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# Brazil, Test and Treat and 90-90-90: using continua and 90-90-90 to monitor progress towards national and local targets

**Ana Roberta Pati Pascom, PhD, MSc**  
STI, AIDS and Viral Hepatitis Department  
Ministry of Health of Brazil

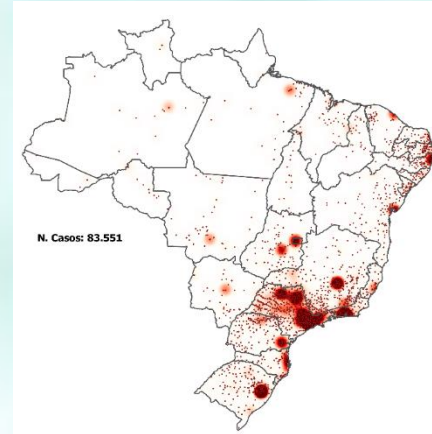


# 5 things you should know about Brazil and its HIV epidemic

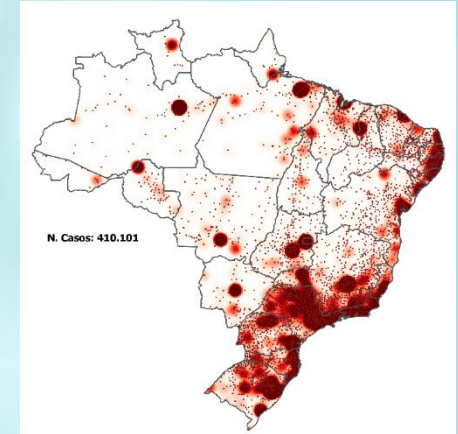
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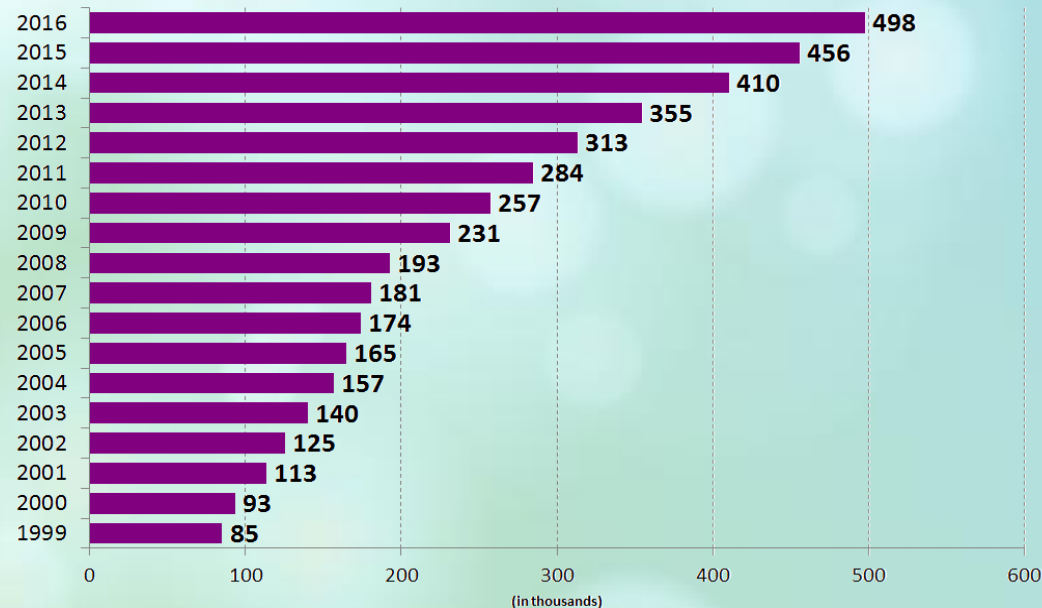
1. 200M population, 27 States, 5,561 municipalities
2. 1988: right to health care was established in the Federal Constitution (Health System - SUS)
3. Free and universal access to ART was guaranteed by SUS since 1988
4. December 2013: first developing country and third country in the world to implement treatment for all (free of charge)
5. In 2016, ~70K people initiated ART in Brazil and, by December 2016, 500K PLWH were on ART



