Thank you Chair.

I am pleased to speak on behalf of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases.

As you may know, the Task Force was established by the UN Secretary-General in June 2013 and is made up of all UNAIDS co-sponsors, the UNAIDS Secretariat, and 25 other UN agencies, programmes and funds.

The Task Force welcomes this discussion on HIV and ageing. As we have heard this morning, people living with HIV will increasingly develop age-related non-communicable diseases (NCDs). A 2014 study found that 57% of hospitalizations of people living with HIV were for NCDs, including mental health.¹

Much evidence shows an acceleration of NCDs (particular cardiovascular disease) in ART patients. Some noncommunicable diseases are related to HIV infection itself and to the side effects of some of the medicines used to treat

¹ Crowell et al. 2014
HIV infection. HIV and noncommunicable disease programmes share many challenges, both in start-up and maintenance, and can learn from each other.

An illustrative example of members of the Task Force working on HIV and NCDs is the Joint Programme on cervical cancer by seven UN agencies, including the UNAIDS Secretariat and a number of UNAIDS co-sponsors. This year the Task Force, with UNAIDS and WHO, published a report called HPV, HIV and cervical cancer: leveraging synergies to save women’s lives.

The harmful use of alcohol – one of the four main NCD risk factors – has long been recognized as a risk factor for HIV. Recently UNDP worked with the UNAIDS Secretariat and national partners in Sierra Leone to integrate the harmful use of alcohol among key affected populations in the national strategic plan on HIV/AIDS 2016-2020.

As those living with HIV and AIDS become older, we will see more and more NCDs among this population. A coordinated response therefore becomes ever more important. We can and must leverage HIV programmes and NCD programmes for the benefit of one another.

Thank you for your attention.