The UN Decade of Healthy Ageing (2021–30) for people living with HIV

Giovanni Guaraldi, Jovana Milic, Eduardo Gnoatto Perondi, Ana Catarina Rodrigues Gonçalves, Cristina Mussini, Marco Antonio de Avila Vitoria, Matteo Cesari

The Decade of Healthy Ageing (2021–30; the Decade), proclaimed by the UN in 2020, is a global initiative aimed at fostering collaborations to transform the world into a better place to live and grow older in. The Decade presents a positive vision of ageing, discarding the stereotypes of diseases and disabilities and promoting focus on capacities and abilities. This approach will help to foster a more inclusive world and, consequently, care systems, which value the dignity of each individual. Although the initiative represents a resource for the global population, the Decade also provides a unique opportunity for the large community of people living with HIV in terms of increased visibility and long-term solutions for their specific ageing-related health issues. This Personal View focuses on the relevance of the Decade in improving the lives of people in the HIV community, the rationale for a stronger engagement of people living with HIV in this initiative, and the potential to reduce global disparities between the HIV community and the general population and among different global regions.

Lancet Healthy Longev 2024

Published Online
https://doi.org/10.1016/j.lanhl.2024.100643

Department of Surgical, Medical, Dental, and Morphological Sciences (Prof G Guaraldi MD, E Gnoatto Perondi MD, Prof C Mussini MD) **and Department of Biomedical, Metabolic, and Neural Sciences, Center for Gerontological Evaluation and Research** (J Milic MD PhD), **University of Modena and Reggio Emilia, Modena, Italy; Serviço de Doenças Infecciosas, Hospital Curry Cabral, Centro Hospitalar Universitário de Lisboa Central, Lisbon, Portugal** (A C Rodrigues Gonçalves MD); **Global HIV, Hepatitis and Sexually Transmitted Infections Programmes** (M A de Avila Vitori MD) **and Ageing and Health Unit, Department of Maternal, Newborn, Child, Adolescent Health and Ageing** (Prof M Cesari MD PhD), **WHO, Geneva, Switzerland**

Correspondence to:
Prof Giovanni Guaraldi, Department of Surgical, Medical, Dental, and Morphological Sciences, University of Modena and Reggio Emilia, Modena 41124, Italy
giovanni.guaraldi@unimore.it

Introduction

By 2050, the number of people older than 60 years worldwide is expected to reach 2 billion, and 80% of them will be living in low-income and middle-income countries.[1] Unfortunately, extension of life expectancy is not always accompanied by good health. In fact, the added years of life might be challenged by the burden of functional impairments and non-communicable diseases (eg, osteoarthritis, type 2 diabetes, cancer, and dementia), which have detrimental effects on the wellbeing of the individual and the sustainability of health-care systems worldwide.[1]

To provide a global health response to the issue of an ageing population, WHO published the World Report on Ageing and Health in 2015, which contains an innovative framework of healthy ageing,[2] defined as the process of developing and maintaining the functional ability that enables wellbeing in older age. By prioritising an individual's capabilities over age-related impairments and diseases, the framework offers a positive perspective on ageing, a starting point for combating the stigma, prejudices, and discrimination associated with age (ie, ageism).

The WHO framework of healthy ageing is based on the concept of intrinsic capacity, defined as the composite of all mental and physical capacities that a person can draw upon.[3] Together, and in interaction with the environment (ie, all the factors in the extrinsic world that form the context of an individual's life), intrinsic capacity establishes the functional ability of the person, which represents the health-related attributes that enable people to be and to do what they have reason to value.

This theoretical basis is fundamental for the Decade of Healthy Ageing (2021–30; the Decade) proclaimed by the UN in 2020.[4] The Decade is a global initiative aimed at fostering collaborations to transform the world into a better place to live and grow older in. This 10-year collaboration is aligned with and supports the realisation of the UN Agenda 2030 on Sustainable Development Goals, engaging multiple stakeholders, including governments, civil society, international agencies, professionals, academia, the media, and the private sector, in fostering long and healthy lives.

