



**THE BRAZILIAN RESPONSE TO STIs,
HIV/AIDS AND VIRAL HEPATITIS**

Main Results and Progress: 2013 – 2016



Brazilian Ministry of Health
Health Surveillance Secretariat – SVS
Department of STIs, AIDS and Viral Hepatitis – DDAHV

Brazilian Response to STIs, HIV/AIDS and Viral Hepatitis
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Brasília, May 2016

Introduction

This management report is the result of a great team effort. It presents the progress made by Brazil's Department for STIs, AIDS and Viral Hepatitis (Departamento de DST, Aids e Hepatites Virais/DDAHV) over the last three intense years – during my time as Department director – in terms of programmatic actions and results in line with our underlying commitment to the Brazilian Unified Health System (Sistema Único de Saúde/SUS).

When I accepted the responsibility of leading Brazil's policy for sexually transmitted infections, AIDS and viral hepatitis on July 3, 2013, I did so within a context of deep political polarisation – and I soon realized the huge challenges I was about to face.

The first of these challenges was to transform Brazil's AIDS Department (still referred to by many as the AIDS Programme) into its present-day Department for STIs, AIDS and Viral Hepatitis. We had to change perspective and make bold, radical decisions in order to promote innovation within daily practices; to make scientific evidence a priority; to reestablish Department interaction with social stakeholders; and, thus, to place the country back on the tracks of global progress in the fight against these diseases – so that it could once again be one of the world's leaders in this field. It was also crucial to enhance Brazil's public health system through this response to sexually transmitted infections, HIV/AIDS and viral hepatitis.

The past taught me that group action, when carried out in an integrated and democratic way, can allow us to carry out a venture of this magnitude. Moreover, other than simply using vertical and superimposed actions in this complex response, we had to implement a management model capable of establishing participation by other levels of government, and we had to make the current HIV/AIDS and viral hepatitis epidemic response become a key pillar of SUS – one of the most important income distribution programmes in the history of Brazil.

It was unimaginable, for example, that actions and policies concerning human rights, extreme poverty and racial and gender equality were not aligned with efforts to reduce new infections among people who use drugs or among gay, young and trans people and other vulnerable segments of Brazilian society.

Similarly, one cannot imagine that all these efforts could be made without the participation of Brazil's civil society itself, of its state and municipal governments and academic circles, as well as of international agencies and other partners, all together in the struggle for a democratic society.

At this point, I would like to stress that Brazil's response to STIs, HIV/AIDS and viral hepatitis is still extremely efficient, and that we continue to be firmly committed to controlling these diseases.

While the world celebrates the 500th anniversary of Sir Thomas More's Utopia, I sum up the lessons learnt over these last three years in the words of Lenin: "The rift between dream and reality causes no harm if only the person dreaming believes seriously in his dream, if he attentively observes life, compares his observations with his castles in the air, and if, generally speaking, he works conscientiously for the achievement of his fantasies." So I have taken it upon myself to dream and put into practice all the changes that are necessary to help establish a society that is fairer and more compassionate, more equanimous and more diverse

Fábio Mesquita

Medical Doctor, Doctor in Public Health
Director of the Department of STIs, AIDS and Viral Hepatitis
Health Surveillance Secretariat
Brazilian Ministry of Health



PILLARS

Based on human rights, Brazil's response to STIs, AIDS and viral hepatitis is built upon five pillars:

Innovation

Use of new diagnosis, prevention and treatment technologies

Scientific evidence

Incorporation of cutting-edge studies and research into health care system

Interaction with stakeholders

Interaction with states and municipalities, congress, academic circles, professional councils, community organizations and other instance

Actions taken within Brazil's Unified Health System, through interaction with its Health Surveillance and Health Care secretariats

Scaling up of the health care system and general improvement in continuous care, strengthening interaction with primary health care

International participation

Reestablishment of Brazil's leadership in the global response to STIs, AIDS and viral hepatitis



MANAGEMENT AND GOVERNANCE

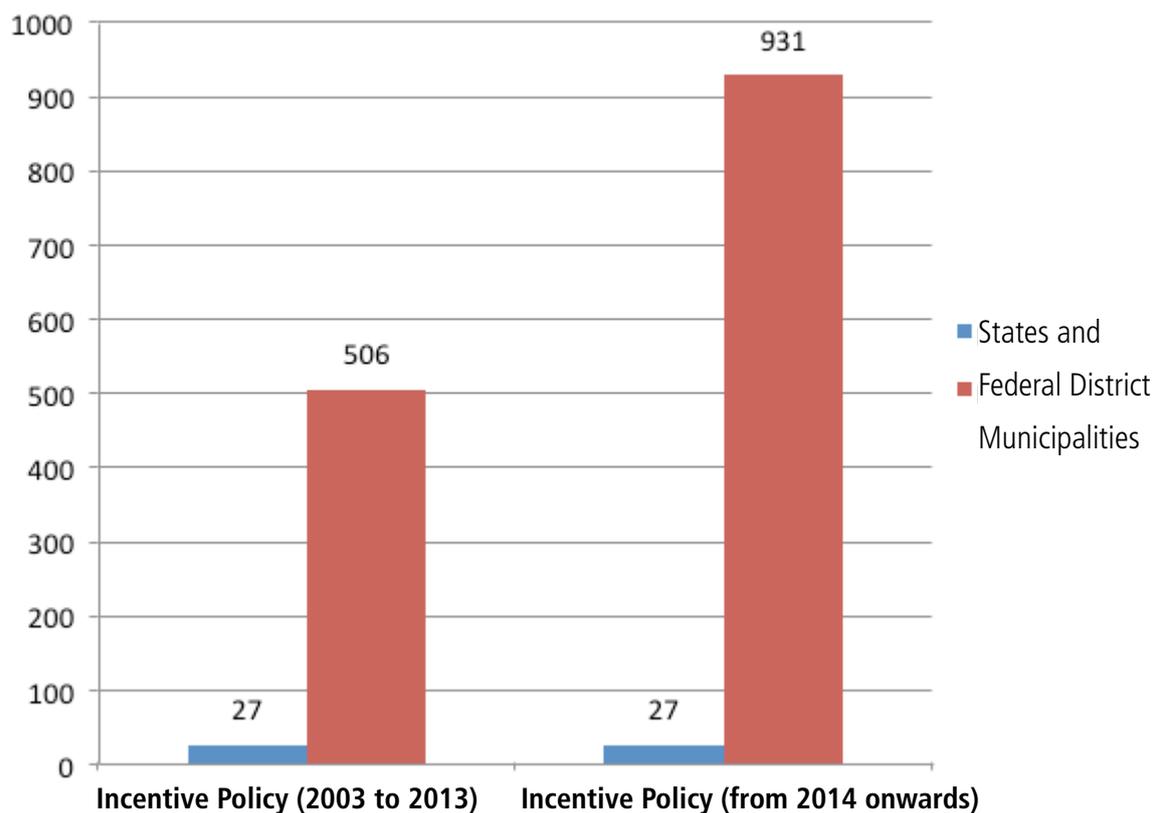
Strategic planning, decentralization and local actions in states and municipalities are all a priority in the management and governance of Brazil's response to STIs, AIDS and viral hepatitis

