



WORLD HEALTH ORGANISATION

## AGEING AND AIDS IN AFRICA

### INTRODUCTION

The rising AIDS death toll and the consequent increasing numbers of AIDS orphans worldwide are having far-reaching health, economic and psycho-social impact on society, particularly in Africa – where 70% of the 36.1 million people with AIDS in 2000 were living. Similarly, of the total number of children under the age of 15 years (13.2 million) who had lost their mothers or both parents to AIDS by 2000, 90% were in sub-Saharan Africa. Most of those infected with HIV are people in their economically active stages of life (15-49) and this places an enormous burden on their older relatives who have to care for them within a context of decreased economic means due to the loss of earning capacity of the adults with disease.

At the same time, the capacity of the families in Africa to provide care is stretched to the limit by the increasing levels of poverty, the breakdown of traditional support mechanisms, civil wars, mass population displacement and migration that have been the reality in many African countries in the last decades. The burden on families in caring for HIV/AIDS patients and orphaned children are therefore immense and the bulk of this burden is borne by older people. It is grandparents who have to

care for their sick or HIV-infected children and raise and support their orphaned grandchildren. In most cases, they provide this care with little or no state or other support.

It is of particular importance to call attention to the fact that, unlike other causes of premature deaths of younger adults, HIV/AIDS kills both parents and often puts orphaned children in danger of destitution unless older members of their families care for them.

The crucial role that older people play in the care of AIDS orphans is seldom given recognition, and their health, economic and psycho-social needs are often neglected in the ‘fight to save the AIDS orphans.’ Yet older persons are expected to somehow cope with the double burden of caring for their dying children and their orphaned grandchildren despite lacking even the basic resources to do so.

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“Looking after orphans is like starting life all over again, because I have to work on the farm, clean the house, feed the children, and buy school uniforms. I thought I would no longer do these things again. I am not sure if I have the energy to cope”. (65-year-old man, Makoni, Manicaland the main carer of three school-aged children).

“We are old and we need someone to look after us and yet we are expected to take care of these orphans” (72-year-old woman from Mbare, Harare).

## **Project objectives**

- Create a body of evidence on the needs of older care givers
- Provide baseline information to inform policy makers on setting priorities and allocating resources
- Identify the barriers that prevent the provision of support to older caregivers
- Collaborate on interventions programme with government agencies, NGOs and academia to maintain the health of older care givers.

Photo Credit: HelpAge International



## **The Pilot Study in Zimbabwe**

The pilot study was conducted by ALC in January - February 2001, in Collaboration with the WHO African Regional Office (AFRO) and WHO Zimbabwe country office, UNAIDS, Zimbabwe's National AIDS Co-ordination Programme, the Ministry of Health and Child Welfare (MoHCW), the University of Zimbabwe, the Central Statistics Office, HelpAge Zimbabwe and HelpAge International.

The study methodology employed a combination of qualitative and quantitative techniques. The study sample consisted of 810 households headed by adults who were either caring for their sick children, or had cared for such children in the past and

were now living with the orphans resulting from AIDS deaths. The final analysis concentrated on the 685 individuals who were aged over 50 years. Most of these (84%) were the main caregivers within the household and the majority (71%) were female.

## **Key findings from Zimbabwe**

The study identified the following major problems faced by older people caring for their HIV infected children and/or orphans:

- Loss of economic support, loss of remittances from their sick/dead adult children
- Lack of access to basic needs such as food and clothing
- Limited access and utilisation of health care services due to transport difficulties and high cost of services.
- Financial hardships leading to inability to pay for medical or school fees
- Negative attitudes of health workers towards them, as older persons, as well as towards people living with HIV/AIDS
- Stigmatisation of people with the disease by community and service providers
- Physical and emotional stress resulting from increasing levels of violence and abuse (often as a result of witchcraft accusations).

## **Key indications for policy and programme intervention**

The three key areas identified for policy and programme action are:

- Enhancing the care-giving capacity of older people
- Improving access to and utilisation of services, and
- Ensuring economic independence and income support.

**a) Enhancing the capacity of older people to look after the sick and/or AIDS-orphans**

Public health practitioners must promote the adoption of a paradigm that sees the home as an extension of the health care system. This change in focus and practice will necessitate the transfer of resources (such as medicines, equipment, training, prevention education and information on how to provide care) to the home in such a way as to enable home care providers to perform their tasks effectively.

Practical suggestions to achieve this include:

(i) The promotion of outreach programmes by health care personnel or specially trained volunteer health workers, which could for example, include retired health workers. Untapped human resources could be retrained to increase the provision of health care support to disadvantaged older persons.

(ii) Improvements in the delivery of services through:

- Promoting, maintaining and improving the health of older persons especially those with care giving responsibilities
- Providing older people with education/information on HIV/AIDS and related care issues
- Providing AIDS prevention education for health workers as they face the same risks as the general population they serve
- Providing psychological support and counselling for all care providers (health care workers and home based caregivers)
- Reducing the double stigma (AIDS-related and ageism) and other prejudices among health care workers - particularly through their training and education

**b) Improving access to and utilisation of services**

Although policy actions to recognise and support the contributions of older people are chiefly a responsibility of the government, actions to change attitudes and to provide resources must be multi-sectoral. There is a need to review and analyse all existing policies on available socio-economic assistance programmes for older people. This review of support schemes

will provide a good understanding and knowledge of the existence and effectiveness of such schemes. Policy and programme recommendations resulting from this review would therefore be based on evidence. Existing policies must be analysed with a goal of identifying the gaps in their implementation, sustainability, and co-ordination.

