 December 2017, www.msf.org/en/article/myanmarbangladesh-rohingya-crisis-summary-findings-six-pooled-surveys

⁶ Amnesty International, Last to flee: Older people's experience of war crimes and displacement in the Nagorno-Karabakh conflict (Index: EUR 54/5214/2022), 17 May 2022, <https://www.amnesty.org/en/documents/eur54/5214/2022/en/>

⁷ Amnesty International, "My heart is in pain" – Older people's experience of conflict, displacement, and detention in northeast Nigeria (Index: AFR 44/3376/2020), 8 December 2020, <https://www.amnesty.org/en/documents/afr44/3376/2020/en/>.

homes and seized much of their harvest, depriving them of food. Older people with disabilities often struggled to flee Boko Haram-controlled areas on foot. Some people who managed to flee said that older people left behind in those areas sometimes died due to lack of food and healthcare.

In some places, “evacuation” orders have been used as a tool for unlawful mass displacement of the civilian population. In the occupied Gaza Strip, where Amnesty International concluded that Israel’s actions after 7 October 2023 amounted to genocide, such mass “evacuation” orders left older people at extreme risk.⁸ In mid-October 2023, the Israeli military issued its first order, which gave the 1.1 million Palestinians living in the area north of Wadi Gaza just 24 hours to evacuate. The “evacuation” order made no special provisions for older people, people who had been injured in the conflict, or people with disabilities. Israel claimed its order was effective as it had airdropped leaflets and posted warnings, and that it had not begun its ground invasion until late October. In reality, Israeli forces were already conducting massive aerial attacks in the area by the time it issued the “evacuation” order. This forced tens of thousands of people, including many older people and people with disabilities, to flee south of Gaza throughout October and November 2023, often by walking kilometres without basic necessities. The Israeli authorities also failed to take measures to ensure the civilian population’s access to basic necessities, such as safe and adequate shelter, food, medicine, water and sanitation facilities, in the areas to which people were displaced, as required under international humanitarian law.⁹ Indeed, they actively restricted such access by imposing a total siege during the first couple of weeks of the offensive and maintaining suffocating restrictions afterwards.

1.1 RECOMMENDATIONS

- Ensure greater awareness among parties to a conflict of the specific risks to older people, including by making bomb shelters fully accessible and easily reachable;
- Ensure that information about evacuations is distributed both on and offline and in ways that are accessible to older people, including those with disabilities;
- Ensure that there is an adequate availability of physically-accessible transport in order to provide for the evacuation of older people, including those with disabilities, and that older people are among those prioritized for voluntary evacuations;
- Ensure that early warnings or evacuation orders meaningfully consider the specific needs of older people, including the difficulties they may face fleeing quickly compared to other groups, and their need for additional humanitarian assistance during displacement;
- Strengthen accountability for the deaths and injuries of older people by ensuring that reporting on situations of armed conflict, including by UN-mandated accountability mechanisms such as commission of inquiry and fact-finding missions, includes a specific focus on older people and how their rights are affected by the armed conflict;
- Ensure that casualty and other data from armed conflicts is disaggregated by age, gender and disability wherever possible.

⁸ Amnesty International, ‘You Feel Like You Are Subhuman’: Israel’s Genocide Against Palestinians in Gaza (Index: MDE 15/8668/2024), 5 December 2024, <https://www.amnesty.org/en/documents/mde15/8668/2024/en/>.

⁹ Fourth Geneva Convention, Article 49(3).

2. DISCRIMINATION IN ACCESSING HUMANITARIAN AID (QUESTIONS 5-6)

Older people often struggle to access humanitarian aid on an equal basis with others. Sometimes they are excluded due to discriminatory policies by humanitarian and development organizations. In other cases, older people's limited access to technology results in their exclusion.

In 2019, Amnesty International documented the situation of older Rohingya refugees living in camps in Bangladesh.¹⁰ Older people received in-kind distribution of limited food items, which did not take into account their specific nutritional needs. Collecting food at the camps usually required walking hundreds of metres, queuing for hours, and carrying heavy sacks back to shelters. While the humanitarian response later improved to include express lines for at-risk groups, older people still had to be capable of physically reaching a distribution point to receive food. Those who could not were forced to rely on family members or neighbours. While this was feasible for food distribution, which happened once or twice a month, older people faced extreme difficulties in obtaining sufficient water, as this required multiple trips per week.

