

Aging with Human Immunodeficiency Virus (HIV) in Uganda

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April 2022

1.1 Aging in Uganda

With a significant reduction in mortality nationwide, the Ugandan population is aging.¹⁻⁴ Life expectancy reached 63 years in Uganda in 2017, and between 1991 and 2014, older adults aged 60 and above more than doubled from 686,000 to 1.6 million.¹⁻⁴ However, despite the assumed benefits of increased life expectancy, a pre-existing lack of resources and formal structures to support older persons in Uganda is further compounded by this onset of rapid population aging.²

The Ugandan healthcare system is ill-equipped to manage the emerging health needs of its aging population, resulting from insufficient funds, resources, health information systems, and governance structures.^{2,5} Population aging comes with a variety of health challenges that typically follows a negative trajectory toward chronic disease and frailty.⁶ In addition to this typical rise in multimorbidity that accompanies aging, challenges specific to the Ugandan population include amplified food insecurity, the erosion of social support systems, and a high burden of human immunodeficiency virus (HIV).^{1,4,5,7,8} Stemming from high rates of unemployment and rural-urban migration, these factors have limited the capacity of aging Ugandans to maintain their overall health and well-being.^{1,4,5,7,8}



Picture Credit: ROTOM

1.2 HIV in Older Adulthood

HIV among older persons is becoming significantly more common in Uganda, resulting from rapid population aging and successful HIV drug therapies.⁹⁻¹⁴ As persons continue to age with HIV, the risk of developing further chronic health conditions and adverse drug-drug interactions increases, which has several implications for individual-level health care needs.¹⁴ In 2017, the Uganda Population-Based HIV Impact Assessment (UPHIA) reported that the annual prevalence of HIV for 2016-2017 among persons aged 60-64 was 6.2%.¹⁰ This report also found that there was a positive association between the burden of disease reported and the age of participants in this study.¹⁰ The UPHIA is the first report to include HIV prevalence estimates for persons aged 50-64 at a national level.¹⁰ However, it is estimated that factors such as stigma and HIV targeted discrimination resulted in underreporting of HIV infection in this population, which further points to the need for upscaled research and healthcare strategies for older persons living with HIV across the nation.¹⁰

The management of HIV is extremely complex in older persons who may experience several social, psychological, and physical challenges.¹⁴ With a lack of adequate data on the needs of older persons who are living with HIV in Uganda specifically, individual health conditions are being poorly addressed.¹⁵ As a result, high levels of frailty associated with HIV, combined with increased rates of multimorbidity pose considerable health challenges for aging Ugandans.¹⁴ This, coupled with barriers related to HIV prevention, testing, and treatment accessibility, further limits the capacity of the Ugandan population to receive adequate health care, and to date, the state of scientific knowledge in this area is significantly lacking.

In order to slow the trajectory of decline in older persons living with HIV, comprehensive monitoring of older persons through health assessment, early identification, and timely intervention of appropriate health care services is required.^{6,16} Unfortunately, it has been shown that healthcare systems in low-income nations often fail to meet the needs of their older adults, owing to poor access to care and an overall lack of responsiveness to patient needs.^{8,15} Thus, with the growing prevalence of HIV in older persons in a resource-constrained context like Uganda, the impact of population aging must be addressed.^{1,8,15,17}

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About the Author



Brittany Kroetsch is a second year Master of Science student in the School of Public Health Sciences at the University of Waterloo. Her current research focuses on improving care practices for older persons living with and affected by HIV in Central Uganda. Brittany is passionate about working with vulnerable populations, and in the future, she aims to continue to support older adults in Uganda through community-informed research projects as she pursues her PhD in Public Health Sciences.

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