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Older People *& HIV/AIDS in Africa*

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Editorial

Over the period September 2008 to March 2009 the Africa Regional Development Centre organized a series of four major regional consultative meetings focusing on the thematic areas of HIV and AIDS prevention and treatment for older people, livelihoods, involving the media and traditional health practitioners and older people. Participants included key government staff representing national AIDS commissions, national AIDS programmes, sector ministries like health, social affairs and agriculture, UN bodies namely UNAIDS, Unicef, WHO, FAO and the African Union, research institutes, regional and national CSOs and representatives of older people.

This 3rd issue of the Bulletin includes articles drawn from each of the four regional consultative meetings. The specific issues include UNAIDS commitment to address the impact of HIV and AIDS on older people, emerging trend of increasing HIV prevalence for the 50 and above age group, recognition of the key role traditional health practitioners should be playing in the fight against HIV and AIDS as it affects older people and the crucial need for older people to know their HIV status and have access to age-friendly VCT services. This issue is also enriched by case studies of a very active traditional health practitioner from South Africa and an equally inspiring community psycho social volunteer in Uganda.

HelpAge International is committed to a rights-based approach to advocacy, and the article The Promotion and Protection of HIV and AIDS of Older People by Alan Msosa spells out how international human rights law can be used as an advocacy tool in engaging National Human Rights Commissions, as well as regional and international human rights bodies, to integrate protection and promotion of older people in their areas of focus, including issues of those infected and affected by HIV and AIDS.

Our sincere appreciation is extended to colleagues who contributed to this edition of the Older People & HIV and AIDS in Africa Bulletin. We encourage readers to share their equally impressive work through publication in the Bulletin. If you are interested in accessing the regional consultative meetings report which were cited please visit the HelpAge website www.helpage.org. Some are still being produced. The publication of the Bulletin would not be possible without the financial support of the Swedish International Development Cooperation Agency (SIDA). We look forward to your feedback and most importantly your contribution to the next edition of the Bulletin.

Best wishes,

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UNAIDS Reaffirms Support to Efforts to Include Older People in HIV and AIDS Prevention and Treatment Services

UNAIDS supports practical steps and policy changes aimed at giving older persons access to HIV and AIDS prevention and treatment services. This position was reiterated by Dr. Bernadette Olowo – Freers , UNAIDS Senior Political Advisor for Advocacy at the AU Headquarters in Addis Ababa, during the Regional Consultative Meeting on HIV and AIDS, Prevention and Treatment for Older People, held between the 17 -19 September, 2008, in Nairobi, Kenya and organized by the HelpAge Africa Regional Development Centre..

Dr.. Olowo-Freers said that UNAIDS fully supported and facilitated efforts that saw the International Community and African leadership committing themselves to support efforts to intensify HIV and AIDS interventions.
Some of these efforts included:

- The UN General Assembly set goals for scaling up prevention, treatment, care and support by 2010.
- The African Ministers of Health made several landmark decisions, some of which were:
    a. Gaborone declaration on "A Roadmap Towards Universal Access to Prevention, Treatment, Care and Support"
    b. The Brazzaville commitment on scaling up towards Universal Access
    c. The WHO Maputo resolution that declared 2006 as the Year of Acceleration of Prevention in the African region.

Dr. Olowo-Freers said that, in its fact sheet in 2006, UNAIDS stated that "A comprehensive approach to HIV prevention could avert 29 million out of 45 million cumulative new infections - 63 percent of all new infections - that are projected to occur between 2002 and 2010."

In June 2005, the UNAIDS Programme Coordinating Board (PCB) endorsed the UNAIDS policy position paper on intensifying HIV Prevention, the primary goal of which was to energise and mobilise an intensification of HIV Prevention towards Universal Access to HIV Prevention and Treatment. The PCB also requested UNAIDS to implement the recommendations of the Global Task Team (GTT) on improving AIDS coordination among multilateral Institutions and international donors.

In 2006-7, an action plan, whose purpose was to intensify prevention, was developed. It brought together the collective approach of UNAIDS co-sponsors and secretariat in supporting intensified national efforts that would be approached in three levels:

- Country level: At this level, scaling up action would be integrated into ongoing processes being undertaken by countries to the goal set by the UN General Assembly in 2005 for Prevention, Treatment, Care and Support with the aim of attaining Universal Access to Treatment by 2010 for those who need it.
- Regional level: The Regional Directors Forum on AIDS was set up to bring together partners and relevant stakeholders to identify priority countries to focus on specific interventions according to available epidemiological and behavioural data. The Forum set targets and timelines for focused support to these priority countries in the areas of male circumcision, prevention among youth, among other areas. It would also facilitate sharing of experiences and mobilise increased support and commitment for HIV Prevention. It would also harmonise regional efforts.
- Global level: Global level action seeks commitment for scaling HIV Prevention programmes among key donors and international NGOs. The lead organisation at global level will play a proactive role by:
    a. taking the lead in global policy discussions
    b. establishing global and regional policy support mechanisms for delivery of country level support
    c. identifying gaps in the provision of support at country level and stimulate demand.