The Decade seeks to reduce health inequities between populations and improve the lives of older people (aged ≥65 years), their families, and communities through four action areas (panel).[4]

In the context of global ageing, people living with HIV constitute an important population that needs specific consideration. Advances in antiretroviral therapy have allowed many individuals with HIV to reach older age, in some cases even exceptional longevity.[5] Remarkable benefits of antiretroviral therapy have also been confirmed in contexts of high HIV prevalence, underlining the need for continued work in making antiretroviral therapy accessible to ageing populations.[6] At the same time, the ageing process in people living with HIV has been described as accelerated and accentuated, leading them to prematurely experience age-related conditions and geriatric syndromes (eg, multimorbidity, cognitive and physical impairment, polypharmacy, and frailty).[7,8]

Estimates indicate that despite the initiation of antiretroviral therapy when the CD4 cell count is still high, people living with HIV might not substantially benefit from an extended lifespan due to disabilities occurring in later life.[9] Instead, frailty tends to occur at a younger age in this population and seems less reversible, as compared with that observed in people without HIV infection.[10] Considering HIV as a unique model of ageing, the effect of antiretroviral therapy on functional ability in older age can be interpreted as a double-edged sword as antiretrovirals can be associated with both increased risk of age-related diseases and delay of frailty to an older age.[11]

Ageing is a continuous process, a constant evolution from preconception to death. The trajectory of ageing is determined by the individual's intrinsic capacity, the environment, and the resulting functional ability. These factors are shaped by the positive and negative stressors that the

Panel: Overview of action areas

Action area 1
Combating ageism–change how individuals think, feel, and act towards age and ageing.

Action area 2
Age-friendly environments–ensure that communities foster the abilities of older people.

Action area 3
Integrated care–deliver person-centred integrated care and primary health services that are responsive to older people.

Action area 4
Long-term care–provide access to long-term care for older people who need this care.

individual might experience throughout life. In people living with HIV, these trajectories can be negatively influenced by the biological mechanisms underlying the infection, the burden of comorbidities, and the adverse effects of the multiple medications that are frequently used to manage the comorbidities (because of and in addition to antiretroviral therapy). Furthermore, since a young age, people living with HIV might experience a substantial gap between their intrinsic capacity (ie, what the individual could do) and functional ability (ie, what the individual can do). This gap represents the environmental barriers, which, in the context of people living with HIV, can include multiple and diverse factors such as inequalities in welfare, poor access to care, low community support, and stigma against HIV. The Decade offers a unique opportunity to give visibility to the specific needs and priorities of people living with HIV and actively contribute to the development of a better and healthier world.

Action area 1: combating ageism

Ageism encompasses stereotyping (ie, thoughts), prejudices (ie, emotions), and discrimination (ie, actions) against individuals based on their age. Although ageism affects people of all ages, older people are particularly affected and experience detrimental consequences to their health and wellbeing.[12]

In the context of HIV, ageism can be considered the last presentation of the cascade of intersectional stigmas that affect people living with HIV, including sexual orientation, HIV discrimination, and body image changes. Ageism might be the most crucial barrier to achieving healthy ageing for people living with HIV.

As explained in the *Global Report on Ageism* published by WHO in 2021, ageism has a substantial effect on an individual's health, including their physical health (eg, reduced longevity, physical impairments, and risky health behaviours), mental health (eg, cognitive impairment and depressive symptoms), and social wellbeing (eg, social isolation, loneliness, risk of abuse, restricted sexuality, and fear of crime).[12] In addition, ageism imposes an economic burden on individuals, accentuating poverty and financial insecurity, and on society, restricting its sustainability and growth. Ageism combines with the stigmas already affecting people living with HIV, and together, these issues exponentially hamper an individual's opportunities, inclusion, and recognition as a valuable member of the community.[13]

The *Global Report on Ageism* underlines the need for actions at different levels to combat institutional ageism, interpersonal ageism, and self-ageism.[12] Institutional ageism can be addressed by promoting policies and strategies that support equity, integration, and inclusiveness. In this context, the Decade offers a unique opportunity to leverage ongoing discussions for increased visibility to those subgroups of the older population that are particularly vulnerable and require special attention.