Actions

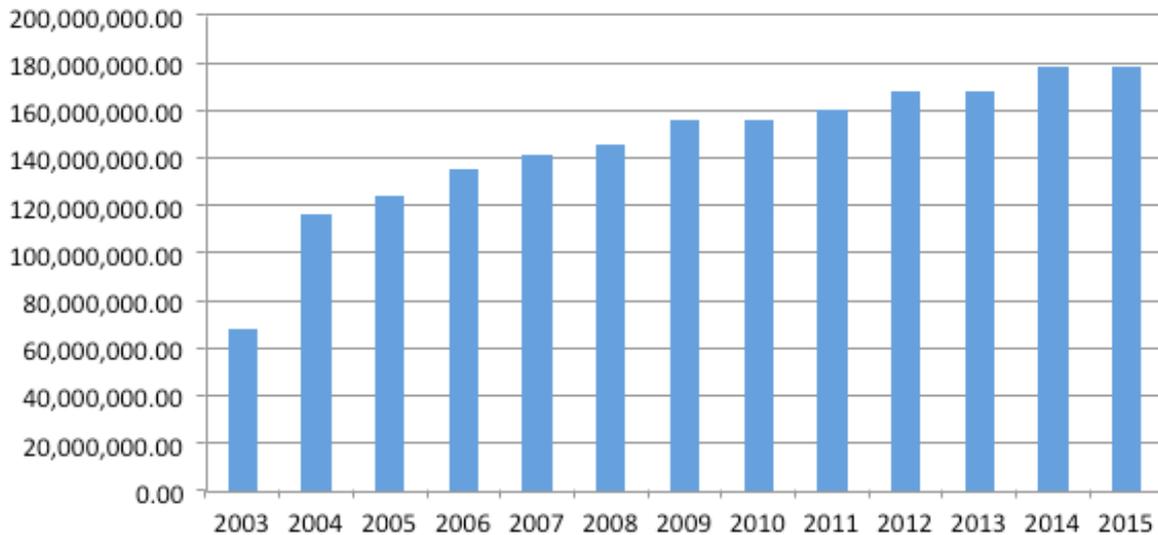
Incentives policy scale up

- Decentralization and regionalization of the response to the epidemic, scaling up number of municipalities qualified to receive fund-to-fund resources from 506 to 931

Scale up of municipalities qualified to receive the Incentives Policy for the Surveillance, Promotion and Prevention of STIs, AIDS and Viral Hepatitis



Variation of Incentives for Surveillance, Promotion and Prevention of STIs, AIDS and Viral Hepatitis, 2003 to 2015



Source: Health Surveillance Secretariat, Brazilian Ministry of Health (SVS/MS)

Interfederative Cooperations

Cooperation strategy with specific states and most affected cities*

Initially established with Brazilian states of Rio Grande do Sul and Amazonas;

BRL 3 million transferred per state

- Cooperation declaration established with state of Santa Catarina;
- Cooperation declaration to be established with the state of Rio de Janeiro, awaiting state government approval

Monitoring and Evaluation

From 2013 on, M&E and production of strategic information for decision-making based on evidence have been institutionalized and strengthened

*Within Brazil's Unified Health System's equity pillar, cooperation agreements mean that greater efforts are made in epidemic hotspots



CARE AND TREATMENT

Presently, Brazil's response to STIs, AIDS and viral hepatitis is based on treatment for all those in need

This public health strategy helps reduce new infections and promotes treatment, leading to an improvement in the quality of life of people living with HIV/AIDS (PLWHA)

Treatment as prevention stresses that prevention and care are indissociable; this was recently confirmed by scientific evidence.

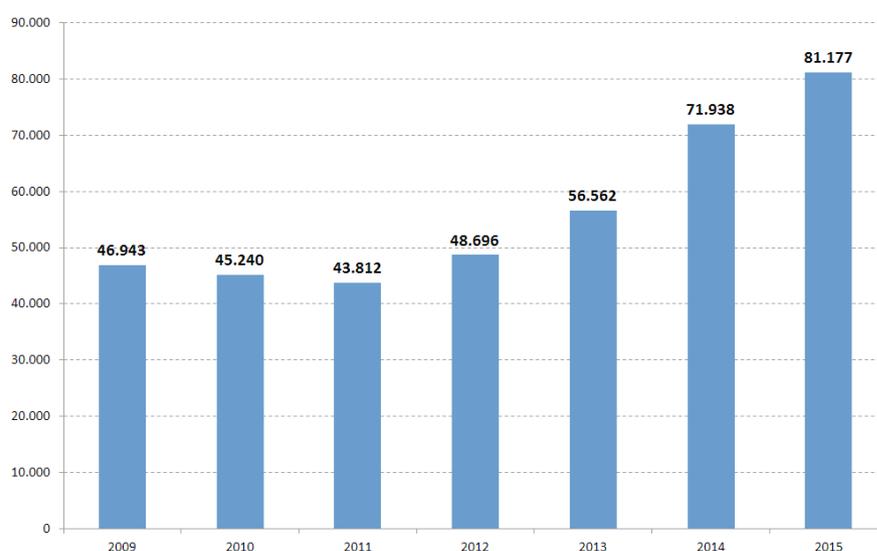
The strategy was introduced in Brazil in December 2013 by the *Clinical Protocol and Therapeutic Guidelines for the Handling of HIV Infection in Adults*

