



SOUTIEN POUR
L'ANALYSE ET LA RECHERCHE
EN AFRIQUE

Conference on the Socio-Demographic Impact of AIDS in Africa

Durban, South Africa: February 3-6, 1997

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Conference on the Socio-Demographic Impact of AIDS in Africa

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Introduction

This trip report summarizes Dr Duale's participation at the Conference on the Socio-Demographic Impact of AIDS in Africa, held February 3–6, 1997, in Durban, South Africa. The report highlights the main outcomes of the conference and discusses recommendations that might be considered for the HHRAA/SARA analytic and advocacy agenda on HIV/AIDS in Africa.

At the invitation of Professor Alan Whiteside of the University of Natal, on behalf of the International Union for the Scientific Study of Population Committee on AIDS, SARA provided support for Dr Duale and airfare for ten African participants to attend the conference. The conference, which was hosted by and co-organized by the University of Natal, offered an opportunity to review evidence and discuss potential ways to address the impact of AIDS on African populations. SARA, in consultation with USAID/AFR/SD and REDSO/ESA, supported the meeting because it involved African scholars and included a policy orientation component on future HIV/AIDS prevention and mitigation strategies and programs in Africa.

Background

The International Union for the Scientific Study of Population, known as IUSSP, is the leading international professional association for demographers and those with an interest in population studies. Of its some 2,000 members worldwide, close to a third are from developing countries. The main criteria for membership are an advanced degree in a relevant subject and recognized publications—authorship of a book or monograph on population, or professional employment in demography or a related field. This can include working in a national statistical office or a similar national or international organization. IUSSP's goal is to promote scientific studies pertaining to the problems of population. Its most widely known activity is the General Conference, held every four years at a different location, with the next one to be held in Beijing on October 11–17, 1997. Between the general conferences, IUSSP also organizes regional or specialized conferences.

Specialized committees at IUSSP schedule most of the scientific programs, meetings, workshops, and other activities. The IUSSP Committee on AIDS has set up a research agenda consisting of the following meetings:

- ◆ Conference on the Socio-Demographic Impact of AIDS in Africa (described here)
 - ◆ Conference on the Measurement of Risk and Modelling of the Spread of HIV/AIDS
 - ◆ Conference on Social and Spatial Network Analysis of Partnerships
-

Objectives and Meeting Agenda

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The objective of the meeting was to provide a forum where researchers who have been studying the consequences of the HIV/AIDS epidemic in African societies could report on findings that have important implications for agencies concerned with mitigating the impact of HIV/AIDS on affected individuals, their families, and communities. Impact studies are important for policy-making because they can help identify community reactions to the epidemic that may affect the further spread of HIV. Such studies can help to steer future interventions along paths that are likely to evoke a positive community response.

Apart from the obvious impact on adult and child mortality, and subsequent effects on population growth, the HIV/AIDS epidemic is expected to have consequences on household structure (size, age-sex composition, headship), orphanhood and fostering, migration patterns, fertility and contraceptive use, and the structure of the working population. There have been logistical and ethical problems with data collection, analysis, interpretation, and dissemination of information on the potential impact of AIDS on African populations. Therefore, the conference agenda (see Appendix A) covered, in addition to the areas where impact is expected, a number of study design and measurement issues.

The conference agenda focused on the following subjects:

- a) Fertility
- b) Household and family structure
- c) Mortality
- d) Orphanhood
- e) Measurement and modelling issues
- f) Policy implications

About 80 participants, mainly IUSSP members from developed countries and South Africa, attended the conference. African participation outside South Africa was minimal. Nine of the ten African participants (4 women and 5 men) co-sponsored by SARA attended and participated actively at the conference. One sponsored participant from Swaziland did not make it to the conference.

Highlights of Presentations and Discussions

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In her opening address, Dr Lieve Franssen of the European Union AIDS Task Force pointed out that demographers need to strive for more accurate and reliable data to better monitor the changing HIV/AIDS epidemic. Those data should be able to influence HIV/AIDS policies, and also to inform policy makers about population structures and numbers, which are important considerations in planning development efforts such as the training of cadres.

She also stressed the fact that although the health sector will feel the greatest direct impact from HIV/AIDS, it will be the development policies outside the health sector—for example, policies that raise the political and economic status of women—that will most reduce the spread of the HIV/AIDS epidemic.

