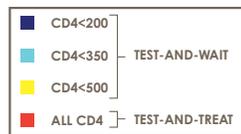
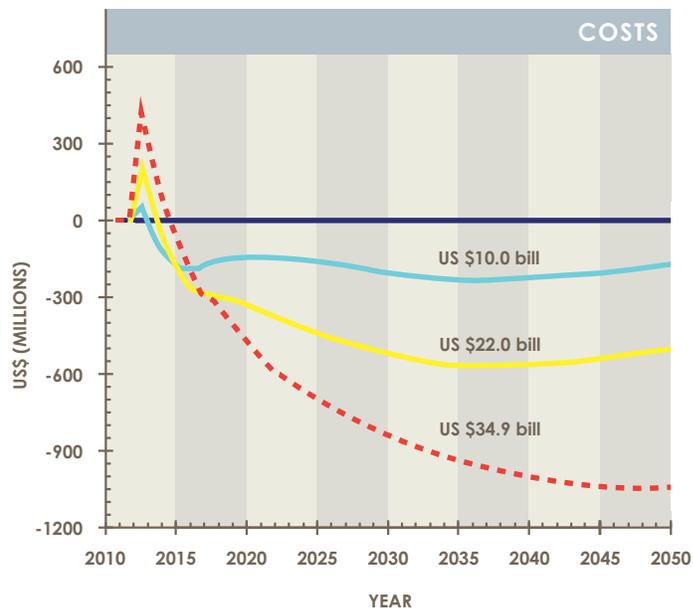


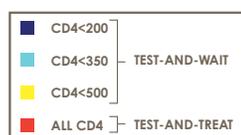
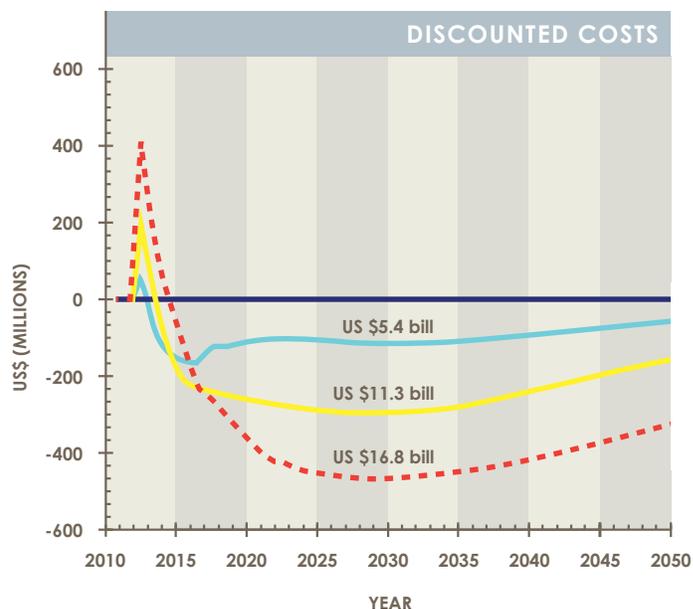
**Figure 1. Estimated Direct Cost Per Year of the Current Strategy and the Test-and-Treat Strategy.** These estimates do not take into account the considerable savings that will be made as a result of greatly reduced medical care costs and mortality under test-and-treat. We are currently working with 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



**Figure 2. Annual Cost Comparisons of ART at Various CD4 Levels.** This figure shows estimated annual direct costs over 40 years in South Africa for three treatment strategies as compared to a baseline (the current strategy of test and wait, when treatment begins at a CD4 cell count of 200, represented by the blue line); alternative strategies with treatment beginning at CD4<350 (light blue) and at CD4<500 (yellow); and the test and treat strategy, when ART begins immediately after diagnosis (red). As shown in the graph, immediate treatment increases costs initially because more individuals would receive ART. After only a few years, however, this strategy yields greater savings (an estimated US\$34.9 billion over 40 years). The data does not reflect additional savings arising from the impact of treatment for HIV on tuberculosis and other opportunistic infections nor savings derived from an individual's ability to remain healthy and generate economic benefits.

Source: South African Centre for Epidemiological Modeling and Analysis, and HEXOR UK.



**Figure 3. Discounted Annual Cost Comparisons of ART at Various CD4 Levels.** This figure shows the data from Figure 3 above discounted at 3 percent per annum for the four treatment strategies: baseline, when treatment begins at a CD4 cell count of 200 (blue); alternative strategies with treatment beginning at CD4<350 (light blue) and at CD4<500 (yellow); and immediate treatment with the test and treat strategy (red). Again, no cost savings are seen initially for the test and treat strategy because of increased startup costs; however significant cost savings are achieved in the long term (an estimated US\$16.8 billion). The data does not reflect additional savings arising from the impact of treatment for HIV on tuberculosis and other opportunistic infections nor savings derived from an individual's ability to remain healthy and generate economic benefits.

Source: South African Centre for Epidemiological Modeling and Analysis, and HEXOR UK.