

HIV/AIDS and ageing: a briefing paper

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HelpAge
International
Leading global action on ageing

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Its secretariat consists of an office in London, regional centres in Bolivia, St Lucia, Thailand and Kenya and eight country offices. The secretariat oversees strategy, ensures accountability and supports member organisations and partners through training, advice on fundraising, organisational development and management support, project development assistance and finance.

HIV/AIDS and ageing: a briefing paper

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HIV/AIDS and ageing

Over the last decade the HIV/AIDS¹ epidemic has had devastating and under-reported economic, social, health and psychological impacts on older women and men. They are carers and providers for those orphaned and ill from HIV/AIDS and are themselves at risk of infection from the virus. There is an urgent need for research and action to tackle the effects of HIV/AIDS on older people. Older people need support to play their critical roles in household and community survival.

HIV/AIDS is one of the key challenges threatening development progress in many parts of the world. Its impact has already reversed many of the developmental gains achieved in the past twenty years in those countries most affected. In areas of high prevalence, HIV/AIDS undermines the social and economic strategies that sustain family and community livelihoods.

HelpAge International's priorities are to combat the poverty, exclusion and discrimination that older women and men face all over the world, and to encourage their inclusion and recognition as citizens and as partners in development. We consider that upholding the broad spectrum of rights, including the right to development and the right of people of all ages to be free from poverty should be central to the mainstream development agenda. We undertake work that directly supports older people affected and infected by HIV/AIDS, and we advocate for the inclusion of older people in strategies responding to the epidemic.

The unusually high number of deaths among young adults and the burden of sickness places heavy demands on the formal and informal coping mechanisms of affected societies. Increasing numbers of older women and men are struggling to absorb the multiple impacts of HIV/AIDS on their families, households and communities.

Falling life expectancy in countries most affected by HIV/AIDS has created a common misconception that the epidemic is 'wiping out' the middle generation. This implies that there will be no older people once AIDS has taken its toll. In fact, many people will continue to survive into old age. Life expectancy is the average age of death across a population and not the actual age of death of any individual. Life expectancy is therefore lowest in countries with high mortality in infant and young adult populations, such as those affected by AIDS.

In areas of high prevalence, HIV/AIDS undermines the social and economic strategies that sustain family and community livelihoods.

¹ Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

Pauline's daughter died of AIDS two years ago. Now she has three young grandchildren to look after. 'If the parents leave the children, you just carry on with it. You have no choice.'⁵

The momentum of population ageing worldwide is not expected to lessen despite the impact of AIDS, though temporary declines in the percentage of older people may occur in the most affected regions. The United States Bureau of the Census calculates that by 2050, the world population of people over 65 will almost equal that of 0-14 year olds.² Another source estimates that there could be more over-60s in Africa than there are in Europe today.³

Indeed, in countries such as South Africa and Botswana, where HIV prevalence rates are among the highest in the world (25-30 % of 15-49 year olds), it is the period between now and 2015 – the date set for the achievement of the Millennium Development Goals⁴ – which will see the highest number of deaths in the middle generation. This will leave a larger proportion of older people and very young children to make up the backbone of families and communities dealing with the impacts of HIV/AIDS. Understanding the intergenerational nature of the impact of HIV/AIDS and the dynamics between the youngest and the oldest, is therefore critical in the fight against HIV/AIDS and in attempts to mitigate the social and economic impacts of the epidemic.

The international response to the HIV/AIDS epidemic reflects the wider challenge to include older people in priority development issues. So far, older people are still not visible or targeted in HIV/AIDS programmes. Older people lack information, education, material and economic support despite being the primary carers for various generations affected or infected by the disease. In addition, they rarely have access to treatment for HIV/AIDS when they themselves contract the virus.

The purpose of this paper is to explore the main ways in which HIV and AIDS impact on older women and men in developing countries. It also reviews the research, programme and policy implications of including older people in current and future interventions to halt and reverse the spread of HIV/AIDS by 2015 and links them to national and international development targets. It outlines the current programme and advocacy work that HelpAge International is undertaking to support older people affected by HIV/AIDS. Finally, it identifies the actions required to tackle the devastation caused by the epidemic.