Conference presentations were mostly based on findings from ongoing longitudinal studies in the Rakai and Masaka districts of Uganda and in the Mwanza region of Tanzania. Most of the papers presented at the conference reviewed mainly descriptive data on the social and demographic consequences of the HIV/AIDS epidemic. The issues discussed included the following:

Fertility

Theoretical evidence indicates that HIV-1 transmission can affect fertility. However, what the impact of this will be is not clear. Small-scale studies in Zimbabwe and in Uganda have looked at the potential effects of HIV/AIDS on fertility. Preliminary findings from these studies indicate a lower pregnancy rate among HIV-positive women than HIV-negative women. The investigators think that the lower prevalence of pregnancy in HIV-infected women could either reflect a reduction in conception rates or could result from an increase in pregnancy loss.

Further studies are required to improve understanding of the nature and degree of impact of HIV-1 infection on fertility at different stages of epidemics and in different socio-demographic settings. Data from such studies would be important for making projections and planning future directions for HIV prevention and mitigation in Africa. For example, reduced pregnancy rates in HIV-positive women could affect estimates of the number of HIV-infected women and projections of the future burden of pediatric AIDS and AIDS orphans. If HIV-positive women are failing to become pregnant or to maintain a pregnancy, surveillance systems based on serosurveys of antenatal clinic clients or on blood samples taken at delivery may underestimate HIV transmission in the general population.

Highlights of Presentations and Discussions

Mortality

It was recognized again during this conference that information on both adult mortality and cause of death among adults is very scarce in Africa. Because most African countries lack effective systems of death registration, much of what is known about HIV/AIDS mortality in Africa has come from estimates and projections based on a variety of assumptions.

Descriptive data and models based on studies from the Côte d'Ivoire, Kenya, Tanzania, and Uganda presented at this conference indicate that AIDS has gradually moved up to become one of the leading causes of death, especially among adults, in Africa. In a rural Tanzania area with an HIV prevalence of six percent in 1994–1995, mortality has increased by one-third due to HIV/AIDS. At the current mortality rate, it is estimated that 40 percent of persons aged 15 will die before their 60th birthday. One of the presenters at this conference, using a lifetime risk model with an estimated prevalence for 1995 of 7.5 percent, projected that almost 1 in 3 of the children born in Kenya will die of AIDS. A study of infant and child mortality in six districts of Uganda has found that AIDS accounts for a high proportion of deaths of children under five.

In the Côte d'Ivoire, the Abidjan study used vital statistics and hospital records to estimate HIV/AIDS-related deaths. This approach has a number of limitations compared to using proper statistics of deaths by cause, AIDS cases, and seroprevalence data, methods that are widely used in developed countries, but that do not exist in Africa. In Tanzania and Uganda studies, verbal autopsy interviews are being used to gather information about HIV/AIDS-related deaths. The verbal autopsy interview approach can lead to an under- or over-estimation of the proportion of deaths associated with HIV/AIDS.

The relative magnitude of HIV/AIDS as the cause of infant, child, and adult deaths is an important element in setting priorities for HIV/AIDS prevention and reduction. There is a need to develop and improve approaches for assessing and disseminating data on mortality in Africa, especially as related to HIV/AIDS.

Orphanhood and Fostering

The growing impact of the HIV/AIDS epidemic on adult mortality is leading to increased numbers of orphaned children. Empirical data from Tanzania, Uganda, and Zimbabwe presented during this conference highlighted the orphanhood problem associated with the AIDS epidemic. All the studies have found that the extended family continues to be the main source of care for orphans. In general, the care for orphans by the extended family, based on traditional coping mechanisms, was considered satisfactory. Although many families do cope successfully, some families

Networking to Promote Use of HHRAA-Funded HIV/AIDS Materials

(e.g., child-headed households in Zimbabwe) are particularly vulnerable. The challenge is how to identify these vulnerable orphans for targeted assistance.

Networking to Promote Use of HHRAA-Funded HIV/AIDS Materials

HHRAA-funded HIV/AIDS documents displayed and/or distributed at the conference include AIDS Briefs, NAS report summaries, the position paper on the civil-military collaboration for HIV/AIDS prevention, the executive summary of the Crisis Prevention, Mitigation, and Recovery (CPMR) paper, and PSAP materials.

Ms. Helen Jackson of the Southern Africa AIDS Information and Dissemination Service (SAFAIDS) based in Harare, Zimbabwe, and Ms. Jasmin Dada of the National Department of Health of South Africa based in Pretoria, have expressed strong interest in receiving and using the PSAP materials. I gave Ms. Jackson the display set of PSAP materials that I brought with me, and have asked the AIDSCAP Resident Advisor in South Africa to provide Ms. Dada with a set of PSAP materials.

