

Position Paper, 2015

HIV Messaging for Older Persons in Uganda for the HIV Prevention, Care and Treatment Advocacy Group for Older Persons in Uganda

Introduction and Background

This paper presents the position of the HIV Care, Prevention and Treatment Advocacy group for older persons. The HIV Prevention, Care and Treatment Advocacy Group comprises of THETA Uganda, National Coalition of Women Living with HIV&AIDS, The AIDS Support Organisation, Ministry of Gender Labour and Social Development-Department of Elderly and Disability, Ministry of Health-AIDS Control Programme, Action for Disability and Development, AIDS Information Center and Uganda Network of AIDS Service Organisations. The group was formed in 2008 to spearhead advocacy campaign directed towards mitigating the impact of HIV&AIDS among older persons in Uganda.

Since inception, the group has registered significant impact including specific reference to older persons in the National HIV&AIDS Strategic Plan 2014/15 – 2019/20. The National HIV Prevention Strategy 2011-2015 called for simultaneous tackling of older persons' behaviours and empowerment to make choices, build negotiation skills, and issues of coercion and violence. The group notes that the government and non-state actors running HIV&AIDS programmes are now aware of the huge gaps on HIV programming and older persons. Older persons have been included onto MOH Peer Education Training Programmes.

Facts about HIV&AIDS in Uganda

Uganda continues to experience an increasing number of new HIV infections every year, estimated at 124,000 in 2009 and 128,000 in 2010. The number of new infections outstrips annual enrolment into Anti-Retroviral Therapy (ART) by two-fold. If the status quo continues, the HIV burden is projected to increase by 700,000 new infections over the next five years. There are multiple reasons why, despite 25 years of implementing various HIV prevention interventions, new HIV infections remain high (National Prevention Strategy, 2011-2015). Most HIV interventions are still on an insufficient scale to make significant public health impact. Many are not aligned with sources of new infections. As a result of complacency, there is now a return to widespread risky sexual behaviour and low comprehensive knowledge of HIV prevention in the population as was at the very beginning of the epidemic. While scaling up HIV&AIDS care and treatment in recent years has been fairly successful saving lives and providing relief to people living with HIV as well as preventing some new infections, long-term sustainability of the HIV&AIDS message programs requires intensified and increased effectiveness of HIV prevention for older persons.

Why should HIV messaging for older persons be prioritized in the National HIV Behavioral Change Communication programmes?

There are considerable efforts by the Government of Uganda and non-state development actors to prevent the spread of HIV&AIDS through different means of behaviour change communication programmes. The National HIV Prevention Committee was established to act as the overall policy and program advisory body for the national HIV prevention response in Uganda. Formation of the National HIV Message Clearance and Harmonization Committee which screens all HIV&AIDS messages generated by different actors to ensure that simple, clear and accurate messages are passed on to Ugandans, and finally, the IEC/BCC Committee in the Ministry of Health.

The Constitution of the Republic of Uganda, 1995, provides for the following entitlements among others; affirmative action for marginalized groups (Article 32), protection of rights of minorities (Article 36), right to education (Article 30). The legal framework calls for protection of the rights of persons, vulnerable groups such as PWDs and the elderly (old persons). It is also important to note that some older persons can read and write but many of them are very illiterate as they cannot neither read nor write.

The National HIV Prevention Strategy 2011-2015 calls for simultaneous tackling of older persons' behaviours and empowerment to make choices or build negotiation skills, and issues of coercion and violence. However, it is significant to note that there are no deliberate interventions made to target older persons in terms of behavioral change programmes or HIV messages yet a lot of concentration is given to young people and woman in their reproductive stage. In Uganda, 150,100 aged 50+ are living with HIV and their HIV prevalence is estimated at 6.8% (Negin J and Cumming R, 2010).

Nationally, only 36% of women and 43% of men age 15-49 have a comprehensive knowledge of HIV&AIDS (MOH, 2012). It is falsely assumed that older persons 60 years and above are sexually inactive and yet available studies by URAA and HelpAge indicate the contrary. To demonstrate this, one of the studies by URAA and HelpAge revealed that 64% of the Older Persons are sexually active, of which 91 % never used condoms during sexual intercourse.

Besides, research evidence from the HIV Prevention, Care and Treatment Advocacy group for older persons suggests that older persons are not targeted in the HIV messaging, which ultimately leaves them exposed to contracting HIV&AIDS. For example; many older persons take care of people living with HIV&AIDS such as own children and grandchildren and can contract the disease from direct contact with their blood. Furthermore, Older Persons being in menopause are liable to experience thinning of the vaginal wall which potentially causes injury during sexual intercourse and thus increasing risks of contracting HIV&AIDS.

Older Persons and HIV Prevention Messaging

The current available messages are not age friendly because they predominantly target the youth and women, and are put at health facilities. Access to messages is not available to older

men and women, it is only those who come to the health facilities and are able to read who may access the messages. But even the health facilities are not the only best places to have prevention messages because when older people come to health facilities, they are sick and are only thinking about treatment and yet only a few can read and understand these messages. Conversely, health promotion or education programs for prevention are meagerly funded and the budget is not more than 10% of the total health budget. This is not adequate to enable dissemination of messages to the rural communities yet this is where majority of older persons live. Messages targeting older persons should be conveyed in their local languages and through their community radios so that they can understand them well.

This calls for an urgent need to target older persons in terms of HIV messaging since they are prone to HIV either directly or indirectly.

Key Recommendations to the Government of Uganda

The National HIV Prevention, Care and Treatment Advocacy Group for Older Persons urge government of Uganda to include the following in the National HIV Behavior Change Communication Programmes:

Recommendation 1: Government should operationalise the National Council for Older Persons to ease coordination and provide avenues for addressing HIV concerns of Older Persons.

Recommendation 2: The Government of Uganda through Ministry of Health should co-opt Older Technocrats on the Information, Education Communication or Behavioral Change Communication Committee.

Recommendation 3: The Government should implement the National Policy for older persons.

Recommendation 4: The Government through UAC and Ministry of Health should ensure that the National HIV Messaging Committee does **NOT** clear any messages that are not age friendly.

Recommendation 5: Establish Older Persons Friendly Corners with Counselors who are retired health workers at all Health facilities providing HCT Services.

Recommendation 6: Government through its lined agencies should produce HIV messages in a language that is age friendly.

Recommendation 7: An urgent need to revise the Communication Act.