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TARGETS UPDATE

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Country Case Studies Brazil

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TARGETS UPDATE

The Unified Health System (SUS)

SUS is based on the principles of **universality** and **equity**, having **decentralization**, **community participation**, and **access to comprehensive** prevention and care as its guidelines.

The **Ministry of Health of Brazil's Department of Diseases of Chronic Conditions and Sexually Transmitted Infections (DCCI)** is responsible for the designing and implementation of **HIV/AIDS**, **viral hepatitis**, **other STIs**, **TB** and **Hansen's disease** policies, guidelines, and strategic projects related to surveillance, prevention, and care.



Inhabitants: 214 million people

Territorial area: 8,514.77 km²

5 regions, 26 states and the Federal District

5.561 municipalities

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The Brazilian HIV Program

The fight against HIV in Brazil has been historically connected to the effective realization of the right to health – as enshrined in our Constitution – and the promotion and **protection of human rights**.

The Brazilian HIV Program was built regardless the immense challenges brought by the country's continental dimensions, home for more than 210 million people. Brazil's achievements in fighting HIV can be greatly attributed to its Unified Health System that safeguards the basis of a full-fledged and self-sustained program.



DEPARTMENT OF DISEASES OF CHRONIC CONDITIONS AND SEXUALLY TRANSMITTED INFECTIONS

HIV/AIDS and Viral Hepatitis Surveillance General Coordination
HIV, Hepatitis

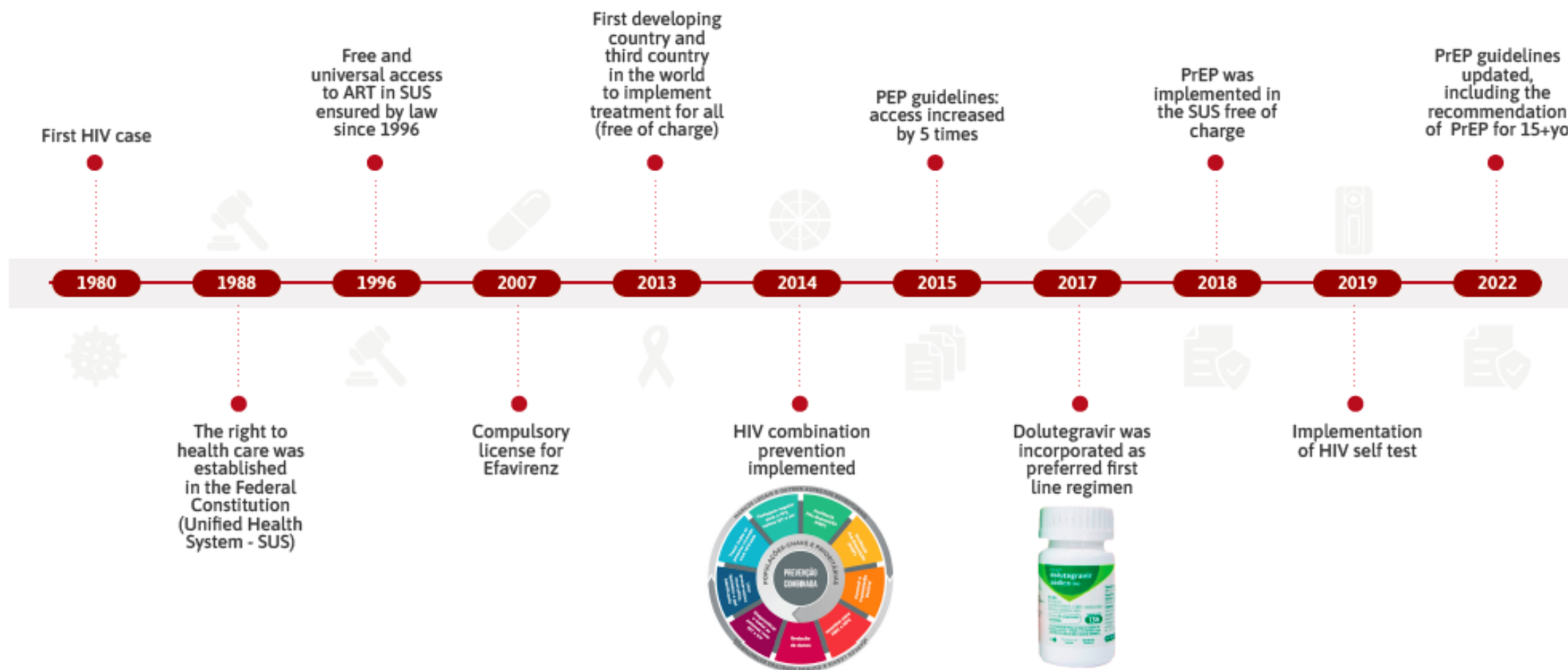
STI Surveillance General Coordination
Syphilis, gonorrhea, chlamydia, HPV, HTLV and others