Some businesses in South Africa and in Zimbabwe have already put HIV/AIDS prevention programs in place. Many more companies in the two countries are now considering how best to respond to the AIDS epidemic and seek to learn from experiences of other companies in the region.

I talked with Ms. Jackson about the possibility of using SAFAIDS as an African host institution for dissemination and technical assistance in the use of PSAP materials in East and Southern Africa. SAFAIDS is a registered Private Voluntary Organization established in 1994. Its mission is to help strengthen the capacity in Southern Africa to understand and effectively address the socio-economic impact of AIDS and promote effective HIV prevention and care programs. SAFAIDS collects and disseminates HIV/AIDS information. SAFAIDS supports research initiatives and disseminates results, assists other organizations in HIV/AIDS program and policy development and regularly produces publications on HIV/AIDS.

We discussed the possibility of having SAFAIDS, with support from AIDSCAP and HHRAA/SARA, organize a subregional training of trainers (TOT)'s workshop on the use of PSAP materials for the development of policies, strategies, and programs for HIV/AIDS prevention and mitigation in workplaces. We decided to work together, in consultation with other interested parties, to develop a proposal for the TOT workshop.

Conclusion

Current and projected levels of HIV infection in sub-Saharan Africa are widely variable, however, given that the prevalence of HIV and AIDS is likely to become very high in the next five to ten years (20 percent +) in numerous sub-Saharan countries,

Conclusion

new approaches and strategies to preventing transmission and mitigating its impact are required. Although not as urgent as improving HIV prevention, more needs to be done to document and further our understanding of the nature and magnitude of HIV/AIDS-related socio-economic impacts and how best to address and reduce them.

This conference provided a forum for African academics and their international peers and for policy makers to review and discuss the findings of empirical studies into the consequences of the HIV/AIDS epidemic in African societies. IUSSP will prepare a comprehensive policy-oriented report of the conference for a wider dissemination.

Appendix A: Agenda

Conference on the Socio-Demographic Impact of AIDS in Africa

Durban, South Africa, February 3–6, 1997

Program

MONDAY, FEBRUARY 3, 1997

- 08 30–09 00 Registration of Participants
- 09 00–10 00 **Opening Session**
- Chair E Preston-Whyte
- 8 45 Welcome address by Rose Smart, Director HIV/AIDS and STDs,
 Department of Health
- 9 00 Introduction from IUSSP
- 9 15 Keynote presentation by Dr Lieve Fransen
- 10 00–10 30 **Tea Break**
- 10 30–13 00 **Session One** Fertility
- Chair E Preston-Whyte
- 10 30 **S Gregson**, T Zhuwau, R. M Anderson, S K. Chandiwana “The
 early socio-demographic impact of the AIDS epidemic in Africa”
- 11 00 **L M Carpenter**, J S Nakiyingi, A. Ruberantwi, S Malamba, A.
 Kamali, J A. G Whitworth “Estimates of the impact of HIV infection
 on fertility in a rural Ugandan population cohort”
- 11 30 R. H Gray, F Wabwire-Mangen, N Sewenkambo, **D Serwadda**, G
 Kigonzi “The effects of HIV and STD on fertility, contraceptive use,
 marriage and sexual activity in rural Uganda”
- 12 00 Discussant B Zaba
- 12 15 General discussion
- 13 00–14 00 **Lunch Break**
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Appendix A Agenda

14 30–17 00 **Session Two** Household and family structure

Chair K. Awusabo-Asare

14 30 S S Malamba, **J Nakyingi**, A. Kamali, L. M. Carpenter, A. J. Nunn, J. A. G. Whitworth “Household composition and the HIV epidemic in a rural Ugandan population”

15 00 M J Wawer, **J K. Konde-Lule**, F. Nalugonda, R. Menon “HIV infection in rural households and effects of the epidemic on household structure, Rakai district, Uganda”

15 30 **J P M Ntozi** “Widowhood, remarriage and migration in the period of HIV/AIDS epidemic in Uganda”

16 00 Discussant A. Whiteside

16 15 General Discussion

TUESDAY, FEBRUARY 4, 1997

09 00–11 00 **Session Three** Mortality

Chair A. Singhanetra-Renard

09 00 A. J. Nunn, D. W. Mulder, A. Ruberantwari, J. F. Kengeya-Kayondo, **J. A. G. Whitworth** “Five year HIV-1 associated mortality in a rural Ugandan population”

09 30 **T Boerma**, M. Urassa, J. Ngalula, I. Raphael, S. Kesheni, R. Gabone, E. N. Nkumbo “Levels and causes of adult mortality in rural Tanzania with special reference to HIV/AIDS”

