

Why grow older gracefully? Advocacy for the needs of those aging with HIV

Mario Cascio

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gracefully?
Advocating for the needs
of those ageing with HIV

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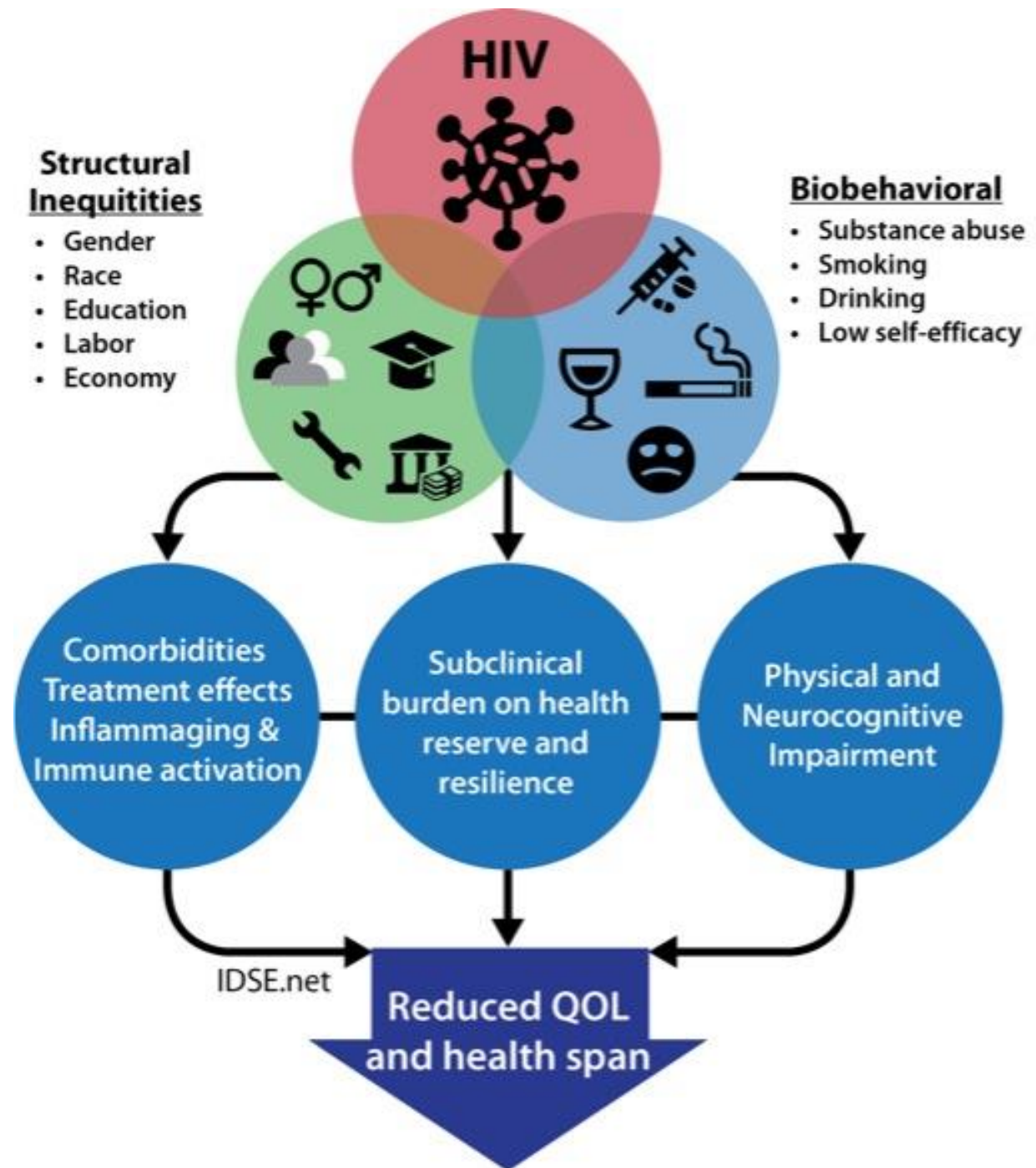
Disclosures:

