3-4 MAY 2018

2018 CONTROLLING THE HIV EPIDEMIC S U M M I T

Sharing National and Subnational Experiences-Brazil

Fernanda Rick Ministry of Health, Brazil

10 things about Brazil and its HIV epidemic

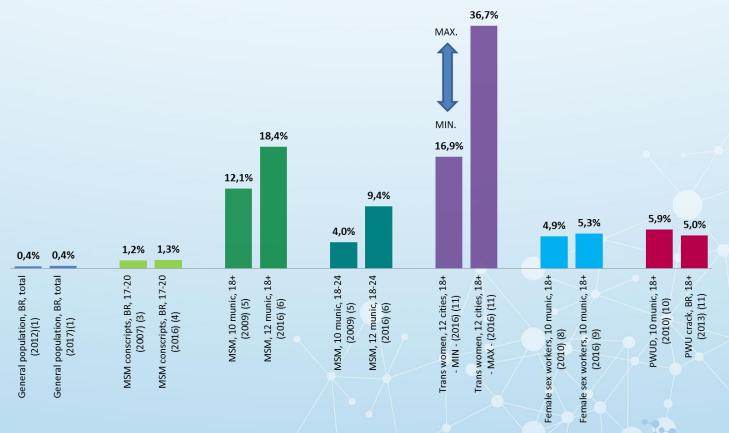
- 1. 200M population, 50% living in the Southeast region
- 2. 27 States, 5,561 municipalities
- 3. 1988: right to health care was established in the Federal Constitution by Universal Health System (SUS)
- 4. Largest country in LAC and, consequently, hosts the largest HIV epidemic
- 5. First AIDS case was reported in 1982
- 6. 1996: **free and universal access to ART** was guaranteed by SUS



10 things about Brazil and its HIV epidemic

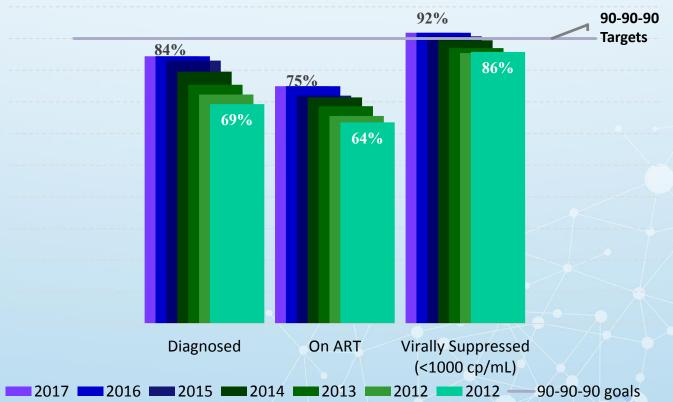
- 7. 2000: initiation of national production of several ARVs
- 8. HIV epidemic is concentrated in KP and big cities
- December 2013: first developing country and third country in the world to implement treatment for all (free of charge)
- 10. In 2017, ~70K people initiated ART in Brazil and, by December 2017, more than half million PLWHIV were on ART