10 00 **J Adetunji** “Assessing the mortality impact of HIV/AIDS relative to other causes of adult deaths in Sub-Saharan Africa”

10 30 Discussant M. Carael

10 45 General Discussion

11 00–11 30 **Tea Break**

Session Three continues

Appendix A: Agenda

- 11 30 **M Garenne, F Friedberg, B Zanou** "Reconstructing the dynamics of the HIV/AIDS epidemic in Abidjan, Cote d'Ivoire 1986-1995"
- 12 00 **J Ntozi, I Nakanaabi** "AIDS epidemic and infant and child mortality in six districts of Uganda"
- 12 00 Discussant **K. Awusabo-Asare**
- 12 45 **General Discussion**
- 13 00-14 30 **Lunch Break**
- 14 30-17 00 **Session Four** Measurement Issues
- Chair **H Hansen**
- 14 30 **I M Timaeus, A. J Nunn** "Measurement of adult mortality in populations affected by AIDS an assessment of the orphanhood method"
- 15 00 **J Blacker, B Zaba** "HIV prevalence and life-time risk of dying from AIDS"
- 15 30 Discussant **O Chimere Dan**
- 15 45 **M Manyasha and D Lindsey** "Data for decision making a review of HIV/AIDS data in Southern Africa, questioning collection, reliability, and interpretation"
- 16 15 **P Fine and J Glynn** "Interactions between HIV and tuberculosis in a rural area of Malawi"
- 16 45 Discussant **M Morris**
- 17 00 **General Discussion**

WEDNESDAY, FEBRUARY 5, 1997

- 09 00-13 00 **Session Five** Orphanhood
- Chair **J Caldwell**
- 09 00 **G Foster, C Makufa**
- "Children rearing children - a study of child-headed households"
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Appendix A: Agenda

- 09 30 **G Bicego** "Using repeated national surveys to evaluate AIDS impact in Sub-Saharan Africa"
- 10 00 Discussant J Caldwell
- 10 15 Discussion
- 10 30–11 00 **Tea Break**
- 11 00–13 00 **Session Five** continues
- 11 00 **M Urassa, J N Ng'weshemi, I Raphael, K. Yusufu, T Boerma**
"Orphanhood, child fostering and the AIDS epidemic in rural Tanzania"
- 11 30 **H R. Aspaas** "AIDS and orphans in Uganda a geographical and gender interpretation of household resources"
- 12 00 **A. Kamali, J A. G Whitworth, A. Ruberantwari, L M Carpenter**
"Impact of the HIV-1 epidemic on orphan mortality in a rural Ugandan population cohort"
- 12 30 Discussant A. Singhanetra-Renard
- 12 45 General Discussion
- 13 00–14 30 Lunch Break
- Afternoon and Evening at Leisure

THURSDAY FEBRUARY 6, 1997

Session Six The implications of the demographic impact of HIV/AIDS in Africa - from theory to policy and practice

Chair E Preston-Whyte

- 08 30 A. Smith " HIV/AIDS and STDs levels in Kwazulu-Natal, South Africa"
- 09 00 **B Zaba, S Gregson, G Garnett, R. Anderson** "Projections of the AIDS Epidemic in Africa with special reference to Southern Africa"
- 9 30 **P Doyle, J Broomberg, M Steinberg** "Modeling the AIDS Epidemic Data needs, methodology, and practical applications"
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Appendix A Agenda

- 10 00 **A. Whiteside** “Projecting the AIDS epidemic Planners and policy-makers needs”
- 10 30 General discussions
- 11 00– 11 30 **Tea Break**
- 11 30 Panel Perspective from policy-makers—What do we need from demographers, and how can it be provided?
- Panelists P Way, B Zaba, H Jackson, S Duale
- 12 00–13 00 General panel discussion
- 13 00–14 30 **Lunch Break**
- 14 30–15 30 Breakaway session
- Group One**
- Chair Y Dada, Dept of Health Rapporteur L Thomas, SAIMR
- Needs of government and how demographers can help governments
- Group Two**
- Chair W Lyerly, USAID Rapporteur T Zhuwau, Blair Institute
- Other needs including private sector, donors and NGOs
- 15 30–16 30 Report back from Breakaway Groups and General Discussion
- 16 30–17 00 **Closing Ceremony**
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Appendix B. List of Participants

**CONFERENCE ON THE SOCIO-DEMOGRAPHIC IMPACT
OF AIDS IN AFRICA**

Durban, South Africa, February 3–6, 1997

THE IUSSP COMMITTEE ON AIDS and UNIVERSITY OF NATAL, DURBAN

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