² US Bureau of the Census, International Database, 2003
<http://www.census.gov/ipc/www/idbnews.html>

³ Lutz W, Sanderson W, Scherbrov S 'The end of world population growth' *Nature* 412 5 August 2001 pp 543-5

⁴ United Nations Millennium Declaration, Resolution adopted by the General Assembly 18 September 2000, A/RES/55/2

⁵ Case study from Mamelodi Township, Pretoria, South Africa, Fred Pearce, September 2002

The impact of HIV/AIDS on older people

Evidence from HelpAge International's network around the world, and from Africa and Asia in particular, shows that older people are both infected and affected by HIV and AIDS. They play crucial roles in the lives of People Living with HIV and AIDS (PLWHA) and their children, and in the families and communities worst affected by the epidemic.

Feeling the strain: older caregivers and HIV/AIDS

Older women and men are often the primary caregivers for their adult children living with HIV and AIDS. A large proportion of adults with HIV-related illnesses are nursed at home by parents in their 60s and 70s, especially in the terminal and most taxing stage of the illness.⁶ Even before the adult child has died, the older parents are often the ones to take on the care and guardianship of the grandchildren (who may be HIV positive themselves). It is more often than not older women who take on this responsibility, at times without adequate knowledge, support and resources to do so.

HIV/AIDS strikes at the heart of family and community coping mechanisms and support structures for the old and the young. Many older women and men are facing the task of providing for themselves as well as their sick adult children and orphaned grandchildren just at the time when their incomes are decreasing. This decline in income is due both to age-related disadvantages and to age and gender discrimination in the labour market, which limits earning potential.

The asset depletion older women and men face as a result of the impact of HIV/AIDS means that the need to earn an income is a priority. Yet the multiplication of burdens on them makes income generation even more difficult. The lack of free treatment and affordable and accessible medicines places a tremendous strain on the finances of families with PLWHA. The costs of care, medicines, treatment and eventually funerals, as well as family survival, food, shelter, clothing, school fees and uniforms for the grandchildren, shift to the primary caregivers. This can create an overwhelming situation for older women and men who bear the brunt of the burden of care in AIDS affected communities.

⁶ In Thailand two-thirds of all adults with HIV-related illnesses are nursed at home by parents, most of whom are in their 50s, 60s and 70s (John Knodel, Mark VanLandingham, Chanpen Saengtienchai, & Wassana Im-em, 'Older people and AIDS: Quantitative evidence of the impact in Thailand', *Social Science and Medicine*, 52(9), 1313-1327, 2001). Research undertaken by the World Health Organisation (WHO) and HelpAge Zimbabwe showed that of those people who indicated that they were the main caregivers of PLWHAs, 71.8% were aged 60 years or above and 74.2% were women (World Health Organization *Impact of AIDS on older people in Africa: Zimbabwe Case Study* Non-communicable Disease Prevention and Health Promotion (NPH), Ageing and Life Course (ALC), Geneva, December 2002)

Ongoing surveys carried out by HelpAge International in five villages in Changara District, Tete province, Mozambique since September 2001 have identified 774 older people caring for a total of 2187 orphans, most of them under the age of ten. Over half of all older people in the area are caring for an average of three orphans. The number of orphans and older carers in the villages has increased five and four-fold respectively over the year and a half the programme has been in operation.

Similarly in the displaced centres in the government enclave of Juba, Southern Sudan, HelpAge International programme staff and partners have so far identified and are assisting a total of 375 orphans (198 boys and 177 girls) and 133 older carers (58 men and 75 women). Again, this number has more than tripled in the year in which data has been collected.

Older people are at risk of infection

HIV/AIDS is seen as a 'young person's disease' which does not affect older people. International data on infection rates does not include the over 50s. In fact the few statistics that do exist suggest rising infection rates in this age group.⁷ Women and men often continue to engage in sexual relations into old age. In societies where women have little control over the use of protective measures and men may have a number of wives or use commercial sex workers,⁸ older women are equally disadvantaged. Yet the risk of infection and spread of HIV among older age groups continues to go undetected. In countries where blood screening is unreliable older people are also at risk of infection through contaminated blood.

