

- Further attention needs to be given to decreasing the stigma and discrimination suffered by older carers and those in their care.
- Develop home-based care policies that support, assist older carers
- All home-based care policies and programmes should include the needs of older carers. Guidelines should be developed to address the specific economic, health, psychosocial and palliative care needs of older carers and the training and support they need
- National HBC Guidelines assume that all carers are mobile adults, literate, energetic and productive and that the family has the necessary economic means to pay for medication and has adequate food and shelter. This is not the case and needs to be addressed.

Provide more resources and information for older carers as part of a social protection system

- Provide older carers with economic support, e.g. social pension, cash transfer to help with the costs of care, avoid distress sales and compensate for time taken away from income earning activities and for their caregiving role
- Older women carers' rights to land, inheritance and equal recognition before the law must be realised. Social protection systems must protect these rights.
- Older carers must be provided with the necessary support, including legal advice and literacy programmes, in obtaining documentation needed to access social protection entitlements for themselves and those in their care.

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

Provide more HIV prevention, caregiving knowledge to older carers and ensure their access to health care services

- Older carers have an equal right to information on HIV prevention, transmission, care and treatment which is age-appropriate and accessible, in order to protect and care for themselves and those in their care
- Older carers should be involved in the design of appropriate caregiving information and training, including the delivery of ART
- OVC and PLHIV are only as strong and healthy as their caregivers who must have access to health services as a form of social protection.

