UNGASS indicators: where are the over-50s?

June 2008

Policy context

HelpAge International welcomes the opportunity provided by the high-level meeting on AIDS in New York on 10 and 11 June 2008, to review global progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

In 2007 all UN member states were asked to report on their progress in implementing the 2001 and 2006 UNGASS declarations. These reports monitor progress against 25 core indicators established by the Monitoring and Evaluation Reference Group of UNAIDS.

However, people aged 50 and over are excluded from the 25 core indicators and overlooked in broader international and national HIV and AIDS monitoring and reporting. This exclusion is leading to a lack of awareness of the impact of HIV and AIDS on older people and the crucial contribution that older people, particularly older women carers are making in the response to HIV and AIDS, and their neglect in policy and programming.

With clear evidence that older people are both infected with HIV and affected, primarily in their role as carers, it is crucial that reporting on the epidemic is expanded to ensure that older people are included, awareness is raised and older people are targeted in the HIV and AIDS response. Universal access can only be achieved if all population groups are included in the response.

This briefing argues for the inclusion of older people in indicators to monitor UNGASS commitments and calls for changes to four of the indicators.

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Exclusion of older people

HelpAge International has analysed the 25 core indicators and found that none specifically monitors the impact of the epidemic on older people. A number of indicators monitor a specified age bracket, i.e. the 15-24 year age group or those aged 15-49. This means that the indicators actively exclude people aged 50 and over. This is despite the crucial role of older people as carers, and the social, economic and psychological burden of the pandemic on their lives.

Two indicators monitor percentage of 'adults'. These indicators may appear more inclusive, but UNAIDS international reporting on HIV prevalence is still restricted to the 15-49 year age group, so countries are likely to use the same data for their UNGASS reporting.

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HelpAge International

Leading global action on ageing

The core indicators also neglect older people in their role as carers. None of the indicators addresses who is providing care to the millions of people living with HIV and AIDS and orphans and vulnerable children around the world.

The UNAIDS regional office for southern and eastern Africa recognised the neglect of older people in the response to the epidemic and asked HelpAge International to conduct an analysis of all national UNGASS reports for the region for their inclusion of older people. HelpAge International analysed UNGASS reports for Ethiopia, Kenya, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe and found that these largely neglect older people.

Neglect of older people is hindering the success of the HIV and AIDS response.

Perpetuating exclusion

The analysis of national reports highlights the perpetual exclusion of older people from policy and programme responses to HIV and AIDS. As with all population groups, older people are affected by the epidemic and require support in prevention, treatment and care. Neglect of older people is hindering the success of the HIV and AIDS response. Therefore, HelpAge International would like to highlight the following aspects to be taken forward in the UNGASS policy and monitoring debate.

Older people and prevention

- Older people are often discriminated against in the provision of HIV and AIDS services because of a wrongly-held assumption that older people are not sexually active, and that HIV therefore only affects younger people. The collation of HIV prevalence data for the 15-49 year age range reinforces such assumptions. In its 2006 *Report on the Global AIDS Epidemic,* UNAIDS stated that a substantial proportion of people living with HIV and AIDS are 50 years or older.[1]
- The primary mode of transmission among the 50+ age group is the same as for other age groups – heterosexual sex. Specific risk behaviours, such as unprotected sex, multiple sexual partners, intergenerational sex, sexually transmitted infections and substance abuse are also present in this age group.
- Older women and men can be at increased risk of HIV infection simply because they are typically not addressed by public information campaigns and therefore do not benefit from education on how to protect themselves.
- Lack of awareness of HIV and AIDS among older people is problematic for younger generations, as older people care for and need to educate children and youth about the disease.

1. UNAIDS, 2006, *Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition*

Older people as carers

- Older people are often the primary carers of orphans and vulnerable children. For example, in some communities in Mozambique, women and men over the age of 60 make up 5.4 per cent of the population, but they care for 54 per cent of orphaned children.[2]
- Older people, and particularly older women, frequently provide care for their adult children living with HIV and AIDS. A study undertaken in Cambodia and Thailand found that 62 per cent of parents in Cambodia and 70 per cent in Thailand lived with a child prior to their death from an AIDS-related illness.[3]
- Older people provide emotional support to people living with HIV and AIDS, and to grandchildren whose parents die. This role can have a huge emotional impact on older people themselves. Carers also experience increased social isolation because of discrimination relating to age as well as to HIV and AIDS.
- Older people provide care at a time of life when they may have expected to be cared for by their children, and when their income-earning potential is much reduced due to the physical effects of ageing and age-related discrimination. Earning potential may be further diminished by the amount of time given to caring.
- Reduced income is one of a number of economic impacts of caring. Older carers have to meet the costs of treatment, food and clothing, as well as expenses such as school fees and education materials for orphans and vulnerable children. These economic demands may result in older people being forced to sell their assets.

Older people and treatment

- As carers, older people, particularly older women, have a pivotal role to play in treatment programmes. They dispense medicine, dress wounds, relieve pain and accompany people living with HIV and AIDS to medical centres. Older carers are often crucial to treatment adherence, taking responsibility for drug regimes and diet.
- Most home-based care policies and programmes, including guidelines on standards, do not address the specific economic, health and psychosocial needs of older carers.
- It is also crucial to ensure that older people infected with HIV can access treatment for themselves.

Older people are often the primary carers of orphans and vulnerable children, and of people living with HIV and AIDS.

2. HelpAge International, 2007, *Living together: Meeting the economic needs of older carers in Mozambique*

3. Knodel J, 2006, *Parents of persons with AIDS: Unrecognised contributions and unmet needs,* Global Ageing: Issues and action

Policy recommendations for UNGASS

This evidence of the impact of HIV and AIDS on older people from HelpAge International research and programmes highlights the hugely problematic gap in the HIV and AIDS response resulting from the neglect of older people in HIV and AIDS indicators and therefore, also in international and national policy and programming. In order for this gap to be filled HelpAge International requests that:

1. Core UNGASS indicators are expanded to include the over-50 year age group, beginning specifically with indicators 7, 16 and 17, which are explicitly focused on those aged 15-49 and so exclude older people.
   - **Indicator 7: Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results.**
     Every individual, independent of age, has an equal right to voluntary counselling and testing and to know their HIV status. This indicator excludes those under the age of 15 and over the age of 49 and suggests that increasing access to testing should only be a priority for those aged 15-49.
   - **Indicator 16: Percentage of women and men aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months.**
     This indicator reinforces the assumption that people over the age of 49 are not sexually active and would not have sex with more than one partner in a year. This assumption is fuelling the neglect of older people in HIV and AIDS policy and programming, including in their access to HIV and AIDS services.
   - **Indicator 17: Percentage of women and men aged 15-49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse.**
     This indicator also reinforces the assumption that people over the age of 49 are not sexually active and suggests that condom use among this age group is not an important issue in the HIV and AIDS response. This view adds to the exclusion of older people in service delivery, and specifically in prevention programming.
2. The indicator set needs to be expanded to ensure that data is collected on who is providing care to people living with HIV and AIDS and orphans and vulnerable children, and what support is being provided to these carers.
   - **Indicator 10: Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child.**
     This indicator goes some way to addressing the issue of carers but needs to be expanded to capture exactly who is providing care and what support they are receiving. As HelpAge International data shows, older people are playing a crucial role in caring, but receive little or no formal support.

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