Strategies

GUIDELINES FOR THE HANDLING OF HIV INFECTION IN ADULTS

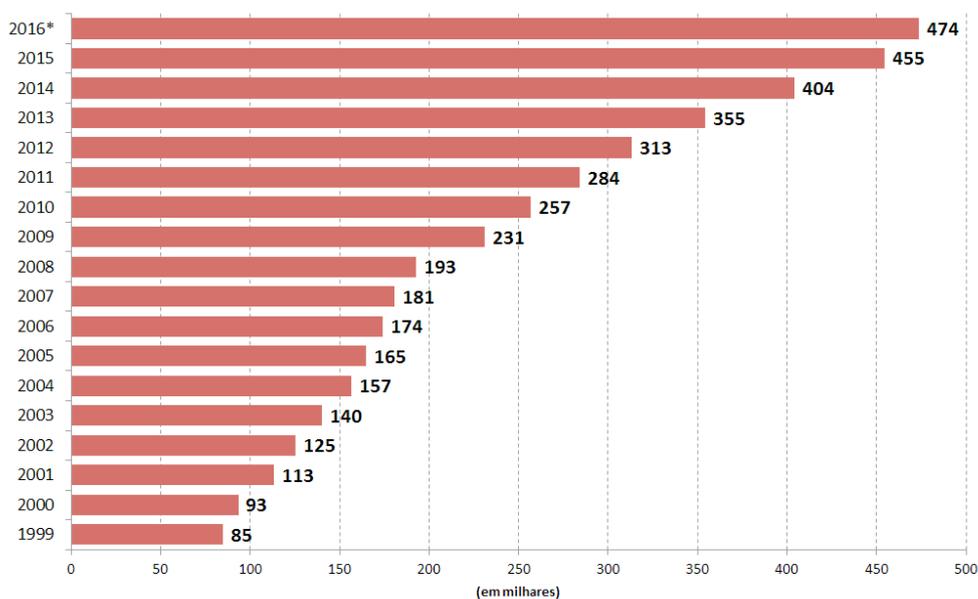
- This is a key milestone in the treatment of HIV/AIDS in Brazil, scaling up the number of PLWHA eligible for antiretroviral therapy as well as simplifying treatment and incorporating individual and group benefits
- Guidelines prepared by a technical advisory committee made up of specialists and government and NGO representatives
- Guidelines institutionalized by Brazil's National Committee for Technology Incorporation (Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde/Conitec), standardizing and streamlining treatment and replacing therapeutic consensus
- Brazil was the first developing country – and the third country in the world – to adopt treatment as prevention; the World Health Organization (WHO) adopted this strategy for all countries two years later

Number of PLWHA initiating ART, per year. Brazil, 2009 to 2015



Source: Brazilian Ministry of Health, Health Surveillance Secretariat, Department of STDs, AIDS and Viral Hepatitis (MS/SVS/DDAHV) and Medication Logistics Control System (Siclom)

Number of PLWHA undergoing ART, per year. Brazil, 1999 to 2016*



*Up to April 2016.

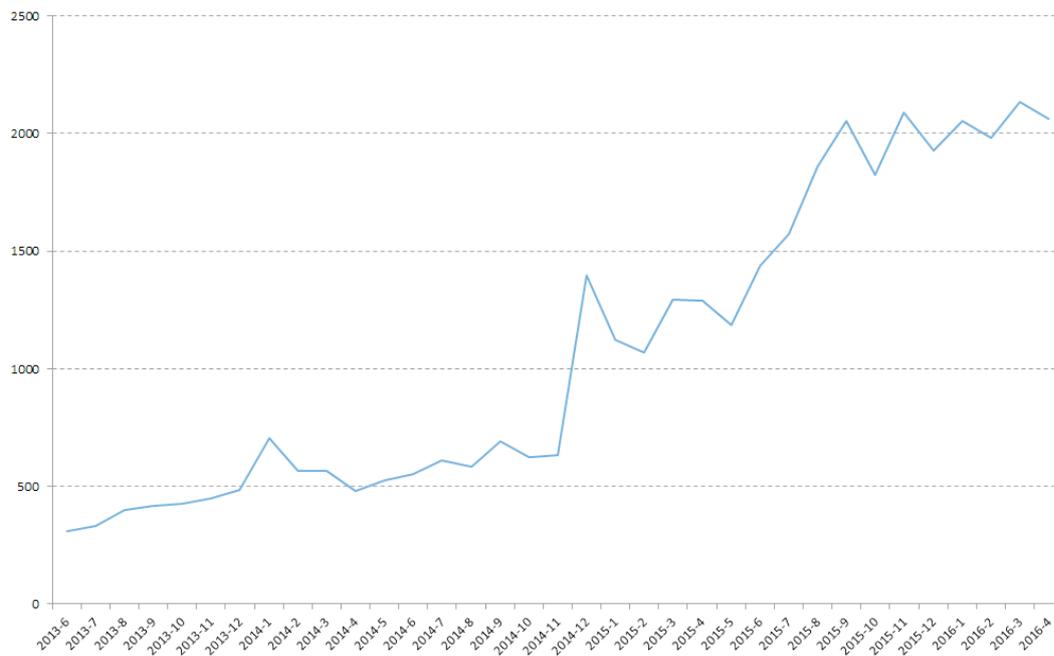
Source: Brazilian Ministry of Health, Health Surveillance Secretariat, Department of STDs, AIDS and Viral Hepatitis (MS/SVS/DDAHV) and Medication Logistics Control System - SICLOM

GUIDELINES FOR ANTIRETROVIRAL POST-EXPOSURE PROPHYLAXIS TO THE RISK OF HIV INFECTION

- Published in 2015, document made new recommendations – including a preferential ART scheme for all types of exposure to HIV – and defined measures that simplify ART prescription, thereby scaling up and improving access to biomedical measures for HIV prevention
- Between 2013 and April 2016, number of people receiving sexual PEP increased from 2,819 to 8,471

