



**test & treat
to end aids**

Test & Treat Now

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FOR IMMEDIATE RELEASE

Closing the Door on HIV/AIDS

*New International Partnership Promotes
'Test-and-Treat' Strategy to End the AIDS Pandemic*

GENEVA, SWITZERLAND – A new international partnership is advocating for the funding of an aggressive approach to HIV/AIDS testing and treatment that has the potential to virtually end the deadly epidemic.

Test & Treat to End AIDS (TTEA), a partnership consisting of organizations and individuals with clinical, policy and research expertise in HIV/AIDS, believes that the incurable disease can be driven to near-extinction if a “test-and-treat” strategy were adopted. The group is advocating for the funding of a large scale test & treat “proof of concept” in one or more countries to prove the strategies effectiveness in stopping the transmission of HIV and eradicating AIDS.

The test-and-treat strategy involves regular, voluntary HIV testing of a population, followed by immediate antiretroviral therapy (ART) for anyone who tests positive. Immediate treatment is the key. Currently, treatment begins only when an HIV-positive person’s immune system begins to break down so that he or she remains infectious before treatment. Immediate treatment reduces the amount of virus in the body – called the viral load – to the point where the person cannot pass on the virus, breaking the chain of transmission.

“We need a new approach to HIV/AIDS, and the test-and-treat strategy could potentially be it,” said Victor Dukay, president and CEO of the Lundy Foundation, a Denver-based non-profit that is a member of the newly formed partnership. “Clearly what we’re doing now --testing and waiting--isn’t effective. We’re still seeing about 3 million new cases of HIV a year.”

Dukay and others understand that only a cure or a highly protective vaccine will completely eradicate HIV in the way that the world has conquered smallpox. But the test-and-treat now strategy could potentially reduce the number of people infected with HIV and keep them alive and well on medication until a cure is found.

“Current strategy is to test and wait often until people become sick or even die,” said Dukay. “We have historical evidence that shows the strategy is ineffective: It has killed people, it has not stopped transmission of the disease and it has put enormous financial strains on treatment programs around the globe.”

“Effective behavioral and preventive interventions remain critically important. However, the test-and-wait strategy hasn’t worked. Test-and-treat now could potentially save lives and taxpayer money. We are morally obligated to try something new – to invest a small amount of resources to do a proof of concept and potentially end AIDS now.”

Initial funding would provide operating monies to researchers who would be tasked with demonstrating that the test-and-treat strategy can stop the transmission of HIV in a cost effective manner at both the individual and community levels. If proven successful—policymakers would then be tasked with scaling up the strategy in several phases. New infections could be virtually eliminated within the next 5 -10 years.

“Our investment has made a huge impact but not enough financial resources have been funneled toward battling HIV/AIDS,” said Brian Williams, a recently retired World Health Organization epidemiologist who specializes in HIV and tuberculosis control. “By allotting more money upfront to test and treat people aggressively, we ultimately will spend significantly less on HIV/AIDS – and we’ll give people longer, healthier lives in the process.”

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At the heart of the test & treat strategy is a 2008 paper by Williams and others published in the British medical journal *The Lancet*. The paper offered a mathematical look at the strategy of universal voluntary testing for HIV and immediate treatment with ART in South Africa. The paper concluded that the approach could “greatly accelerate” progress to “an elimination phase” for HIV.

TTEA is also working with colleagues at the World Health Organization (WHO) to estimate the cost-effectiveness of the test-and-treat strategy. A yet-to-be published work by WHO estimates that if the test-and-treat strategy were used throughout South Africa, it would prevent 3.8 million new cases of HIV and 3.9 million deaths, and save \$11 billion during the next 40 years. The test-and-treat strategy would also cut the costs of disabilities associated with HIV/AIDS, bringing the total saved during that period to \$17.4 billion in South Africa alone. Figures 1 and 2 on page 3 show how the test-and-treat approach significantly reduces transmission as well as treatment costs compared to the current strategy of test and wait.

The current strategy to end the spread of HIV/AIDS is to test and wait. We have historical evidence that shows the strategy is ineffective. Routinely testing for and aggressively treating HIV infections as soon as they are confirmed can potentially stop the HIV/AIDS nightmare of infection and death. “We have the potential tools. We need the will and the investment” Dukay said.

