



90-90-90

Targets Workshop

July 22-23, 2017 • Paris

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National and Urban Innovations to Attain 90-90-90 in Brazil

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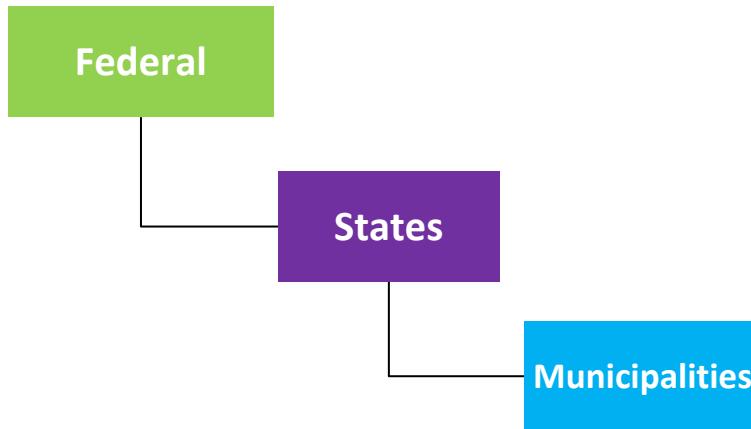
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**No conflicts of interest to
declare**

Brazil and its HIV epidemic

Health system based on
decentralized universal access



- The federal, state and municipalities levels are mutually independent and share responsibilities in the management of STIs, HIV and viral hepatitis program



Population: 207.8 million

Area: 8,514,877 km²

27 States; 5,561 municipalities

Brazil and its HIV Epidemic

- ✓ First AIDS case reported in 1982;
- ✓ 1988: Unified Health System (SUS) was established by the Federal Constitution, guaranteeing universal, comprehensive and equitable health care;
- ✓ Only national resources financed the Brazilian HIV response;
- ✓ 1996: **free and universal access to ARVs**;
- ✓ 2000: initiation of national production of several ARVs;
- ✓ HIV epidemic is concentrated in KP and big cities;
- ✓ Largest country in LAC and, consequently, hosts the largest HIV epidemic;
- ✓ December 2013: first developing country and third country in the world to implement **treatment for all (free of charge)**.