In her presentation, Dr. Olowwo- Freers said that the UNAIDS action plan on intensifying HIV Prevention, had suggestions of Essential Policy Action for HIV Prevention which could be adopted for prevention for older people. These include:

- Strong epidemic surveillance and evaluation – remove the 49 years age limit
- Commit to evidence informed decisions
- Use public health and social –cultural approaches, not ideology or religion
- Target interventions and resources appropriately to the right population groups
- Strategies appropriately in different settings: fit the strategy to the local epidemic needs
- Address risk environment/vulnerability
- Community participation of those for whom HIV prevention programmes are planned is critical for their impact
- Address cultural norms and beliefs, recognising both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission
- Promote widespread knowledge and awareness of how HIV is transmitted and how infections can be averted
- Support the mobilisation of community based responses through the continuum of prevention, care and treatment.

The presentation by Dr. Olowo-Freers concluded by making recommendations that would help communities to address HIV and AIDS among older people:

- Committed and well informed national leadership to strengthen local leadership
- Funding to reach into communities, e.g., cash transfer programmes
- Build capacity for HIV prevention at all levels, especially civil society, FBOs, CBOs, NGOs, formal and traditional health systems and in the NACs and ICPs
- Provision of free medical services and food supplements
- Promote and coordinate partnerships
- Generate openness, social cohesion and reduce stigma.

Article adapted from a presentation by Dr. Bernadette Olowo – Freers , UNAIDS Senior Political Advisor for Advocacy at the AU Headquarters in Addis Ababa

HIV Prevalence Rates Amongst Older Persons in Kenya

Preliminary data from the Kenya AIDS Indicator Survey of 2007 shows that older persons (50 - 64 years old) are increasingly getting infected by HIV/AIDS and other sexually transmitted diseases. The survey was carried out nationally involving 18,000 individuals from 10,000 households. The survey findings were presented by Carol Ngare, VCT Manager, Kenya National AIDS Control Programme (NASCOP), during the HelpAge ARDC September 2008 Regional Consultative Meeting on HIV and AIDS Prevention and Treatment for Older People in Nairobi.

The survey findings include:

- Male adults of age 55+ have a higher infection rate than ages between 15-24 years
- The National prevalence rate is 7.4 percent
- 50 percent of HIV infected persons are found in Nyanza and Rift Valley Provinces in Western Kenya
- Rural areas have witnessed a substantial increase in HIV prevalence
- Testing has increased in recent years especially among women ; half of those tested in the past 12 months returned for results, 5 percent did not
- Increased testing is evident across rural and urban areas and is highest among 20-39 year olds for those who have ever had sex
- Perceived low risk to infection was found to be the primary reason for lack of testing, others reasons included lack of knowledge on the tests, and accessibility to the testing centre e.g. distance
- 82 percent of HIV positive adults do not know they are HIV infected. Those who know are more likely to know the HIV status of their partner(s)
- Consistent condom use is low with partners of unknown HIV status
- Discordance rate in Kenya: 6 percent of all married or cohabiting couples are HIV discordant, while nearly 50 percent of all married/cohabiting HIV+ men and women have an uninfected partner. Discordance in the older generation needs to be targeted.
- Knowledge and attitudes on HIV:
  a. radio is the most common means of reaching people with HIV information
  b. comprehensive knowledge on HIV is low, especially those with little formal knowledge
  c. TV, film and internet are associated with higher comprehensive knowledge, but few have access
  d. HIV knowledge alone is not associated with HIV infection
  e. stigma remains a challenge, but improvements are evident among women.

The survey recommends that focus be re-directed towards formerly married people, whether divorced, separated or widowed, aged between 50 and 65 years of age.

The HIV prevalence rate for formerly married couples was 9.7 percent for males and 9.6 percent for females as compared to currently married couples whose HIV prevalence rate showed 4.4 percent for male and 3.4 percent for females. HIV is therefore high among formerly married men and women. The survey also found that condom use is lower among older adults and circumcision is associated with lower individual HIV risk among men. Contradicting long-held views about the sexuality of older persons, especially older women, the survey showed that older women have a higher proportion of undiagnosed HIV infection.

Extract from NASCOP workshop presentation at the Regional Consultative Meeting on HIV and AIDS, Prevention and Treatment for Older People.

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Older person living with HIV and AIDS in South Africa talks to her granddaughter

Traditional Medicine, HIV and AIDS and Older People

Between 10- 12 March, 2009, the HelpAge Africa Regional Development Centre organized a regional consultative meeting on traditional medicine, HIV and AIDS and older people in Lusaka, Zambia in collaboration with its partner, the Senior Citizens Association of Zambia. The meeting had the following objectives:

1. Identify the Role of Traditional Health Practitioners (THPs) in HIV and AIDS, prevention, care and support, as well as treatment and challenges they are facing
2. Sharing good practices to Increase the ability of THPs to combat HIV and AIDS including collaboration with health systems
3. Identify gaps in policy development and implementation
4. Develop policy and Programme recommendations to strengthen the role of THPs in HIV and AIDS prevention, care, support and treatment.

The workshop was attended by participants from Zambia, South Africa, Kenya, Tanzania, Ethiopia, Zimbabwe and Uganda, and included representatives of traditional health practitioners, THP associations, health professionals, researchers,

national AIDS commissions, WHO and CSOs.

Studies show that 80% of the population in sub-Saharan Africa will make use of traditional health practitioner's services in both rural and urban areas. This is because THPs are accessible, as they live in the communities, They understand the issues facing older persons, and are seen as more respectful. Cost is another reason why many, especially older and, often, poorer people prefer visiting THPs. They find the services cheaper and more flexible.

