



Funders Concerned About AIDS

Mobilizing Philanthropic Leadership, Ideas, and Resources
in the Fight Against AIDS

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10 Minutes With...

There is no one “type” of organization in our community – we are made up of funders, advocates, policy experts, service providers and communicators. FCAA will work to highlight this collective expertise in a new feature in our e-newsletter:

Vic Dukay & Brian Williams, TTEA – NEW

Guest Feature: We Can Wind Down the AIDS Epidemic



**test & treat
to end aids**

Test & Treat Now

Following an exciting conversation during April’s Funders’ Briefing ([Game Changers in HIV Prevention](#)), and the ground-breaking results of the **HPTN 052 study**, FCAA has a renewed focus on monitoring advances in “Treatment as Prevention,” and what it means for the field of private HIV/AIDS-related philanthropy. In addition to working on a special session on this topic at our upcoming December Gathering ([December 5–6, Washington, D.C.](#)), we have invited a guest feature from **Brian Williams, Ph.D., and Victor Dukay, Ph.D., Senior Partners, Test & Treat to End AIDS to tell us more about the “test and treat” strategy, and what recent scientific advances mean for our community.**

As the HIV/AIDS epidemic enters its fourth decade, there is fresh optimism that we can ultimately defeat this scourge.

Recent studies indicate that immediate drug treatment for HIV can also be a powerful tool for prevention. This may well prove to be the exit strategy for sympathetic funders who have poured billions into HIV/AIDS research, education, prevention and treatment, but have seen little headway in stopping the transmission of HIV.

Our international consortium, [Test & Treat to End AIDS](#) (TTEA) believes that now is the time to take what we have learned about “treatment as prevention” and see if it can be scaled up in an economic and effective manner. We are advocating in Congress and with the Obama administration to support a larger, community-level study of the “test and treat” strategy that prioritizes routine testing for, and treatment of, HIV infections as soon as they are confirmed to stop the progression of the disease and to stop the spread of the HIV virus.

Since TTEA’s founding in 2010, its members have argued that the mainstream practice of administering antiretroviral therapy (ART) only when an infected person’s immune system is so compromised that he or she begins to suffer from a range of severe and debilitating opportunistic infections does little to prevent the spread of HIV. The roughly 2 million

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Robert Greenwald: More on ETHA

The [Early Treatment for HIV Act \(ETHA\)](#) would readily allow states the option to provide Medicaid coverage to PLWHA. Originally filed in the 106th congress (1999–2001), ETHA will provide a bridge to 2014 (when key health care reform provisions go into effect) and will immediately address the early intervention health care needs of people living with HIV.

Learn more about how expanding Medicaid coverage for the early treatment of HIV diseases will garner significant individual health, public health and economic benefits in the [ETHA & Medicaid in Health Care Reform](#) May 2009 fact sheet by TAEP and the HIV Health Care Access Working Group.

Suzana Grego: Related

new cases of HIV reported around the world yearly are testimony to the failure of “test and wait.”

Meanwhile, funding to fight AIDS plateaued in 2009 and beyond after a sixfold increase earlier in the decade. According to UNAIDS, an estimated \$15.9 billion was spent on HIV/AIDS in 2009 compared with \$300 million in 1996. Private philanthropy (among U.S. and European funders) directed towards HIV/AIDS represented only 4% of those available resources in the same year. With dwindling or at best stable resources to devote to the AIDS fight, TTEA believes we must break free of entrenched approaches and evaluate new strategies to stop the transmission of HIV.

While the scientific community is debating at what CD4 level ART should begin, TTEA advocates expanded, voluntary HIV testing and *immediate* ART following a positive test for HIV, regardless of the CD4 level. Several studies have shown that ART suppresses the viral load relatively quickly to the point that a person receiving ART cannot pass on the virus to others.

The test and treat strategy received fresh encouragement from the [National Institutes of Health's May announcement regarding HPTN 052](#). The \$73 million study found that HIV-positive people were 96 percent less likely to infect their sexual partners if they were treated soon after diagnosis with antiretroviral drugs. The randomized study involved nearly 1,800 serodiscordant couples in nine countries. The finding that ART halts viral transmission was so clear that the NIH stopped the study early and advised all participants to seek treatment.

Among other studies, a [2010 article in *The Lancet*](#) by the British Columbia Centre for Excellence in HIV/AIDS in Vancouver showed that a regimen of multiple antiretroviral drugs not only prolonged disease-free survival but also stopped HIV transmission. In February, [China announced](#) that it was adopting a treatment as prevention strategy with the goal of controlling the HIV/AIDS epidemic in the world's most populous country by 2015. If China can make such a commitment, what does that say to the rest of the world?

Certainly, the upfront costs of the test and treat strategy are higher because of the larger numbers of people who would require treatment. Some 33 million people were living with HIV/AIDS around the world in 2009, according to the British AIDS organization AVERT, but only a fraction of those were receiving treatment for a variety of reasons including availability and cost of the drugs.

Brian Williams, Ph.D., a TTEA senior partner and co-author of this article, has shown that over time, test and treat saves money. Williams and others produced a 2008 mathematical look at the strategy. [Published in *The Lancet*](#), the paper found that if expanded testing and immediate treatment were used in South Africa, HIV/AIDS **prevalence would drop to less than 1 percent of the population in 40 to 50 years.** Costs would drop over time as those infected lived out their lives on ART and significantly fewer new cases would be diagnosed. **Williams and his co-authors calculated that South Africa would save \$11 billion and 3.9 million lives in the coming decades with full, countrywide implementation of the test and treat strategy.**

Some tough questions must be answered in a scale-up of test and treat. Will people volunteer to be tested for HIV? If they test positive, will they be willing to take ART for the rest of their lives? Can we make sure that drug resistance is controlled and does not compromise the intervention? Can a community develop the necessary support systems to carry out a long-term test and treat strategy?

We won't know unless we try. TTEA is working to raise private funds to support its Washington advocacy work, and hopes to help mobilize the federal funding necessary for organizations to scale-up HPTN 052 implementation research in one or more countries disproportionately affected by HIV/AIDS. The law firm of Patton Boggs, LLP, in Washington, D.C., is providing both pro bono and significantly reduced rates to assist the TTEA partnership in its advocacy efforts. Already, the Department of State's Office of the

Resources

Here's a [list](#) of some of Suzana's favorite Social Network Resources & Tools

Global AIDS Coordinator, the U.S. Department of Defense and members of Congress have met with TTEA representatives.

We invite funders to join TTEA as it urges Washington to explore a community-level study of the test and treat concept. While we still have many questions to answer, this strategy holds great promise for stopping the spiral of infection and death that has devastated so many communities and families around the globe.

About the Authors:

Brian Williams is a South African epidemiologist, recently retired from the Stop TB Department of the World Health Organization. He lives in Geneva, Switzerland. Victor Dukay is president of the [Lundy Foundation](#) in Denver, Colorado.

[Executive Summary: Test-and-Treat Strategy to End AIDS](#). 2011

[“Treatment as Prevention: Paving the Way”](#). Williams et al. Journal of the International AIDS Society 2011, 14(Suppl 1):S6

More about the [Lundy Foundation](#)

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