Strategies to Achieve 90-90-90

Combination prevention as a public policy



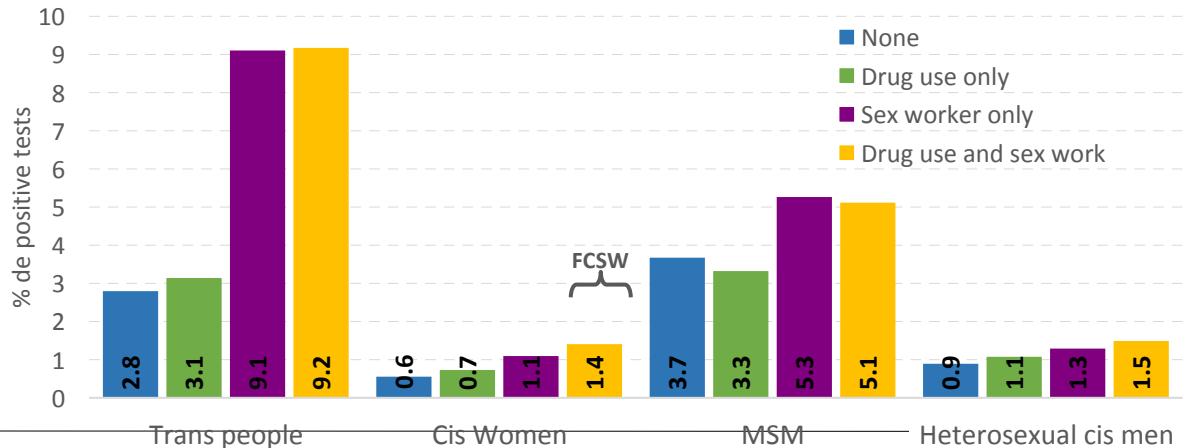
Strategies to Achieve 90-90-90

Viva Melhor Sabendo (“Live better knowing”) *
partnership with NGOs

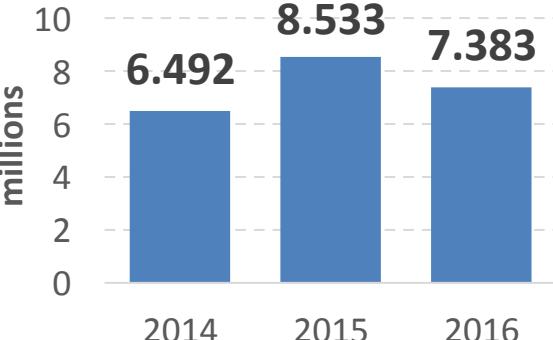


(*) Abstract number: WEPEC1022

- Peer point-of-care testing intervention, using oral fluid rapid tests:
 - From Jan/2014 to May/2017: 120,200 tests performed;
 - 1.8% tested positive (but among transgender people + sex workers + drugs users = 9.2%);
 - 52% were tested for the first time.



HIV RT distributed to the health units



Strategies to Achieve 90-90-90

Self-testing

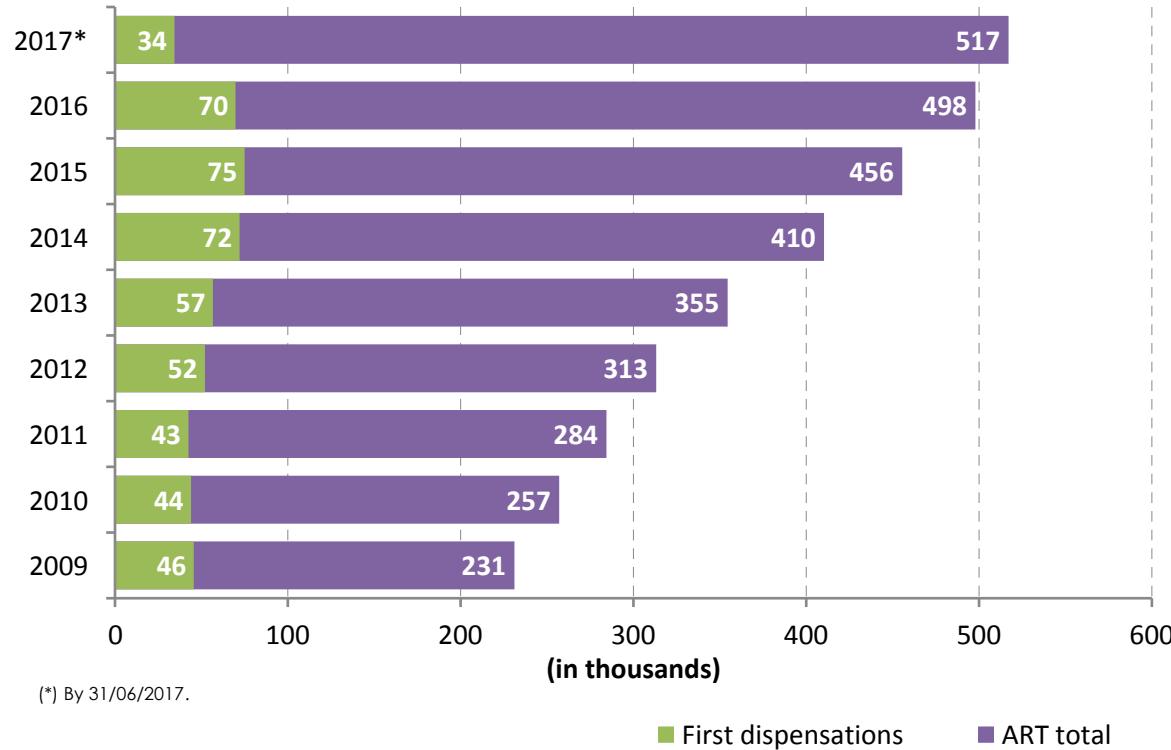
- 2015: self-testing was approved by the Brazilian regulatory authorities to be sold in pharmacies;
- 2017: first HIV self-test registered.