HIV prevention and awareness programmes are almost exclusively targeted at young people and adolescents, and rarely reach out to or represent older age groups either as carers or as a possible at risk group. As a result older women and men's understanding of the nature, cause and transmission of HIV and AIDS can be limited, their own risk perception can be lessened, and consequently condom use or other protective measures among older people

⁷ For example, in Yunnan Province, China, 7% of those infected with HIV at the end of 2002 were in their 50s and above. (Consultations with Yunnan Centre for Disease Prevention and Control (YNCDC), September 2002; AHRN Newsletter, Issue No. 29, October 2002). Between 1986 and 1996, 1066 people over 50 were recorded to be HIV positive in Ethiopia (Ministry of Health data, quoted in Daniel Melesse, (1999) *The Role of NGOs in alleviating the problem of HIV/AIDS among the youth: the case of Save your Generation Association (SYGA)*, Addis Ababa University, Ethiopia), Similar data is available in Brazil and the USA

⁸ Gender and HIV/AIDS, Cutting Edge Pack BRIDGE 2002 www.ids.ac.uk/bridge

has been found to be low.⁹ They are also less likely to come forward to use voluntary testing and counselling facilities. Thus older people's ability to care safely for their children and grandchildren, let alone for themselves, is severely compromised.

Older people face stigma and exclusion

Exclusion is a major problem faced by older people and orphans living with or related to PLWHAs. Social ties and traditional support mechanisms can be weakened when ignorance and stigma marginalise a family affected by HIV/AIDS, leaving them feeling ashamed, alone and isolated. Older parents can suffer feelings of blame, shame and guilt for their children's situation. They can experience frustration at not being able to cure their children of a still poorly understood disease, and the trauma of having to nurse them and see them die. This is further exacerbated by the stress of bringing up the orphaned grandchildren, who themselves suffer stigma and exclusion on economic and social grounds.

Older people can face further exclusion from community activities and organisations because their increased responsibilities do not allow them the time or money to participate in community activities and meetings. Their social networks, so crucial for survival in resource-poor settings, are therefore often weak at a time when they are most needed.

Carers community groups, which allow older people to talk about their feelings and experience of HIV/AIDS, can provide support. An older woman in Vietnam, attending such a meeting, said: 'I feel very sad and this is very painful for me to see my sons in this state. I now feel I can share this with this group as I see there are others in a similar position to mine but usually I cannot talk about it – I feel shame.'¹⁰

The lack of understanding of the impact that HIV/AIDS has on older people means that they are routinely excluded from policies guiding interventions to address the epidemic. Consequently they find themselves marginalised as beneficiaries of most care and treatment services, and do not have access to information and support programmes.

'As older people, society considers us more knowledgeable about issues, our grandchildren and people in general will listen to our words of wisdom. We want to be part of the prevention of HIV/AIDS.'¹¹

⁹ *The socio-economic impact of HIV/AIDS on and knowledge, attitude and practice of HIV/AIDS/STDs among older persons in Addis Ababa.* Research report prepared for HelpAge International by the Birhan Research and Development Consultancy, Ethiopia, May 2001

¹⁰ Older woman, Hanoi, Vietnam, HelpAge International, programme development consultation, May 2002

¹¹ HelpAge Zimbabwe, Grassroots consultations with older people in preparation for the Second World Assembly on Ageing, Madrid 2002

Furthermore, older people's potential role and contributions in the fight against HIV/AIDS is poorly understood and goes largely unsupported. Older women and men are transmitters of information and custom, potential agents of behavioural change, and can communicate information in an appropriate and socially acceptable manner to their age-peers and younger generations. The exclusion of older people from educational and prevention campaigns, and the failure to recognise intergenerational information exchange and learning in communities can be counterproductive and can perpetuate divisions between generations.

Older people are denied their rights

For all the reasons described above, age and gender discrimination results in older women and men being marginalised from interventions targeting HIV/AIDS-affected communities. Older women and men are being denied their right to adequate information on HIV/AIDS to protect themselves and the people under their care. They are being denied access to services and treatment as well as care and support programmes to assist them in their roles as carers. Furthermore, they are not getting their fair share of the resources dedicated to dealing with the impacts of AIDS.

