Report from Conference on
AGING AND AIDS IN SUB-SAHARAN AFRICA
University of Colorado at Boulder, January 11-12, 2007

Submitted to the National Institute on Aging/NIH, in recognition of their support of this meeting.

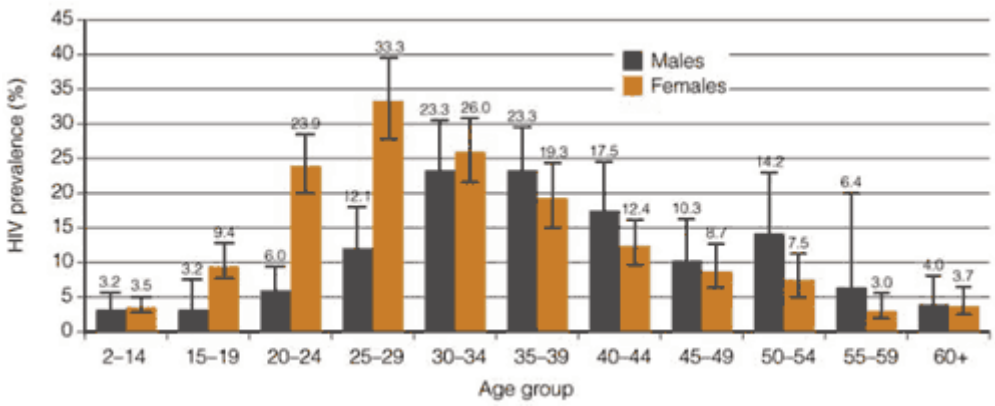
Introduction

Sub-Saharan Africa (SSA) bears a heavy burden of disease including malaria, TB, HIV/AIDS, and other infectious/parasitic diseases. Life expectancy has plummeted in countries most severely affected by AIDS. Botswana's life expectancy for men in 2005 was 33.7 years, fully 40 years lower than it would have been in the absence of this single disease. Countries in which life expectancy for men or women is diminished by at least 25 years due to AIDS include Lesotho, South Africa, Swaziland, and Zimbabwe (Velkoff and Kowal 2006). Population, despite predictions of decimation and devastation (Friedman 2001; Lewis 2003) has continued to grow, even in the hardest hit countries. The elderly population is expected to nearly double – from 70.6 million age 50 and over in 2005 to 137.4 million in 2030 (Velkoff and Kowal 2006). The proportion of elderly in the adult population is increasing, but may decrease in the future as cohorts that are experiencing the highest AIDS mortality age.

The impacts of the HIV/AIDS epidemic on the elderly are often singled out for attention: for example, there are claims that households consisting only of grandparents and orphaned children have become common and will increase in the future, thus placing heavy economic, social and emotional burdens on the elderly and disadvantaging the orphans for whom they care. There are claims that elders are losing their own support networks because of the illness and death of their adult children. These descriptions depict the effect on elders as indirect rather than through their own illness and mortality from AIDS.

As of 2005, older people have lower HIV prevalence than younger adults, although this situation may change in the future as the cohorts with high prevalence age, especially if effective treatment of AIDS becomes widely available and, even more, if effective prevention reduces prevalence among younger people. HIV/AIDS contributes significantly to the burden of disease among older adults. Behrman et al. (2006), using WHO figures for Africa, estimate that HIV/AIDS and Tb constitute only 19% of DALYS for those age 45+ and 5.6% for those age 60+. They project that these figures will, in 2030, be 22% and 8% for the two age groups. Therefore, although substantial numbers of elders are and will be directly affected by HIV/AIDS, it is likely that even more elders now and will experience indirect effects.

Prevalence of HIV by sex and age group, South Africa 2005



Yet there is surprisingly little systematic evidence to support claims about the indirect impact of HIV/AIDS on elders. For example, "skipped generation" households appear to be unusual in SSA, even in the heavily AIDS-afflicted societies of southern Africa. More generally, it is rare to find even basic careful description of the precise nature and magnitude of these effects; even fewer studies are able to distinguish between the immediate and the longer-term impacts of the epidemic, to attribute causality to AIDS, to identify coping mechanisms, whether private or programmatic, that the elderly, their families and their communities may be using to modulate the impacts of the epidemic or the circumstances in which such coping mechanisms are insufficient or absent.

To be most effective, policies and programs to support the elderly, their families and their communities in responding to the epidemic require an evidentiary base so that limited resources can be used well in programs that may substantially improve conditions.

To consider research needs relevant to understanding the impact of HIV/AIDS on elders in sub-Saharan Africa, the National Institute on Aging provided support for a Conference on Research on Aids and Aging in Africa, which was hosted by the Institute of Behavioral Science at the University of Colorado at Boulder in January, 2007. Appendix A contains the agenda and list of participants.

This report gives the recommendations developed by the participants and a summary of the topics and issues discussed. The intention of the participants is that this report aid NIA in formulating its program of research on HIV/AIDS and Elders.