Chronic and Airborne Diseases Surveillance General Coordination
Tuberculosis, nontuberculous mycobacteria, systemic mycoses

Diseases in Elimination Surveillance General Coordination
Hansen's disease

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HIV RESPONSE LANDMARKS IN BRAZIL

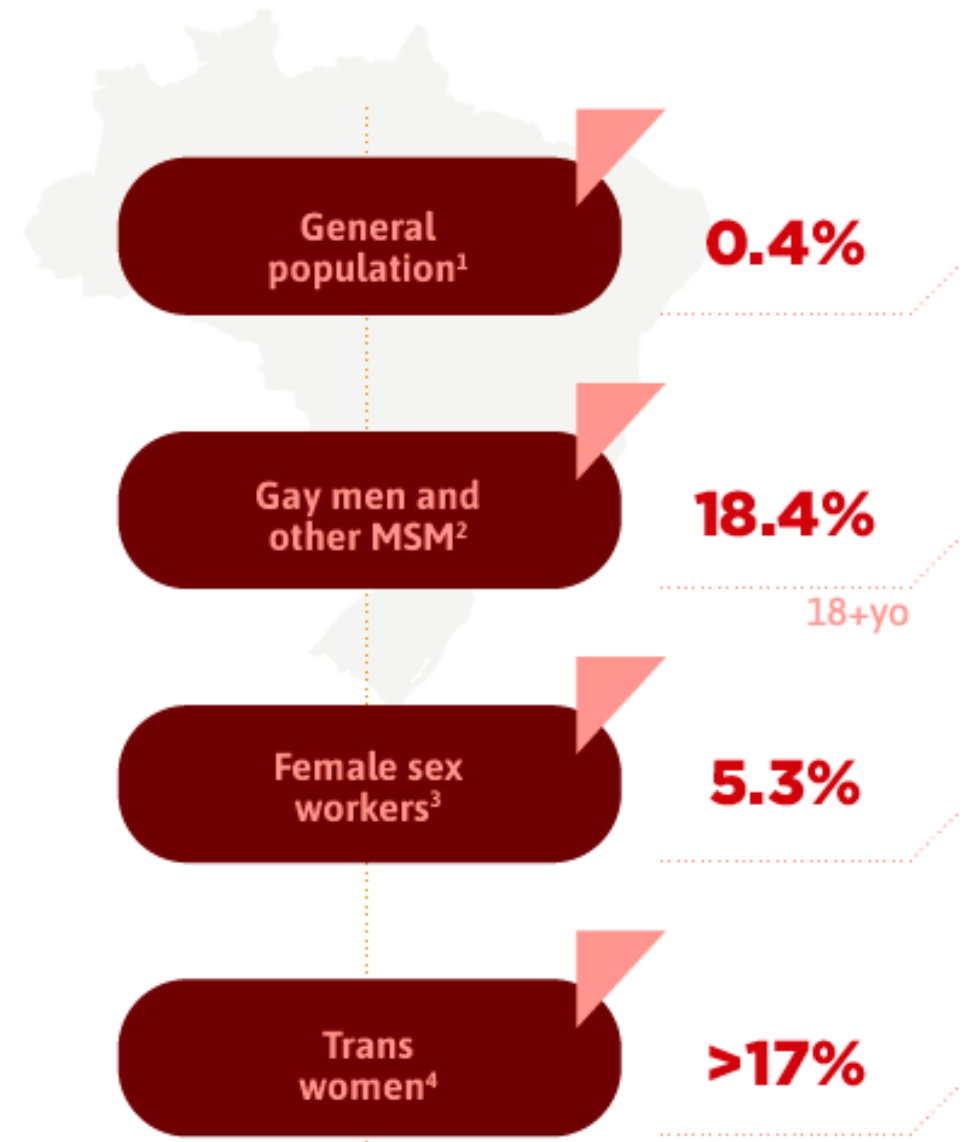


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HOW IS HIV AFFECTING DIFFERENT POPULATIONS IN BRAZIL

HIV PREVALENCE

In 2021, there were an estimated **960,000 PLHIV** in Brazil. The epidemic is concentrated in key populations.



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TREATMENT FOR ALL: DECLINING TRENDS IN HIV INCIDENCE RATES AFTER ITS IMPLEMENTATION