1980 a 1994

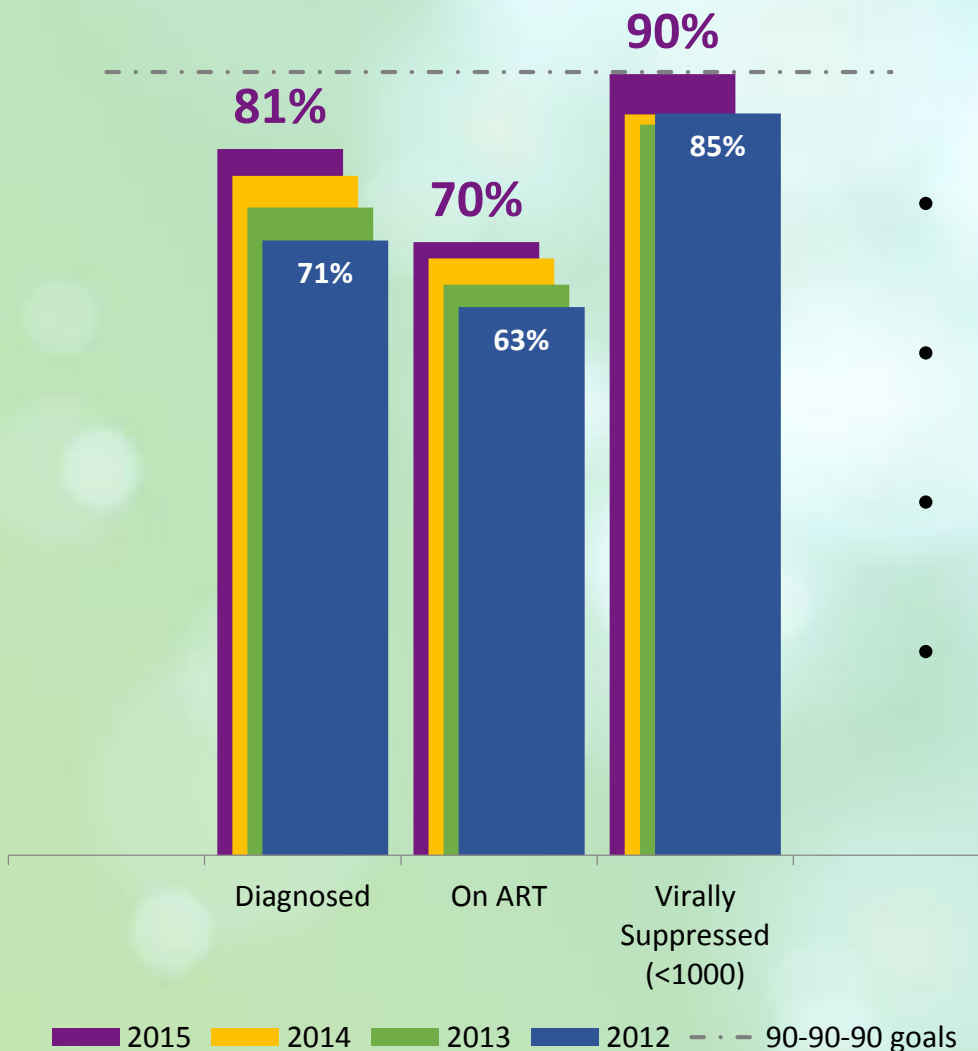


2005 to jun./2015





# 90-90-90 Goals in Brazil



- 800K PLWH in 2015 (*revised estimation from Spectrum/2017*)
- Diagnosed increased from 71% in 2012 to 81% in 2015
- 456K PLWH on ART in 2015, increased 45% from 2009
- In 2015, 90% of PLWH on ART were suppressed