Speaker fee from Gilead Sciences

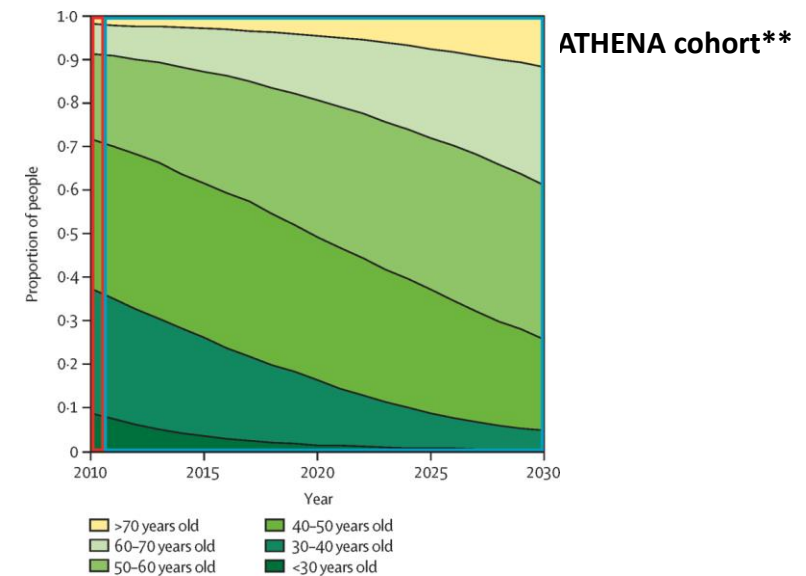
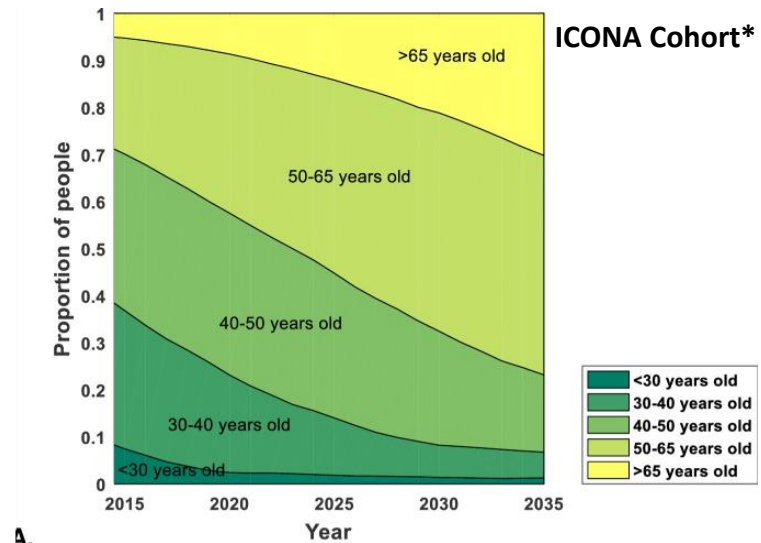
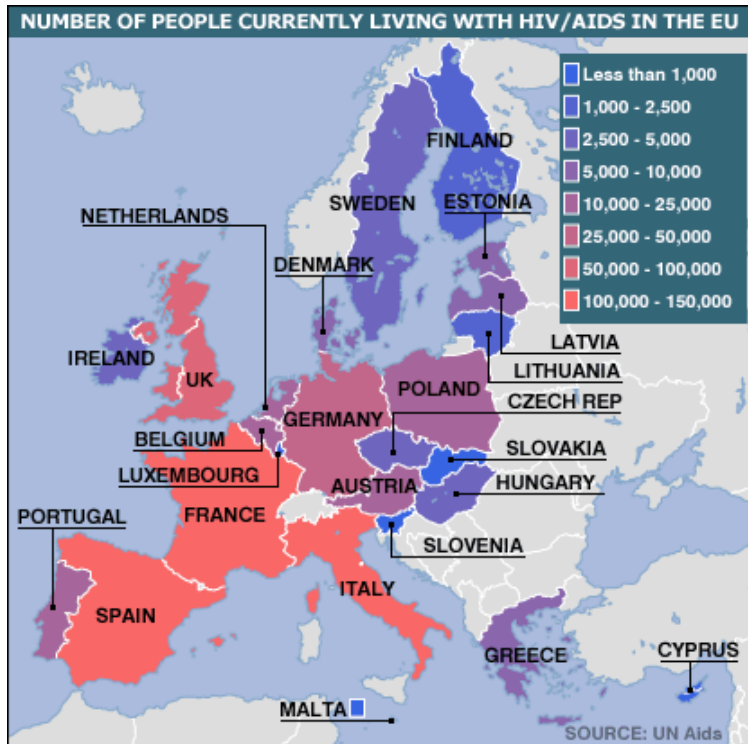
Speaker fee from MSD Healthcare

