Agenda item 5

Follow-up to the thematic segment from the 39th PCB meeting:

“HIV and Ageing”

Wednesday 28 June 2017
Objectives and agenda

- 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

- **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**
The issues

Ageing with HIV

“Getting older” and “getting older with HIV”
Health challenges

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

Quality of life, mental and social effects

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

Ageing and HIV

“A diverse and heterogeneous population”
HIV prevention needs

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

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

- 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
The issues

Health, social and structural responses to ageing and HIV
Health sector response

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

Social sector responses

- Access to social protection
A consensus

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