There is a need to improve older persons' access to and utilisation of existing social support schemes. Though in theory there are several such schemes, in practice there is either low or no access and utilisation of these services. The challenge therefore is how to bridge the gap between resources and those who need them. This requires, at the outset, a comprehensive review and analysis of existing socio-economic policies and programmes regarding their effectiveness, barriers to their utilisation, gaps in their implementation and support-sustainability and co-ordination. If need be, some related laws (e.g. concerning inheritance) must also be taken into consideration/revision. On the basis of this, efforts must be made to create public/official awareness of existing policies, and to facilitate existing reporting and monitoring mechanisms to ensure that policy intentions are properly carried out at the grassroots-level. The mass media, especially radio, may be an important tool in informing the target group on what forms of assistance are available and of ways to access them.

**c) Economic/or income support to older people affected by HIV/AIDS**

A third area of urgently required support is the need for economic or income support and security for older people caring for the sick or HIV/AIDS orphans. In the absence of a universal pension scheme, as is the case in most African countries, there should for example, be income-generating schemes to support older care-givers.

## **Conclusion**

Older people in most African societies are a vulnerable group as a result of a lifetime of hardship, malnutrition, poverty and, in older age, a high risk of suffering from chronic diseases. The AIDS pandemic is now posing an additional burden on them, further increasing their vulnerability. In their old age, when they may require support and expect to be looked after, they have to take on the role of caring for others, in most cases without even the basic necessary resources. Thus, their health is the most precious asset not only to them, but also to their families and communities. Lack of economic, social and psychological support, combined with inaccessibility of health services is a constant threat to their ability to provide the care expected from them. All efforts must be made to support and address the vulnerability of these older people, not least because it is they who are raising the future adult generation - Africa's future human capital.

## **Related projects and links**

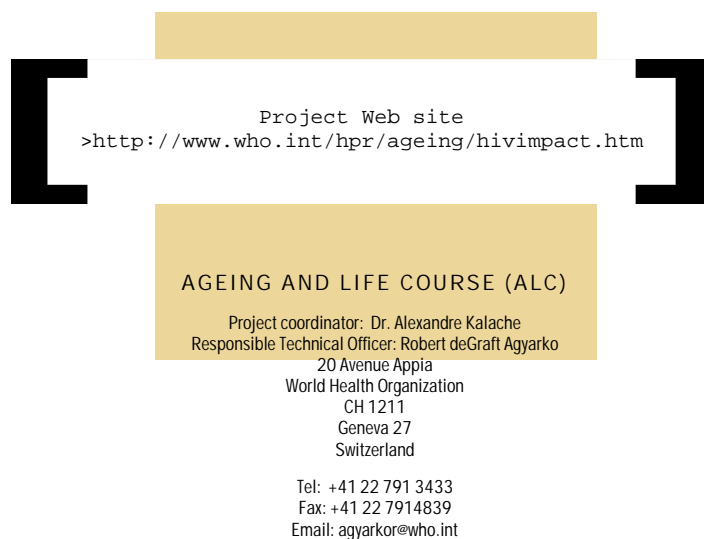
This project has been developed in close collaboration with the Ministries of Health and Welfare of the participating countries as well as local academic institutions and NGOs. Of paramount importance is to link the research findings to policy and to intervention programmes that directly benefit older care providers. In order to achieve this prime objective WHO has established from the beginning a firm working relationship with HelpAge International and affiliated organisations at country level. The HIV/AIDS project is closely linked to the WHO Minimum Data Sets (MDS) Project on Ageing and Older Adults in sub-Saharan Africa. The MDS is assembling data in four African countries; Ghana, South Africa, Zimbabwe and Tanzania – the same countries selected for the first phase of the Ageing and AIDS project. The links between these two projects have been developed to provide basic information (qualitative and quantitative) on the role of older people in AIDS related care. This project is funded by UNAIDS and the, U.S. – National Institute on Aging (NIA).

## **Lessons learned and future activities**

This way of mixing qualitative and quantitative techniques has provided many lessons for the project team. Lessons were learned in: site selection; sampling and sample size calculation; building national interest and community trust; questionnaire development; data collection, storage and analysis; report writing and dissemination and, follow up into advocacy and programme development.

The next stage is to finalise the Zimbabwean report. This is currently being done by the University of Zimbabwe – Institute of Development Studies and WHO. National dissemination of these findings is being co-organised with the Ministry of Health and Child Welfare, the WHO country office in Zimbabwe and HelpAge Zimbabwe.

The next step is to apply the methodology developed and tested in Zimbabwe in the other project countries.



Project Web site  
><http://www.who.int/hpr/ageing/hivimpact.htm>

AGEING AND LIFE COURSE (ALC)

Project coordinator: Dr. Alexandre Kalache  
Responsible Technical Officer: Robert deGraft Agyarko  
20 Avenue Appia  
World Health Organization  
CH 1211  
Geneva 27  
Switzerland

Tel: +41 22 791 3433  
Fax: +41 22 7914839  
Email: [agyarkor@who.int](mailto:agyarkor@who.int)