But traditional healing practices have potential risks. Some treatments involve making small cuts or punctures on the skin using razor blades or other objects and then applying medicine. Sick patients may also be required to stay with the THPs and their families for the duration of the treatment, sharing sleeping areas, food, utensils and toilets. This close proximity living with a patient who might have TB or other AIDS-related illnesses requires knowledge of the disease, and its management, so that neither the patient nor the hosts are exposed to any health risks. Also, medicines given to patients by THPs sometimes might exacerbate the condition because of there is little, mistaken or no knowledge of HIV and AIDS.
The Regional Consultative Meeting on Traditional Health Practitioners, HIV/AIDS and Older People discussed the importance of improving the ability of THPs to recognize symptoms of HIV and AIDS and related illnesses. Participants also emphasized the need to educate THPs on ways of protecting themselves and clients from infection, hygiene issues and available treatments and services. As THPs are opinion leaders in their communities, the workshop recommended that their skills in behaviour influence be enhanced. The workshop recognized the need for THPs and conventional health practitioners and institutions to work more closely together in order to encourage THPs to refer patients to conventional health facilities and for health workers to also refer patients to THPs.

Good practices identified at the meeting were the collaboration between traditional healers and the conventional health service and the use of lay counsellors including older people in health and HIV and AIDS services facilities in South Africa, linkage between the Zambia Traditional Healers Association (ZTHA) and the Ministry of Health with the ZTHA having an office in the Zambian MOH and the joint THP/Bio-medical Health Providers Clinic in Uganda organized by THETA. Training curricula for traditional health practitioners have been developed by THETA, HelpAge Zimbabwe and Muthande Society of the Aged in South Africa. Regarding policies and national guidelines, government guidelines for enhancing collaboration between THPs and conventional health system have been developed in Zambia along with guidelines for involvement of traditional leaders, traditional healers and faith-based organization leaders in the national HIV and AIDS response. A policy on traditional healers and HIV and AID has been developed by ZINATHA (Traditional Healers Association) and accepted by the Zimbabwean Ministry of Health.

Over the years, social relationships have changed due to the dynamics of modern life. As a result, there has been a weakening of community support for the vulnerable members of society.

Specific recommendations from the meeting included:

- o Capacity building programmes need to strengthen the counselling and psycho social skills of traditional healers and HIV and AIDS
- o Advocate for the repeal of Witchcraft Acts (Zambia, Kenya) which undermine credibility of traditional healers
- o Identify gaps in legal frameworks to enhance collaboration between traditional healers and conventional health providers and propose recommendations of what should be in place
- o Incorporate good agricultural practices and good manufacturing practices in THP's training to ensure efficiency and quality of herbal remedies

Key issues identified were:

- Need for consultation between THP associations and research institutions to develop guidelines on joint research initiatives
- Verification of diagnostic techniques of spiritualists and efficacy of herbal remedies of herbalists, establishing institutions exclusively dealing with TM
- Cross border certification of THPs
- Intellectual property rights and THPs, particularly an issue for herbalists
- Traditional healers currently not a major source of information on HIV and AIDS for older people according to ARDC baseline survey results and a potential source of misinformation, e.g., having sex with someone who is not infected as a cure (South Africa)
- Stigma and discrimination major issues for credibility of traditional healers. Though THPs are generally respected members of the community, unusual occasions can be blamed on THPs. Double standards for conventional health providers when deaths in health institutions are not questioned, unlike the situation for traditional health practitioners
- THPs have huge potential for achieving access to primary health care, e.g., population ratio of 1 THP to 200 people in Uganda, compared to 1 health workers to 20,000 people
- Need a definition of witchcraft in the African context. UNAIDS provides these characteristics of a genuine traditional healer:

o Recognised by the community
o Respected among peers
o Knowledgeable of their art
o Have an active practice
o Willing to cooperate.

Article by Dr. Douglas Lackey, Regional Advocacy Manager, HelpAge International Africa Regional Development Centre

Traditional healers are learning new skills

A Traditional Healer Who Is Not Afraid to Learn

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Rose Pakhade at the Traditional Healers' meeting

Rose Pakhade is a Traditional Health Practitioner (THP) from the Kwa Zulu Natal Province of South Africa. She is what is called a Sangoma , one who uses both spiritual and physical means of healing. Rose says she inherited her powers from her parents and from her great grandmother, who communicated with her 40 years after her death. A core segment of Rose's clientele is older people who consult her for various ailments. She was identified by the Muthande Society for the Aged (MUSA), an affiliate of HelpAge International that is based in Durban city of Kwa Zulu Natal province.

Most of Rose's clients are women and they fall within different age brackets. She treats illnesses such as, diarrhoea, headaches and gynecological/obstetric cases, including ailments related to reproductive organs and prevention of breech births. She also deals with infertility and death of infants. Rose works hand in hand with the conventional health facilities in her neighbourhood by providing referrals to the facilities, and will sometimes even physically walk her clients to the facilities to ensure that they get services. She is well-known by those working in the facilities and they also refer clients back to her for follow up.

Rose is recognized by the community and by the authorities as a registered Traditional Health Practitioner under the Traditional Healers Association of Kwa Zulu Natal, and has through this and other organizations undergone short courses on the detection and management of HIV and AIDS and other ailments. In addition, she facilitates training of other THPs. She has undergone a 5-day course on HIV and AIDS facilitated by the Kwa Zulu Natal University's Nelson Mandela School of Medicine, a course specifically designed for Traditional Health Practitioners to equip them with knowledge and skills to, among other things, be able to identify HIV related ailments, and provide appropriate advice and referral for services to HIV- infected clients. In addition, she has been trained by MUSA, with support from HAI, on safer healing practices, including but not limited to, use of gloves and using a different skin-piercing instrument for each patient. More recently, she was invited by Help Age and MUSA to the Regional Traditional Health Practitioners, HIV and AIDS and Older People consultative meeting in Lusaka described in this issue of the Bulletin. She notes that all the training sessions have enhanced her confidence in offering services to HIV-infected clients and working in sync with conventional health care providers who are playing a critical role in the management of HIV.

