



Draft POLICY BRIEF **ON**

MAINSTREAMING ISSUES OF OLDER PERSONS INTO NATIONAL HIV/AIDS POLICIES, PLANS, STRATEGIES AND PROGRAMMES

About the policy brief

This document calls Uganda policy makers into action to improve access to Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) prevention, care and support, and treatment services for older persons. It is based on evidence generated from a review of key national HIV/AIDS policies, and investigation of the actual practice at district and community level. Issues of older persons should be mainstreamed into current, reviewed and new policies to realise this aspiration.

1. About Uganda Reach the Aged Association

Uganda Reach the Aged Association (URAA) is a national voluntary, not-for-profit non-governmental organisation founded in 1991. URAA's vision is *"a dignified self-fulfilled poverty free ageing Uganda"* and her mission is *"to work and advocate for improved quality of life and preservation of the dignity of older persons in Uganda"*. The Goal of URAA is to contribute to improvement of welfare and eradication of social injustice of older persons in Uganda. URAA is one of Uganda's major age care organisations and a national actor on ageing.

URAA in partnership with HelpAge International are implementing a project on Mainstreaming Ageing into HIV/AIDS Responses. A policy review/monitoring study was commissioned to determine the extent to which current National HIV/AIDS policy documents and practice are inclusive of older persons' issues.

2. Introduction

Like other developing countries, the population of older persons in Uganda is increasing. According to the 1991 Uganda Population and Housing Census, the population of older persons was 686,260 (4.1%) of the total population of 16,671,705. This population increased to 1,101,039 (4.6%) as per Uganda Population and Housing Census results of 2002. The Uganda National Household Survey (UNHS) Report 2005/06 estimated the population of older persons at 1,200,000 of which 53 percent were females while 47 percent were males. This population increase has profound consequences at individual, community and national level.

3. HIV/AIDS and Ageing

The consequences of HIV/AIDS pandemic among different categories of the population in Uganda and other countries need not to be over-emphasized. Although the actual HIV prevalence rate for older persons is not scientifically known, evidence shows that the rate of infection among people that are 50-59 years is higher than that of the age group of 15-49 years. With increased effectiveness of HIV Anti-Retroviral treatment (ART), the number of people over 55 years of age that are positive is definitely going to increase.

Although it is often wrongly assumed that older persons are no longer sexually active and therefore not at risk of HIV, they like anyone else face the risk through the same routes but are rarely included in HIV and AIDS awareness education. For example, a baseline survey conducted by URAA and HelpAge International (HAI) in Kasese revealed that 64 percent of older people were sexually active, out of which 91 percent never used condoms during sexual intercourse¹. A growing number of older persons (50 years and above) are living with HIV but rarely receive adequate prevention, treatment, care and support.

In addition, the HIV/AIDS pandemic has placed great strain on older persons to provide care to People Living with HIV (PLHIVs) and HIV/AIDS orphaned children. For example, older people provide care to over 50% of

¹ URAA (Not dated), IEC Materials Report

the 1.7million HIV/AIDS orphans, and an average of 3 HIV/AIDS orphans per older person². This has a huge impact on their economic, health and emotional well being. Many older persons have sold their properties to provide care and support, and treatment to infected and affected persons under their care.

Increasingly, there is an emerging trend where older persons are living without prime-age adults due to death of their children and their grand children. This presents great challenge in supporting the social welfare of this category of people in a country without an intervention promoting universal pensions to its population.

4. The Issue

Despite the fact that HIV/AIDS has and continues to negatively impact on older persons and those under their care, older persons' access to HIV/AIDS services such as Voluntary Counselling and Testing (VCT), ART and information is very limited. Inadequate access to these services is mainly caused by absence of clear policy guidelines which stipulate older persons as a special category in HIV/AIDS service delivery and access.

It is against this background that URAA with support from HelpAge International (HAI) commissioned a policy analysis/monitoring study to examine different national HIV/AIDS policies and strategies to ascertain inclusion or exclusion of older persons. It is anticipated that this effort will contribute to ensuring, "A range of National HIV policies and programmes to fully reflect the prevention, care and support, and treatment needs of older people."