In addition to older people not being able to claim their entitlements, HIV/AIDS has been found to increase the incidence of violence and abuse against older people. In Africa, HelpAge International is receiving increasing numbers of reports of older women in particular being accused of witchcraft and of having placed curses on families affected by HIV/AIDS. This frequently results in the older women being ostracised from and forced to leave their communities, being physically attacked, burnt and even killed on the basis of unfounded accusations.¹²

Where HIV infection results from intravenous drug use families face the double burden of trying to deal with the treatment of AIDS as well as the drug addiction of one or more of the adult children. Older people can find themselves faced with violence and forced removal of assets by their children if they cannot provide funds to maintain the drug user's addiction.

Despite the needs that older women and men have in relation to HIV/AIDS and the important role that they are playing in the fight against the epidemic, their fundamental rights and freedoms as people infected and affected by HIV/AIDS are not being protected.

¹² HAI-Mozambique Internal reports and documentation, *Older People in Magu - Tanzania, The Killings and Victimzation of Older Women*, HAI-Tanzania Reserach Report prepared by Kate Forrester Kibuga, May 1999 and *Widowhood and Inheritance* HAI-Tanzania Research Report prepared by Tanzania Women Lawyers Association, May 2002

Making older people visible in HIV/AIDS research

Despite the deep and wide-ranging impacts of HIV/AIDS on older people, comparable and reliable data and evidence that reflects the extent of the challenge facing older women and men is hugely inadequate. Older people are invisible in existing data sets. More research and comprehensive age-disaggregated data are crucial to make the case for their inclusion in interventions to tackle the epidemic and to develop sustainable policy and practice.

Older women and men make up a significant group of people who are not being counted in global estimates on the impact of HIV/AIDS. In 2003 international data on infection rates is still largely limited to 15-49 year olds. This obscures the risk of infection in the youngest and oldest age group. Understanding the extent and effect of HIV and AIDS on older populations is critical to combat the epidemic and to realise the Millennium Development Goals relating to poverty, health, education and HIV/AIDS itself. The absence of data, and the lack of understanding of how older people are infected and affected, results in the neglect of their needs in policies and programmes to mitigate its impact.

HelpAge International's experience so far in supporting older women and men in AIDS-affected communities has highlighted some key information gaps and research questions. Information is required in the following areas in order to better design, implement and monitor practical interventions at international, national and local levels.

- › Research is needed on the role of older people as carers of PLWHA and orphans and vulnerable children, and the economic, social and physical costs that older people and their families incur. Not enough is known about support older people receive from communities, NGOs and service delivery organisations, local government and village structures. Most importantly the older women and men are rarely asked what they feel constructive measures and policies to address their concerns would be.
- › Research is required on the ways that the disease affects older people living with HIV/AIDS physically and physiologically as well as psychologically and emotionally. Questions that need to be answered include:
 - what are the known numbers and conditions of older people living with HIV/AIDS?
 - how are older people with HIV/AIDS identified?
 - what support, treatment, and health care is accessible to older people living with HIV/AIDS?
- › In order for educational campaigns to better target older women and men, research is needed into what information older people have about the disease and how they access this information. This would allow the role of older people as educators and counsellors to be better harnessed and supported.

It is important that HelpAge International, with its academic and implementing partners, ensure that information collected through research and programme work has a clear policy outcome. Data and information alone are not effective without clear and related dissemination and advocacy strategies. These must have identified targets for policy change at all levels from legislation and resource allocation to management and service delivery with clear recommendations for actions. Older people's capacity to be key protagonists in the collection and dissemination of this information and in advocating for change on their own behalf should be strengthened as a critical part of this process.¹³

The policy context

The plight of older people coping with death and economic hardship as a result of HIV/AIDS is only too obvious to the people living with them in their communities. However, national and international organisations responding to the epidemic have been slow to recognise and support the actual and potential role older people might play in dealing with and reversing the spread of HIV/AIDS. This reflects the generalised lack of attention to older people in development agendas and related policy issues at a national and international level.