Rose has several clients who come to her for the management of various infections that are related to HIV and AIDS. Some of her clients may be forthright and tell her their HIV status, and other services that they are receiving. Others will remain secretive even though she can tell from their symptoms that they are infected with the virus, and she may advise them to visit conventional health facilities, because she knows that they are likely to be tested for HIV when they do. But she will not directly advise a client to go for HIV testing unless they bring it up themselves. That way, she is able to maintain the confidence of her clients and maximize on the use of conventional health services. As a rule, she will not provide oral treatment for clients she knows are on TB or ART because she is unsure of the effects her treatment will have on the other treatment and vice versa. However, she does use external ointments for skin and other ailments on patients who are on TB or HIV treatment because her concoctions for those ailments are known to be effective.

Rose feels that she would like to have additional information on ART so as to better understand the interaction of these drugs with others. She would also like additional training on influencing the behaviour of her clients to make less risky sexual choices.

Based on an interview with Wamuyu Manyara, Head of HIV and AIDS, HelpAge International Africa Regional Development Centre, at the Regional Traditional Practitioners, HIV and AIDS and Older People Consultative Meeting held in Lusaka from 10 – 12 March 2009

The Promotion and Protection of HIV and AIDS Rights of Older People

In this brief and loose concept discussion, I will attempt to illustrate that there is an opportunity for human rights institutions/ mechanisms at the national and international levels to play a role in promoting the 'HIV and AIDS' rights for older people. By 'HIV and AIDS' rights, I am referring to any situation where a person (or older person) fails to enjoy any human rights as a result, direct or direct, of being infected or affected by the HIV and AIDS Pandemic. These 'HIV and AIDS' rights would include access to health services, protection against any form of prejudice or discrimination, access to information about HIV and AIDS, access to social welfare services, as well as other relevant rights contained in various international/ regional/ national legal instruments, such as charters, covenants, constitutions, etc.

Human Rights are basic entitlements that are a benchmark for all human beings to live a minimally good life merely because

they are human beings in a human society. All human beings are equally entitled to human rights without prejudice or discrimination. These rights are all interrelated, interdependent and indivisible. Rights are reflected in various policies and statutes, and implemented through the establishment of specific legal and policy institutions to monitor their implementation, actualize their statutory ideals, as well as provide regulation.

International Human Rights law provides for protection of human rights without any discrimination. For the purposes of illustrating the connection with 'HIV and AIDS' rights for older people, we shall loosely explore the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Social, Economic and Cultural Rights (ICSECR), and the African Charter on Human and Peoples' Rights (The African Charter). I have chosen the above international human rights instruments because they all contain a common clause which can be applied in promotion of 'HIV and AIDS' Rights for older people. I have particularly referred to the ICCPR because it is indispensable to the ICSECR. Please note that these are just three examples of the numerous legal instruments on human rights that are in existence. Also note that specific instruments on HIV and AIDS are also in essence 'human rights documents' to a great extent.

Article 2 (1) of the ICCPR states:

'Each State Party to the Present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognised in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or opinion, national or social origin, property, or other status'

Article 2 (2) of the ICSECR states:

'The State Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status'

Article 2 of the African Charter states:

'Every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national or social origin, birth or other status'

However, it is a fact that the impact of HIV and AIDS on those infected and affected by it has impeded the enjoyment of rights contained in the above three human rights instruments.

The above provisions in the three selected charters have one common clause, usually contained in article 2 of most international human rights instruments, which states that its applicability should be without any form of discrimination. In its simplest sense, all peoples are entitled to enjoyment of rights contained in the above selected charters (just as the rest of the legal human rights instruments) without any form of discrimination, including the status of being an older person. Though the bases of discrimination are stated, there is inclusion of 'other status' which is open ended to include other new basis of discrimination that may arise after the instruments were passed.

The impact of the HIV and AIDS pandemic has hit the globe hardest in recent times, obviously long after the above three legal instruments were passed and adopted by states. However, it is a fact that the impact of HIV and AIDS on those infected and affected by it has impeded the enjoyment of rights contained in the above three human rights instruments. For example, people who are infected with HIV have been victims of discrimination just because of their HIV or AIDS status. Secondly, those infected and those affected, including older people, have found it hard to access their 'human right' to accessing the necessary health and welfare services as well as access to education/ information related to HIV and AIDS. By implication, if HIV and AIDS negatively impacts on the older peoples' enjoyment of economic, social, cultural, civil and political, as well as the other rights contained in the above three charters; those national, regional, and international mechanisms ought to acknowledge the linkages between human rights protection and the impact of HIV and AIDS on older people (as well as integrate actions that would ensure protection of older people where applicable and practicable).