The 2019 Myanmar report also captured the situation in internal displacement camps in Kachin and northern Shan states inside Myanmar.¹¹ Amnesty International found that cash assistance had declined significantly by 2019, and most people in the camps were expected to work in nearby fields to earn their living. Older people, due to discriminatory assumptions that they were unable to work, often could not find employment. In addition, they were excluded by programs run by humanitarian and development organizations that were aimed at supporting livelihood opportunities. None of the older people interviewed by Amnesty International had taken part in these programs, despite their ubiquity in some camps.

In northeast Nigeria, most people displaced from areas controlled by Boko Haram living in camps were forced to supplement their income due to inadequate humanitarian assistance.¹² Some older people, who were unable to walk several kilometres each day to collect firewood, for example, could not make this extra income. Furthermore, older people described significant challenges in accessing humanitarian assistance: almost every older person interviewed said that no one at the camps spoke with them about their needs. Older people said they had received no targeted assistance, and some described struggling to access distribution points for aid, saying they could not "fight" with younger people in lines or, for those with limited mobility, access the distribution points at all. Compounding those difficulties, older people said they did not know how to bring a complaint to Nigerian or camp authorities related to assistance or that, even if they did, nothing happened. Older women faced particularly severe discrimination and invisibility and were often unsuccessful when they tried to petition to be added to food distribution lists.

In Ukraine, the vast majority of displaced people live in rental accommodations or with relatives.¹³ However, about 2% of the displaced population, or 79,000 people, live in temporary shelters in dormitories, schools and other buildings.¹⁴ As of January 2025, people over 60 years old made up more than half of those residing in temporary shelters, despite only making up about 25% of the population.¹⁵ This is because many older people cannot afford rental housing once they are displaced due to below-poverty level pensions. The real subsistence minimum in Ukraine as of December 2024 was 7,461 hryvnia (US\$178) per month,¹⁶ but 62% of pensioners receive less than 5,000 hryvnia

10 Amnesty International, "Fleeing My Whole Life" (cited previously).

11 Amnesty International, "Fleeing My Whole Life" (cited previously).

12 Amnesty International, "My heart is in pain" (previously cited).

13 Amnesty International, "They live in the dark" (previously cited).

14 UNHCR, CCCM Cluster Strategy – Ukraine, 27 January 2025, <https://reliefweb.int/report/ukraine/cccm-cluster-2025-response-strategy>.

15 UNHCR, CCCM Cluster Strategy – Ukraine (previously cited).

16 Ministry of Social Policy of Ukraine, "Розрахунок прожиткового мінімуму у розрахунку на місяць на одну особу та для осіб, які відносяться до основних соціальних і демографічних груп населення", November 2024, <https://www.fpsu.org.ua/images/images/2024/December/181224/%D0%B4%D0%BE%D0%B4%D0%B0%D1%82%D0%BE%D0%BA.pdf> (accessed 7 March 2025).

(US\$119) per month.¹⁷ While temporary shelters provide an affordable alternative for some older people, the fact is that most of these shelters remain physically inaccessible to older people with disabilities. As a result, thousands of older people with disabilities who were displaced by the conflict since 2022 have been forced to live in state-run care institutions, many of which are short-staffed and unable to properly support older people with disabilities. In January 2025, Ukraine announced new payments to internally displaced persons (IDPs) which directly aimed to support paying for rental housing.¹⁸ This is a welcome move that may help some people of pension age to continue living independently after displacement.

With regards to humanitarian or other assistance schemes in Ukraine, Amnesty International found that older people often struggled to access them because they did not know how to use or did not have access to the internet.¹⁹ For example, while displaced people in Ukraine could apply for one-time financial compensation for destroyed or damaged housing, this process was largely conducted online, and older people sometimes struggled to navigate the rules for applying to this aid programs. Similarly, humanitarian organizations told Amnesty International that because aid distribution was often announced on social media or other online platforms, older people often arrived too late, if at all, to receive it. Among the good practices for combating this digital divide, Amnesty International noted that some Ukrainian NGOs visited temporary shelters and offered older people assistance in applying for housing compensation or other support.