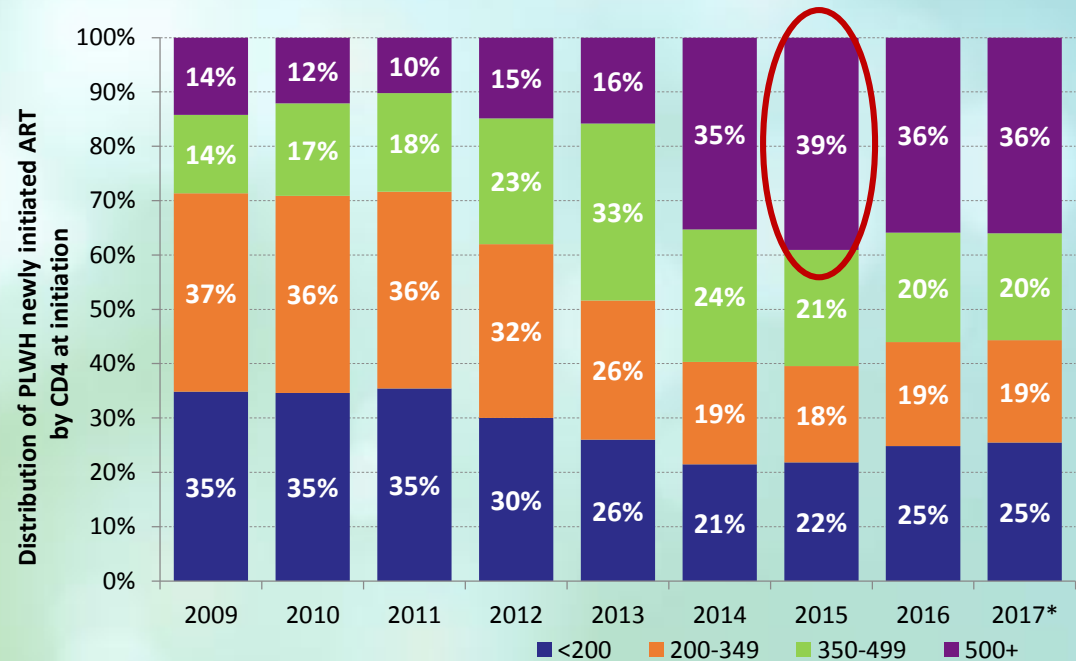
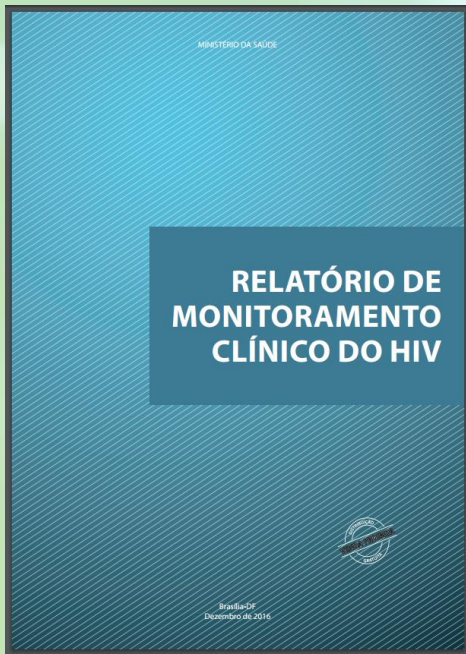
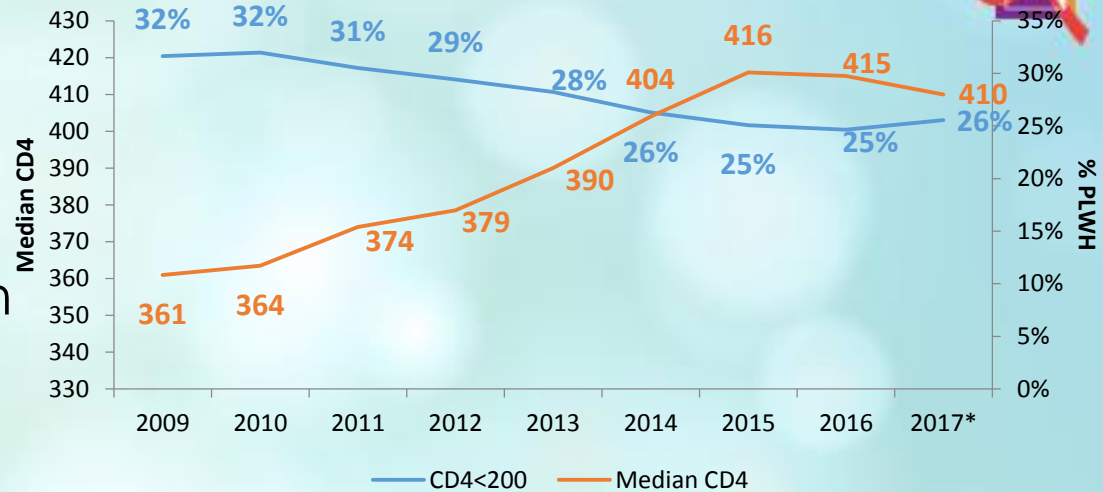
# 90-90-90 Goals in Brazil

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Monthly reports on basic indicators, such as:

- Late diagnosis
- CD4 before ART initiation
- PLWH on ART
- Viral Suppression

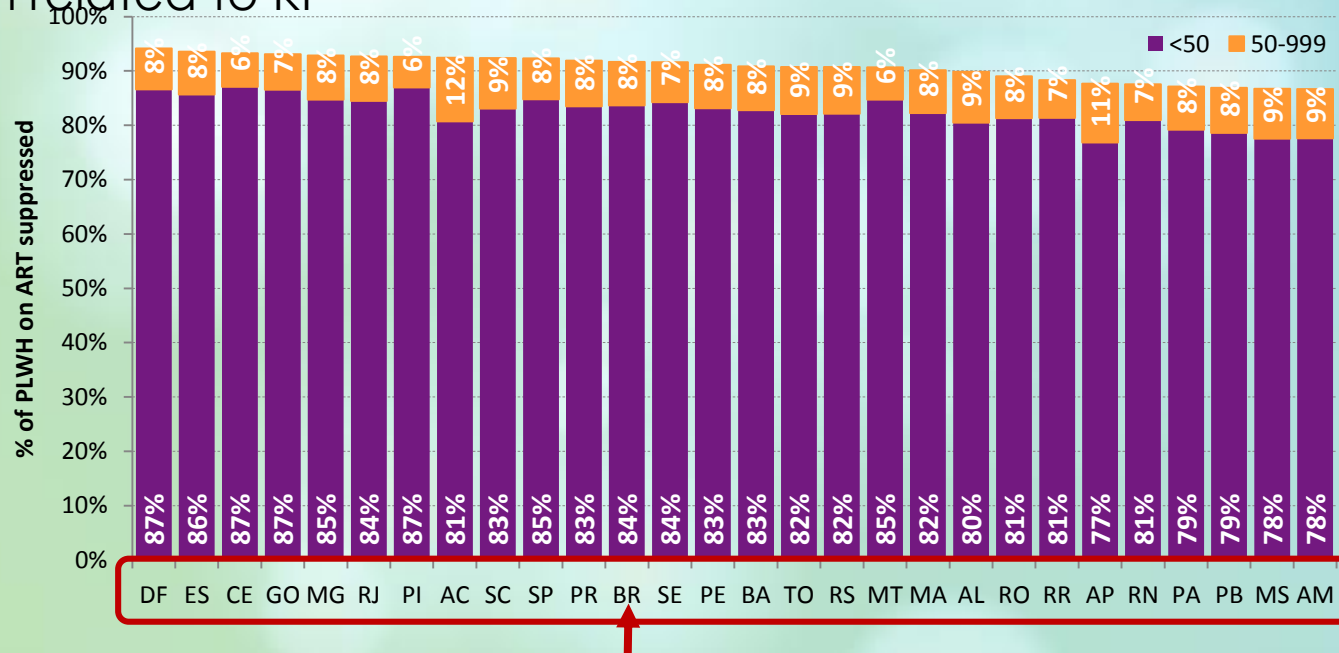
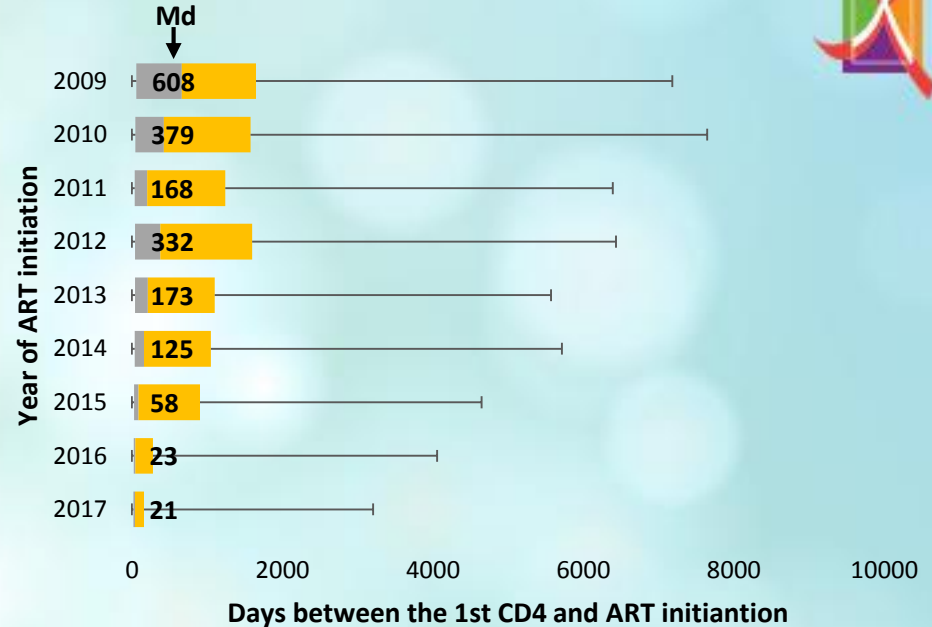