Interestingly, a similar 'non discrimination' clause is contained in most national Constitutions where it is stated that the rights contained in them ought to be applied without discrimination of any kind. It therefore follows that if HIV and AIDS negatively impact on the older peoples' access to enjoyment of such rights, the national mechanisms should be applicable as well. Institutions at the national, regional, and international levels have therefore the obligation to ensure that rights of older people are promoted and protected in general, but also specifically the protection of those older people infected and affected by HIV and AIDS. The added advantage is that the above human rights mechanisms at the national/ regional/ international levels are already in existence, well established and have a direct conduit with the various arms of government.

It is therefore against this background that I see an opportunity for HelpAge to engage National Human Rights Commissions, as well as regional and international human rights bodies so that they integrate protection and promotion of older people in their areas of focus, including issues of those infected and affected by HIV and AIDS.

Article by Alan Msosa- Monitoring and Evaluation Coordinator, AIDS and Rights Alliance for Southern Africa

With a little support

older people make a big difference

Capturing Old Age-Sensitive Data in HIV and AIDS Programming: Community-Based Monitoring System

The UN defines an older person as anyone aged over 60 years. Whilst data on the impact of HIV and AIDS on children and adults below 49 years is available, there is no global or regional HIV and AIDS data disaggregated by age cohorts above 49 years. The UNAIDS guidelines for UNGASS reporting do not make reference to persons aged over 49 years. HelpAge International (HAI) has designed a participatory and community-based monitoring system to generate evidence on the impact of HIV and AIDS on older people in Africa. It was implemented by 14 community-based organizations spread across nine countries in East and Southern Africa.

The system was established in collaboration with community-based organisations and government institutions. It involved participatory needs assessment and design of a monitoring framework and implementation plan. A decentralized collaborative structure was developed, involving health facilities, schools and community-based organisations, all of which received tailor-made training. Data collated by these organisations and institutions was entered into a database for analysis, feedback and quarterly reporting. Data quality assurance was achieved through regular monitoring visits. Feedback to stakeholders was conducted through reports and review workshops to enhance information sharing and learning. HAI disseminated information through print and electronic media and conferences.

The system generated age and sex disaggregated HIV prevalence data from 10 VCT centres for age cohorts above 49 years and also highlighted challenges facing older people with regards to: VCT and ART access; burden of care for OVC and PLHIV; HIV and AIDS-related stigma in old age; access to home based care (including palliative and psycho social care services); health-seeking behaviour; and perceptions on conventional and traditional health care systems.

Also, policies and guidelines for including people aged over 49 years in HIV and AIDS programmes are urgently required as evidence provided by this system demonstrates the particular vulnerability of this age cohort.

Article by Samuel Obara, Regional HIV and AIDS Coordinator, HelpAge International Africa Regional Development Centre

Edrieda Bagenda: A volunteer for all seasons

Edrieda, 55, is a lady with many hats – she is a community volunteer psycho social helper, a politician, a housewife, a leader in the church, a focal person for the aged in Bugoye County Council of Kasese District, and more recently, a Peer Educator (PE) under a project implemented by Uganda Reach the Aged Association (URAA) and funded by the UK BIG Lottery Fund. The regional project, Preventing HIV/AIDS and Alleviating its Impact in Multigenerational Households, covers five eastern and southern African countries including Uganda.Edrieda was among those selected by the community to undergo the HIV PE training, being run by URAA, a partner of HelpAge International.

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Edrieda Bagenda

Previously, because of her active role in prevention and care in HIV and AIDS in the community, Edrieda had a lot of exposure to HIV information. However, the training received under the BIG project in July 2008 was of particular significance to her, because it made her realize that HIV was not a problem that was exclusive to young people. As a result of her training, she had come to appreciate that older people are particularly affected by HIV and AIDS, and bear the brunt of the epidemic. In addition, the issue of older people's susceptibility to HIV infection as a result of risky sexual behaviour, just like the young, was brought to the forefront during the training.

Edrieda uses many forums to discuss HIV and AIDS with her peers, no longer as a problem for the young, but rather as a problem that they themselves are facing and need to address. These forums include funerals and meetings before these, church and political meetings that she is often invited to, and one-to-one encounters in different places. Edrieda has made it her mission to talk to her peers, both men and women, even at their homes, about HIV and the fact that they can do a lot to prevent themselves and those under their care from getting infected with the virus. She has gone out of her way, despite challenges of terrain, to reach older people, who she feels are ignorant about HIV and AIDS, with information, often using a bicycle provided under the programme, and walking where the bike cannot get her.

She has talked on a one-to-one basis to about 40 persons and many more in wider forums. As a result , she has become a known agent of change and has many people coming to seek information from her on HIV, including queries on where they

can get tested. Ironically, this training has made her feel more confident even in addressing those much younger than her on issues to do with HIV and what they can do to protect themselves from infection. She also talks about the impact of the disease on older people within the community, and how they can mitigate this impact.

Some of the challenges that Edrieda has faced as a peer educator include a shortage of testing kits at the district level that has affected the uptake of testing by older people, older people expecting charity from those seeking audience with them (a fact that affects the quality of dialogue she has with them), many older men not wanting to acknowledge that they are at risk of HIV infection, and political and other leaders not being sensitive to issues of older people and, therefore, not being very supportive of her cause. But all these challenges, Edrieda Bagenda says, only serve to make her more determined to press on with her work.