The fight against interpersonal ageism involves educational programmes for health and care workers, as well as appropriate strategies at the social and community levels. The WHO document titled *Connecting Generations: planning and implementing interventions for intergenerational contact*[14] stressed the need for promoting education and supporting intergenerational dialogue. For example, raising awareness about sexuality in older people and tailoring educational campaigns to address the specific concerns and challenges faced by older individuals at risk of or living with HIV are important. Interventions could also focus on mental health and social support to address the emotional and psychological aspects of ageing with HIV, facilitating social connections, reducing isolation, and developing and disseminating guidelines that could improve care for older people living with HIV.

Further research is also needed to address self-ageism, especially in people living with HIV who might already be experiencing social isolation.[15] Loneliness is the direct consequence of the exclusion that is self-imposed by individuals owing to the incorrect perception that growing old represents a problem. Loneliness, prevalent in people living with HIV, exerts a psychological burden and is linked to an increased possibility of cognitive impairment, low mood, stress, and poor physical health.[16] Furthermore, loneliness is associated with functional impairment and poor health-related quality of life.[17]

The experience of loneliness in people living with HIV includes themes of multiple losses, feeling invisible, and hiding out, with coping strategies that involve creating meaningful interactions and social experiences.[18] The COVID-19 pandemic might have exacerbated self-ageism in older people who precluded themselves from important opportunities because they felt that they were no longer able to meaningfully contribute to society.[19,20] In the same context, people living with HIV particularly showed psychological distress, especially owing to loneliness and financial insecurity.[21,22] These feelings could have been caused by accentuated self-ageism.

Action area 2: age-friendly environments

WHO defines age-friendly environments as optimal spaces for growing, living, working, playing, and ageing.[2] Establishing such environments involves tackling the social determinants of healthy ageing and empowering

individuals to continue activities that they value. Developing age-friendly cities and communities is a challenging task that requires collaboration among different stakeholders and sectors, including the active participation of representatives of the older population. This task is particularly challenging for people living with HIV who sometimes face social and economic difficulties owing to the stigma attached to the disease.

Age-friendly communities enable individuals to live in their own home and community safely, independently, and comfortably, regardless of age, income, or ability. This idea is particularly relevant for people living with HIV who can benefit from at-home HIV testing and treatment options, including long-acting antiretroviral therapy requiring few clinical visits. Ageing in place emphasises the importance of adapting the living environment to support the functional ability of individuals as they age, thereby allowing maintenance of their independence and active social participation.[23] In other words, age-friendly environments enable ageing in place and can help to achieve the overarching objective of healthy ageing.

All age-friendly practices that can improve the environment in which individuals live, from transportation to outdoor spaces and buildings and from housing to respect and social participation, need to be considered. In this context, community support and health services need to be improved.[24] Indeed, ageing of the population, including people living with HIV, requires specific considerations regarding how care facilities and services should be designed and developed.[25] In terms of delivery of quality care, previous approaches that worked for young people living with HIV might not be equally efficient for ageing or aged individuals because of the increased prevalence of age-related chronic conditions and impairments. In other words, the ageing of populations living with HIV might lead to the emergence of an increasing number of environmental barriers that directly influence access and adherence to care plans.

HIV care can also offer a unique opportunity for promoting healthy ageing through direct actions in the care environment. The HIV infrastructural network for the delivery of antiretroviral therapy might often represent the only access to care for the management of non-communicable diseases and age-related conditions in countries with low resources.[26] In this perspective, the presence of an active HIV community, with leadership, advocacy, and culturally appropriate services, and health-care services emphasising person-centred care for people living with HIV can provide an opportunity to improve the health trajectories of the entire population across geographical areas. However, the HIV-focused approach usually adopted by these care services might only partly address the diverse priorities of the ageing population living with HIV who could require a comprehensive approach to their needs during old age.

