

## Agenda item 5

Follow-up to the thematic segment from the 39<sup>th</sup>  
PCB meeting:

**“HIV and Ageing”**

Wednesday 28 June 2017

## Objectives and agenda

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- Status of the HIV epidemic and impact on the physical and mental health of PLHIV over 50
- Explore the experiences of PLHIV over 50
- Lessons from health, community and social protection systems for people over 50 – prevention, treatment, care and support
- Future – age sensitive systems for health

## Timely discussion

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- **5.8 million** PLHIV were aged over 50 in 2015
- Expansion of access to treatment - more PLHIV living and longer
  - **8%** - 2000
  - **16%** - 2015
  - estimated **22%** by 2020
- In 2015, **80% of PLHIV 50+** lived in **low-and-middle income countries**

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The issues

**Ageing with HIV**

**“Getting older” and “getting older with HIV”**

# Health challenges

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## Increased risk

- number of age-associated non-communicable diseases (NCDs) – may worsen HIV progression
- certain AIDS-defining cancers

Interactions insufficiently understood – do HIV and ART lead to ‘accelerated’ ageing?

- Co-infections prevalent for some KP living with HIV may affect ageing (HepC, TB, etc.)

## Impact of long term antiretroviral therapy

- Resistance
  - Side effects
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## Quality of life, mental and social effects

- Prevalence of depression, alcohol and other drugs
- Negative impact of stigma (including self-stigma) and discrimination

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The issues

**Ageing and HIV**

**“A diverse and heterogeneous population”**

# HIV prevention needs

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People over 50 are:

- Sexually active - have varying levels of knowledge on SRH
- Less likely to have been tested for HIV
- Less likely to have spoken to their partners about HIV
- Women over 50 do not perceive themselves at risk of HIV



# Women living with HIV aged 50 and over

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## Specific health and social challenges

- Increased risk of cervical cancer
- Particular biological and social vulnerabilities
- How menopause interacts with HIV infection
- Intimate partner violence is associated with greater risk for HIV

# Key populations

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- All ages - higher risk of HIV infection
- Inequities in access to treatment and care exist already - age only accentuates the barriers
- Prevention not targeting 50+
- Social exclusion, plus living with HIV stigma, impact on mental health

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The issues

**Health, social and structural responses  
to ageing and HIV**

# Health sector response

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## HIV as a chronic disease

- Substantial challenges for health systems
- People-centered services - the continuum of care
- Greater integration with other health programs

## Risk reduction approach and prevention

- Combination prevention – CSE
- Access to testing

## Structural interventions, including addressing stigma discrimination

- Legal and policy environments
  - S&D in health and other sectors
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## Social sector responses

- Access to social protection

## A consensus

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The lifecycle approach reflects the different needs of people at different ages and allows us to be more responsive to individual needs.

Decision points