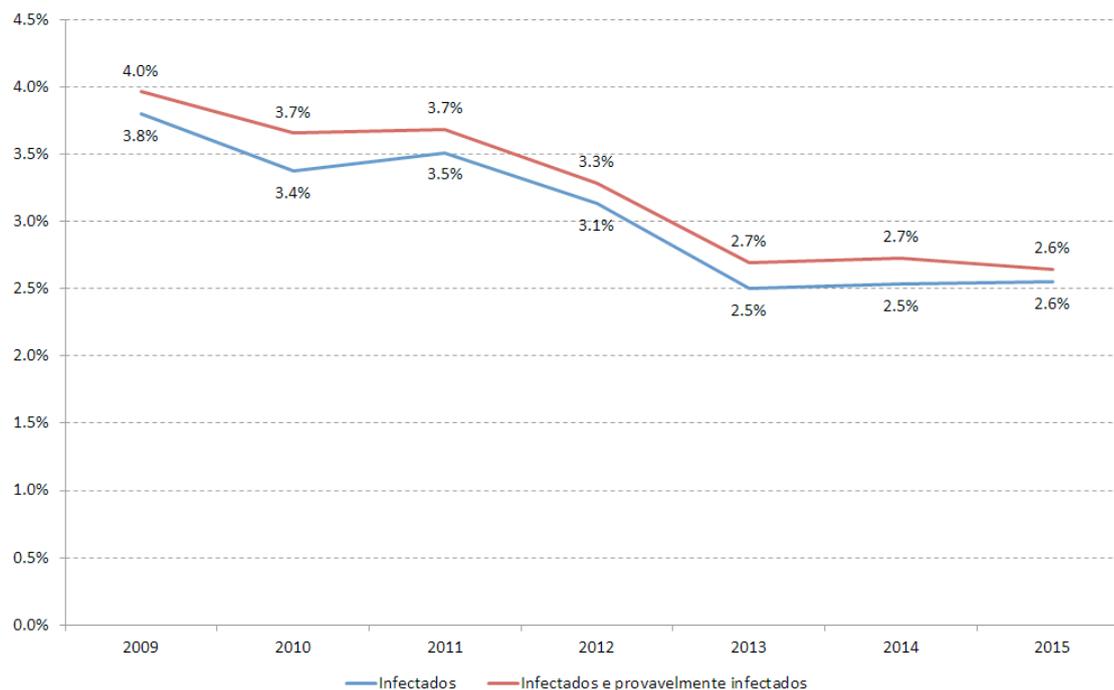
Where to find PEP: at <http://www.aids.gov.br/conheca-a-pep> since February 2016; available for download in “PEP” app on smartphones

Number of people receiving PEP. Brazil, June 2013 to April 2016



- **GUIDELINES FOR THE PREVENTION OF VERTICAL TRANSMISSION OF HIV, SYPHILIS AND VIRAL HEPATITIS**
- First Guidelines to address three diseases – syphilis, HIV/AIDS and viral hepatitis – in an integrated way
- Enhances the quality of health care in tackling vertical (mother-to-child) transmission, and stresses actions by Brazil's Rede Cegonha network within the fields of prevention, care, surveillance and treatment, during antenatal, labour and postpartum periods

HIV vertical transmission rate. Brazil, 2009 - 201



Note: Estimate made based on the criterion of analysis of viral loads among children aged under 12 months who have been exposed to HIV, at SISCEL.
 Source: MS/SVS/DDAHV/SISCEL and MS/SVS/DDAHV/SICLON)

GUIDELINES FOR THE HANDLING OF HIV INFECTION IN CHILDREN AND ADOLESCENTS

- Updates recommendations for handling HIV in children and adolescents, including new therapeutic alternatives for ART in children; modifies vaccination scheme
- Updated in 2015, scales up age range for HPV vaccination to young and teenage girls, as well as to girls and women living with HIV aged 9-26
- New, updated version should be released this year

GUIDELINES FOR COMPREHENSIVE CARE OF PEOPLE WITH SEXUALLY TRANSMITTED INFECTIONS

- First STI Guidelines to be published by decree to improve the quality of health care for people living with STIs in Brazil
- Guides management staff as to operational and programmatic handling of these diseases, including screening, diagnosis, treatment and prevention actions, aimed at the key segments of the population and/or people with STIs and sexual partners

GUIDELINES FOR SEXUAL PRE-EXPOSURE PROPHYLAXIS FOR KEY POPULATIONS

- Use of antiretrovirals to reduce the risk of HIV infection; effective for people with an increased risk of acquiring HIV
- Aimed at reducing HIV transmission; also seeks to help reach goals referring to the end of the epidemic
- Already sent on to Conitec; approved by PrEP technical advisory committee on May 9 2016; expected to take effect on December 1, 2016

Line of Care (LC) for PLWHA

- New model of care scales up access of PLWHA to antiretroviral therapy, thereby helping improve quality of life and increasing ART coverage, working towards 90-90-90 goals
- Includes primary health care as to the shared care of PLWHA, based on stratification of patients' risk
- LCs have been one of the main goals of the interfederative cooperation agreements established in the Brazilian states of Amazonas (AM), Rio Grande do Sul (RS) and Santa Catarina (SC) to overcome difficulties concerning the treatment gap, according to strategy concerning treatment for all people who are HIV-positive (HIV+) regardless of CD4 count.
- Strategy is being implemented – or not – by Brazilian states according to their own particular needs

New Tools

Apps for iPhone and Android

- Incorporated as devices to support the tools of the Guidelines for the Handling of HIV Infection in Adults, and the Guidelines for the Handling of HIV Infection in Children and Adolescents; others are being carried out
- “Viva Bem” (“Live Well”) app was created to make routine and adhesion of ART users easier

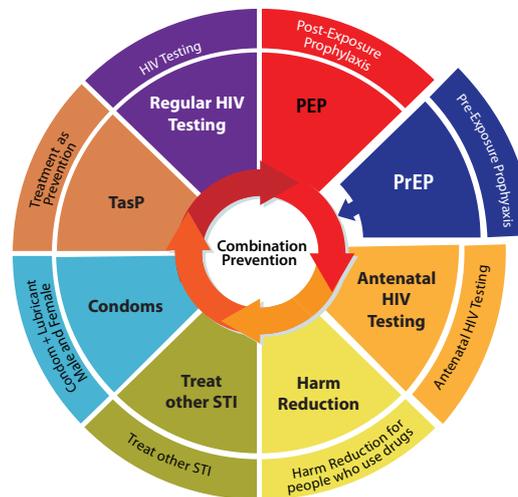
Highlights

- **There have been no antiretroviral drug stock-outs in Brazil since September 2011**
- **Adult Guidelines has simplified treatment, defining the first line and the preferential regimen for ART, and implementing the rational use of CD4 based on new scientific evidence**
- **Presently, in May 2016, there are 474 thousand PLWHA undergoing ART – a 28% increase between 2013 (~355 thousand) and 2015**
- **By December 2015, over 175 thousand PLWHA were using fixed combination dose (Tenofovir 300mg + Lamivudine 300mg + Efavirenz 600mg – 3 in 1) introduced in 2014**
- **In 2015, 81 thousand people with HIV/AIDS initiated antiretroviral therapy, a 67% increase when compared to 2012**
- **By December 2015, 41% of PLWHA began antiretroviral therapy with a CD4 count above 500 cells/mm³ – 2.8 times more than in 2012 (14%)**
- **In 2015, the number of people who came to health services with late HIV diagnosis (CD4<200 cells/mm³) was reduced to 25%**
- **Between 2013 and 2014, detection rates dropped from 3.1 to 2.8 (9.7%) in cases of HIV infection among patients aged under 5**
- **Incorporation of new medication and presentations: Maraviroc 150mg, thermostable Ritonavir, Darunavir 600mg, Raltegravir 100mg, a combined fixed dose, 2 in 1 (Tenofovir + Lamivudine)**
- **Dolutegravir will be acquired this year as an alternative for rescue regimens**



