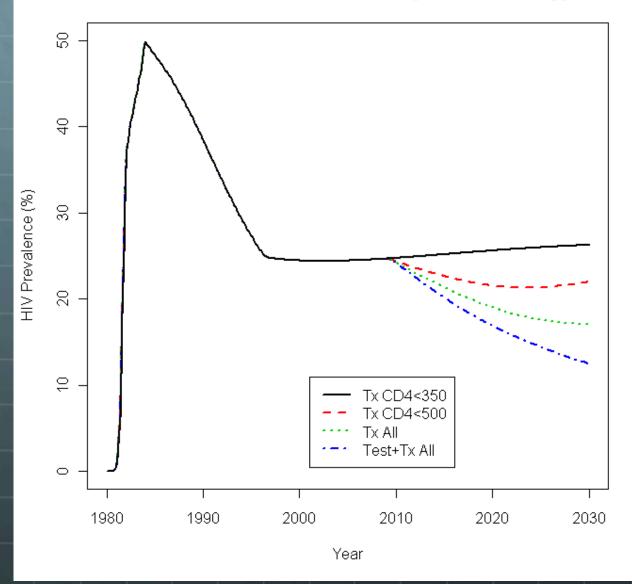
Predicted HIV Prevalence by ART Strategy



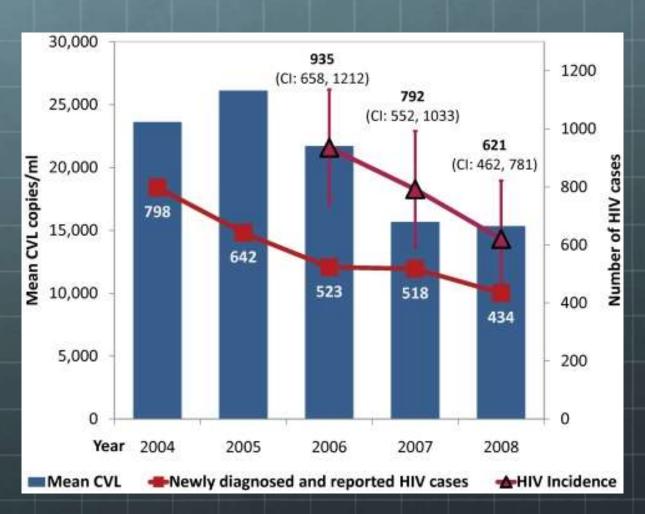
The Data: ART reduced HIV transmission by 92%

	Linked HIV- 1 Infection	Person Years	Rate	95% CI
No ART Initiated	102	4,558	2.24	(1.84-2.72)
After ART Initiation	1	273	0.37	(0.09-2.04)

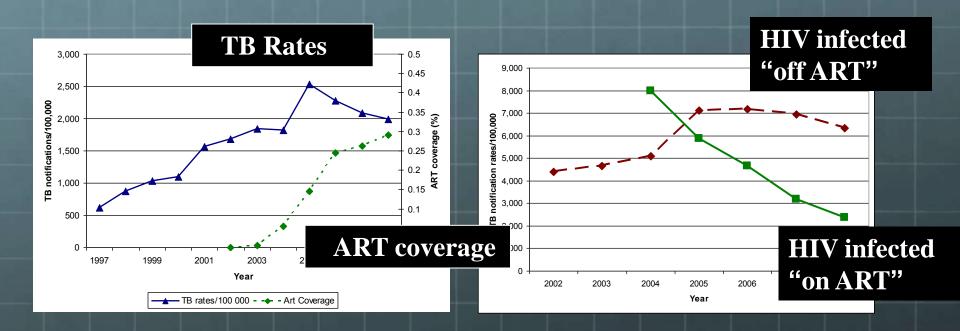
Adjusted* Relative Risk = 0.08 (95% CI 0.002, 0.57), p=0.004

^{*}For time on study and CD4 count

Community Effects: San Francisco



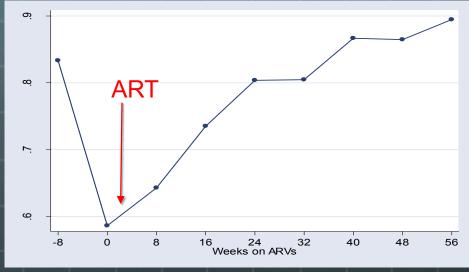
ART reduces TB at a community level





ART increases work force productivity

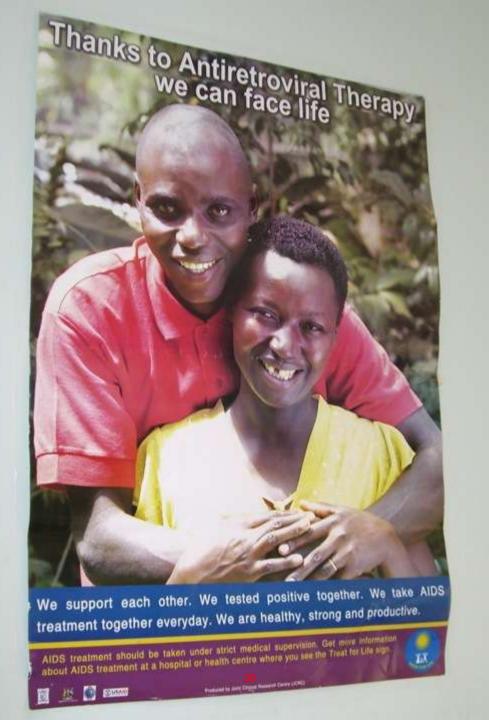




CD4 counts pre and post ART

Labor Force Participation pre and post ART

Courtesy of DeWalque, from Goldstein, Graff Zivin and Thirumurthy, Kenya,



Study Design

- Clustered community randomized trial in African communities in Uganda, Kenya and Tanzania
- ~20-40 matched communities 10,000 persons per community
- Communities randomized to universal ART (no CD4 criteria) vs standard of care
- Studies of health care costing embedded in the study

East African Communities – Uganda, Kenya, Tanzania

- Similar rates of HIV, TB malaria
- Low Income countries
- Demonstrable success with ART implementation

Important that studies done in East Africa South Africa represents very different setting