2.1 RECOMMENDATIONS

- Ensure that older people are meaningfully included in consultations and humanitarian assessments;
- Provide older people with targeted cash support rather than in-kind assistance, ensuring that they are able to meet their unique nutritional and medical needs;
- Ensure that information about aid distribution is spread both offline and online, and in a manner that is accessible to older people including those who have disabilities;
- Ensure that older people including those with disabilities can reach distribution points in and outside of camp settings; if not possible, ensure targeted distribution of food and water to this population;
- Ensure that old age pensions meet real living standards and are sufficient to pay for rental housing or other needs during displacement, with the understanding that many older people may have lost access to their homes, land, or life savings that they owned to armed conflict; create additional housing or other support where pensions are inadequate to meet these needs;
- Include older people in employment or livelihood assistance programs for IDPs and refugees.

17 Pension Fund of Ukraine, “Середній розмір призначеної пенсійної виплати та питома вага пенсіонерів за розмірами призначених місячних пенсій у загальній їх чисельності станом на 01.01.2025”, 29 January 2025, <https://www.pfu.gov.ua/2169940-serednij-rozmir-pryznachenoyi-pensijnnoyi-vyplaty-ta-pytoma-vaga-pensioneriv-za-rozmiramy-pryznachenyh-misyachnyh-pensij-u-zagalnij-yih-chyselnosti-stanom-na-01-01-2025/> (accessed 7 March 2025).

18 Ukrainian National News, “New rental subsidies for IDPs in Ukraine”, 7 February 2025, <https://unn.ua/en/news/new-rental-subsidies-for-idps-in-ukraine-what-is-the-amount-of-compensation>.

19 Amnesty International, “They live in the dark” (previously cited).

3. INTERSECTIONALITY AND VULNERABILITIES (QUESTIONS 11-12)

Amnesty International’s reporting has extensively documented the intersectional vulnerabilities of older people, particularly older women and older people with disabilities. As noted above, older people are more likely to have physical or other kinds of disabilities that make fleeing more difficult.

In contexts where institutions for people with disabilities are common, institutionalization can become the default response to older people displaced by armed conflict. This was the case in Ukraine: in all but one of 15 regions that provided such data to Amnesty International, more than half of the adults who were institutionalized in 2022 were over 60 years old. In some regions, such as Kharkiv region, the number was much higher: 935 out of 1,157 newly institutionalized people in 2022 – or 80% – were 60 years old or above.²⁰ Due to lack of data, it was not possible to determine how the proportion of older people compared to before the war.

Older women also face unique risks during armed conflict. In northeast Nigeria for example, where Boko Haram forcibly married and subjected to sexual slavery thousands of women and girls, older women were largely, though not entirely, spared such atrocities. However, they nonetheless often faced the same deprivation of liberty as younger women, and were subject to physical violence if caught working on a farm or going to market.²¹ This denial of older women’s rights to freedom of movement and to work had a cascade of consequences on their and their family’s access to food. This impact was particularly acute given that many younger people in Boko Haram-controlled villages had been killed or abducted, leaving older women who had no remaining sons unable to work or till their land.

In contexts where older people do have access to pensions, women often receive less than men. In Ukraine, women on average receive pensions that are 30% lower than men, typically the result of shorter careers and the time taken off due to caretaking responsibilities.²² This leaves older women in Ukraine particularly vulnerable to poverty during displacement.

3.1 RECOMMENDATIONS

- Ensure that data collected on older people in armed conflict is disaggregated by gender, age and disability;
- Ensure that all humanitarian programming considers the intersectional risks of older people with disabilities, older women, and other groups.

²⁰ Amnesty International, “They live in the dark” (previously cited).

²¹ Amnesty International, “My heart is in pain” (previously cited).

²² Amnesty International, “I Used to Have a Home” (previously cited).

4. ACCESS TO HEALTHCARE AND ESSENTIAL SERVICES (QUESTIONS 13-15)

Armed conflict and displacement often disrupt access to healthcare and support services. This may have a disproportionate impact on older people, given they are more likely to have chronic conditions that require regular treatment.