COMBINATION PREVENTION

Combination prevention scales up scientifically proven prevention alternatives beyond simple condom use; for a long time, the latter was the only available prevention method



Source: Department for STDs, AIDS and Viral Hepatitis (DDAHV) / Brazilian Ministry of Health

Focus on population segments with added risk and greater vulnerability

- Intervention based on evidence aimed at key segments of the population – people who use drugs, transvestites, transsexual people, gay men and other men who have sex with men (MSM) and sex workers – with community-based actions and qualification of services, for greater access and better care of these segments of the population

Expansion of opportunities for testing key population segments de populações-chave

- Use of the rapid testing – through oral fluid – for HIV testing in venues used by key segments of the population
- Implemented based on strategy known as 'Live Better Knowing' (Viva Melhor Sabendo – VMS), in partnership with organizations from civil society, based on peer methodology, for the supply and carrying out of tests, preventive guidance and also forwarding of reagent cases for appropriate treatment

Implementation of Post-Exposure Prophylaxis (PEP)

- Identification and mapping of 501 services in 208 municipalities. Strategy known as PEP was implemented as part of health services in priority municipalities for Amazonas and Rio Grande do Sul interfederative cooperations
- Information regarding PEP services are available on the DDAHV website, which also provides the address, the telephone numbers, and business hours for the different services, as does the "PEP" app available for download

Qualification of young leaders

- Three editions of the “Course for Qualification of New Leaderships among Key Populations, Seeking Social Control of the Brazilian Unified Health System (SUS) Within the Scope of HIV/AIDS”, in partnership with UNAIDS, UNICEF, UNESCO and UNFPA were held
- Qualification of new leaders among young gay men and other MSM, transvestites, transsexual people, people who use drugs, and sex workers, all aged 18-26, to strengthen actions taken towards HIV/AIDS prevention and promotion of capillarity

PositHive Fund

- Fosters the establishment of a support fund for projects as proposed by civil society; offers private funds for NGO projects within the scope of STIs, HIV/AIDS and viral hepatitis

Strengthening of organized civil society

- Scale up of interactions with civil society stakeholders that represent key segments of the population and other priority populations, and support to events and participation in national and international forums
- DDAHV supported, through bidding documents and partnerships, community-based projects for intervention, together with participation in events and tickets/ accommodation for several institutions

Several institutions dealing with HIV/AIDS or viral hepatitis have received support from DDAHV; their national representations (as listed below) have participated in ALL relevant Department activities over the last three years:

- National Network of People Living with HIV/AIDS – RNP+
- National Network of Women Living with HIV/AIDS
- National Network of Adolescents and Young People Living with HIV/AIDS – RNAJVHA
- Brazilian Association of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals – ABGLT
- Brazilian Gay Articulation – ARTGay
- National Association of Transvestites and Transsexuals – Antra
- National Network of Trans People in Brazil – RedeTrans
- Brazilian Network for Harm Reduction and Human Rights – Reduc
- Brazilian Association for Harm Reduction – Aborda
- Brazilian Network of Prostitutes
- Brazilian Movement Fighting Against Viral Hepatitis – MBHV
- Independent Alliance of Support Groups – AIGA
- National Network of Human Rights – ANSDH
- Unified Center of Sex Workers (CUTS)

Highlights

- **Live Better Knowing (Viva Melhor Sabendo/VMS):** between January 2014 and May 2016, support was given to 110 projects, and a total of 54 thousand rapid tests using oral fluids were performed for key segments of the population
- **Live Better Knowing (Viva Melhor Sabendo/VMS):** of the total number of reagent cases, 32% had never been tested for HIV
- **Young Leaders:** a total 1,019 young people enrolled in this qualification course; 140 were qualified as leaders by it. By the end of 2016, course will be offered as distance learning
- **PEP App:** for smartphones; provides basic information about PEP, and informs where it is available
- **PrEP Guidelines** approved by technical advisory committee and forwarded to Conitec to become a government policy later this year
- **Prevention supplies:** over 500 million male condoms, 21 million female condoms, and 35 million sachets of lubricating gel were distributed



STIs

As to STIs, priority is given to tackling syphilis in pregnant women and their babies within the scope of Brazil's Rede Cegonha network

- Monitoring of the epidemiological situation of syphilis in Brazil, publication of the Syphilis Epidemiological Bulletin, and recommendation for the creation of Committees for Investigation of HIV and Syphilis Vertical Transmission, so that corrective measures may be proposed as part of surveillance of vertical transmission, prevention and assistance
- Implementation of rapid tests for HIV, syphilis and hepatitis B as part of primary health care, offered as a priority during the first appointment of antenatal care or in maternity units
- Scale up of rapid testing coverage for syphilis as part of antenatal care. In 2012, when rapid tests were introduced in Brazil's Rede Cegonha network, a total 292,175 rapid tests were distributed; by 2015 distribution had risen by 770%
- Publication and distribution – to all Brazilian states – of the Booklet on Best Practices: The Use of Penicillin in Primary Health Care for Congenital Syphilis prevention in Brazil; publication of postcards with pictures and reports by women who have had due antenatal care
- Institutional articulation and publication of documents and normative instructions recommending the use of penicillin, and prioritizing its use for pregnant women and children
- Emergency purchase of benzatin penicillin by the Brazilian Ministry of Health, to tackle the difficulty that states and municipalities have encountered for the acquisition thereof, and measures for acquisition of crystalline/potassium penicillin