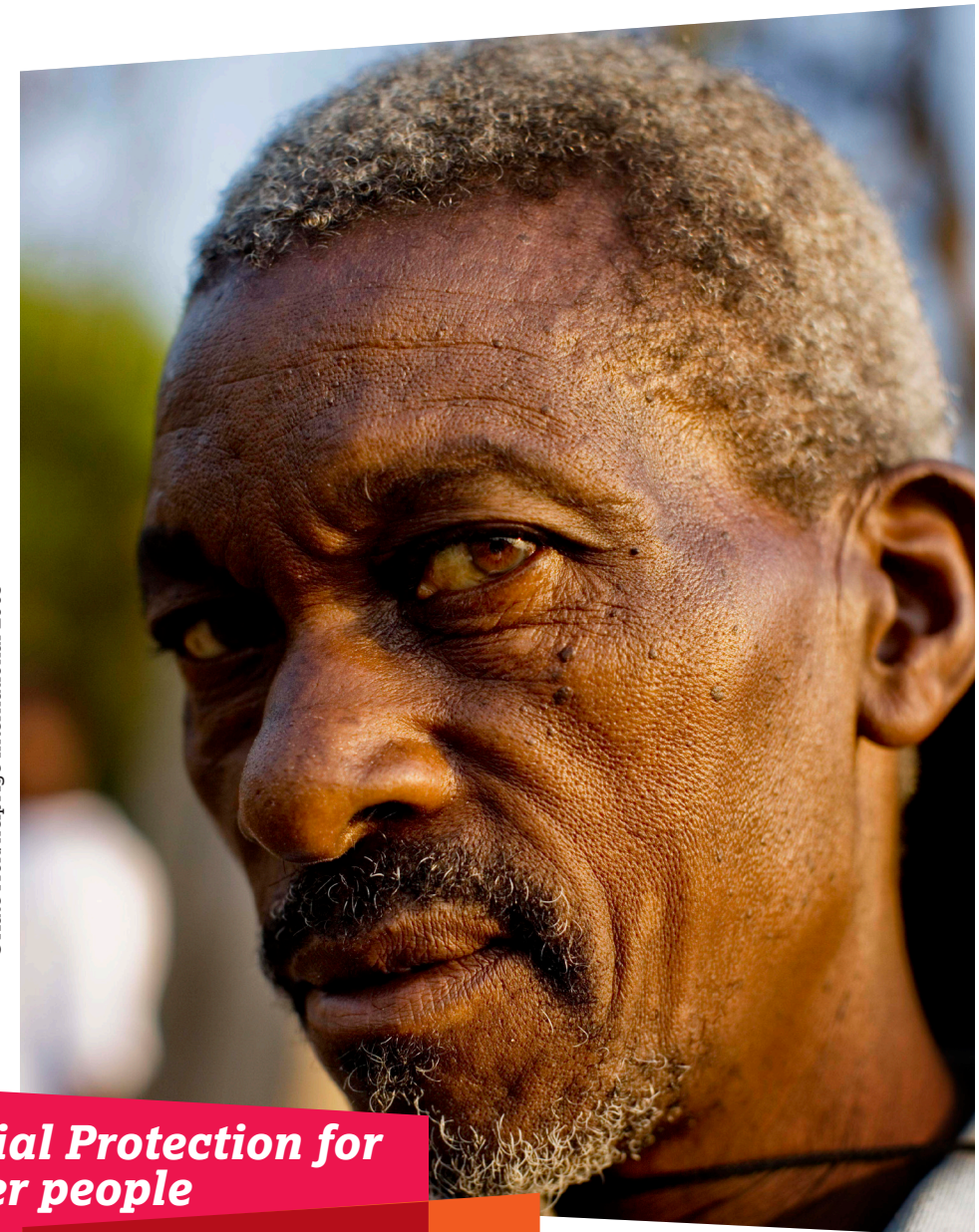
Treatment Strategies for Older People

- Older people who require ART have a right to receive it
- There is a need to address issues of access to ART for vulnerable groups such as older people which are related to distance, transport cost and attitudes of health workers
- Issues of adherence to ART are related to access, but also older people must be given special attention by health workers to ensure they understand the ART regime, including information in local languages, the need to maintain nutritional intake and the possibility of side effects from ART. Recognition of the types of health issues related to the ageing process and the impact of ART on these issues and vice versa is needed
- ART health facility data must be disaggregated by age and gender to determine if older people are accessing ART
- Risk of opportunistic infections and contacting tuberculosis is especially acute with older people who are living with HIV.

HIV and AIDS Strategy for Older People

HelpAge International

age helps



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Social Protection for older people

mitigates the impact of HIV

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Sida



**NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS**

HIV and AIDS devastates older people:

Older people suffer loss of adult children and take responsibility for OVC and PLHIV when they are frail and weak with reduced access to adequate incomes

HIV and AIDS impacts older people in two basic ways:

1. As people living with HIV and AIDS: people over the age of 50 can be infected with HIV through the same routes as anyone else.

In its 2006 Report on the Global AIDS epidemic WHO/UNAIDS estimated that 7 per cent of all people living with HIV and AIDS were aged 50 and over. In light of this, monitoring and reporting of the epidemic was amended, requiring data on number of people living with HIV and AIDS, number of new infections and AIDS deaths to be collected for all adults, a move away from the previous 15-49 year age range.

- Despite this new requirement, very few countries in sub-Saharan Africa analyse data for adults over 49 years of age, and data is rarely disaggregated by age, making it impossible to report on the number of older people infected.
- In Eastern and Southern Africa a small number of countries have begun to monitor prevalence in the 50+ age group (Kenya, Uganda, South Africa, and Swaziland)

	Kenya		Uganda		South Africa		Swaziland	
Age Group	M	F	M	F	M	F	M	F
50-54	8.3	7.5	7	5.5	10.4	10.2	29	24
55-59	2.3	4.7	5.5	5	6.2	7.7	17	10
60-64 ¹	3.4	1.7			3.5	1.8	14	7
National Prevalence	7.1% (15-64)		6.3% (15-59)		10.9% (≥1 years)		19% (≥1 years)	

Source for disaggregated data:

KAIS 2007, Uganda HIV/AIDS Sero-Behavioural Survey 2004/2005, S.A. National HIV Prevalence IBC Survey 2008, Swaziland DHS 2006-2007

Source for National prevalence: KAIS 2007, SA National HIV Prevalence IBC Survey 2008, UNAIDS 2008

¹ 60+ in South Africa and Swaziland

2. As the affected, carrying the burden of care for OVC and PLHIV
 - In sub-Saharan Africa, 90 per cent of AIDS care is provided at home, often by older people, often women
 - In many SSA countries: 40-50 per cent of OVC and PLHIV are being cared for by older people, mainly older women.

