HIV surveys in older adults: better data, better health

Most nationally representative HIV surveys, including those of the Demographic and Health Surveys Programme, limit eligibility for HIV testing to adults younger than 50 years or 55 years of age. These age limits reflect the belief that HIV is a disease acquired in youth and with consequences in middle age.1,2 However, as the epidemic evolves, information about HIV in older people will become essential, and age limits for surveys should be removed for six reasons.

First, the epidemic is ageing. The worldwide expansion of antiretroviral therapy (ART) coverage, with an estimated 13·6 million people receiving treatment in 2014,3 has substantially increased the life expectancy of adults with HIV,4 leading to rapidly increasing numbers of HIV-infected older adults. The age distribution of HIV prevalence is changing: the peak is moving to older ages and the decline beyond the peak is becoming flatter.5–7 About 4·2 million people aged 50 years and older are living with HIV,8 and this number is expected to increase substantially over the coming decades, in particular in sub-Saharan Africa.9

Second, the long-term health, economic, and social outcomes of ART in older people are crucial for the success of future intervention strategies, but they have never been quantified.10 Adults who have lived with HIV and have been taking ART for long periods are expected to be at increased risk of non-communicable diseases (NCDs). The increase in life expectancy provided by ART in this population will unmask the burden of other diseases previously hidden by high HIV-related mortality.11 Moreover, many antiretroviral drugs have side-effects that are important risk factors for NCDs, such as diabetes and cardiovascular disease.12 Finally, despite effective ART, HIV-infected adults have persistent HIV-associated inflammation, leading to accelerated ageing and increased incidence of NCDs.

Third, it has commonly been assumed that older adults are not at risk of acquiring HIV;13 however, evidence on sexual behaviour and HIV incidence across the life course suggests that this assumption is false.14,15 Determinants of HIV acquisition in older adults quite likely differ substantially from those in younger adults. Some risk factors (such as divorce or death of a partner), might only play a part in older adults, whereas others (such as lack of HIV knowledge and failure to adopt preventive behaviours) may be relevant across all ages but increase in importance with age.

Fourth, a key question that can be answered only if HIV surveys include older adults is what sets individuals who survive HIV-free into old age apart from those who acquire HIV at some point during their lifetime—lifelong individual characteristics, age-dependent risk factors (such as sexual behaviours, marriage, fertility and contraception), or chance?

Fifth, older adults have important roles in HIV-affected households, and how they fulfil these roles will likely depend on their own HIV status. The HIV epidemic has had substantial effects on household structures and roles, in particular in sub-Saharan Africa. For instance, skip-generation households in which grandparents care for grandchildren are one of the consequences of the age course of HIV infection. The ageing of the HIV epidemic will probably change the roles of older adults in households in high HIV prevalence communities, as HIV-infected middle-aged adults remain alive and grow old on ART.

Sixth, the offering of HIV testing to older adults in population-based HIV surveys might increase HIV testing rates. The exclusion of older adults from HIV surveys is likely to have increased the exceptional and stigmatised nature of HIV infection. Moreover, older adults in many societies are highly respected and their behaviour socially sanctions and encourages similar behaviour. HIV testing among older adults might therefore have positive spillover effects on testing rates in younger people.

Inclusion of older adults in HIV surveys will provide a historic opportunity to establish the effects of large-scale ART and the ageing of the HIV epidemic on health, economic, and social outcomes. Data on HIV infections in older adults will enable the research needed for providing a sound empirical foundation for the designing and planning of future HIV prevention, treatment, and care strategies.

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