

## UNAIDS Normative Content contribution on aging

An increasingly significant trend in the global HIV epidemic is the growing number of people aged 50 years and older, who are living with HIV. Worldwide, an estimated 3.6 [3.2–3.9] million people aged 50 years and older are living with HIV. For the first time since the start of the HIV epidemic, 10% of the adult population living with HIV in low- and middle-income countries is aged 50 or older. In 2012 there were an estimated 2.9 [2.6–3.1] million people aged 50 years and over living with HIV in low- and middle-income countries. In high-income countries, approximately 30% of all adults living with HIV are aged 50 years and over. The “aging” of the HIV epidemic is mainly due to the success of antiretroviral therapy in prolonging the lives of people living with HIV and the often-unmeasured, and thus often overlooked, fact that people aged 50 years and older exhibit many of the risk behaviours also found among younger people (Source:

[https://www.unaids.org/sites/default/files/media\\_asset/20131101\\_JC2563\\_hiv-and-aging\\_en\\_0.pdf](https://www.unaids.org/sites/default/files/media_asset/20131101_JC2563_hiv-and-aging_en_0.pdf))

Compared with younger people, older people generally have more health issues and require more use of general health-care services. Older people living with HIV are overall more likely to be worse off in terms of money, work and housing than their peers without HIV. Since older people are less likely to be economically active, they may need access to comprehensive state benefits such as social pensions, health support that is free at the point of use, housing, help in the home and transport schemes.

It is essential that Social protection and social security benefits are integrated with access to psychosocial support that addresses the mental, emotional and social needs of older people living with HIV, including promoting lifestyle factors known to maximize health, such as exercise, diet, maintaining low blood pressure, lowering cholesterol and avoiding substance use (Source:

[https://www.unaids.org/sites/default/files/media\\_asset/JC2741\\_HIV-care-and-support\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/JC2741_HIV-care-and-support_en.pdf)).

The care and support of HIV affected family members particularly in Sub-Saharan Africa have largely fallen on older women who themselves maybe living with HIV. It is critical that right to work recognise and remunerative unpaid carers. Comprehensive child grants and social pensions be predictable and inflation adjusted to assist families meet their health care and essential needs.