Action area 3: integrated care

Older individuals might frequently present physical, mental, or social issues, or a combination of these, thereby requiring access to different services for prevention, care management, and support. Designing, developing, and implementing comprehensive and person-centred interventions for adequately and efficiently addressing the diverse needs and priorities of older people are necessary. Strategies should foster coordination among the health-care and social-care sectors, as some needs can often be outside of the clinical sphere. At the same time, care plans should refrain from imposing financial burdens on recipients. This approach implies evidence-based activities contextualised to the local scenario that can promote efficient integration and allocation of material and human resources. This approach is particularly crucial in low-resource settings.

Some low-resource settings offer an interesting example, in which integration policies included the management of HIV and non-communicable diseases through the presence of overarching health policy documents and coordinated action among policy makers, researchers, and implementing teams.[27] Unfortunately, the care provided to people living with HIV remains fragmented owing to knowledge gaps, paucity of time and resources, and difficulties in connecting the different sectors, settings, and services that are crucial to establishing the necessary continuum of care.[28,29]

HIV care has traditionally been focused on the use of antiretroviral therapy, with the aim of bringing and maintaining viral replication under control. However, new and complex priorities are emerging with the ageing of people living with HIV. The management of infectious diseases is not sufficient to allow meaningful and fully responsive solutions for people living with HIV. The increasing burdens of non-communicable diseases and geriatric syndromes, together with the increasing need to address social issues, are reshaping routine activities in every clinical setting and specialty,[30] particularly in the case of HIV care, given the accelerated and accentuated ageing of people living with HIV and the traditional disease-specific focus of HIV management. In other words, care needs to be reoriented from the standalone disease-centred model to an approach that has the individuals, with all of their values, needs, and priorities, at the centre of a multidisciplinary, preventive action. Since the integrated intervention finds rationale in the promotion of ageing in place and the implementation of a preventive (rather than the usual reactive) approach, how the primary health-care and community-care setting represents the cornerstone of an increasingly sustainable and responsive system is evident.

Action area 4: long-term care

Long-term care includes activities to ensure that people with or at risk of a substantial ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms, and human dignity.[31] Many older people experience declines in their physical and mental capacity, which implies that they can no longer care for themselves without support and assistance. Access to quality long-term care when needed is, thus, essential.

The need to improve access to long-term care is crucial for people living with HIV, given the scarcity of family support that they frequently face owing to multiple reasons. For example, men who have sex with men are less likely to have children who can take care of them. In addition, loneliness due to HIV stigma, financial issues, or absence of adequate welfare support can increase the need for social support.[32] Furthermore, many long-term care facilities and services are unprepared to host people living with HIV, even when they have an undetectable viral load, owing to the unjustified fear of nosocomial HIV transmission. Lastly, people living with HIV might also experience self-stigma, choosing not to disclose their HIV condition to any peer member of the community where they live, which increases their loneliness and social isolation.[33,34] The fact that the long-term care of people living with HIV in low-income and middle-income countries completely relies on the family and community in most cases, especially in rural areas, adds to the challenge. In such scenarios, besides support of the national health system and development of services supporting the continuum of care, the social and cultural diversities that might perceive the needs of older people differently from the needs of those in high-income countries also need to be accounted for.

Enablers of the Decade

The activities conducted as part of the Decade can easily generate synergies with the parallel initiative, called "Global health sector strategies on HIV", launched by WHO for the period 2022–30.[35] A major novelty of the initiative was the inclusion of health-related quality of life as a key outcome of HIV management. The inclusion of such an aspect in the evaluation of care supports and accelerates the shift in care outcomes from managing the disease to a more holistic dimension, implicitly inviting a more meaningful and consistent engagement of the person in the decision-making process (eg, through the adoption of outcome measures reported by patients). Four enablers have been identified to facilitate the achievement of the four action areas. These enablers seem to be well suited to address the challenging scenarios and experiences faced by the HIV community over the years.