Important progress was made in 2002 with the adoption of the Madrid International Plan of Action on Ageing, which called on governments to include older people in development processes and assure their right to development. Specific commitments were made to include older people in HIV/AIDS-related programmes and to intensify research and data analysis on the numbers of older people affected and infected by the virus. This builds on the acknowledgement of the need to support older women in their role as carers specified in the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS, held in New York in June 2001.¹⁴

HelpAge International is therefore working with a range of organisations at community, national and international levels to examine the potential for intergenerational strategies that deliberately include older people. A further step is to advocate for their adoption in interventions and policies to address HIV/AIDS. These include national AIDS and ageing policies, regional agreements¹⁵ and other international mechanisms such as UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). It is vital that clearer linkages and policy connections are made between the programmes designed to support orphaned children and possible support to their older relatives.¹⁶

¹³ See forthcoming Research Guidelines on HIV/AIDS and Older People, HelpAge International, 2003

¹⁴ Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001

¹⁵ Such as the African Union Policy Framework and Plan of Action on Ageing 2002

¹⁶ See policy report by HelpAge International and the International HIV/AIDS Alliance on the role of older people as carers of orphans and vulnerable children. Forthcoming September 2003

The international community has agreed a set of eight development targets in the form of the Millennium Development Goals. Goal Six commits United Nations member states to halt and begin to reverse the spread of HIV/AIDS by the year 2015. A number of developing countries and international financing and development institutions are slowly recognising that the role older women and men might play in supporting the achievement of this goal is not well understood. Much more needs to be done to place older people at the centre of the fight against HIV/AIDS.

Much of the available funding for interventions to combat HIV/AIDS is allocated to the perceived 'high risk groups'.¹⁸ Data gathering on infection rates is limited to those that attend prenatal and birth clinics and present at hospitals with HIV/AIDS-related symptoms. Older people with such symptoms often go undiagnosed as they are presumed to have tuberculosis, malaria or merely to be suffering from 'old age'.

The emphasis on those infected with the virus leaves unsupported those who are affected indirectly through the illness of family or community members. A range of social, economic, policy and research-related interventions are required to ensure HIV/AIDS programmes reach all risk groups, including very young children and the over-50s. International initiatives such as GFATM need to take account of and respond to all population groups affected by or at risk of HIV/AIDS.

HelpAge International is facilitating collaborative work between older people's organisations and other agencies, including specialist organisations such as UNICEF, to ensure that HIV/AIDS interventions are inclusive of their needs. It is important that older people and their organisations, as part of global civil society, are enabled to take an active role in advocating for their inclusion in local and national programmes to combat HIV/AIDS.

The Madrid International Plan of Action on Ageing sets recommendations for more research on the impact of HIV/AIDS on older people including their risk to infection and support to their role as carers.¹⁷

Tackling the epidemic across generations

The HIV/AIDS epidemic is exacerbating the already precarious situation of poor older women and men the world over and in resource-poor countries in particular. It is placing new and difficult burdens on older people and depleting their already scarce resources. This creates new challenges for the work of HelpAge International and its partners with older people and yet makes this work all the more important.

¹⁷ United Nations Report of the Second World Assembly on Ageing, Madrid 8-12 2002, (A/CONF.197/9) Priority Direction II, 'Advancing health and well being into old age' Issue 3 'Older persons and HIV/AIDS' paragraphs 78-81

¹⁸ Young people, adolescents, pregnant women, commercial sex workers, soldiers and mobile populations

Providing direct and tangible benefits for older people

HelpAge International has been working in recent years with its partner organisations in Africa, Asia and the Caribbean to address the immediate effects of HIV/AIDS. Our focus is to support the crucial role older women and men are playing in the survival of their families and communities. Programmes in countries including Kenya, Mozambique, South Africa, Sudan, Uganda, and Zimbabwe, Thailand and St. Vincent and the Grenadines combine income generation with support and advice to older carers of PLWHA and of orphans and vulnerable children.

HelpAge International's interventions are community-based and take an intergenerational approach. It promotes inclusive programming through participation and consultation, in which the rights of all people, including older people, children, and those who are sick, poor and vulnerable are recognised. Its programmes have mutually reinforcing components linking poverty reduction measures to people's rights to food, housing, health care, education and work. Just as older people cannot be seen as a group separate from their own history and the community around them, so the situation of adults and children affected by HIV/AIDS cannot be improved in isolation from their extended families, communities, and broader national policies.