Recommendations

1. Establish an evidentiary base to guide policies and programs:

a. Support the identification and dissemination of existing but scattered data sets that could be made available for public use. Priority should be given to
   i. data that permit precise description of the nature and magnitude of epidemic and include all ages in the population;
   ii. data that permit precise description of the multiple effects of the epidemic on the elderly (e.g. their own risk of HIV infection, their economic circumstances, their roles and responsibilities in caring for adult children with AIDS and for orphaned grandchildren, their physical health and psychological well-being, their expectations for the future, their economic circumstances; their contributions to social reproduction through parenting, advice);
   iii. longitudinal data to
      * distinguish between short vs. longer-term impacts of the epidemic
      * establish causal direction (e.g. do elderly in poorer families suffer disproportionately in part because these families were relatively poor even before the death of an adult child? do inheritance practices negatively affect elders whose adult children die?)
      * assess change (e.g. have the roles and responsibilities of the elderly changed? has their control over resources changed? has their use of public safety nets, such as South Africa's pension, changed? have cultural patterns, such as polygamy, changed?)

iv. qualitative data to specify the impact on and coping mechanisms used by the elderly, their families and their communities (e.g. formal mechanisms of social support such as pensions, religious institutions, legal or customary inheritance rights; informal mechanisms of social support such as intrafamilial transfers of money and labor, migration or personal networks of reciprocity and exchange).

b. Support a program of research to analyze these data.

c. Support the collection of new data to address questions for which the existing data are either insufficient or absent.
   i. As above, priority should be given to data that permit precise description and to longitudinal data, both quantitative and qualitative.
   ii. Encourage and support comparable data collection in different contexts, in order to take the variety of social, economic and cultural contexts into account.

d. Support population projections and modeling in order to
   i. identify where data collection efforts could most efficiently be focused, and
   ii. project the future characteristics of the population of the elderly under various scenarios of disease progression and demographic and social change (e.g. the potential impacts of the epidemic and of ART on surviving kin available to care for kin and the sick, residential arrangements)

2. Address barriers to research on aging and AIDS in SSA by

a. providing assistance to researchers in SSA in obtaining and analyzing both existing and new data, for example through training workshops in the specific characteristics of the various data sets and in appropriate analytic methods to address the substantive questions in (1), and through innovative approaches to providing continuing support post-training;

b. encouraging collaborations in research and training between institutions in SSA and the U.S.;

c. influencing the constitution of NIH committees that review proposals on AIDS so that reviewers are conversant with the methods and materials of social science research on HIV/AIDS;

d. working with U.S. government agencies to ensure timely approval of grant activities in SSA.

APPENDIX A

RESEARCH ON AIDS AND AGING IN AFRICA

University of Colorado at Boulder Institute of Behavioral Science

Conference sponsored by the National Institute on Aging

AGENDA

Thursday, January 11, 2007

8:00	Continental Breakfast	
8:30	Welcome Jane Menken on behalf of CU and IBS Introductions Rick Rogers on behalf of the IBS Population Program Georgeanne Patmios on behalf of NIA	
9:00	Background and charge to the group	Presenter: Jane Menken
9:15	Effects of AIDS on parents: Lessons from Asia	Presenter: John Knodel
10:00	Coffee Break	
10:30	The burden of disease and health of the elderly	Chair: Jere Behrman
11:15	Effects of AIDS on family support and social networks *I. Living arrangements*	Chair: Sangeetha Madhavan
11:45	*II. Migration and urbanization*	Chair: Sam Clark
12:15	Lunch	
1:45	Effects of AIDS on economic wellbeing of the elderly	Chair: David Lam
2:30	Effects of AIDS on roles and responsibilities of the elderly *I. Changing roles and responsibilities*	Chair: Enid Schatz
3:00	*II. Strategies for coping*	Chair: Susan Watkins
3:30	*III. Effects of environmental shocks and effects of AIDS on the environment*	Chair: Lisa Cliggett
4:00	Coffee Break	
4:30	Formal and informal social protection for the elderly in an era of AIDS	Chair: Kathleen Beegle
5:00 to 5:45	AIDS, Africa, and the elderly: What else needs to be addressed?	Chair: David Lam
6:45	Dinner: Home of Richard Jessor and Jane Menken	

Friday, January 12, 2007

8:00	Continental Breakfast	
8:30	Monitoring the scope of the HIV/AIDS epidemic and the impact of prevention and treatment programs	Chair: Sam Clark
9:00	Modeling to understand and project the spread of HIV/AIDS and its impact on the elderly	Chair: Giovanna Merli
9:30	Institutional and contextual barriers to research	Chair: Susan Watkins
10:00	Concrete research recommendations to NIA	Chair: Jane Menken
12:00	Close	

Acknowledgements

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RESEARCH ON AIDS AND AGING IN AFRICA

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