Listen to diverse voices and enable meaningful engagement of stakeholders, especially that of older people

The HIV community has been growing over the past 40 years, fighting against HIV stigma and increasing awareness of its rights and unmet needs. The experiences of people living with HIV who are combating the stigma on a daily basis and their efforts to seek inclusiveness should inform the Decade's roadmap towards a world where everyone can live long and healthy lives.

Build capacity and nurture leadership to take appropriate action integrated across sectors

Promoting healthy ageing requires major well-guided changes across the society. Capacity should be built across sectors and levels to support the advocated shift from disease management to holistic care. Policy makers need to define actions that could respond better to an individual's needs, and health and care workers need to learn how to approach, assess, and manage the different priorities of older individuals with and without HIV.

Connect stakeholders around the world to share and learn from the experiences of others

All the stakeholders and the community need to work together to co-create institutional strategies and educational programmes and enable respectful intergenerational dialogue to foster a future without stigmas. In this context, the HIV community has already shown its capacity to build multistakeholder partnerships to achieve incredible results for improving the quality of life of people living with HIV and in the defence of their rights. For example, the creation of the International Coalition of Older People with HIV, a global alliance of over 150 HIV groups supporting The Glasgow Manifesto to achieve equitable health outcomes, was a short-term effect of such a campaign.[36]

Strengthen data, research, and innovation to accelerate implementation

Research on ageing in HIV represents a genuine understanding of the immunological and pathophysiological process of ageing, offering a unique opportunity to test the geriatrics approach at the population level. Conducting research that could help to better understand the complexity of ageing in people living with HIV, especially the most vulnerable ones, by revising the traditional approaches based on viro-immunological success alone and management of comorbidities is also crucial. In other words, the anticipated changes pursued by the Decade can occur only when scientific activities shift their focus to provide consistent, meaningful data.

These enablers pave the way to addressing the unmet needs of older people living with HIV by promoting educational and empowerment tools that support a person-centred approach to sustain healthy ageing. Among other actions, the health resources available for older individuals in the community need to be mapped through a multistakeholder and intergenerational dialogue, which could then be made available for people living with HIV. Other areas to be particularly focused on include fighting the intersectionality of stigma with concrete actions, such as inclusion of people living with HIV in non-HIV registrational randomised clinical trials.

Lastly, the HIV-related literature has been increasingly promoting person-centred research. In this context, practices such as the use of patient-reported outcomes, inclusiveness in research activities, and focus on outcomes that comprehensively capture an individual's health status will support and strengthen healthy ageing for all. Furthermore, the work conducted over the years in low-resource settings can be useful to inform activities

aimed at improving care delivery for healthy ageing in low-income and middle-income countries.

Overall, the Decade is a global initiative on healthy ageing but could also provide a unique opportunity for the HIV community in terms of increased visibility and finding tailored solutions for its specific ageing-related health issues. In particular, the Decade presents a positive vision of ageing, discarding the stereotypes of diseases and disabilities and focusing on capacities and abilities. This approach will help to foster a more inclusive world and, consequently, care systems, thereby giving value to the dignity of individuals, especially those who are vulnerable. The Decade is a multistakeholder, collaborative initiative that could substantially benefit from the network that the HIV community has been building over the years. The experiences of the HIV community could serve as special assets that can be considered to avoid the mistakes of the past and to work together for a better future.

Contributors

GG, JM, and MC conceptualised and designed the manuscript. All authors wrote and revised the manuscript and approved the final version of the manuscript.

Declaration of interests

GG and CM received research grants and speakers honoraria from Gilead, ViiV, Merck, and Janssen and are on the advisory boards of Gilead, ViiV, and Merck. JM received speakers honoraria from Gilead and ViiV. All other authors declare no competing interests.