Speaker fee from ViiV Healthcare

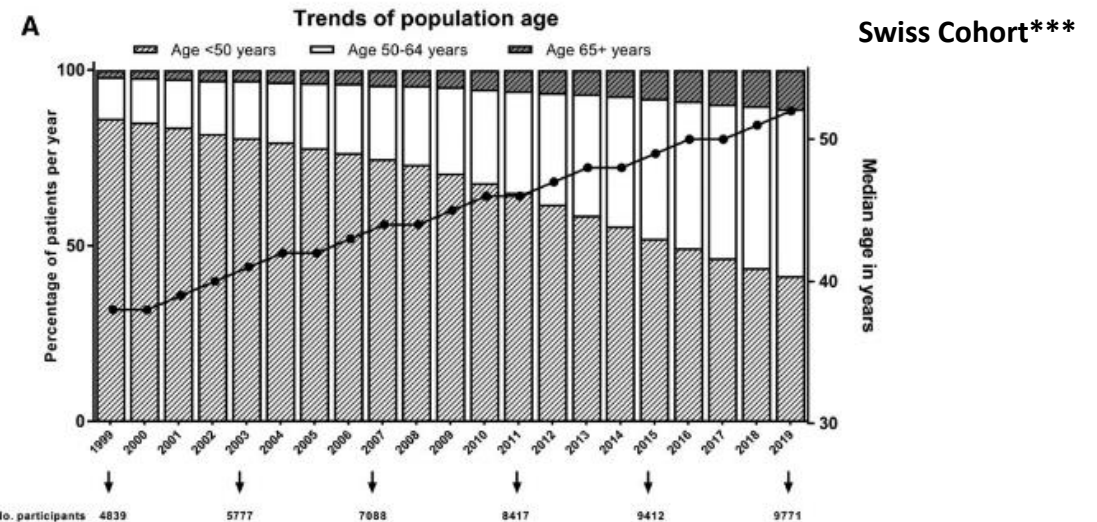
Ageing with HIV



Western Europe: Increasing number of older people living with HIV with multiple morbidities



A.



It is estimated that by 2035, 76% of people living with HIV followed up in clinical centers will be aged >50 (26% >65) with 89% experiencing at least one comorbidity, resulting in doubling of estimated costs for the treatment of comorbidities (Italian ICONA cohort)

*<https://doi.org/10.1371/journal.pone.0186638>; **[https://doi.org/10.1016/s1473-3099\(15\)00056-0](https://doi.org/10.1016/s1473-3099(15)00056-0); ***<https://doi.org/10.1093/cid/cir626>