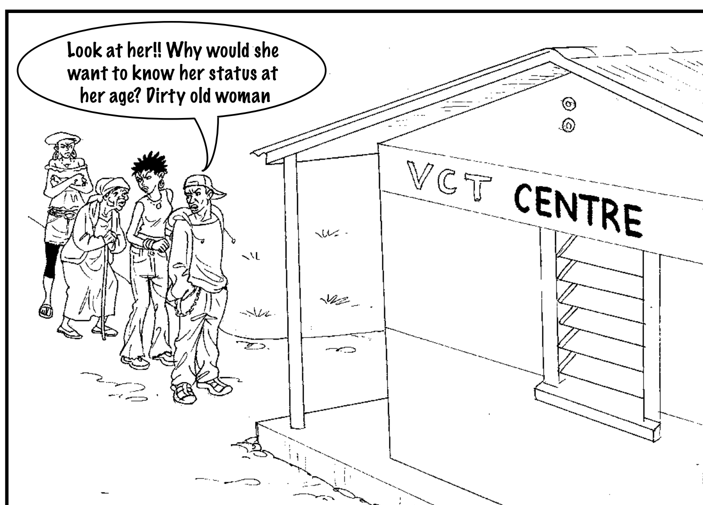
Article by Wamuyu Manyara, Head of HIV and AIDS, HelpAge International Africa Regional Development Centre

VCT Services and Integration of Older People

The dominant risk factor among older people (50 years of age and above) living with HIV and AIDS is heterosexual sex, the same as for other age groups. This is through risky behaviours such as unprotected sex, having multiple sex partners, sexually transmitted infections and even substance abuse. Older people tend to view condom use primarily as a contraceptive measure, so older women who no longer fear unwanted pregnancy may not insist on its use.

Older women undergo physical changes with age that increase their vulnerability to HIV. In the post-menopausal stage, their vaginal walls are thinner and lubrication is often reduced. Doctors believe that they are more vulnerable to vagina trauma during intercourse, and are thus at a greater risk of contracting HIV.

Picture 1 a)



Picture 1 b)

Early detection of the HIV virus among the older people would help those infected to stay healthy and also prevent them from transmitting the disease to others. Delay in diagnosis of the virus among the older people is usually delayed because of misdiagnosis of the symptoms to be that of ageing, e.g., shortness of breath, weight loss, sleeplessness, poor memory, etc.

There are several reasons why older persons do not go for voluntary counselling and testing. Most HIV/AIDS interventions exclude older persons based on a mistaken view about their sexuality. The result of this is that older persons have little knowledge about prevention and treatment services. Older persons view themselves as a low risk group, they lack information about the existence of VCT services and how to access them. Also, VCT centres are usually run by young people who discriminate against older persons on the basis of the same wrongly held assumptions about their sexuality, including the belief that HIV only affects only young people. In addition, just as with younger people, older persons fear knowing their HIV status. Other reasons include religious beliefs, distance of VCT centres and poverty.

The following are ways of increasing the VCT uptake among older people:

- ☐ Conducting campaigns to improve knowledge about risk factors for HIV transmission and attitudes towards testing
- ☐ Educating VCT counselors on the need to provide age-sensitive services and the specific issues related to HIV in an ageing population
- ☐ Introducing mobile VCT services for older persons
- ☐ Reducing the stigma surrounding the sexual needs of older people and encouraging them to discuss these issues with their families and health providers
- ☐ Using theatre, sports and tournaments to promote VCT services
- ☐ Using door to door counseling and testing.
  (The introduction of "moonlight VCT services" have proved to be attractive to older people)
- ☐ Establishing older persons support clubs
- ☐ Introducing a mobile comprehensive care package offering tests for illnesses afflicting older persons, including HIV and AIDS.
- ☐ Conducting regular workshops with VCT counsellors to discuss issues of older carers and access to VCT services in view of their limited mobility, lack of information and resulting fear and stigma visiting VCT centres.
- ☐ Sensitizing older persons on the epidemiology of HIV and AIDS and the importance of knowing one's status
- ☐ Using peer educators on a door to door campaign to encourage older persons to go for voluntary counselling and testing.

Article by Daniel Gichohi, HIV and AIDS Coordinator, HelpAge Kenya

Media Consultative Meeting Seeks to Engage Media on Older People and HIV and AIDS

For three days starting on the 3rd of March, 2009, the HelpAge International Africa Regional Development Centre (ARDC) held a Regional Consultative Meeting in Nairobi, Kenya, on the media, HIV/AIDS and older people. The meeting had two main objectives. The first was to have a discussion with media practitioners in east and southern Africa on HIV and AIDS and how it impacts on older people including how the media has been covering the impact. The second objective, flowing from the first, was to devise strategies and methods of getting more media coverage of the impact.

The discussion with the media and, actions flowing from it, is crucial to the fight against the pandemic. Most state and non state HIV and AIDS policies and interventions exclude those over 49 years old. The assumption underlying this exclusion is that the disease only affects and infects young people. Yet older people are affected and, increasingly, infected. As the disease claims their children, older persons are left to care for their grandchildren. In Uganda, for instance, 51% of orphaned children are in the care of older persons. Without support in the form of pensions, these older parents are forced to live in conditions of extreme poverty.

Studies also show that older persons are increasingly getting infected. The 2006 UNAIDS Report on the global epidemic estimated that 7% of people aged 50 years and over are HIV positive. These findings are borne out by the Kenya HIV/AIDS Indicator Survey (see preceding article on page 5). Yet, because of their exclusion, older persons have no access to information to prevention, treatment and support services. As a result of this, argues Dr.. Joseph Matare in an article published in The New Era newspaper of Namibia (2 May,2008), " the elderly fail to accrue the benefits of early diagnosis of HIV, and thus miss out on early treatment, care and support."

