Advocacy
FACTSHEET

HIV and AIDS & rehabilitation

What is HIV?

The Human Immunodeficiency Virus (HIV) is a virus that makes the immune system collapse, making a person totally defenseless to infections. There is no cure for HIV, though medications can boost the immune system and slow down the progression of the disease.

Without treatment, a person living with HIV will eventually start to show symptoms of HIV infection and become vulnerable to opportunistic infections, illnesses that don't normally cause problems for people with strong immune systems. This advanced stage of HIV infection is called Acquired Immune Deficiency Syndrome (AIDS) and can result in death. With treatment, people living with HIV can live a long life, but may be more likely to live with other types of illness (for example, heart disease, diabetes and cancer) that must be managed at the same time as the HIV. HIV is one of the most widespread epidemics worldwide: 33.3 million people are estimated to be HIV positive.

There has been an unprecedented global response to attempt to counter the spread of HIV and AIDS. In 2015, an estimated US$19 billion was available for HIV programs in low- and middle-income countries. However to end the global epidemic, an estimated US$ 26.2 billion will be required for the HIV response in 2020.

QUICK FACTS

- 33.3 million people were living with HIV at the end of 2015, 93% of them reside in low and middle income countries.
- AIDS related deaths have fallen by 35% since their peak in 2005.
- In 2013, 3.5 million children were living with HIV worldwide.
- A 2015 systematic review found two thirds of children with HIV also had motor development delays.
- People with disabilities are found within the populations at higher risk of exposure to HIV.

Who are the main stakeholders?

Users: Persons living with HIV/AIDS and persons at risk, their families/communities and grassroot organisations | **Service providers** in all relevant sectors including NGOs | **Ministries:** Health, Social Affairs, Education, Gender and national coordination structure on AIDS response | **International professional organisations:** World Confederation for Physical Therapy | **International bodies and partnerships:** UNAIDS, UNITAID, PEPFAR, the Global Fund, the World Health Organization (WHO), international NGOs.

Common impairments and activity limitations from HIV

A person living with HIV may experience episodic and/or chronic impairments. These may result from illness and/or from treatment side effects. In particular:

- **General fatigue and weight loss** can result in reduced levels of activity, problems with mobility and/or challenges engaging in activities of daily living.
- **Neurological disorders**, where physical and cognitive impairments can result from opportunistic infections such as progressive multifocal leukoencephalopathy (PML) and toxoplasmosis. Impairments may include seizures, one-sided weakness, and visual and language disturbances. Peripheral neuropathy (numbness, tingling and/or pain in the hands and feet) is also common among people living with HIV, even those on treatment. These impairments can make it difficult to work or take care of the home.
- **HIV-related mental and cognitive disorders such as dementia.** Depression is also extremely common amongst people living with HIV. These conditions can increase the risk of social isolation.
- **Joint and muscle problems** can result in significant pain and reduced mobility or function of a body part.

REFERENCES: Banks et al (2015), The relationship between HIV and prevalence of disabilities in sub-Saharan Africa: systematic review (FA), Tropical Medicine and Int Health, Vol 20, 4, 411-29 | CWGHR (2015), Evidence-informed HIV rehabilitation (E-Module) | Mayo Clinic (2015), HIV/AIDS- Definition | WHO (2014), Global Summary of the AIDS epidemic | UNAIDS (2013), Global Report | Humanity & Inclusion (2012), Inclusive and integrated HIV/AIDS programming | IAS (2011), Factsheet: HIV/AIDS | Nixon et al (2011), Rehabilitation: a crucial component in the future of HIV care and support, Southern African Journal of HIV Medicine, Vol 12, No 2 | UNAIDS (2009), Policy Brief on Disability and HIV.

What can rehabilitation do?

Differents examples of rehabilitation across the care cycle

Rehabilitative approaches can prevent and support the management of all conditions that are associated with low levels of physical activity for persons living with HIV/AIDS.

Prevention

- Education for people living with HIV on strategies for maintaining their health and function and helping to reduce the likelihood of episodic disability.

Data collection

Appropriate data collection related to HIV/AIDS related impairments in order to:

- Give more visibility to the rehabilitation needs, but also the consequences on quality of life and economic impact,
- Lobby the responsible duty bearers.

Treatment

- Reduction of functional limitations linked with cerebral toxoplasmosis and PML and other related morbidities.
- Facilitate recovery from short-term illnesses and maximise the functional abilities of persons living with HIV/AIDS, even if they are living with several other chronic illnesses.
- Pain management.
- Facilitating planning and enabling future directions for work life and social life balance.

Diagnosis

- Assessment of peripheral neuropathy.

Care and support

- Help to reduce fatigue by helping the person to better plan their day to day activities; develop a person's coping skills so they can manage depression related to their illness and/or other changes in their life; build a person's physical strength and endurance; support a person in returning to work.
- Help to increase the capacity of family members and other caregivers to care for a person in a way that maintains dignity, maximises independence and reduces physical stress on care givers (lifting and carrying techniques).

Case study: HIV ans AIDS in India

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Deepak, from Bangalore, has been living with HIV since 2002 but was not diagnosed until 2008 when he became very sick with pneumonia and had to be hospitalised. He is single and has not told his parents, or any of his friends, about his HIV status. He is worried they will turn against him and he will be alone, with nowhere to live. Deepak takes his HIV medication every day, except when the hospital runs out of stock. He has a job in the local market, but experiences a lot of pain in his feet and sometimes has to leave work early. He also has difficulty concentrating and remembering things.

Deepak was identified by a Humanity & Inclusion project and was referred to a free exercise group for people with chronic pain. He is now able to make it through his work day. He has also started attending a peer support group for young men living with HIV, finding it useful to hear from others about how they disclosed their HIV status to their family and friends. Deepak is now using a journal to keep track of his appointments, a suggestion from one of the men in the group.

Global policy and guidance on HIV/AIDS and rehabilitation

WHO (2016): Global health sector strategy on HIV, 2016-2021 | United Nations Sustainable Development Agenda SDG 3 (2015) – target 3.3 | UNAIDS (2012): Strategy for Integrating Disability into AIDS programmes | HEARD/University of Toronto (2012): HIV, Disability and Rehabilitation | UNAIDS, UNHR, WHO (2009): Disability and HIV Policy Brief | UN (2006): Political Declaration of Commitment on HIV/AIDS: Resolution 60/262 (para 32).

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