For example, HelpAge International has been working in Tete Province, Mozambique to identify and support affected and infected older people, PLWHA and orphans. It is supporting community-based committees to develop income-generating activities; to train older people's groups, traditional healers and care-givers in counselling, home visiting and care giving; to promote school attendance by AIDS-affected children; and to document and disseminate HIV/AIDS information as it relates to orphans and older people.

Older women and men as agents of change

By targeting older people with information about the virus and its effects, HelpAge International is working to ensure that older people are informed and can be part of the efforts at prevention instead of being seen as potential obstacles to discussions around sexual behaviour. HelpAge International's experience shows that once older people are informed and included they are keen to be part of efforts to save their families and communities.

Programmes training and supporting older people as 'listeners' and 'counsellors' are proving effective in including older people. In Mozambique, the 'listeners' raise awareness about HIV and AIDS and help families cope with the multiple traumas AIDS presents them with. In Juba, Sudan, HelpAge International has developed and strengthened an outreach system of older people's committees, health promoters and community and social workers, which ensures that the most vulnerable older persons are identified and supported. Utilising the important skills and status of older people, the programme provides them with the tools to become community educators and counsellors, raising awareness about HIV/AIDS through the production of radio programmes, dramas, booklets, and posters.

In Thailand and other Mekong basin countries, HelpAge International looks to Buddhist monks as influential and trusted figures in the lives of older people and communities to provide counselling and spiritual support to affected families.

Fighting stigma and exclusion

The stigma attached to HIV/AIDS may in some cases jeopardise efforts to identify and work with older people as carers and makes participation and community engagement more difficult for older people. HelpAge International's programmes and partners in Africa and Asia have developed information and educational materials to raise awareness of the cause, transmission and effects of HIV/AIDS and of its impacts on older people. These materials are used at local, national and regional levels to target a range of actors, from older people themselves and their communities to national governments and international policy makers. Their aim is to help demystify the nature of the virus and include older people in the fight against HIV/AIDS.

In northern Thailand, a HelpAge International programme helped raise awareness about the impact of HIV/AIDS on older people and educated the general public about the importance of helping older people adversely affected by HIV/AIDS. Complemented by a home care volunteer scheme and home care training programme, this helped to build community awareness of older people's role as carers and to reduce the isolation they faced.

Emergency situations: the double burden

Older people face particular constraints in humanitarian emergencies whilst often taking on the responsibility for dependants. In regions that are also affected by HIV/AIDS this burden is greatly increased.

Programmes and policies to address AIDS and support PLWHA and their families become difficult to implement in countries affected by conflict, political instability or natural disasters. The breakdown of infrastructure, communications and the rule of law that accompanies emergency situations transfers more of the burden of coping on to families and communities. HelpAge International's experience shows older people are very marginalised in emergency situations, not only by their own precarious situation but also by the nature of humanitarian responses, which usually focus primarily on children and young women.

HelpAge International's work in the southern Africa food crisis of 2002 faced the challenge of the double impact of HIV/AIDS and famine on older people and their families. In Zimbabwe and Malawi, HelpAge International has been supporting older people with food aid as well as seeds, tools and training to address their food security needs and prepare them for the next growing season. In Mozambique, HelpAge International has managed to provide food security support to those families affected by HIV/AIDS as part of its ongoing integrated programme work.

HelpAge International works with humanitarian agencies and international NGOs to raise awareness of the needs and roles of older people in emergencies. Recently it has also included analysis of the HIV/AIDS situation in the needs assessments for its emergency response.

Collaborative action is needed to ensure that the inter-generational nature and widespread socio-economic impacts of HIV/AIDS are recognised.

An agenda for action

Collaborative action is needed to ensure that the intergenerational nature and widespread socio-economic impacts of HIV/AIDS are recognised, addressed and prevented. This collaboration should take place at all levels: between older people and their organisations, HIV/AIDS service organisations and other NGOs, national governments and international donors and policy makers.