5. Findings

The policy review reveals that there are several policies, strategies and programmes that have been formulated within the framework of the National HIV/AIDS policy. Many of these policies make reference to older persons as a special category of the population affected by the AIDS scourge. Their references to older persons provide opportunity for access to different services and also advocacy for improving access to HIV/AIDS services by older persons in Uganda. However, most of these interventions fall short in specifying entitlements and defining strategies for addressing the AIDS pandemic and its effects on older peoples. Based on study findings, most of these policies have serious gaps within a framework of response to HIV/AIDS pandemic and its effects. The existing HIV/AIDS policy frameworks do not provide adequate provisions for HIV prevention, mitigation of adverse health effects, impact mitigation at individual and community level, addressing older persons as a population at higher risk; addressing HIV and AIDS with gender dimension for older person, HIV and AIDS' research and utilization of research products in the context of older persons. Below are policy areas which need urgent redress in enabling older persons to have adequate access to HIV and AIDS care, support and treatment services.

a. Prevention of HIV transmission

- The National HIV/AIDS Policy (NAP) does not specify older people as a special group at risk which requires special attention in the fight against HIV/AIDS
- The National HIV/AIDS Strategic Plan (NSP) does not specifically spell out prevention, care and treatment, social support and HBC services for older persons.
- The HIV Counselling Testing (HCT) Policy for instance discusses Post-Exposure Prophylaxis (PEP) but does not discuss it in the context of the elderly, who may be exposed to the risk of infection in the process of care giving. Similarly, the HCT Policy is silent on this population group, failing to acknowledge that they are at risk like all the others.
- Overall, the PEP Guideline focuses primarily on PEP for health workers and does not address the need for PEP for older persons yet the latter are exposed to the risk of HIV infection in their role as carers of orphans and their relatives infected with HIV as well as HIV infected mothers who deliver under the support of traditional birth attendants .

b. Mitigation of adverse health impact of HIV and AIDS

² URAA Presentation on HIV/AIDS and Older people as presented in URAA & HAI (Nov. 2008), Report on the Uganda National Consultative Meeting on Older Carers of Orphans and Vulnerable Children/People Living with HIV/AIDS.

Some of the policies and strategies reviewed provide room for access to HIV/AIDS prevention, care and treatment services albeit with no specific mechanism for facilitating older persons' access to such services. Key gaps in line with mitigating adverse health effects of HIV/AIDS in reference to older persons include:

- ü ART guidelines do not provide directions to health workers on how to respond to older persons, provide counselling and follow up.
- ü HBC Training manuals for the Community Based Volunteers are silent about offering such care to older persons and there are no specific guidelines on HBC for older persons.
- ü NSP operational documents such as the Performance Management and Monitoring plan, National Priority Action Plan NPAP are not explicit about HIV/AIDS services targeting older persons.

c. Impact mitigation at individual and community levels

The different policy guidelines acknowledge the impact of HIV/AIDS on older persons. Older persons are explicitly specified as a special category for different income generating activities as part of the support to infected and affected households. Older persons are identified as a target for social support interventions. The NSP further proposes income generating activities for elderly caregivers. However, the evidence from Kasese shows that older persons have limited access to such support. Many of them (older persons) have no access to appropriate counselling services while others are struggling to support infected and affected persons with basic necessities such as food, soap and clothing.

d. Address key populations at higher risk

There is an apparent lack of discussion of elderly persons' specific risks and vulnerabilities within policies under the scope of the study. The HIV-specific policies and guidelines reviewed and highlighted herein do not include any discussion of elderly persons' specific HIV risks and vulnerabilities and don't recognize that older persons are susceptible to the risk of HIV transmission like other age groups. Ageing related changes such as thinning of vaginal walls among older women and increased sexual urge among older men are not considered as key factors which make older persons a risky group requiring special intervention.

e. Gender, HIV and AIDS

Inadequate focus on prevention for older persons' needs: The policies and guidelines reviewed pay inadequate attention to elderly persons' gender-specific prevention needs. Although there is wide spread evidence that make older persons, especially elderly women susceptible to HIV infections due to age related changes, no policies have explicit reference to this aspect.

f. Research and Utilization of Research Products

There is a dearth of information on ageing and HIV/AIDS in Uganda. This absence of information is attributed to lack of inclusion of age specific performance indicators for HIV/AIDS and lack of HIV/AIDS and gerontology research agenda. Although the draft National AIDS Policy outlines research needs and lays out a national research agenda on HIV/AIDS, it does not include gerontology and HIV as a research priority. It can be deduced that absence of information on age group of 60 years and above in the Uganda HIV Sero-Behavioural Survey report that could be attributed to lack of research agenda on HIV/AIDS and ageing in Uganda.