Coming Together

The Silver Zone: AIDS 2022

AIDS 2016: Durban

- Satellite session - *Ageism, Aging and HIV: A Call to Action*

AIDS 2018: Amsterdam

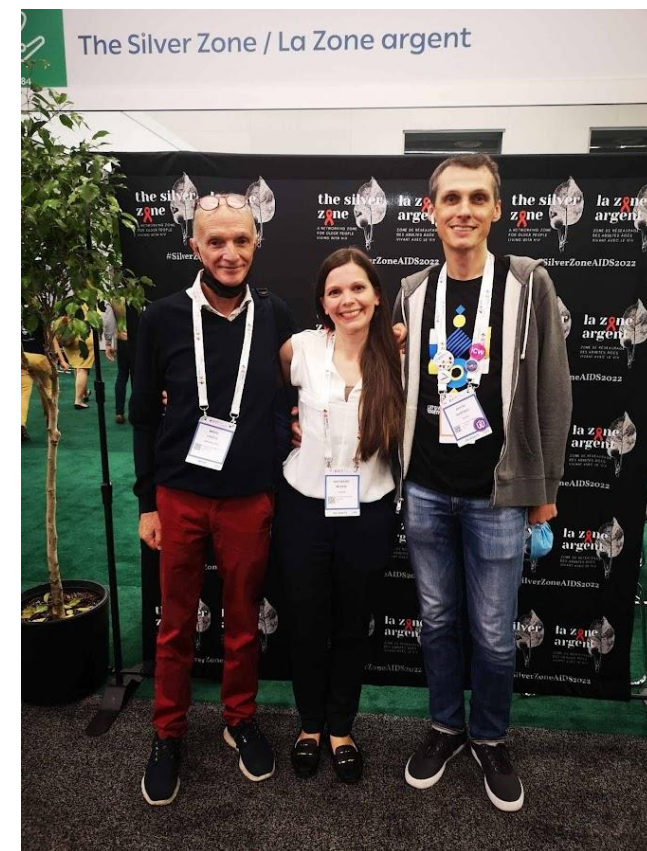
- Proposed: The Gray Zone
- Hosted session on ageism in the Human Rights Networking Zone; co-hosted *Positive Health: Towards Empowering Older Persons Living with HIV*

AIDS 2022: Montreal

- Accepted: The Silver Zone, Global Village

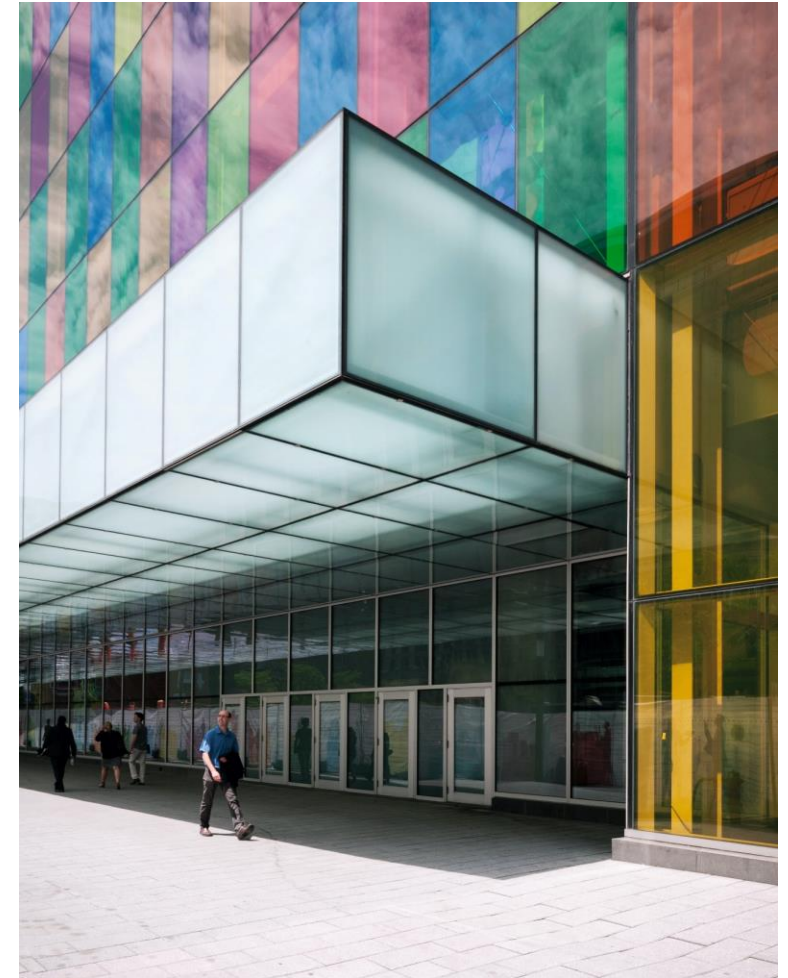
the silver
zone

A NETWORKING ZONE
FOR OLDER PEOPLE
LIVING WITH HIV



Maintaining Momentum

- Based on the experience of The Silver Zone in the Global Village at AIDS2022: we decided it was time to give voice to the neglected needs of older people living with HIV, **this is how the iCOPE HIV initiative started**
- Older people with HIV are a silent majority. Global estimates show that in the near future most people living with HIV will be aged >50 and an increasing proportion aged >65



HIV care has not evolved with an ageing population and older people feel they have been left behind.