Strategies to Achieve 90-90-90

Treatment for all since 2013

- **January/2017:** Dolutegravir included for therapy-naïve patients and in the third line therapy;**
- By June 2017, 517,000 PLWHIV were on ART and 34,000 were newly initiated;
- June/2017: **39,990 PLWHIV were using DTG**, out of which almost 22,683 were newly initiated and 17,307 switched from RAL.

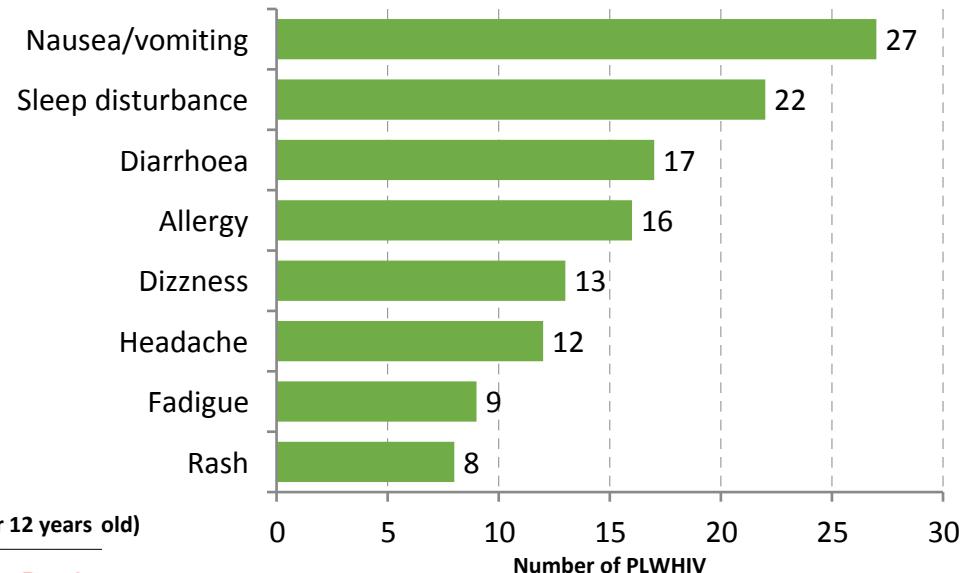


(**) Except for pregnant women, patients co-infected with TB-HIV and children under 12 years old

Strategies to Achieve 90-90-90

Pharmacovigilance of DTG:

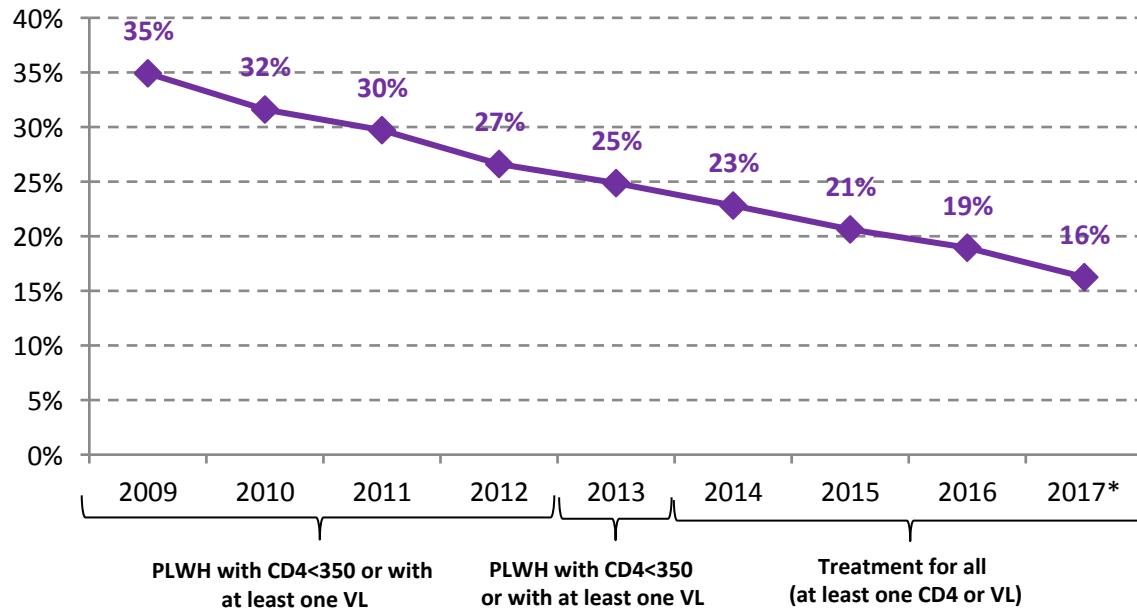
- Pilot study from April to June 2017- 3,086 PLWHIV using DTG, in 10 ARV dispensation units were reported:
 - 7% (207)- at least one adverse event related to DTG;
- Since July 05th, DTG pharmacovigilance was implemented in all 840 ARV dispensation units in the country.



