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Preface

Overview of National and Global Data

An estimated 3.6 million people aged 50 years or older were living with HIV in 2013, of a total population of 35.3 million with HIV worldwide. The majority – numbering 3 million – reside in low- and middle-income countries (LMICs), primarily in sub-Saharan Africa, with the remaining 600,000 in high-income countries (HICs), encompassing the regions of Western and Central Europe and North America. In HICs today, an estimated 30% of people with HIV are aged 50 years or older [1]. In countries in North and South America, including the United States and Brazil, this figure is an estimated 50% [2, 3]. These figures are underpinned by 2 simultaneous shifts: an increasing proportion of individuals with HIV are living longer and aging with HIV globally; and older individuals are newly acquiring HIV [4].

Despite decades of attention on building a global HIV research and programming agenda, HIV in older populations has generally been neglected until recently [1, 2]. Indeed, Demographic Health System and HIV prevalence data captured by UNAIDS, as well as other national and global prevalence surveys, largely report data for age groups up to age 49 only [4, 5]. In spite of data limitations, the overall trend is clear: the increasing proportion of those with HIV over 50 years of age, who are living longer across countries, comprises a significant aspect of the changing global HIV epidemic today [1, 4].

This phenomenon – aging with HIV – is attributed primarily to 3 factors: (a) greater access to combination antiretroviral therapy (cART) and increasing effectiveness of cART in prolonging life and reducing mortality; (b) declining HIV incidence in younger populations, shifting the burden of HIV to older populations; and (c) HIV risk behaviors evident among older individuals [4]. Age at HIV infection appears to be increasing significantly. At the same time, age at HIV diagnosis has increased; and HIV incidence (new HIV infections) is increasing in older adults as a consistent pattern worldwide [6].

Generally, trends vis-à-vis HIV and aging are informed by 2 larger transitions. The first is an unprecedented demographic shift, or change in birth and death rates across regions of the world, whereby mortality rates have declined in an unprecedented man-
ner and life expectancy at birth has increased over the last 50 years [7, 8]. The effect is that people are living longer in each country, with a few exceptions. With a global population that is aging, the health and medical needs of the world’s population are also changing, including those with HIV [2, 10]. The second marked shift is a global health transition, particularly in the LMICs. In the developing world, infectious diseases like tuberculosis and HIV have historically been significant causes of death. While HIV is the sixth leading global cause of deaths among adults, HIV and other communicable diseases combine with maternal, perinatal, and nutritional conditions to comprise over 60% of mortality in the Africa region. In recent years, however, non-communicable diseases (NCDs), led by ischemic heart disease and stroke, have become significant causes of death and are expected to increase further [7]. Economic growth in LMICs and increasing urbanization have been associated with poor nutrition; lack of exercise and obesity are other factors associated with increases in NCD prevalence [9]. Other causes of injury and premature death in LMIC settings, such as road accidents, maternal mortality, and malnutrition, are likely to remain significant causes of injury and death in particular regions. This suggests that NCDs are likely to supplement infectious diseases like HIV as leading causes of morbidity and mortality in those aging with HIV. In addition, there is increasing evidence that mental illness has been under-documented in the developing countries to date and may contribute greatly to mortality and morbidity than previously thought, leading to a triple or quadruple burden of disease in LMIC. Evidence indicates that depressive symptoms in older populations are likely to increase; those living with or at risk of HIV have particular mental health and social support needs that must be addressed through health and social services [2, 7, 9].

Taken together, the demographic and health transitions have significance, not only for HIV diagnosis and treatment but also for HIV risk factors and health determinants including social determinants, which affect global and national burdens of disease. These transitions influence planning, including health workforce preparation, health service delivery, clinical care, and health systems [8–10]. Equally, there is some indication that, with health financing and health care reform underway in many regions, HIV will need to maintain its position as a priority global health concern amid a changing landscape of other health conditions and diseases [10, 11].

The chapters presented in this book represent what we have learnt thus far as well as the emerging knowledge related to ‘aging’ of the HIV experience. More than 30 years into the global HIV epidemic, 10% of the world’s HIV positive population is now aged 50 or older, with this number projected to increase [4]. One of the most important conclusions drawn by the international community vis-à-vis HIV responses, now a key assumption embedded in national strategic plans on HIV and AIDS, is to understand the unique features of this epidemic, the populations affected, and tailor responses, giving rise to the ‘know your epidemic, know your response’ approach led by UNAIDS [4]. Developing priority agendas on existing research and evidence must be in accordance with national health priorities. This renders a research or program-
ming agenda across many regions emergent and exploratory. At the same time, the need for health promotion and protection in older populations who have acquired HIV or are at risk of transmission – once obscured – is becoming much more visible, requiring multiple points of research and intervention. It is our intention to bring visibility to aging and HIV, in order to inform research, policy and clinical practice.

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