- › Ensure that national and international targets on reversing the spread and impact of HIV/AIDS include older people as carers, educators and an ‘at risk’ group and that older people are included in national and international responses to combat HIV/AIDS, such as the Global Fund to fight AIDS, Tuberculosis and Malaria.
- › Ensure that policies and programmes to combat and prevent the impacts of HIV/AIDS form a central pillar of development expenditure and acknowledge the interface with poverty reduction, health, education and sustainable development.
- › Build the capacity of older people’s organisations to understand and act upon the implications of HIV/AIDS whilst continuing to build the capacity of other organisations to work with and for older people.
- › Undertake research to develop the evidence base on older people’s needs and roles in the HIV/AIDS epidemic in order to make the case for older people’s inclusion in HIV/AIDS interventions.
- › Assess the impact of HIV/AIDS on development programmes and policy for older people and mainstream HIV/AIDS into all programme interventions, including emergency response.
- › Build partnerships between research institutes, governments, HIV/AIDS service providers and organisations of older people to ensure the inclusion of older people in research, programme and policy work.
- › Hold governments to account on the commitments they have made in national and international policies and instruments to fight HIV/AIDS and mainstream ageing into development and human rights policy and practice.
- › Foster intergenerational approaches to direct support, policy and advocacy interventions in the global fight against HIV/AIDS.

Selected resources

HelpAge International Resources

Ageways 61 HIV/AIDS and older people, HelpAge International, December 2002

Participatory research with older people: A sourcebook, HelpAge International 2002

State of the world's older people 2002, HelpAge International 2002

Older people and HIV/AIDS in Africa, leaflet, HelpAge International Africa Regional Development Centre, 2002

The impact of HIV/AIDS on older people in Africa, Report of a workshop organised by HelpAge International Africa Regional Development Centre, Nairobi, Kenya, January 2002

Older people and HIV/AIDS in Asia information pack, HelpAge International Asia Pacific Regional Development Centre, 2001

Community based responses to HIV/AIDS: challenges facing older women and men in Kenya, Report of a workshop organised by HelpAge International and HelpAge Kenya in collaboration with UNIFEM, 14-15 November 2001

Forthcoming:

Research guidelines on HIV/AIDS and older people, HelpAge International, 2003

Report on the role of older people as carers of orphans and vulnerable children, HelpAge International/International HIV/AIDS Alliance, September 2003

Other

Gender and HIV/AIDS, Cutting Edge Pack BRIDGE 2002 www.ids.ac.uk/bridge

Ingstad, B., Bruun, F.J. & Tlou, S 'AIDS and the elderly Tswana: The concept of pollution and consequences for AIDS prevention' **Journal of Cross-Cultural Gerontology** Vol. 12: 357-372, 1997

Kespichayawattana J and VanLandingham, M **Health Impacts of Co-residence with and Caregiving to Persons with HIV/AIDS on Older Parents in Thailand** PSC Research Report No. 02-527, Population Studies Center at the Institute for Social Research, University of Michigan, USA. 2002

Knodel, J, VanLandingham, M Saengtienchai, C and Im-em, W **Older People and AIDS: Quantitative Evidence of the Impact in Thailand**, Report No. 00-443, Population Studies Center at the Institute for Social Research, University of Michigan, USA 2000

Stepping Stones toolkit: a training package on HIV/AIDS, gender issues, communication and relationship skills
<http://www.actionaid.org/stratshope/ssinfo.html>

Williams, A **An elephant has to carry its tusks: grandparents' efforts to educate their grandchildren in rural Uganda**, Tropical Health Program, Australian Centre for International and Tropical Health and Nutrition, Medical Research Council (UK) Programme on AIDS in Uganda, April 1998

Key international documents

Madrid International Plan of Action on Ageing, Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002, A/CONF.197/9 <http://www.un.org/esa/socdev/ageing/waa/index.html>

Declaration of Commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001, <http://www.unaids.org/UNGASSreed>

United Nations Millennium Declaration, Resolution adopted by the General Assembly 18 September 2000, A/RES/55/2, <http://www.un.org/millennium/summit.htm>

UNAIDS fact sheet on older people and HIV/AIDS http://www.unaids.org/fact_sheets

Useful websites and email contacts

Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) Website: www.globalfundatm.org

HelpAge International Website: www.helpage.org Email: fclark@helpage.org

International HIV/AIDS Alliance Website: www.aidsalliance.org

United Nations Joint Programme on HIV/AIDS (UNAIDS) Website: www.unaids.org

World Health Organisation Website: www.who.int Email: publications@who.int