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Test & Treat to Ends AIDS is an international group of scientists, doctors and evaluation experts that is advocating for the funding of a large scale test & treat proof of concept to determine the strategies effectiveness in eradicating HIV/AIDS.

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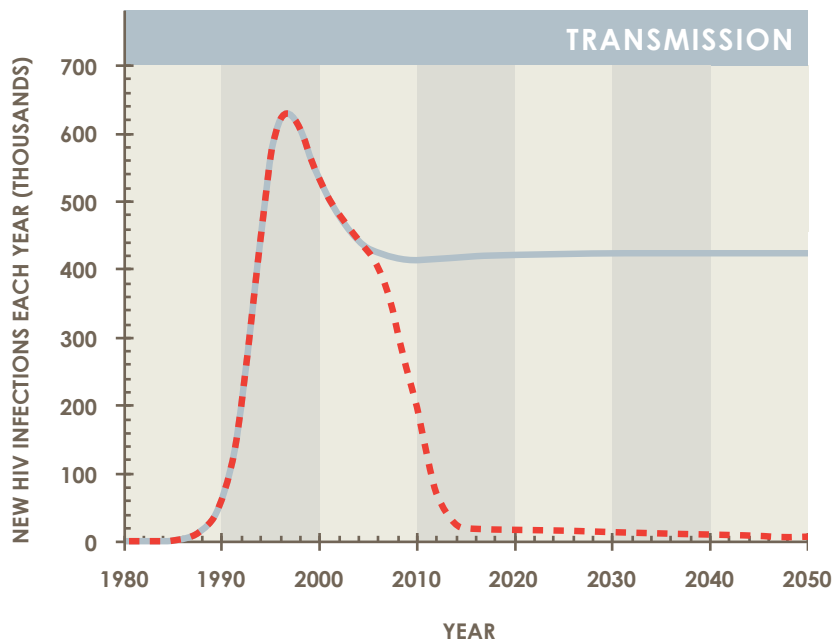


Figure 1. Incidence of New HIV Infections. The number of new HIV infections that will arise each year in South Africa under the current strategy and with the implementation of the test-and-treat strategy over the next five years. The number of new HIV infections will fall from about 400,000 a year to about 20,000 a year in 2015 and to almost zero in 2050.

Source: South African Centre for Epidemiological Modelling and Analysis

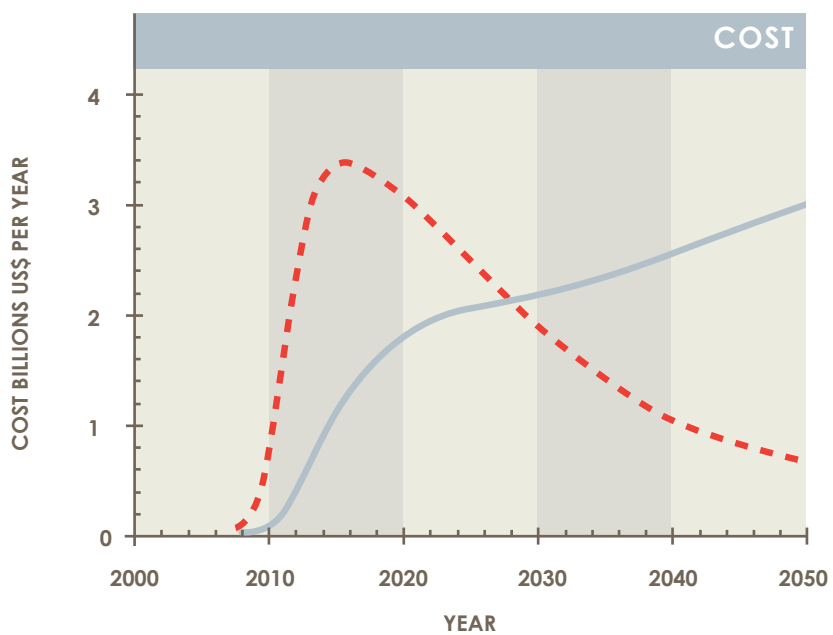


Figure 2. Estimated Direct Cost Per Year of the Current Strategy and the Test-and-Treat Strategy. These estimates do not take into account the considerable savings that will be made as a result of greatly reduced medical care costs and mortality under test-and-treat. We are currently working with colleagues from WHO to fully evaluate the direct savings as well as the direct costs for South Africa.

Source: South African Centre for Epidemiological Modelling and Analysis



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