



The Kenya PLHIV Community Communique to Commemorate The International Day of Older Persons (IDOP) 2026: 1st October

1.0 Introduction

With the theme: *"The Age of Longevity: Rethinking Systems for Longer Lives"*, the **International Day of Older Persons (IDOP) 2026** celebrations scheduled for 1st October provide an opportunity to position ageing and older persons' rights as a national development priority and to bring to light the plight of older adults living with HIV and related co-infections and comorbidity.

1.1 Ageing and Living with HIV.

Increased access to antiretroviral therapy (ART) has transformed HIV from a fatal diagnosis into a manageable chronic condition. However, this extended lifespan has introduced a new paradigm of health challenges driven by chronic inflammation, accelerated aging, and medication complexities. Integrating HIV service delivery into routine health care settings calls for specific interventions for elderly PLHIV¹.

1.2 Sustained good Health and Well-being of Elderly PLHIV.

Sustaining the health and well-being of elderly PLHIV require an approach that merges traditional HIV management with comprehensive geriatric care, with focus toward managing age-related non-HIV comorbidities, polypharmacy, neurocognitive changes, and social isolation.

2.0 PLHIV Communique.

On the occasion of the International Day of Older Persons (IDOP) 2026, NEPHAK issues this Communique calling for the scale up of interventions aimed at the sustained improvement of health and well-being of elderly persons living with HIV. The Communique takes cognizance of the *2026 Integrated Guidelines for the Treatment and Prevention of HIV, STIs, and Viral Hepatitis* and related policies and guidelines² and focuses on key 4 aspects below:

- i. *Clinical & Medical Management:* Immediate Antiretroviral Therapy (ART)³; Aggressive Co-Infections and Comorbidity Screening⁴ that include, Tuberculosis, Cervical Cancer, Cardiovascular Prevention, Bone Health, Organ Function⁵; Polypharmacy Management⁶;
- ii. *Geriatric & Functional Interventions:* Neurocognitive Assessments; Early Palliative Care Integration, and; Mobility & Frailty Optimization⁷.
- iii. *Psychological & Social Support:* Mental Health Screenings; combating Isolation and Stigma through linkage with support groups etc.
- iv. *Integrated Care Delivery Models:* Care Coordination; Community⁸ and Home-Based Delivery⁹.

For the above to be realized, all elderly persons living with HIV should be covered under the SHA funds¹⁰. Importantly, partnerships need to be fostered with relevant agencies to ensure elderly PLHIV access HIV - sensitive Social Protection schemes, including cash transfers.

¹ For NEPHAK, elderly PLHIV refer to adult PLHIV 50 years and above.

² <https://app.box.com/s/4l88ka30746805bk7k1n61fpmh05tua7/file/2288285920597>

³ Initiating and continuing better, safer well tolerated ART {i.e. TAF LD} in all adults aged 50 and older regardless of CD4 counts to suppress viral loads and reduce chronic inflammation.

⁴ Because older adults face accelerated risks of non-AIDS conditions

⁵ This is important because TLD is preferred first line ARV in Kenya. So, conduct annual screenings for chronic kidney disease and monitoring metabolic profiles (diabetes, dyslipidemia)

⁶ Undertake review and de-prescribe unnecessary medications to help eliminate toxicity and mitigates dangerous drug-drug interactions between ART and comorbidity treatments.

⁷ Exercises prescribed and integrated into Self -Care among elderly PLHIV.

⁸ Community pharmacy models for ART dispensing and sustained multi-month dispensing for elderly PLHIV established in care.

⁹ Including Community ART Groups (cARGs) where feasible.

¹⁰ Including the Emergency, Chronic and Critical Illnesses Fund