Other relevant actions concerning STIs

- Introduction of HPV vaccination as part of the National Immunization Programme (PNI) in 2014
- Inclusion of HPV vaccination in national annual vaccination schedule, for women living with HIV/AIDS aged 9-26, in partnership with the National Immunization Programme, in 2015
- Implementation of surveillance of antimicrobial resistance of strains of *Neisseria gonorrhoeae* that circulate in Brazil: SenGono project, in 2015



VIRAL HEPATITIS

New strategies for tackling viral hepatitis have led to revolutionary changes

Actions

Hepatitis A vaccination in children

- Incorporated into Brazil's Unified Health System (SUS) and introduced as part of children's basic health calendar from June 2014 on

Scale up of age group for hepatitis B vaccination

- For people aged up to 49 in 2013, and for everyone from 2016 on

Guidelines for prevention of vertical transmission of HIV, syphilis and viral hepatitis

- Offers new information about therapy, breastfeeding, and obstetrical and neonatal conduct for protection of both mother and child, should there be risk of hepatitis B or hepatitis C transmission

Scale up of access to diagnosis

- 1.3 million tests/year were carried out for hepatitis B between 2013 and 2015
- 4 million tests/year were carried out for hepatitis C over the same period

Revolutionary Guidelines for hepatitis C and coinfections

- Enhances use of public funds while scaling up access to modern and highly efficient interferon-free oral treatment
- Allows treatment of formerly excluded or unable to be treated populations such as patients coinfecting with HCV and HIV, people with liver malfunctions, before or after transplants, and patients with other comorbidities

Over 90% reduction in the price of new chronic hepatitis C medication

- New chronic hepatitis C medication is very expensive in many countries; in Brazil, special discounts have been obtained by the Ministry of Health, with an over 90% reduction in original prices
- Prices should be further reduced in purchase for second year of the initiative

Preliminary analysis of the new Guidelines for hepatitis C and coinfections

- Preliminary assessment of new treatments for chronic hepatitis C for patients who have been submitted to the treatment over 12 weeks – all HCV genotypes
- First analyzed patients present cure rate of over 93%

Plan for tackling viral hepatitis in the Amazon Region

- Establishment of a Working Group for Hepatitis B and Hepatitis Delta comprising specialists in viral hepatitis – representatives from scientific societies, civil society, members of the technical advisory committee for viral hepatitis and viral hepatitis coordinators in states in Brazil's Amazon Region

- Group came up with solutions for the systematization of assistance, greater cost- effectiveness, and an update of therapeutics through medication, with a more appropriate posology and greater efficacy

Highlights

- **Distribution of 1.3 million rapid tests for hepatitis B in 2015**
- **Distribution of 4 million rapid tests for hepatitis C in 2015**
- **Incorporation and distribution of new medication for hepatitis C, with cure rates of 93.8%**
- **In less than six months offering the new medication, over 15 thousand people have already been catered to**
- **By October 2016, 30 thousand people will be attended to, according to commitment made at Guidelines launch**
- **45 thousand people are to be attended between October 2016 and September 2017**
- **Revolution in the treatment of hepatitis C**
- **End of traditional hepatitis Delta neglect**



DIAGNOSIS

National Diagnosis System for HIV and Viral Hepatitis

Actions

Simplification and scale up of diagnosis system

In 2013, diagnosis system was prepared to respond to the strategy of treatment for all in need, with the publication of the Technical Manual for Diagnosis of HIV Infection, which provides guidance for the scale up of diagnosis and inclusion of diagnosed people in the strategy.

Clinical monitoring of HIV and viral hepatitis

- Several laboratories throughout Brazil are receiving supplies in a centralized way, in articulation with states and municipalities

Number of Laboratories	Tests distributed in 2014	Tests distributed in 2015
93 Laboratórios de CD4	773.250	695.700
87 Laboratórios de Carga Viral HIV	763.968	860.436
50 Laboratórios de Carga Viral HBV	59.184	77.850
54 Laboratórios de Carga Viral HCV	83.370	104.346

- Reduction in delivery time for results of genotypic testing for HIV and HCV**
- Service has been provided to people with HIV and HCV for over ten years
- Presently, result is released in up to 12 business days after receipt of sample by laboratory

Directives and manuals

- To simplify and scale up diagnosis of syphilis, HIV and viral hepatitis, new policies have been adopted such as the publication of directives that standardize the use of diagnosis tests.

Self-testing

- Greater access to tests, and autonomy for the carrying out thereof
- In November 2015, Brazilian Health Surveillance Agency (Agência Nacional de Vigilância Sanitária/ Anvisa) published RDC 52, authorizing HIV self-test kits to be sold in drugstores
- Three manufacturers have requested registration of self-test kit at Anvisa

Distance Learning: TELELAB Distance Learning Platform

- Trains professional people involved with diagnosis and monitoring of STIs, AIDS, and viral hepatitis
- Over 41 thousand students already enrolled for the courses
- Over 20 thousand enrolled in 2015 alone
- Site <http://telelab.aids.gov.br/> has been accessed over 400 thousand times

Highlights

- Scale up of laboratory system for monitoring HIV by approximately 15%
- System and capillarity of rapid tests: 2,910 municipalities and 11,086 health units registered
- 87 laboratories for viral load of HIV and 93 laboratories for CD4 distributed throughout Brazil
- 50 laboratories for viral load of HBV and 54 laboratories for viral load of HCV
- Distribution of approximately 10 million HIV rapid tests in 2015
- 86% reduction in the price of HIV rapid tests and an 80% increase in the distribution thereof
- 73% reduction in the price of rapid tests for syphilis, and an 100% increase in the distribution thereof
- TELELAB: between 2013 and 2016, 7,013 certificates for skills qualification courses in the field of viral hepatitis were issued; 5,550 certificates in HIV; and 4,462 certificates in syphilis
- In 2015, first directive for diagnosis of viral hepatitis – which standardizes and rationalizes the use of tests that are necessary for diagnosis – was published



STRATEGIC INFORMATION AND RESEARCH

The Normative Instructions for the epidemiological surveillance of STIs, HIV/AIDS and viral hepatitis support actions based on updated and monitored data

External Evaluation of Information Systems

- In 2013, DDAHV carried out external evaluation of official information systems in the health sector, with the technical and scientific cooperation of PAHO/WHO, UNAIDS, US-CDC and Brazilian epidemiologists
- DDAHV brought together Brazilian state and municipality representatives to enhance their ability to produce strategic information for the management of government policies