# 90-90-90 Goals in Brazil: Challenges

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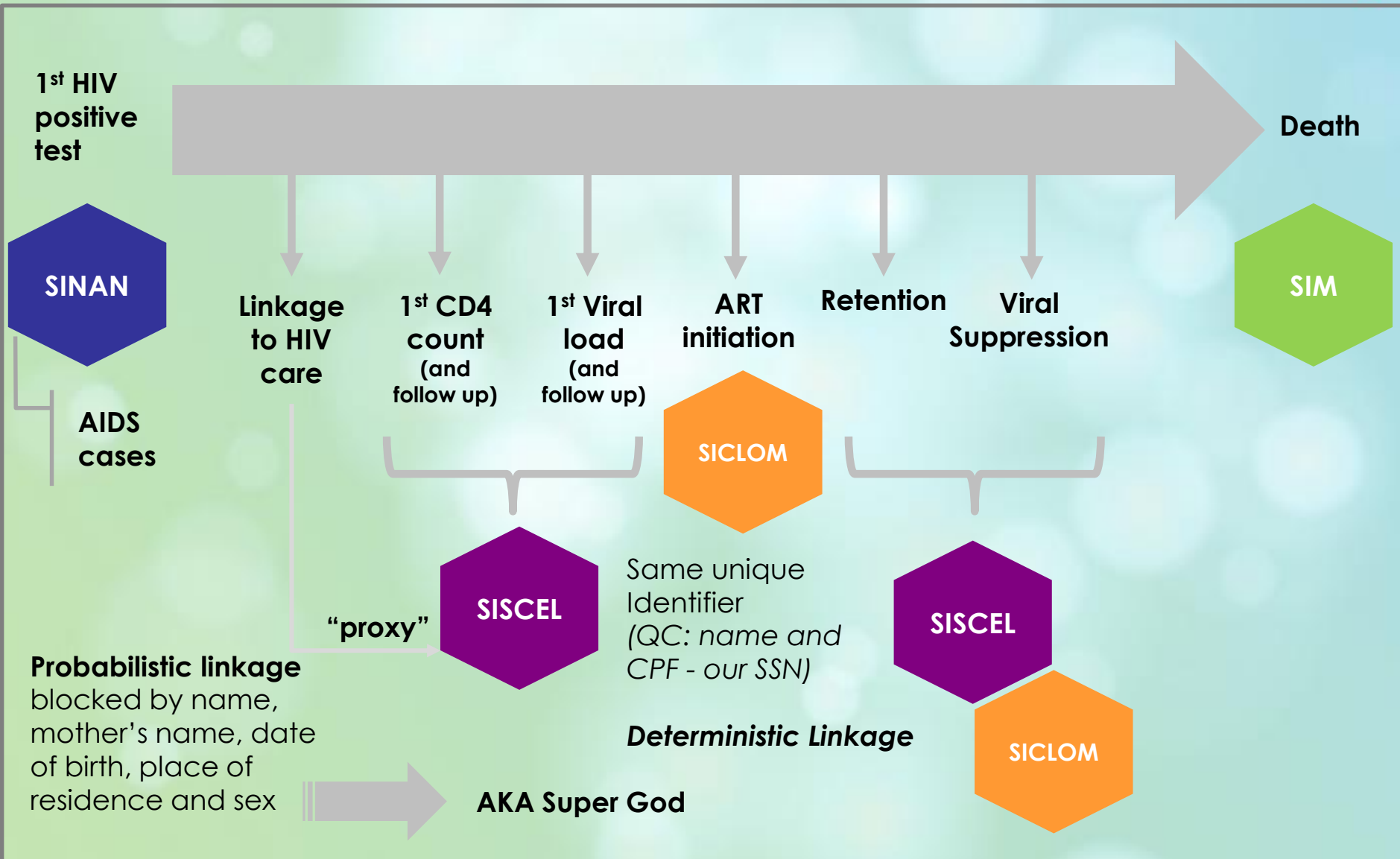


- Estimate the number of PLWH, especially for states and cities
- Adoption of standardized method to estimate the steps of the cascade to allow comparison between cities (based on Brazilian information systems)
- Lack of information related to KP
- Delay in the implementation of HIV notification (only 2014)



# Brazilian Information Systems: an opportunity to monitor 90-90-90 targets

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# 90-90-90 Goals in Brazil: the way forward

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- Include FTC in the clinical monitoring report (it will be launched by July/2017)
- Enhance information on key variables, including exposure category in the Brazilian systems (lab and ARV dispensation)
  - Assessing the feasibility
  - Use of imputation
  - KP cascades
- Diminish the time gap between information and action
- Development of PMTCT cascades and vertical transmission rate based on the lab and ARV dispensation system







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**[ana.roberta@aids.gov.br](mailto:ana.roberta@aids.gov.br)**