Lancet Report Recommends Paradigm Shift in Care for Older Adults with HIV

Expanding care beyond essential antiretroviral therapy will help support growing older population with HIV expected to reach 20.2 million worldwide by 2040.

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A new report by a group of HIV researchers in the journal Lancet HIV recommends that health systems caring for older individuals with HIV should move beyond the standard antiretroviral therapy to a more comprehensive, healthy-aging approach. The report was led by researchers at the Johns Hopkins Bloomberg School of Public Health and Yale School of Medicine, with colleagues at more than 40 institutions and nine persons living with HIV.

While most new HIV cases are among young people, the number of individuals living with HIV worldwide is increasing and getting older: nearly a third of people with HIV were over 50 in 2025, and half will be over 50 by the year 2040. In their report, commissioned by the editors of the journal Lancet HIV, the authors recommend a broad set of health-system changes to manage the distinct challenges involved in HIV prevention and screening, treatment, and long-term care in this older population.

Recommendations include monitoring physiological age and functional declines, minimizing the multi-pharmaceutical use common among older adults, and promoting mental health and a healthy lifestyle—all while maintaining adherence to antiretroviral therapy.

The report, published online July 27 in Lancet HIV, will be delivered in a presentation July 28 at the AIDS 2026 conference in Rio de Janeiro, Brazil.

“People older than 50 living with HIV tend to have a physiologic age that is greater than their chronological age due to their chronic infection,” says study joint first author Keri Althoff, PhD, MPH, a professor in the Bloomberg School’s Department of Epidemiology. “The increase in this population is a big challenge for healthcare systems around the world and will continue to grow. We need to act now.”

The study’s other joint first author is Amy Justice, MD, PhD, Peter N. Herbert Professor of Internal Medicine and Professor of Public Health at Yale School of Medicine.

About 40 million people around the world were living with HIV as of late 2024, according to the

World Health Organization. Standard care for these individuals centers around antiretroviral drug therapy (ART). ART prevents progression to AIDS by suppressing viral replication in the body. However, ART must be taken indefinitely. The availability of ART in recent decades has meant that people with HIV can live a near-normal lifespan.

Older people with HIV face added challenges—including stigma that can complicate medical care for existing infections and screening for new HIV infections. For those who have been living with HIV for a long time, the cumulative adverse effects of older ART treatments, plus chronic immune activation due to HIV infection, typically have accelerated the aging process, effectively bringing forward the chronic ailments seen in older patients.

“As people with HIV age, they become medically complex; they have a higher risk of many age-related comorbidities,” Althoff says. “It’s not just about trying to control the HIV viral load—it’s about how to keep the viral load suppressed while maintaining mental and physical health as a person’s medical complexity increases with age.”

The report also recommends HIV prevention and screening services that are more targeted to older adults, tailored to reduce stigma and ageism and meet this population’s special needs and vulnerabilities, including casual partners and changes in income.

Looking ahead, the report warns that contemporary health systems are poorly equipped to handle the burden of a large and growing population of older adults with HIV.

“Even integrated health networks often consist of multiple vertical services, each with separate forms, schedules, and out-of-pocket expenses,” Althoff says. “To provide appropriate care and support for healthy aging with HIV, we must change the care structure and link persons with HIV to community organizations and digital tools outside of the clinic walls.”

Better integration of existing HIV care programs into broader chronic disease management, and innovations in HIV care programs that incorporate broader geriatric care, could both help solve this looming problem. The report concludes by emphasizing the importance of linking patients to community-based organizations and digital tools to ensure care is a partnership among patients, providers, and the community.

“The Lancet HIV Commission on Ageing and HIV: A Global Perspective” was co-authored by a group of 47 authors from around the world. The full list of authors is available here.

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