(**) Except for pregnant women, patients co-infected with TB-HIV and children under 12 years old)

Strategies to Achieve 90-90-90

Gap of treatment among those being monitored by the public health system



(*) By 31/05/2017.

Clinical Monitoring of PLWHIV System (SIMC)

- Generates lists to states, municipalities and health services with information on PLWHIV that:
 - are being monitored by CD4 or VL exams and are not on ART;
 - presented at least one suboptimal adherence status (<80% adherence) in the last six months;
 - are on ART for more than six months and are not suppressed;
 - abandoned treatment (more than 90 days without ARV dispensation).

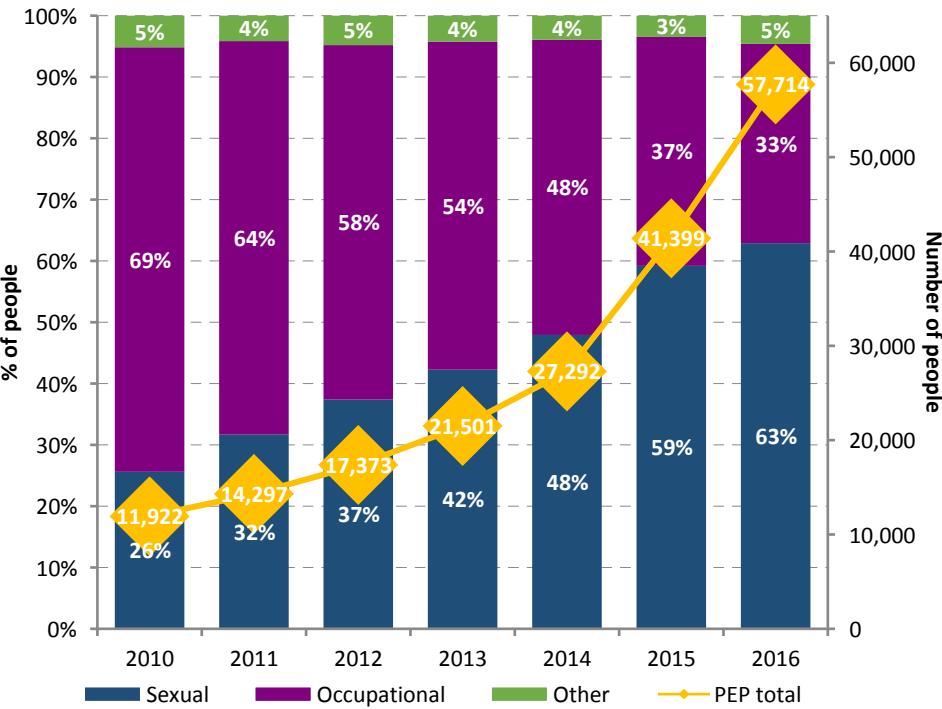
Strategies to Achieve 90-90-90

PEP:

- 2015 PEP Guidelines established TDF/3TC/ATV/r as preferential regimen;*
- 55,175 PEP dispensations in 2016 (44% increase compared with 2015);



- 63% of PEP dispensations in 2016 were due to sexual intercourse risk;
- 2017: PEP guidelines' revision includes DTG in the preferential regimen.