UNICEF research in 5 countries found that grandparents – particularly grandmothers care for:

- 40 per cent of all orphans in Tanzania
- 45 per cent Uganda
- 50 per cent in Kenya
- 60 per cent in Namibia and Zimbabwe

Source: UNICEF State of the World's Children Report 2007

As mentioned above, reporting on the HIV and AIDS epidemic continues to neglect older people. This problem is seen, not only in terms of data on people aged 50 and over living with HIV, but also in terms of how this age group is affected by the epidemic. No data is available on a national scale regarding the gender and age of individuals who are caring for OVC and PLHIV and the challenges they face. This results in a lack of awareness of the role older people are playing in caring for their family and community members and therefore a neglect of older carers in policy and programming. Older carers are not receiving the support they need in this vital role.

Older Carers of OVC in Eastern and Southern Africa: Issue of Scale

The burden of care of OVC by older carers in Eastern and Southern Africa is an issue of scale. HelpAge estimates that there are approximately 1.4 million older carers of OVC according to the following calculation:

- 10.8 million OVC in Eastern and Southern Africa x 40 per cent older carers² = 4.3 million OVC cared by older carers
- Average OVC per older carer is 3³ = 1.4 million older carers of OVC, of which 1.1

² Based on UNICEF research presented in State of the World's Children Report 2007 and HelpAge International data from project sites in Eastern and Southern Africa

³ Based on HelpAge International data from its project sites in Eastern and Southern Africa

million are older women carers (80 per cent) and 300,000 (20 per cent) older men carers

Critical Challenges for Older Carers

- Older people and older carers face a number of economic challenges in relation to HIV and AIDS
- Older people, especially older carers lack regular income support and many older headed householders are food insecure
- Time given over to caring reduces older people's ability to undertake income generating activity
- Older carers have to support those in their care with education, food, shelter and health care. Many older people are forced to sell their assets to enable them to meet these costs
- They struggle to ensure that their grandchildren receive an education and provide parental support
- They are very challenged to assume the role of a parent and impart relevant and appropriate life skills and psychosocial support
- They are not receiving adequate information to:
 1. Access their rights and entitlements
 2. Protect themselves in their critical care giving role
- They are very challenged to maintain their health and that of those under their care.

Components of HIV and AIDS Strategy for Older People

Regional and national HIV and AIDS strategies should include the following components in addressing the impact of HIV and AIDS regarding prevention, care and support, and treatment if the aim is to achieve Universal Access.

Prevention Strategies for Older People

Currently, no regional or national prevention strategies include specific reference to older people even though an estimated 1 in 14 people 50 years and above are living with HIV and AIDS.

Why HIV and AIDS prevention strategies for older people?

- There is an assumption that HIV only affects younger people, that older people do not have sex and are therefore not at risk of infection. This assumption is perpetuated by epidemic monitoring that continues to focus on the 15-49 year age group: Prevalence data is still only collected for this group: indicators on access to VCT, use of condoms and sexual partners
- The risk factors for older people are the same as for other age groups: unprotected sex, multiple sex partners, intergenerational sex and STIs. A number of specific factors also increase risk of sexual transmission as people age, including a thinning of the vaginal walls that occurs when women go through menopause.
- Research is needed into the potential risk of accidental HIV transmission through caregiving

What a Prevention Strategy for Older People should include:

- Data disaggregated at VCT centres by age/sex for 50+ to ascertain access by older people
- End the age limit on data collection: collate and publish HIV prevalence, prevention and treatment data disaggregated by age and sex (for the 50 and above age group in 5-year age categories to age 69 and then 10 year intervals age 70 and beyond)
- Age-friendly VCT services: train older VCT peer counselors
- Age-sensitive HIV prevention messages developed in collaboration with older people
- Increase awareness/understanding of older carers on risk of accidental infection through caregiving

Care and Support Strategies for Older People Value the role and work of older carers

- Public recognition of value, contribution and rights of older carers to generate resources, and to the care and support they need to undertake their caring role