HIV Prevalence in General and Key Populations, 2007-2016

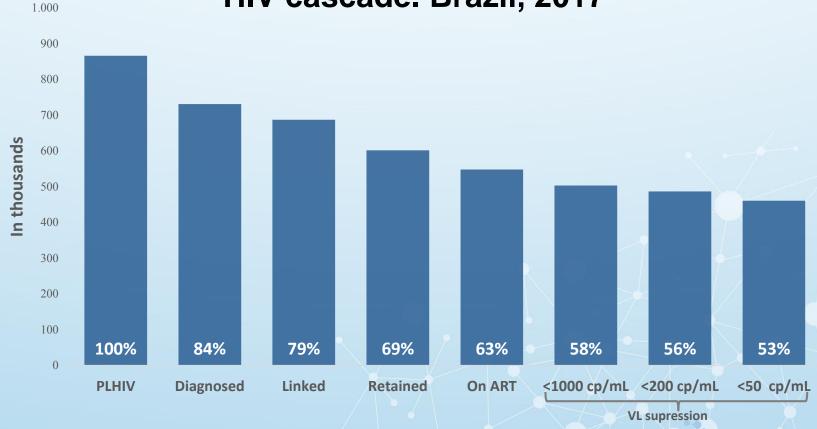


Sources: (1) BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento das IST, do HIV/aids e das Hepatites Virais. Relatório de Monitoramento Clínico do HIV. Brasilia, 2016; (3) Szwarcwald et al. Práticas de risco relacionadas à infecção pelo HIV entre divers brasileiras. Relatório de Monitoramento Clínico do HIV. Brasilia, 2016; (3) Szwarcwald et al. Práticas de risco relacionadas à infecção pelo HIV entre divers brasileiras. Relatório tecnico entregue ao Departamento das IST, do HIV/aids e das Hepatites Virais, 2017; (5) Kerr, L. Comportamento, atitudes, práticas e prevalência de HIV e sifilis entre homens que fazem sexo com homens (HSH) em 10 eficiades brasileiras. Relatório técnico entregue ao Departamento das IST, do HIV/aids e das Hepatites Virais, 2017; (8) Danacce at et al. Comportamento, atitudes, práticas e prevalência de HIV e sifilis entre mulheres profissionais do sexo em 12 cidades brasileiras. Relatório técnico entregue ao Departamento das IST, do HIV/aids e das Hepatites Virais, 2017; (10) Bastos et al. Taxas de infecção de HIV e sifilis e inventário de conhecimento, atitudes e práticas de risco relacionadas às infecções sexualmente transmissíveis entre usuários de drogas em 10 municípios brasileiros. Relatório técnico entregue ao Departamento de DST, du Bastos et al. Taxas de infecção de HIV e sifilis e inventário de conhecimento, atitudes e práticas de risco relacionadas às infecções sexualmente transmissíveis entre usuários de drogas em 10 municípios brasileiros. Relatório técnico entregue ao Departamento de DST, du Bastos et al. Taxas de infecção de HIV e sifilis e inventário de conhecimento, atitudes e práticas de risco relacionadas às infecções sexualmente transmissíveis entre usuários de drogas em 10 municípios brasileiros. Relatório técnico entregue ao Departamento de DST, du Bastos et al. Taxas de infecção de HIV e sifilis e inventário de conhecimento, atitudes práticas e prevalencia de HIV, Sifilis e Hepatites B e C entre travestis e mulheres transf., Apresentação r

90-90-90 Targets. Brazil, 2012-17



HIV cascade. Brazil, 2017



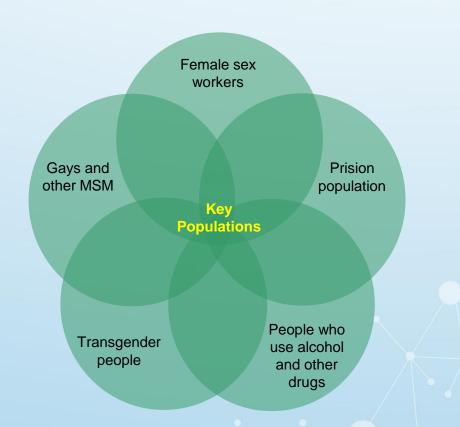
2018 CONTROLLING THE HIV EPIDEMIC

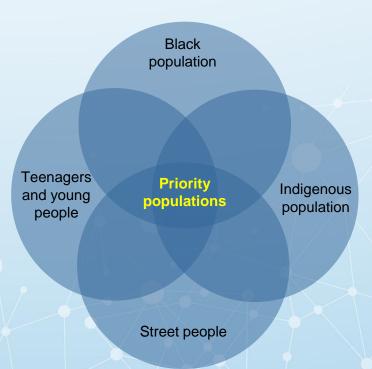
Ensure access to combination prevention options in Brazil since 2013