The Glasgow Manifesto



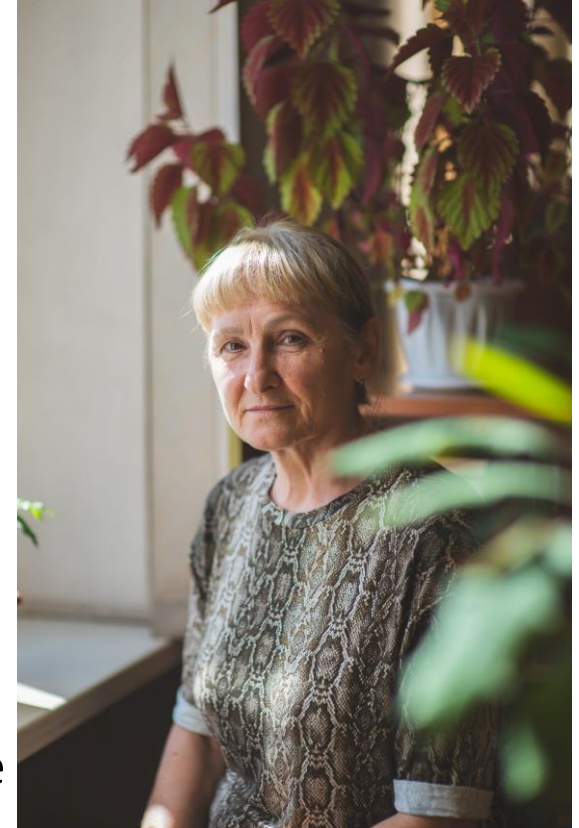
HIV Glasgow 2022 – 23-26 October

- During an EATG session ‘Ageing with HIV: from knowledge to action’, **The Glasgow Manifesto** was launched
- Over **130 endorsements** from organizations and institutions globally, reflecting the great interest in the issues highlighted and underscoring the **urgency of action needed**



Key points from The Glasgow Manifesto:

- Develop **new models of care** to address the health and social complexity we experience, including our **sexual** and **mental health** needs
- Raise awareness among service providers of our **distinct clinical and social needs**
- Responses from community which are age-affirming, address **ageism** and increase **intergenerational** understanding
- Change policy to respond to the unmet **housing, food and/or resource needs** of older people living with HIV who experience disability
- More **targeted research and education** on older people living with HIV, with community involvement
- **Include older people living with HIV** in decision-making about the HIV response, including **priority-and target-setting, funding allocation, and messaging** about the impact of HIV