Compulsory Notification of HIV

- In 2014, DDAHV included HIV infection in the National List of Compulsory Notifications (Ministerial Decree No. 1,271 of 6/6/2014)

Mathematical modelling of viral hepatitis

- In 2015, a mathematical model was developed to estimate the real magnitude and the trends observed in viral hepatitis in Brazil
- This was important to actions, resources, and other elements of management

Technical surveillance standards

- Review and update of STIs, HIV/AIDS and viral hepatitis epidemiological surveillance standards
- Process involved review of criteria for definition of cases of syphilis and hepatitis for epidemiological surveillance
- Files for notification/investigation of cases include a variable referring to gender identity, to consider the epidemiological profile of transvestites, transsexual men and women, among other epidemiological aspects
- Since April 2014, they are at the General Department for Surveillance and Response to Emergencies in Public Health (CGVR), the management area of SINAN, to be incorporated into the system

Panel of epidemiological and operational indicators

- Em 2015, DDAHV disponibilizou (<http://svs.aids.gov.br/aids/>) para o conjunto dos 5.561 municípios brasileiros um painel de indicadores epidemiológicos e operacionais essenciais

Research

- Between 2013 and 2015, the DDAHV invested a total sum of approximately US\$ 11,112,905.00, by means of public bidding documents, in 69 different research projects, selected through ad-hoc committees

Survey of Knowledge, Attitudes and Practices of the Brazilian Population (SKAP)•

The cut made in December 2013 showed a reduction in the use of condoms together with an increase in the number of sexual partners, showing a clear need for investment in other options for prevention. In addition, it led to major media campaigns and preventive actions developed by the Department over the last few years

Study with Armed Forces Conscripts

- Currently in progress and with results expected by the first quarter of 2017, this is a national study on the prevalence of HIV, syphilis and viral hepatitis, together with behaviour, attitudes and practices related to the risk of infection, among the young male population

RDS Studies

- Studies of behaviour patterns and prevalence of HIV and STIs among the most vulnerable segments of the population, such as men who have sex with men (MSM), female sex workers, transvestites and transsexual people. These studies are currently underway; results should be published in the first quarter of 2017. For the first time, Brazil will have real data on behaviour and seroprevalence among populations of transvestites and female transsexual people

Survival Study

- Also in 2016, a national study on mortality and survival rates for people with AIDS will be released; these are essential elements for the monitoring of the progress made and the challenges that loom ahead, and which need to be overcome so that DDAHV may manage its actions more and more efficiently

Highlights

- **Publication of Ministerial Decree No. 1,271 of 6/6/2014 – compulsory notification of HIV**
- **Reviews of notification/investigation files for cases, including the variable of gender identity**
- **Mathematical modelling of viral hepatitis has given a strongly objective dimension to hepatitis A, B and C in Brazil**
- **69 research projects carried out, with a total investment of US\$ 11,112,905.00 (UN, May 20, 2016) between 2013 and 2015**
- **RDS Document for the trans population at the national level – the first ever produced in the 30-year track record of the tackling of the epidemic of HIV/AIDS**



INTERNATIONAL COOPERATION

Over the last few years, Brazil's international visibility has been largely based on its renewed and efficient response to HIV and viral hepatitis; and on its newly incorporated sexually transmitted infection agenda, especially concerning syphilis

Brazil's leadership is based on the scale up of access to free-of-charge diagnosis and treatment; on intense social participation; and, most significantly, on support given to the establishment, by developing countries, of alternative government policies to those recommended by developed countries

Actions

Sexually transmitted infections

- PAHO/WHO Regional Committee for the Validation of the Elimination of HIV and Syphilis Mother-to-Child Transmission: committee established in May 2014 by representatives of countries from Latin America, the Caribbean and Central America, with DDAHV assistant director Dr Adele Benzaken as joint president
- Participation in WHO Protocol for syphilis rapid tests
- WHO Regional Consultation of Global Strategies in the Health Area for HIV, STIs and Viral Hepatitis: at the meeting held in São Paulo in April 2015, the global strategy for STIs (Global Health Sector Strategies/GHSS) was drawn up for the 2016-2021 period

Viral hepatitis

- Brazil led the preparation of resolution No. WHA67.6 (2014) at the WHO World Health Assembly, committing member countries to viral hepatitis diagnosis and treatment
- In the WHO Regional Consultation of Global Strategies in the Health Area for HIV, STIs and Viral Hepatitis, Brazil helped prepare the viral hepatitis global strategy for the 2016-2021 period, and also made a decisive contribution to the discussion of the PAHO Action Plan
- In 2015, the DDHAV took part in the World Hepatitis Summit, organised in partnership by the WHO and the World Hepatitis Alliance (WHA). Brazil will host, and also jointly organize, the next edition of the event, to be held in 2017 in São Paulo
- Participation in the preparation of WHO guidelines about hepatitis B and C – Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection and Guidelines for the screening, care and treatment of persons with hepatitis C infection, respectively
- The Brazilian Guidelines for interferon-free treatment of hepatitis C is internationally renowned, first and foremost, as an example of best practices for developing countries