Key and Priority Populations





Treatment for All

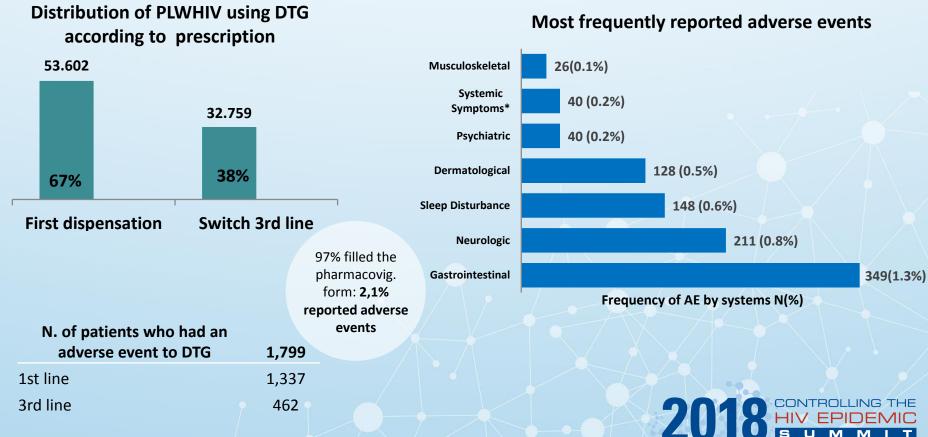


First dispensation ■ Total on ART

- Since December 2013
- Combined fixed-dose
- 2017, DTG was incorporated for 1st line preferred regimen and salvage therapy (except for HIV/TB, pregnant women and <12yo)
 - Ongoing DTG pharmacovigilance

2018 CONTROLLING THE

Dolutegravir Pharmacovigilance in Brazil (April 2017 to Feb. 2018)



Acquisition, distribution and incentive to the use of condoms and lubricant gel

Distribution

2012 - 2017:

Male condoms: 2,7 billion

Female condoms: 61 million

Lubricant gel: 163 million



*During Carnival, 2018

Campaigns

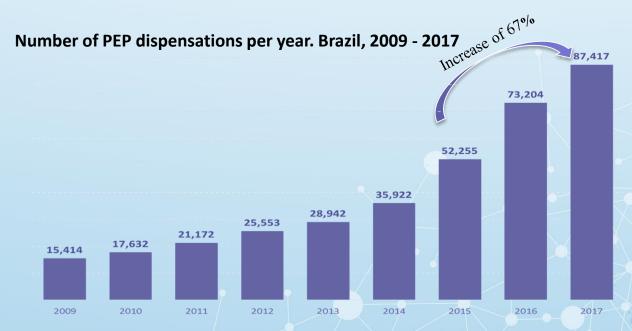






Post-Exposure Prophylaxis - PEP

- Recommendation of a single ARV scheme for all types of exposure
- 2017: Dolutegravir-containing regimens as prefered ARV scheme

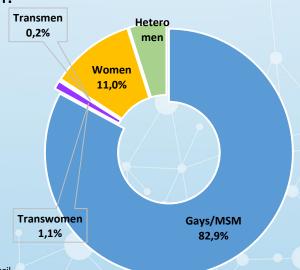






Pre-Exposure Prophylaxis - PrEP

- Incorporated as public policy in Brazil in December 2017 (free of charge);
- Implemented in 36 health services (by June in the whole country);
- Prevention strategy for populations at highest risk for HIV: Gays/MSM; transgender people; sex workers and serodiscordant couples;
- 120 days of implementation:
 - 1,401 people in PrEP
 - PrEP users' profile:





HIV, Hep B and C and Syphilis distributed rapid tests. Brazil, 2012-2017



• Innovative web platform '**Telelab**' courses have trained over 80,000 health professionals since 2013.



In 2017: self-test kits available at drugstores



Community-based Approach



Viva Melhor Sabendo ("Live better knowing") - peer point-of-care testing intervention, using oral fluid rapid tests:

- 2014-2017: ~160 K tests performed
- ~ 100 NGOs
- 50% were tested for the very 1st time
- 2% were HIV positive

Strategic Agenda for Key-Population, Young People and Other Vulnerable Groups. Brazil, 2018

- Multi-stakeholder's strategic agenda for key population;
- Main goal: to improve access to comprehensive health care for key populations, focused not only on biomedical interventions, but also on structural and social barriers
- Communication and education actions related to combination prevention: mobile apps and campaigns in social media, such as dating apps;
- Sexuality, stigma and discrimination, social exclusion, gender-based violence: training for health professionals and discussions in schools;
- 'Stigma and discrimination-free' health care services certification, and Stigma-Index in partnership with UNAIDS-Brazil.

90-90-90 Goals in Brazil: Challenges

- Increased epidemic among young people especially gay men;
- Difficulties to reach KP;
- Decrease in late diagnosis (CD4<200, 25% in 2017);
- Maintenance of high viral load suppression among those newly initiated;
- Diminish stigma and discrimination against PLWHIV that are one of the main factors that influence adherence.

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Thank you!

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