The media, therefore, have to play a crucial role in mobilizing public support for the establishment of social pensions, as well as inclusion of older persons in HIV and AIDS policies.
To this end, the regional consultative meeting identified several actions. As a start, CSOs and government HIV and AIDS bodies would continue creating opportunities to increase understanding, awareness and knowledge of HIV and AIDS and older people's issues. Then these state and non-state organizations would provide information, assistance and support to media in order to develop stories showing the impact of the pandemic on older persons. The meeting emphasized the need for proactive action for NGOs and others, visiting media houses to meet with journalists and editors so as to sustain interest of the media in issues affecting older persons. Other ways of engaging the media would be to involve journalists in research, as well as inviting them to visit project sites. The meeting agreed to hold another meeting before the end of the year to discuss progress and impediments.

The regional consultative meeting was attended by 25 participants drawn from eight countries in east and southern Africa, representing regional and national media houses, communications specialists from national AIDS councils, government ministries and civil society organizations. In addition to presentations and discussions, the participants were taken on field trips to projects on the outskirts of Nairobi to enable them to appreciate the needs and circumstances of older people and older carers. Participants were also shown a film on older carers and watched a play performed by older persons. The multi disciplinary approach– presentations, discussions, film, drama, project visits – ensured a very successful consultative meeting on the media and impact of HIV/AIDS on older people.

Article by T. Ngugi , HelpAge International Africa Regional Development Centre

SHE'S MY FRIEND

" Kisembo is my friend! She is the only one I have. She is my source of encouragement. She checks on me so often, and every time she leaves, I can't wait to see her again! Her knock at my door, accompanied by her kind voice, makes me smile! " says 78 year old Zakalia Namusoke.

She adds, "My husband and all my 10 children are dead. They left me many orphans and heavy responsibilities. I live with 8 of my orphaned grandchildren in this small shelter offered to me by my friend.
Kisembo has always been there for me, she gives me food and buys me drugs when I am sick. She encouraged me to go with my grand children to the health centre for blood tests. I went and the doctor told me I have T.B and ulcers. Fortunately my grandchildren are in good health. I have no source of income and I feel helpless, but Kisembo has made feel loved. Her colleagues have also now become my friends. I have learnt a lot from her. She explained to me many new issues about HIV/AIDS and encouraged me to share the information with my grandchildren as well. I had never talked to my grandchildren about this AIDS monster.''.

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Participants at a workshop in Kasese, Uganda

Madina Kisembo, 62, is a Peer Educator who has brought warmth to the hearts of many older persons in Kasese suburbs through sensitization, home visits and peer counseling. She was trained by Uganda Reach the Aged Association (URAA) under the HIV prevention project funded by Big Lottery. She spends most of her evenings visiting her fellow older persons, sensitizing them about the HIV/AIDS scourge. She has equipped them with knowledge

about prevention, transmission, VCT access, and nursing care for People Living with HIV/AIDS.

She passes on this information through home visits and through group awareness meetings conducted by her Peer Educators support forum group. She reaches out to an average of 10 older people every month. She says she finds it challenging to discuss these issues with men because most of them are stubborn and they shun the message, claiming they know it all.

Namusoke is one of the older persons who has benefitted from the Peer Education programme. She says she used to think HIV only infected the young, and that it could only be transmitted through sexual intercourse, but she now understands that she too is vulnerable. She used to think nobody cared about her since she lost most of her close relatives, but she has regained her self-esteem after Peer Educators made her understand that even when she feels she is sinking deep into problems, there is always hope.

Article by Emily Kemigisha , URAA.

Older Carers Need Support: Recommendations for Action from Uganda

HelpAge International Africa Regional Development Centre (ARDC), in conjunction with its partner Uganda Reach the Aged Association (URAA), conducted a three-day consultative meeting on Older Carers of Orphans and Vulnerable Children (OVC) / People Living with HIV/AIDS (PLHIV). The meeting was held in Kampala, Uganda from 18th – 20th of November, 2008. Participants represented the Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda AIDS Commission, and CSOs such as Uganda Red Cross, Action for Children, National Community of Women Living with AIDS, Reach One Touch One Ministries, and, The AIDS Support Organization (TASO).. Older persons and home-based care givers also attended the meeting.

The objectives of the meeting included the following:

- to identify the critical needs of older carers of orphans and vulnerable children/ people living with HIV/AIDS
- to identify gaps in information or evidence regarding the burden of care
- to develop policy recommendations and strategies to influence national decision makers to incorporate support to older carers in policies and strategies.

In his opening speech, the Honourable Sulaiman Madada, State Minister in Charge of Elderly and Disability, admitted that older persons still faced a multitude of problems ranging from poverty, poor health, isolation, discrimination, malnutrition, illiteracy, negative attitude to inadequate support services. He noted that issues of older persons required a multi-sectoral approach.

In her presentation, Joyce Kadowe of the Uganda AIDS Commission talked of the challenges faced by older carers of OVC and PLHIV. She said that facilities where treatment and services could be accessed were far, forcing older carers, who are weak and beset by various health problems of their own, to walk great distances. Older carers , she noted, were also not able to help the children with school work, because of their poor eyesight or because they were illiterate. She pointed out that older carers could not afford the nutritional requirements for OVC and PLHIV under their care.