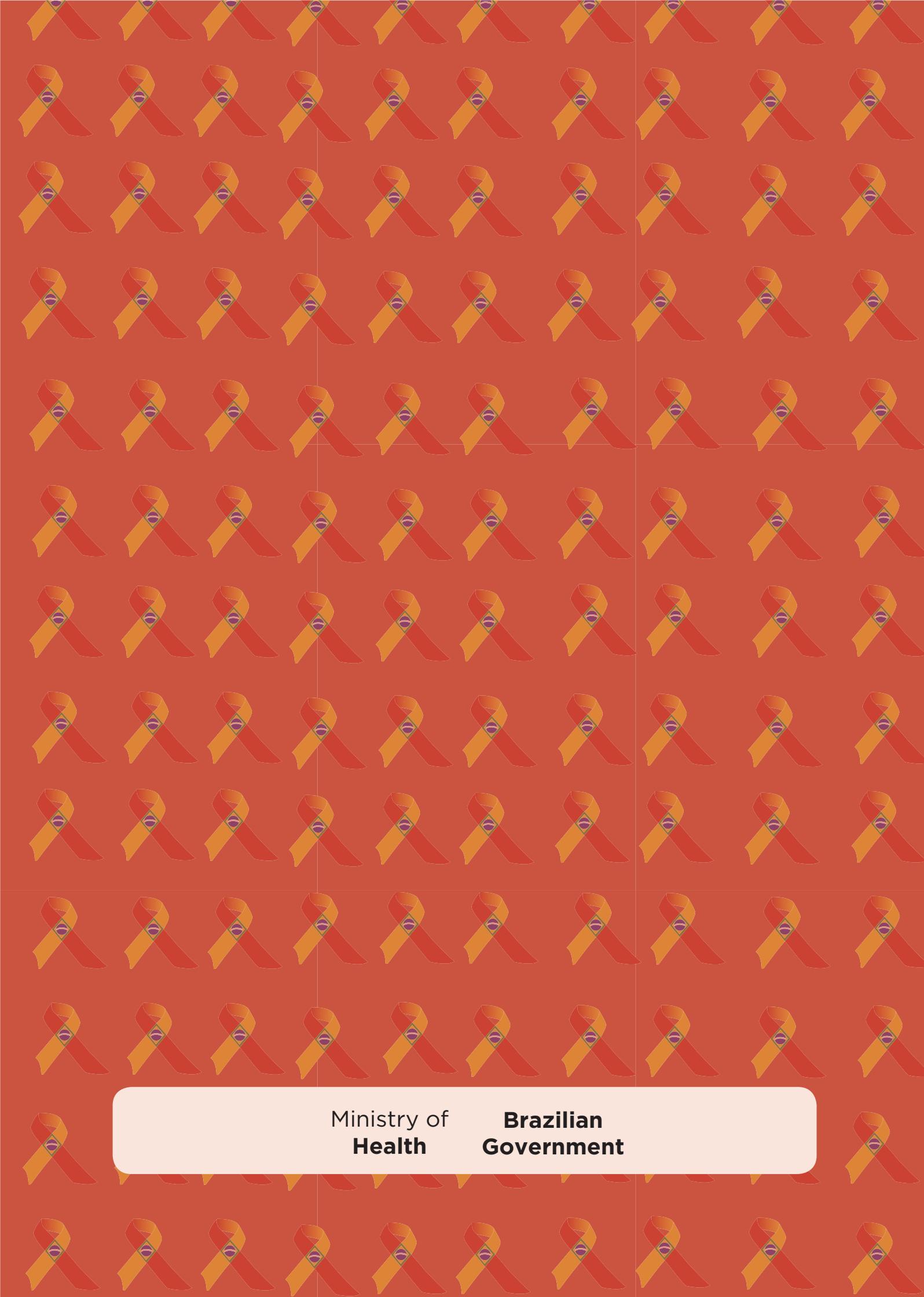
HIV

- In 2013, Brazil acted in advance of the WHO recommendation about HIV treatment for all people living with HIV/AIDS (PLWHA), as only in 2015 did this important measure in favour of public health become a worldwide recommendation
- Since 2014, the strategy of rapid testing started to be offered outside the context of health services and also through community organisations, this being the approach recommended by the WHO as from July 2015
- 90-90-90 Targets: Brazil played a key role in the 1st Latin American and Caribbean Forum on the Continuum of Care for HIV, held in Mexico City in May 2014, where there was an agreement about the intermediate targets set for 2020, known as 90-90-90, in a move to end the epidemic levels of AIDS by 2030. Brazil is now considered one of the countries in a good position to achieve these targets within the time frames proposed
- Donations: Brazil has been donating antiretroviral drugs and prevention supplies to several emerging countries, particularly those of Latin America, the Caribbean, and Africa. Over the last three years, over 2.3 million units of antiretrovirals were donated, apart from prevention supplies for several other countries, including Paraguay, Cape Verde, El Salvador, Peru, St Tomé and Príncipe, and the Dominican Republic, among others
- Medication policy: In 2015, there was the first ever joint purchase of medication, together with other Mercosur countries, under Brazil's leadership, which led to a reduction of over US\$ 5,702,880.00 (UN, May 20, 2016) in the cost incurred in treatment of HIV
- International conferences: The Brazilian delegation at the international conferences organised by the International AIDS Society (IAS) in Melbourne, Australia (2014) and Vancouver, Canada (2015) had diversity in the choice of new participants, prioritising OSC of national representativity of people living with HIV/AIDS (PLWHA) and key populations, as also from academic circles and Brazilian states and municipalities. For the next conference, to be held this July in Durban, South Africa, the DDAHV plans to repeat their success in the Brazilian representation
- The international 'Protect the Goal' campaign was run in a partnership with UNAIDS and also the states and municipalities that hosted the 2014 FIFA World Cup, held in Brazil
- During the 2016 edition of the Summer Olympic and Paralympic Games, to be held in Rio de Janeiro, the DDAHV shall carry out activities for prevention of STIs, HIV and viral hepatitis, in partnership with the municipality of Rio de Janeiro. In addition, in partnership with UNAIDS, DDAHV will run the international campaign '#IHug' [Eu Abraço], within their strategy of zero discrimination
- In June 2016, in New York City, the High-Level Meeting of the United Nations on HIV/AIDS will take place, with the technical support of the DDAHV and the Brazilian Foreign Ministry (MRE), with regard to negotiations. A meeting with significant participation of all players helped to establish the Brazilian position at the High-Level Meeting (HLM)

- Participation of the DDAHV in the whole process for construction of the final document for the Special Session of the General Assembly of the United Nations (UN) about drugs – UNGASS 2016 – held in New York City in April of this year. This document has brought important progress for the global policies on drugs, with significant repercussion on viral hepatitis and HIV control
- The international incidence of Brazil on HIV, STIs and viral hepatitis gained new muscle with the strengthening of cooperation and the partnership with the programmes for STIs, AIDS and Viral Hepatitis in several countries; with international organisations, particularly the agencies of the United Nations itself, such as UNAIDS, PAHO/WHO, UNESCO, UNICEF, UNODC, ILO and UNFPA; and bilateral cooperation agencies such as the Centres for Disease Control and Prevention (CDC) in the United States

Highlights

- **Participation in international committees that prepare guidelines for treatment and diagnosis of STIs, HIV and viral hepatitis**
- **Key role played in the establishment of WHO's three global strategies for IST, HIV and viral hepatitis**
- **Guidelines for the treatment of hepatitis C (interferon-free) has become a model for developing countries**
- **Guidelines for the treatment of HIV in adults, with the strategy of providing treatment for all, has become a parameter for the drawing up of WHO guidelines**
- **Brazil is considered one of the countries most able to achieve 90-90-90 targets by 2020**



Ministry of Health **Brazilian Government**