Acknowledgments

There was no funding source for this Personal View. The views expressed in this paper are those of the authors and do not necessarily reflect the views of WHO.

References

1 Bellantuono I. Find drugs that delay many diseases of old age. *Nature* 2018; **554:** 293–95.

2 WHO. World report on aging and health. 2015. https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1 (accessed Sept 17, 2024).

3 Bautmans I, Knoop V, Amuthavalli Thiyagarajan J, et al. WHO working definition of vitality capacity for healthy longevity monitoring. *Lancet Healthy Longev* 2022; **3:** e789–96.

4 Decade of healthy ageing. UN decade of healthy aging: plan of action 2021–2030. https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_28 (accessed April 8, 2024).

5 Pintassilgo I, Cesari M, Santos HN, et al. The Lisbon patient: exceptional longevity with HIV suggests healthy aging as an ultimate goal for HIV care. *BMC Infect Dis* 2020; **20:** 290.

6 Payne CF, Houle B, Chinogurei C, et al. Differences in healthy longevity by HIV status and viral load among older South African adults: an observational cohort modelling study. *Lancet HIV* 2022; **9:** e709–16.

7 Guaraldi G, Orlando G, Zona S, et al. Premature age-related comorbidities among HIV-infected persons compared with the general population. *Clin Infect Dis* 2011; **53:** 1120–26.

8 Greene M, Covinsky KE, Valcour V, et al. Geriatric syndromes in older HIV-infected adults. *J Acquir Immune Defic Syndr* 2015; **69:** 161–67.

9 Marcus JL, Leyden WA, Alexeeff SE, et al. Comparison of overall and comorbidity-free life expectancy between insured adults with and without HIV infection, 2000–2016. *JAMA Netw Open* 2020; **3:** e207954.

10 Verheij E, Wit FW, Verboeket SO, et al. Frequency, risk factors, and mediators of frailty transitions during long-term follow-up among people with HIV and HIV-negative AGEhIV cohort participants. *J Acquir Immune Defic Syndr* 2021; **86:** 110–18.

11 Guaraldi G, De Francesco D, Milic J, et al. The interplay between age and frailty in people living with HIV: results from an 11-year follow-up observational study. *Open Forum Infect Dis* 2019; **6:** ofz199.

12 WHO. Global report on ageism. 2021. https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combatting-ageism/global-report-on-ageism (accessed Oct 16, 2022).

13 Guaraldi G, Milic J, Cascio M, et al. Ageism: the -ism affecting the lives of older people living with HIV. *Lancet HIV* 2024; **11:** e52–59.

14 WHO. Connecting generations: planning and implementing interventions for intergenerational contact. Oct 10, 2023. https://www.who.int/publications/i/item/9789240070264 (accessed Sept 23, 2024).

15 Stuart A, Katz D, Stevenson C, et al. Loneliness in older people and COVID-19: applying the social identity approach to digital intervention design. *Comput Hum Behav Rep* 2022; **6:** 100179.

16 Harris M, Brouillette MJ, Scott SC, et al. Impact of loneliness on brain health and quality of life among adults living with HIV in Canada. *J Acquir Immune Defic Syndr* 2020; **84:** 336–44.

17 Greene M, Hessol NA, Perissinotto C, et al. Loneliness in older adults living with HIV. *AIDS Behav* 2018; **22:** 1475–84.

18 Austin-Keiller A, Park M, Yang S, Mayo NE, Fellows LK, Brouillette MJ. "Alone, there is nobody": a qualitative study of the lived experience of loneliness in older men living with HIV. *PLoS One* 2023; **18:** e0277399.

19 Jecker NS. Too old to save? COVID-19 and age-based allocation of lifesaving medical care. *Bioethics* 2022; **36:** 802–08.