6. Recommendations

Like adolescence, old age is but a transition stage to advanced stages of adulthood. The changes are therefore differently experienced at every stage. Older persons are sexually active and many are exposed to HIV through caring for AIDS patients. They are also under heavy burden of providing support to PLWHIV and HIV/AIDS orphans under their care. There is need for a major shift in HIV/AIDS responses to support older persons by actively involving them. This can be done by including people aged 50 and above in prevention, treatment, care and support programmes. There must also be greater inclusion of older persons at all stages of HIV responses, from design to evaluation, at the national and local levels. Policy makers should;

- 1) Review and harmonize the national HIV and AIDS policies, plans, and strategies to integrate and systematically mainstream HIV/AIDS issues concerning older persons. The Ugandan government and its institutions (Uganda Bureau of Statistic) should increase their understanding on how HIV impacts on older persons and their role in responses, and to focus greater attention on this issue in country strategies.

- 2) The makers of HIV/AIDS policies and providers of resultant services should constantly engage older PLHIVs, their families, and their communities in tackling these new challenges.
- 3) Civil Society and Government institutions (Department for Disability and Elderly, Ministry of Health and UAC) should work together to strengthen collaboration and networking for collective utilization of resources for delivery of quality HIV/AIDS service to older persons.
- 4) Concerned Government ministries such as Ministries of Health (MOH); Gender, Labour and Social Development (MGLSD); Public Service (MoPS) should develop action plans for Uganda that recognize the pivotal role that elderly people play in the HIV and AIDS response, and provide the support they need.
- 5) The Ministry of Health and medical research institutions should expand clinical research to learn compatibility or incompatibility of medications used to treat HIV with medications used to treat age-related illnesses and understand what the long-term effects of HIV medications (both on their own and in combination with other medications) might be.
- 6) Uganda government (UAC, MoH, MGLSD) and civil society (URAA, HAI) should work in partnership to develop National HIV and AIDS strategies that are inclusive of older persons, and to increase practical support to older persons, including those with caring roles.
- 7) Government departments should ensure that the existing HIV/AIDS Monitoring and evaluation systems, HMIS and other relevant HIV/AIDS data bases capture and produce age disaggregated data.
- 8) Government should commit resources to addressing financing gaps in addressing HIV/AIDS and ageing agenda since some of the areas seem not too big for donor agencies.
- 9) The National HIV/AIDS Advocacy Team in partnership with the MoH and UAC should use influence within Joint United Nations Program on HIV/AIDS and the UN General Assembly to press for a greater focus on the impact of HIV and AIDS on older persons, and on their crucial role in the response to the pandemic.

Contacts

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List of Reviewed Policies

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| 1. Constitution of the Republic of Uganda (amended 2005) | 10. Uganda National Guidelines for HIV VCT (2005) |
| 2. The National Development Plan (NDP 2010/11-2014/15) | 11. Antiretroviral Treatment Guidelines for Uganda (July 2008) |
| 3. The Uganda National AIDS Policy 2008 | 12. Uganda HIV Modes of Transmission and Prevention Response Analysis |
| 4. The National HIV/AIDS Strategic Plan (2007/8-2011/12) | 13. National Policy on Mainstreaming HIV and AIDS in Uganda |
| 5. The National Priority Action Plan for the National Response to HIV and AIDS 2008/09—2009/10 | 14. The National Policy Guidelines on Post Exposure Prophylaxis for HIV B and Hepatitis C (PEP Guidelines) November 2007 |
| 6. Uganda Sero-Behavioural Survey (USBS) 2005 | 15. The HIV/AIDS Peer Education Training Curricular and Guidelines |
| 7. Home Based Care Policy (HBC) in Uganda | |
| 8. Accelerating HIV Prevention: The Road Map towards Universal Access to HIV Prevention in Uganda (April 2007) | |
| 9. HIV/AIDS Communication strategy | |