In a moving presentation, Aryema Rehema of the National Community of Women Living with AIDS (NACWOLA) spoke of the Memory Book project started in 2001 in order to empower HIV positive parents to support their children to survive parental loss with less trauma. The project did this by, among other things, teaching and helping parents to document and store important family and precious childhood memories for future use by children.

The question as to why older carers need support was addressed by Mr. Justus Wamala of URAA. Older carers , he said, had lost the support of their children , while at the same time taking on additional family responsibilities. He added that on top of this, older persons continued to face discrimination, suffer from poverty, and were invisible in many HIV/AIDS policies, the latter which made them vulnerable to infection.

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Lulu, 60, looks after 15 orphans in her Kampala home

The recommendations at the end of the meeting addressed the range of problems faced by older persons, especially those caring for OVC and PLHIV. One concern that came out during the meeting was the lack of proper nutrition for older carers and the OVC or PLHIV under their care. The meeting recommended that older persons be incorporated into existing nutritional programmes. Another recommendation was that food storage facilities in communities be improved to ensure food during lean times.

Over the years, social relationships have changed due to the dynamics of modern life. As a result, there has been a weakening of community support for the vulnerable members of society. The meeting, therefore, recommended the sensitization of community members on issues confronting older persons in order to reinstate community support to them, especially those taking care of OVC and PLHIV. Also, the meeting recommended that governments lower taxes to ease the cost of living. Another recommendation was that universal non-contributory pensions be instituted by African governments.

The meeting concluded by resolving to continue lobbying governments and other socio-development actors to put the concerns of older people and older carers at the fore front of the social-development agenda.

Article by T. Ngugi , HelpAge International Africa Regional Development Centre

Lessons from ICASA, Dakar

The 15th International Conference on AIDS & STI in Africa (ICASA) was held in Dakar, Senegal between the 3rd -7th December, 2008. The Africa Regional Development Centre Regional HIV and AIDS Coordinator attended the conference representing HelpAge International. The following are some of the core issues that came out of the conference:

Understanding communities

Africa communities have weathered wars, famine and slave trade. Therefore, it is important to understand the community's coping strategies, shared needs and challenges. Identifying - in consultation with the community - local leaders able to mobilize people to take responsibility is important.

People power

Local groups and networks, including Associations of People Living with HIV are catalysts in HIV interventions, transforming vulnerabilities into opportunities for learning. International NGOs – should be leaders and mentors of national NGOs and CBOs.

Filling the gaps in service delivery

Understanding people's coping mechanisms, attitudes and preferences is important, and a step towards setting up a health care system appropriate and user friendly to the target audience. This enhances utilization, ownership and sustainability. Health systems challenges include: Human Resources, Facilities/Services, Drugs and Data Collection Systems.

Nurturing People

Training, coaching, mentoring and supporting people throughout the intervention and after is important. It nurtures and maintains community momentum even after end of development project.

Invest in People to Take Lead

Health is an investment for development. Investment in health is showing results and impact. However, the AIDS challenge requires long-term effort, and lifetime commitment. Sustainability should be a responsibility shared and owned by governments and citizens. This requires 'hard' and not 'soft' lobbying and advocacy.

Building Linkages

Building linkages with others who have comparative advantage enhances synergy and visibility at different levels. This should be nurtured, cherished and sustained.

Holding stakeholders & governments accountable

Support communities to holder stakeholders and their government accountable. Honest and responsible leadership must account to its people. Communities must be empowered to demand their rights by equipping them with negotiation skills and access to information, through focused grassroots and visionary leadership.

Conclusion

Communities have the passion, but this passion must be supported and directed by others. We as development agencies must rise up to this mandate.

Article by Samuel Obara, Regional HIV and AIDS Coordinator, HelpAge International Africa Regional Development Centre

We helped Antoinette learn about AIDS

now she teaches others

ADVOCACY CALENDAR 2009 / 2010

EVENT	DATE	COUNTRY
International AIDS Society Conference IAS	19th - 22nd July 2009	South Africa
International Conference in Africa on Family Based Care for Children	28th - 30th September 2009	Kenya
East African Partnership Forum Meeting	25th May 2009	Kenya
SADC Regional Conference on Children & Youth Participation and Leadership in HIV and AIDS & Sexual Reproductive Health	3rd - 5th June 2009	South Africa
3rd International Workshop on HIV Treatment, Pathogenesis & Prevention Research in Resource Poor Settings	26th May 2009	TBC
5th Pan African Malaria Conference	November 2009	Kenya
5th SAHARA Conference on the Social Aspects of HIV and AIDS	TBC	South Africa
RIATT SC and Partners Meeting	7th - 8th July 2009	Nairobi
Global Citizens Summit on HIV and AIDS	26th - 29th May	Nairobi
Gender and HIV and AIDS Conference - VSO	29th - 30th June	South Africa
UNGASS MERG Meeting	September 2009	London
1st International Workshop on HIV Paediatrics	17th July 2009	South Africa
Pepfar Implementing Partners Meeting	June 2009	Ghana
RATN HIV and AIDS Capacity Building Workshop	24th - 25th June	Rwanda
Uganda Society for Health Scientists	11th - 12th June	Uganda
Tanzanian National Consultative Meeting on Older Carers of OVC and PLHIV	August	Tanzania
Mozambique National Consultative Meeting on Older Carers	August 2009	Mozambique
Age Demands Action : International Day of Older People	1st October 2009	All Countries
World AIDS Day	1st December 2009	All Countries
Day of the African Child	16th June 2009	All Countries

Older people are speaking out

we're listening

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