20 Kornadt AE, Albert I, Hoffmann M, Murdock E, Nell J. Perceived ageism during the Covid-19-crisis is longitudinally related to subjective perceptions of aging. *Front Public Health* 2021; **9:** 679711.

21 Guaraldi G, Milic J, Barbieri S, et al. Resilience and frailty in people living with HIV during the COVID era: two complementary constructs associated with health-related quality of life. *J Acquir Immune Defic Syndr* 2022; **89** (suppl 1)**:** S65–72.

22 Yoo-Jeong M, Brown MJ, Waldrop D. Loneliness mediates the effect of HIV-related stigma on depressive symptoms among older persons living with HIV. *AIDS Behav* 2022; **26:** 3147–52.

23 Huang J-Y, Hsiao Y-L, Chen F-Y, et al. Establishing age-friendly community guidelines in Taiwan. *Hu Li Za Zhi* 2023; **70:** 84–94 (in Chinese).

24 WHO. National programmes for age-friendly cities and communities: a guide. https://www.who.int/publications/i/item/9789240068698 (accessed May 6, 2024).

25 Godfrey C, Vallabhaneni S, Shah MP, Grimsrud A. Providing differentiated service delivery to the ageing population of people living with HIV. *J Int AIDS Soc* 2022; **25** (suppl 4)**:** e26002.

26 McCombe G, Lim J, Hout MCV, et al. Integrating care for diabetes and hypertension with HIV care in sub-Saharan Africa: a scoping review. *Int J Integr Care* 2022; **22:** 6.

27 Matanje Mwagomba BL, Ameh S, Bongomin P, et al. Opportunities and challenges for evidence-informed HIV-noncommunicable disease integrated care policies and programs: lessons from Malawi, South Africa, Swaziland and Kenya. *AIDS* 2018; **32** (suppl 1)**:** S21–32.

28 Bekker LG, Alleyne G, Baral S, et al. Advancing global health and strengthening the HIV response in the era of the sustainable development goals: the International AIDS Society—*Lancet* Commission. *Lancet* 2018; **392:** 312–58.

29 Bouabida K, Chaves BG, Anane E. Challenges and barriers to HIV care engagement and care cascade: viewpoint. *Front Reprod Health* 2023; **5:** 1201087.

30 Hambleton IR, Caixeta R, Jeyaseelan SM, Luciani S, Hennis AJM. The rising burden of non-communicable diseases in the Americas and the impact of population aging: a secondary analysis of available data. *Lancet Reg Health Am* 2023; **21:** 100483.

31 WHO. Framework for countries to achieve an integrated continuum of long-term care. https://iris.who.int/handle/10665/349911 (accessed May 6, 2024).

32 Ninnoni JP, Agyemang SO, Bennin L, et al. Coping with loneliness and stigma associated with HIV in a resource-limited setting, making a case for mental health interventions; a sequential mixed methods study. *BMC Psychiatry* 2023; **23:** 163.

33 Hsieh E, Polo R, Qian H-Z, Fuster-RuizdeApodaca MJ, del Amo J. Intersectionality of stigmas and health-related quality of life in people ageing with HIV in China, Europe, and Latin America. *Lancet Healthy Longev* 2022; **3:** e206–15.

34 Wanjala SW, Nyongesa MK, Mapenzi R, Luchters S, Abubakar A. A qualitative inquiry of experiences of HIV-related stigma and its effects among people living with HIV on treatment in rural Kilifi, Kenya. *Front Public Health* 2023; **11:** 1188446.

35 WHO. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. https://iris.who.int/bitstream/handle/10665/360348/9789240053779-eng.pdf?sequence=1 (accessed April 8, 2024).

36 European AIDS Treatment Group. The Glasgow Manifesto by the International Coalition of Older People with HIV (iCOPe HIV). https://www.eatg.org/press-releases-and-statements/the-glasgow-manifesto-by-the-international-coalition-of-older-people-with-hiv-icope-hiv/ (accessed Sept 17, 2024).