

# Testing African couples for HIV is cost-effective prevention strategy

September 30 2010

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As researchers and policymakers work toward an effective HIV vaccine in a constrained global economy, cost-effective prevention strategies such as Couples Voluntary Counseling and Testing (CVCT) must take a larger role in efforts to decrease the rates of HIV/AIDS in Africa, says Emory University HIV/AIDS vaccine researcher Susan Allen, MD, MPH.

Allen, who has worked to combat the [AIDS](#) epidemic in Africa for more than 25 years, highlighted the value of CVCT and other cost-effective [HIV](#) prevention strategies today at the [AIDS Vaccine](#) 2010 Conference in Atlanta.

"The majority of new HIV infections are acquired from a spouse, and couples are the largest HIV risk group in Africa," says Allen, a professor of pathology and laboratory medicine in the Emory School of Medicine and adjunct faculty member in the Rollins School of Public Health. "By using CVCT to identify those people who do not share the same HIV status as their spouse or partner, we're in a better place to move forward efficiently and effectively once a vaccine does become available."

Allen, founder of the Rwanda Zambia HIV Research Group (RZHRG), notes that the positive impact of CVCT has been supported by published evidence since the early 1990s, yet the program has not yet been implemented on a wide scale. Of more than 30 million Africans tested for HIV, less than one percent has been tested with their spouses, says Allen.

"Funding agencies are only now beginning to understand and appreciate the value of CVCT as part of a broader HIV/AIDS strategy," Allen says.

An estimated 23 million Africans are HIV positive, yet only 3 million are receiving antiretroviral treatment (ARVT). The [World Health Organization](#) calculates that for every two new ARVT patients, five new HIV infections occur.

The U.S. government spends approximately \$2.2 billion - 10 percent of the entire U.S. bilateral foreign assistance budget - on antiretroviral treatment. Treating one ARVT patient for 10 years costs about \$7,000. In comparison, providing couples with voluntary counseling and testing would prevent new HIV infections at a cost of about \$300 each, and would leverage other vital programs such as family planning, Allen says.

"The population of Zambia, for example, has grown by more than 50 percent over the last 20 years, but the U.S. has only allocated about 1.3 percent of its budget for family planning. At the same time, more than 60 percent of these budgets have been earmarked for antiretroviral drugs and care, even though less than two percent of the population is on ARVT."

As the population steadily increases, Allen says, funding agencies will face even more pressure to use their funds wisely.

"CVCT is an economical, sustainable and proven model for reducing the rate of HIV/AIDS infections in Africa."

Provided by Emory University

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