In Ukraine, access to healthcare and support services were significantly limited in areas directly impacted by the conflict. One of the most significant problems documented by Amnesty International in 2023 was that older people with disabilities, who required assistance getting groceries, eating, bathing, etc., found it more difficult to obtain support during the war.²³ In areas most directly impacted by the conflict, many younger relatives who had previously supported older people had fled, while older people stayed behind. Social workers, who provide these services in the absence of a family caretaker, stepped in to fill the gap. However, they found themselves overburdened by growing caseloads, particularly as many social workers themselves fled the hostilities. In one neighborhood of Kherson, for example, officials said that only 26 out of 53 social workers were still working. Officials said they struggled to retain staff given the dangers of the work, which required delivering services – very often on foot – to clients in unsafe areas. In addition, social workers needed more time to reach older people because of public transportation cutbacks resulting from the war, particularly in rural areas. Regarding the healthcare sector, Amnesty International interviewed doctors who said that, even in heavily conflict-affected areas, Ukraine’s Ministry of Health and international NGOs had stepped in to fill staffing gaps by rotating personnel or providing equipment. No such centralized government or humanitarian support appeared to exist for social support services; often, local and regional administrations said they did not have the funds to hire additional staff. When social support staff applied for humanitarian funding, for example for bikes to ease transportation issues for social workers, they were rejected.

In displacement camp settings, healthcare services are often not flexible enough to meet the needs of older people. In Rohingya refugee camps in Bangladesh for example, older people who had limited mobility were largely physically unable to reach camp health centers and therefore received no medical attention.²⁴ Even when older people were physically able to access camp clinics, some of those clinics were unable to provide medication for common chronic conditions, such as high blood pressure, chronic pain, and chronic respiratory disease, which disproportionately affect older people. In Nigeria, displaced people said that camp clinics dealt mainly with malaria, acute diarrhea, and other emergency care.²⁵ Older people said medication for common chronic illnesses that disproportionately affected them, like hypertension and diabetes, was not available in camp clinics. Instead, for such care, displaced older people had to pay for the transport to a doctor or hospital outside the camp, for tests and care during a visit, for their hospital stay, for the transport to a pharmacy, and for medication. Such costs were often impossible to bear. Many older people said they were forced to go without essential medication, while others sold part of their food assistance to pay for medication.

4.1 RECOMMENDATIONS

- Ensure that healthcare facilities are physically accessible and easily reachable for people with disabilities, including older people with disabilities, in camp settings;
- If it is impossible to ensure the physical accessibility of camp clinics, establish mobile services to ensure healthcare for all;

²³ Amnesty International, “They live in the dark” (previously cited).

²⁴ Amnesty International, “Fleeing My Whole Life” (previously cited).

²⁵ Amnesty International, “My Heart is In Pain” (previously cited).

- Ensure that healthcare services in displacement settings are not “one size fits all,” and that medications for chronic conditions more common among older people, such as hypertension or diabetes, are readily available;
- Ensure the continuation of social and disability support services, which are often just as essential as medical care to protecting the health and well-being of older people;
- Create greater flexibility in humanitarian aid spending, so as to ensure the continuation not just of medical services but of social and disability support services as well.

5. OLDER PERSONS IN DETENTION AND OCCUPIED TERRITORIES (QUESTIONS 16-18)

Older people in conflict-affected areas are often not spared from arbitrary detention by security forces. In northeast Nigeria, for example, after fleeing Boko Haram-controlled areas, older people were among the tens of thousands that the Nigerian military arbitrarily detained.²⁶ Soldiers were less likely to subject older people to beatings and other forms of physical torture compared to younger people, though Amnesty International documented several such incidents. Military detention sites were also extremely overcrowded and detainees lacked access to adequate food, water and sanitation. Healthcare in detention facilities was completely inadequate. This impacted all groups, but healthcare for acute illnesses, such as malaria, had improved since the conflict's early years, in the mid-2010s. Older people with chronic conditions, however, could obtain little to no care for things like hypertension or diabetes. Furthermore, the military barred access to families, meaning they were unable to bring essential medicines to the older person in detention. Facilities also did not account for the specific food needs of diabetes patients, and gave the same food to all detainees.

In Azerbaijan, where dozens of ethnic Armenian civilians were held in custody after being detained in Nagorno-Karabakh in 2020, some older men were forcibly disappeared, while others were subjected to torture and other ill-treatment, including beatings, before being released.²⁷ Older people with chronic conditions did not receive medication or treatment, leading in some cases to deaths in custody.