Strategies to Achieve 90-90-90

PrEP Studies in Brazil:

- Since 2013: 05 demonstration projects* on PrEP acceptability and feasibility in the country, generating evidence for national public policies;
- For 2017-2020: 2 other implementation studies, co-financed by UNITAID and Fiocruz/Fiotec (PrEP Adults and PrEP Adolescents) to contribute to the rollout and further scale up;

PrEP Implementation in Brazil:

- **Incorporated as a national HIV public health policy in May/2017** for gays and others MSM, transgender people, sex workers and serodiscordant couples (including pregnant women);
- Will start in December of 2017 in 12 cities for 7,000 users;
- Free of charge.



*PrEP Brazil (Fiocruz), Combina Project (FMUSP), "PreParadas" (Fiocruz), Horizonte Project (UFMG), Trans Project (UFBA) in: Rio de Janeiro, São Paulo, Porto Alegre, Manaus, Ribeirão Preto, Belo Horizonte, Salvador, Fortaleza and Curitiba.

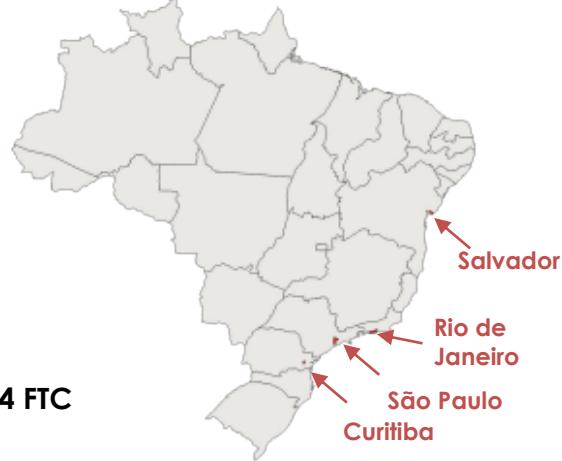
PrEP Guidelines
Available at www.aids.gov.br/pcdt

Strategies to Achieve 90-90-90

**4 Fast-track cities (IAPAC and UNAIDS initiative):
São Paulo, Rio de Janeiro, Curitiba and Salvador**

- 11% of the total Brazilian population
- All cities have “male” epidemics
 - Sex rate from 2.2 to 3.9 → young MSM

Continuum of HIV Care in the 4 FTC



4 FTC represented (by 2016):

- 19% of HIV/AIDS cases
- 26% of AIDS deaths*
- 23% of PLWHA on ART

NA

(*) By the end of 2015.

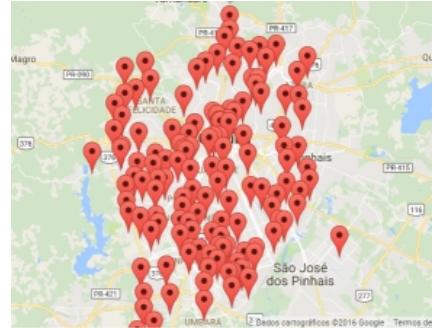
Strategies to Achieve 90-90-90

4 Fast-track cities successful interventions:

- HIV care at primary health care units according to the risk stratification (based on the CD4, VL and clinical condition) - *Curitiba, Rio and Salvador*



- "Aqui tem prevenção" (Here has Prevention): jumbo condom displays in 26 bus and metro stations – *São Paulo*
 - Street performances in partnership with NGOs: working stigma and discrimination for young people – *Salvador*
-
- E-testing- "A hora é agora "(Time is now) supported by CDC: to order online HIV rapid self-test to and delivery at home – *Curitiba*



Trends in the 90-90-90 Targets in Brazil, 2012-16*

90-90-90 in Brazil: Challenges

- M&E:
 - Difficulties related to estimating PLWHIV based on modelling (specially for the 4 FTC);
 - Lack of information related to KP in the laboratory and in the ARV information systems;
- Increased epidemic among young people - especially MSM;
- To reach KP and young men;
- Maintain adherence;
- Late presenters;
- Stigma and discrimination against PLWHIV (one of the main factor that influences adherence).



World Hepatitis Summit 2017

SÃO PAULO, BRAZIL 1-3 NOVEMBER

<http://www.worldhepatitissummit.org/>

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We hope to see you all there!

242 Acknowledgements

DEPARTMENT OF STI, HIV/AIDS AND VIRAL HEPATITIS

BRAZILIAN MINISTRY OF HEALTH

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