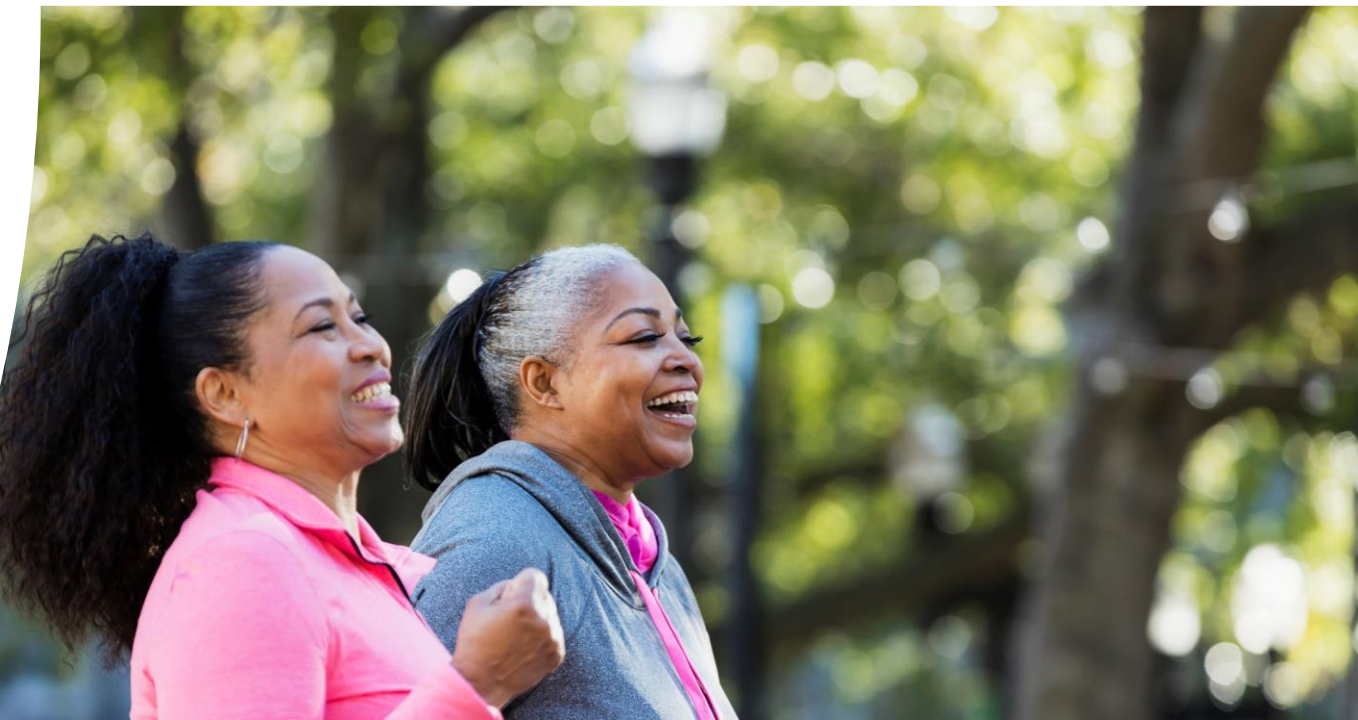


We all deserve age-friendly and age-affirming information, care, services, and support that considers not only the impact of our HIV status, but also our gender identity, sexual orientation, race and ethnicity.

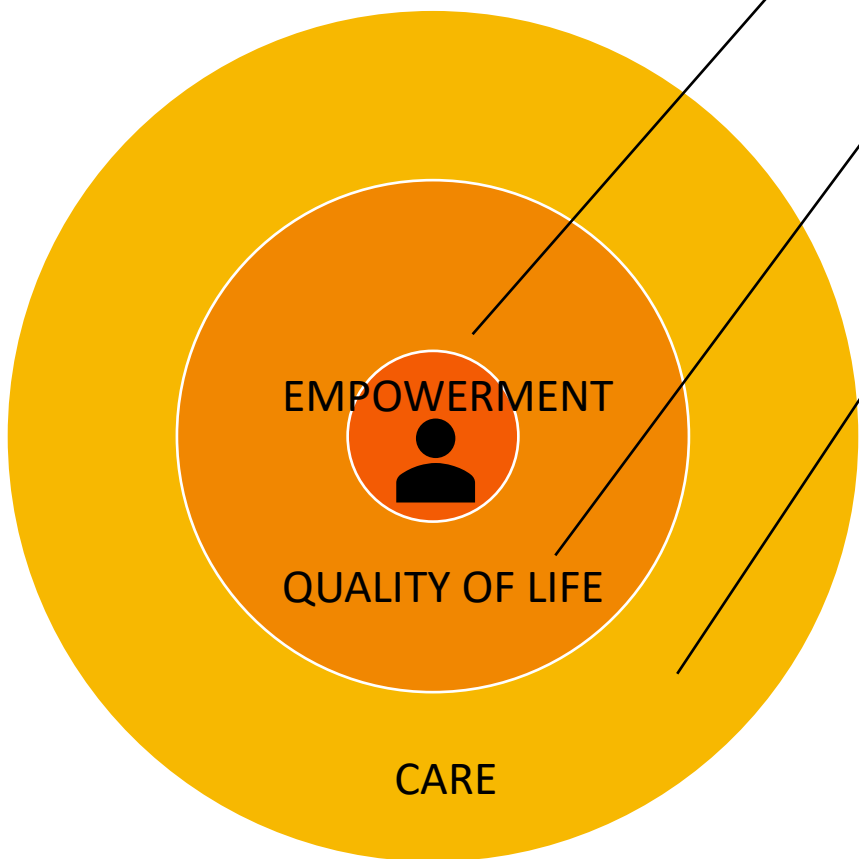
The International Coalition of Older People with HIV iCOPE HIV