In 2022, Amnesty International documented the specific risks to older people living in Russian-occupied parts of Ukraine.²⁸ Older people and people with disabilities, particularly those living in care institutions, appeared to be at higher risk of forcible transfer and deportation than other groups. Amnesty International documented the forcible transfer of 92 residents, most of whom were older people, from a care institution in Mariupol. The residents had already been evacuated to a village on the outskirts of Mariupol where there were no active hostilities, when Russian-backed officials forced them into a bus headed for Donetsk, taking away their passports. In this case, these authorities clearly did not seek the consent of institutionalized older people before transferring them, and thus their actions amounted to a violation of the prohibition on forcible transfers under international law.²⁹ Amnesty International also documented two cases in which older people with disabilities were placed in an institution in Russia after fleeing their homes in Ukraine, a practice that violated their rights under the Convention on the Rights of Persons with Disabilities³⁰ and made it even more difficult for them to leave Russia or to reunite with family members in Ukraine or elsewhere. In general, older people found it more difficult to leave Russia or Russian-occupied areas after fleeing their homes. No formal mechanism was in place to systematically return older people and people with disabilities to government-controlled parts of Ukraine if that was their choice, or to facilitate their reunification with caregivers or family members.

5.1 RECOMMENDATIONS

- Detention sites must provide treatment and medication for chronic conditions that commonly impact older people, including hypertension and diabetes;
- The specific needs of older people in detention must be considered in the provision of other goods, including food and water;

²⁶ Amnesty International, "My Heart is In Pain" (previously cited).

²⁷ Amnesty International, "Last to Flee" (previously cited).

²⁸ Amnesty International, "Like a Prison Convoy": Russia's Unlawful Transfer and Abuse of Civilians in Ukraine During 'Filtration' (Index: EUR 50/6136/2022), 10 November 2022, <https://www.amnesty.org/en/documents/eur50/6136/2022/en/>.

²⁹ Fourth Geneva Convention, Article 49(1).

³⁰ CRPD, Article 19.

- Humanitarian and human rights organizations must have unfettered access to occupied areas to ensure that the needs of older people are being met;
- Competent international and domestic authorities should include a focus on older people in any investigations into the crimes of deportation and forcible transfer, recognizing that they may face particular harms and barriers accessing justice.

6. LEGAL POLICY & FRAMEWORKS (QUESTIONS 21-23)

Older people and their rights are largely absent from general international human rights treaties, and the drafters of these treaties did not consider the specific challenges of human rights in older age. As a consequence, there are widespread and systemic limitations, deficiencies and gaps relating to ageing and older people in the international human rights framework.³¹ Amnesty International has determined that the best way to address these gaps is through a dedicated UN convention on the rights of older persons.

While the Fourth Geneva Convention and other rules of international humanitarian law apply to older people as to all civilians,³² our documentation has shown that older people remain at disproportionate risk of violence during armed conflict. When evacuations do take place, state planning often does not consider the needs of older people to ensure that they are not left behind. In displacement, older people are often an afterthought, and their specific medical, nutritional or housing needs are neglected. Article 11 of the CRPD, for example, provides some protection for older people with disabilities.³³ As shown in Amnesty International's reporting, however, older people with disabilities face unique risks that often differ from those of younger people with disabilities. In general, many human rights instruments are relevant for older people's rights, but the existing international framework offers fragmented and inconsistent protection, suffers from important conceptual limitations and blind spots, and does not get to the underlying issues of ageism and invisibility.

6.1 RECOMMENDATIONS

- States should support the drafting and adoption of a dedicated convention on the rights of older persons at the UN Human Rights Council in Geneva;
 - Any convention should include an article dedicated to the situation of older people in armed conflict and emergency settings, considering the unique risks they face;
 - Any convention should ensure that older people have effective access to justice on an equal basis with others, including for harm they have suffered in situations of armed conflict;
- States should raise awareness at the UN Security Council of the specific risks that older people face in armed conflicts, including by passing a dedicated resolution on this topic;
- The Inter-Agency Standing Committee, which provides guidance to humanitarian agencies, should consider creating guidelines for humanitarian organizations on how to include older people in their responses, given their specific needs and the fact that they are often excluded in humanitarian programming.

31 <https://www.amnesty.org/en/wp-content/uploads/2024/07/ACT3081892024ENGLISH.pdf>

32 See Fourth Geneva Convention, Articles 17, 27, 85 and 119; International Committee for the Red Cross, Customary International Humanitarian Law, Vol. 1: Rules, (ICRC, Customary IHL) Rule 138. The Elderly, Disabled and Infirm, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule138

33 Article 11 of CRPD states that: "States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters."

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Contact


info@amnesty.org


facebook.com/
AmnestyGlobal


@Amnesty


amnesty.org



Amnesty International
Peter Benenson House
1 Easton Street
London WC1X 0DW, UK

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