



AIDS
COMMUNITY
RESEARCH
INITIATIVE OF
AMERICA

**HelpAge
International**

age helps



February 1, 2013

Michel Sidibé
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Dear Mr. Sidibé:

The 2012 UNAIDS Report on the Global AIDS Epidemic chronicles the steady progress in delivering effective treatment to people with HIV across the globe. Almost 8 million people in developing countries now have access to anti-retroviral treatment (ART).¹ As we now know, promptly providing ART as soon as possible after diagnosing HIV infection coupled with consistent adherence to treatment will result in a near-normal life span for most. Indeed, largely as a result of widespread and effective treatment, the Centers for Disease Control and Prevention predict that half of all Americans with HIV will be older than 50 by 2015². In both developed and developing nations where there is access and adherence to ART we can expect much the same: individuals living with HIV into their 50s, 60s and beyond.

Data from developing countries is limited, but estimates suggest that currently there are more than 3 million people aged 50 and older with HIV in Africa alone¹³. Projections suggest this figure could triple to just over 9 million by 2040 dramatically changing the age composition of the HIV epidemic in sub-Saharan Africa. Data from several developed nations show that 10-20 per cent of newly-detected HIV infections occur in those aged 50 and older.⁸ Similar data is rarely presented for developing countries but the data we do have shows a similar trend (25 per cent of new diagnoses in Antigua and Barbuda, 18 per cent in St. Lucia and 10 per cent in Malaysia). Recognising the ageing of the epidemic, countries such as Brazil and South Africa have added those over 50 to their list of key populations in need of HIV services.

Unfortunately, the 2012 UNAIDS Report does not mention the ageing of HIV. At the least, it might have celebrated the fact that for millions of people around the globe HIV is no longer synonymous with early death and people with HIV can now expect to live nearly as long as their

HIV-negative peers. As a result of the omission of data on those aged 50 and older, the report is inaccurate and misleading. We fear the report's failure to include aging with HIV tacitly fuels several stigmatizing myths about older adults: that they don't have sex or engage in other risky behaviors; that HIV only occurs among young people below age 49; and that their challenges in living with and treating HIV, among other health problems, are no different than those of younger adults.⁴⁻⁷

The Report also ignores a significant research challenge: the unknown interactions of HIV and aging processes.⁹⁻¹¹ The extraordinary success of ART is often complicated by the fact that older adults with HIV develop a combination of chronic, non-communicable diseases, usually associated with aging but also appearing earlier in those living with HIV.¹²⁻¹⁴ With ever-increasing access to ART, and greater access to a wide array of prevention technologies, the age composition of the epidemic will continue to shift away from the young. Effective care and treatment of an aging population with HIV will necessitate moving beyond a narrow focus on viral loads and CD4 counts toward a more holistic, multimorbidity management approach and people's holistic health needs.^{11,15-16}

The neglect of older adults in the report also masks other notable challenges, including the particular vulnerabilities faced by older adults, particularly older women, who are playing a critical role in their families and communities, providing economic support and caring for family members, especially children who have been orphaned as a result of AIDS.

Many of us have spent over a decade working to ensure a greater understanding of the fact that the HIV epidemic affects people of every age. HIV does not discriminate on the grounds of age, even if the response to the epidemic appears to. Our efforts are supported by the available data and research, much of which is aimed at giving a voice to those aging with HIV who are too often invisible. We urge UNAIDS, and all those working to end this epidemic, to collect and use data to describe the *entire* epidemic, and include the ever-increasing number who are growing older with HIV. UNAIDS own commitment to the 'know your epidemic, know your response' approach demands this. More than 30 years into the epidemic and with millions receiving treatment, we are literally ignoring our successes when we fail to report on those aged 50 and older with and at-risk for HIV.⁸

Without adequate data, we lack the evidence base to successfully address the burgeoning challenges of growing older with HIV. Thus, we strongly urge the following steps:

1. Include comprehensive data and guidance on aging and HIV in future UNAIDS reports
2. Eliminate age limits in guidance for reporting data on the epidemic and ensure data presented in country progress reports is reflected in the global report
3. Encourage service providers to expand their coverage to include older adults

4. Include research data showing changes in the health status of older adults with HIV including the onset of age-associated comorbid non-communicable diseases
5. Fund research efforts that assess the sexual and risk behaviors of older adults to better inform prevention efforts.

As the world leader in providing strategic guidance and information to effectively end the HIV epidemic, we need UNAIDS to fully describe and act on behalf of *all* who are affected by HIV.

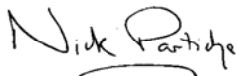
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References:

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James Greco		Royal Palm Beach	FL	USA
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Rob Pioli		Minneapolis	MN	USA
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Marcia Nickels		Naperville	IL	USA
Steve Headington		Portland	OR	USA

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Jim Eigo		New York	NY	USA
Dale Lindeman		Boise	ID	USA
Christopher Lee	CL Enterprises	Chicago	IL	USA
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Edward Iwanicki		Groton	CT	USA
Helen Lemay		New York	NY	USA
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Elizabeth Burger		Charleston	WV	USA
Mija		East Missoula	MT	USA
Carl Stein		San Francisco	CA	USA
Kevin D. Riley		Austin	TX	USA
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Frank Lobello		Fort Lauderdale	FL	USA
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Alicia West				USA
Robin Krumbhaar		Ellsworth	IL	USA
Les Knight		Hampton	SC	USA
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Joy Spencer	MWPHA			
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Benjamin Gerritz		Portland	OR	USA
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Darryl T. Joiner		Silver Spring	MD	USA
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Allison Boyd		Ft. Worth	TX	USA
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Angela Boger		Los Angeles	CA	USA
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