Our Vision

Improved care, optimal quality of life, and empowerment for ageing and elderly people living with HIV around the world.



iCOPE Objectives



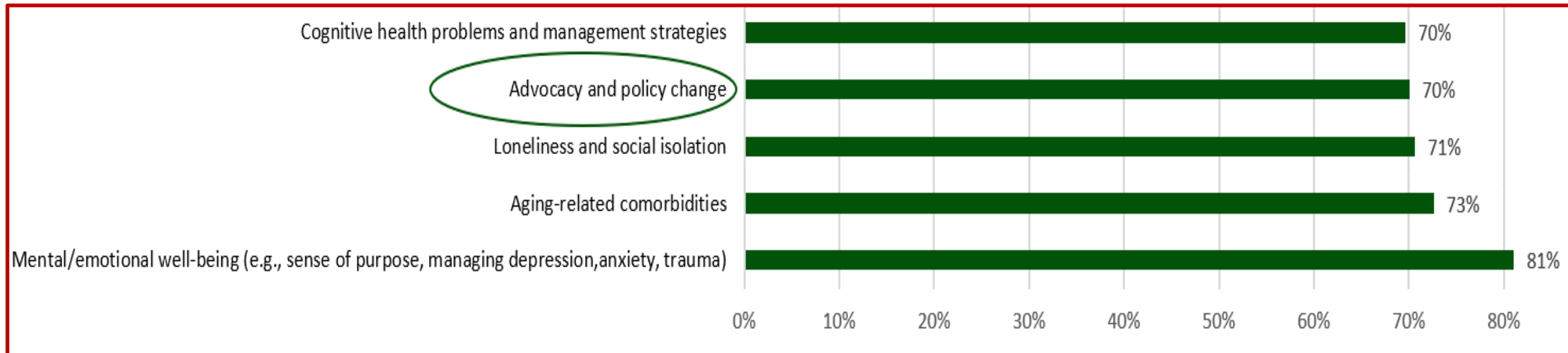
Individual level: Increase knowledge among older people with HIV of age-related health conditions, geriatric syndromes and prevention and management strategies.

Community level: Document priority issues affecting quality of life of older people with HIV around the world and initiatives in place to respond to these issues.

Systems level: Increase the capacity of decision-makers to implement models of care for older people with HIV based on best (and promising) practices globally.


Q8: With regard to your need for information/ learning/education, rate each of the following topics as high, moderate or low priority

Proportion of Respondents Rating Topic as High Priority



Increasing capacity among decision-makers: what does it mean to me?

As a person ageing with HIV (age 40+), I feel it's important to:



Prioritize a **prevention-based model of care** – at my age I still have a chance to prevent number of health issues which I could face as I age

Change **public policy** to have enough attention to ageing and HIV

Implement **community and clinical practice** for models of care for ageing/older people living with HIV

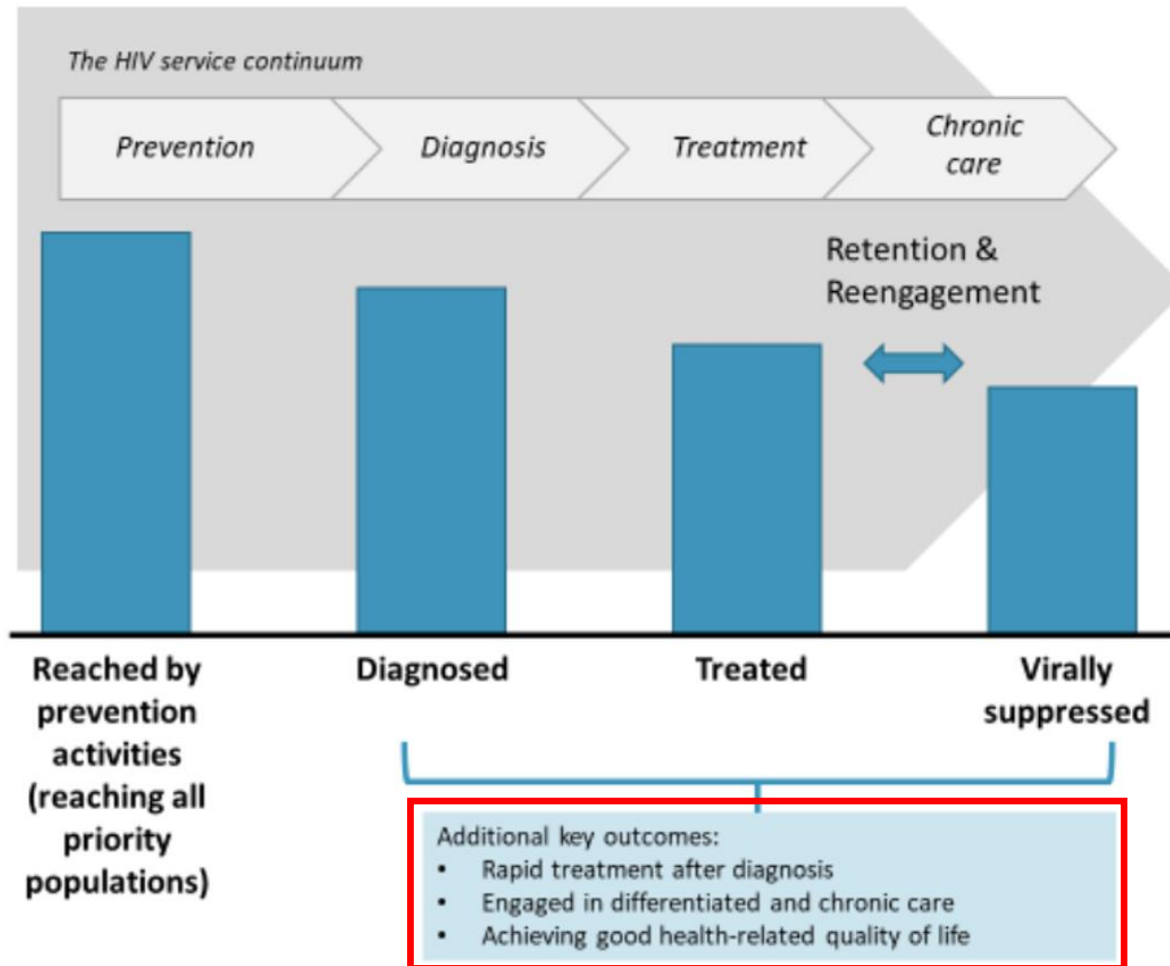


“Whilst we need to celebrate the UK’s achievements in reducing HIV transmission, we also need to acknowledge and embrace the challenges that are taking shape in front of us as the picture changes. Now more than ever we need to ensure we remain committed to listening to the communities of people living with the HIV. That is what Fifty Over 50 is all about.”

Whole Person Care Partners

In a policy context which is increasingly focused on the goals of HIV elimination, there is a real danger that HIV will become an ‘invisible’ condition, with the needs of those who are already living with, and growing older with, a diagnosis of HIV being forgotten, and many unaware of how to seek treatment and support.

**Global health sector strategies on, respectively, HIV,
viral hepatitis and sexually transmitted infections for the
period 2022-2030**



- ✓ The 2022–2030 HIV strategy calls attention to the goal of achieving good HRQoL outcomes.
- ✓ It emphasizes the importance of people-centred health services.
- ✓ It includes an action calling for the stronger integration of communicable and noncommunicable disease services.
- ✓ It suggests actions that recognize the significance of stigma and discrimination, mental health, disability, and rehabilitation.
- ✓ It highlights the significance of addressing the intersectional needs of key and vulnerable populations.

From knowledge to action

1. Provide **integrated** healthcare services focused on multimorbidity, frailty, geriatric syndromes and mental health.
2. Provide **education** to service providers on our clinical and social needs to support us better.
3. Adopt interventions in addressing polypharmacy such as **deprescribing** (including ART regimens).
4. **Integrate PRO measurement** (including HRQoL) into clinical practice: care providers and researchers should make use of the data collected to prioritize what we consider most important for our well-being.
5. Address the **intersectional** needs of key and vulnerable populations.
6. **Fight** institutional, interpersonal and self-Ageism and provide social and community interventions to cope with social isolation and loneliness.

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Thank you
for your attention!