HIV incidence rates have increased from 2009 until 2015,
having since declined

45

2010

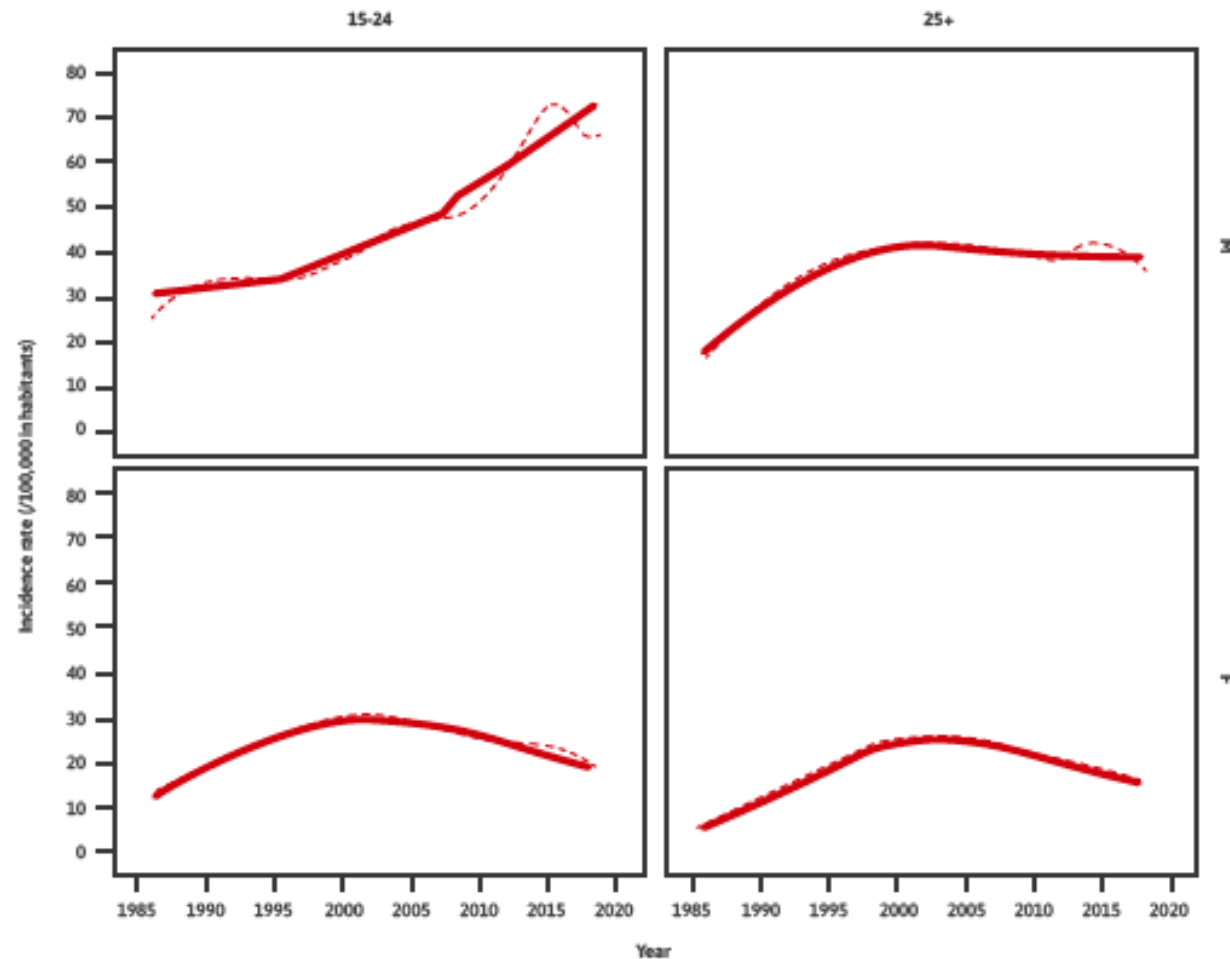
53

2015

49

2018

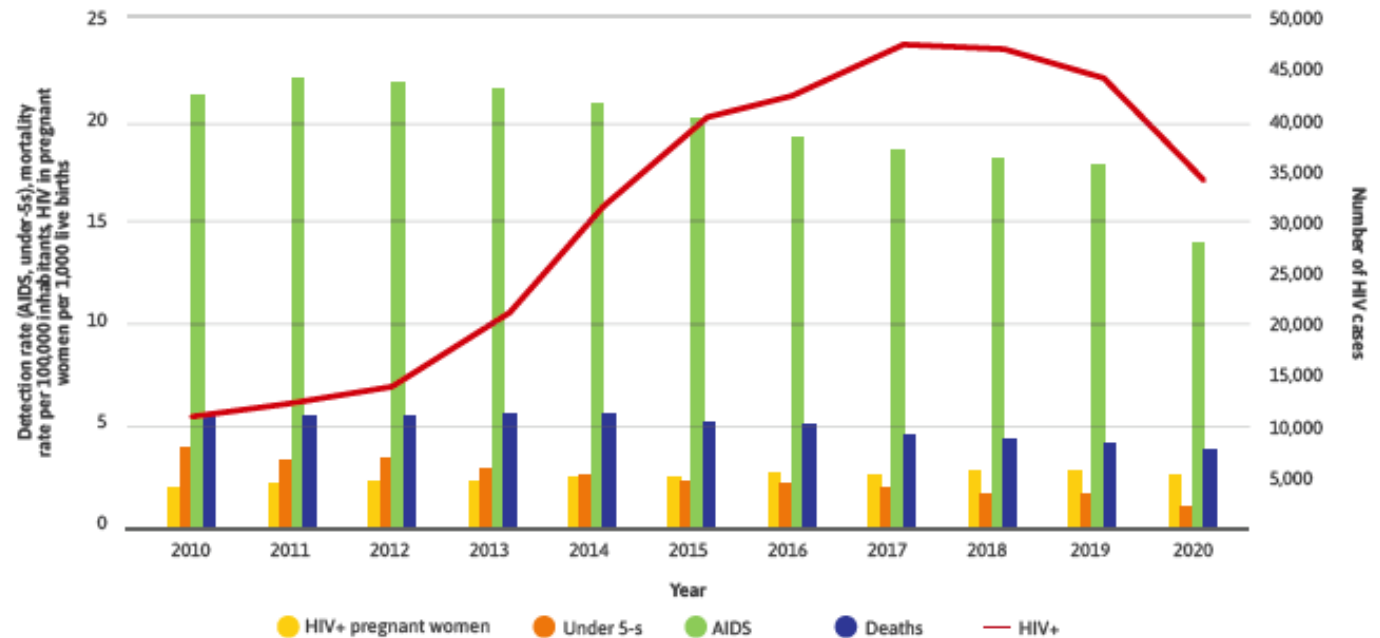
- ✓ Declining trends were observed among women in all age groups and among men aged 25+
- ✓ Incidence among young males increased during all the analyzed period



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HIV/AIDS IN BRAZIL

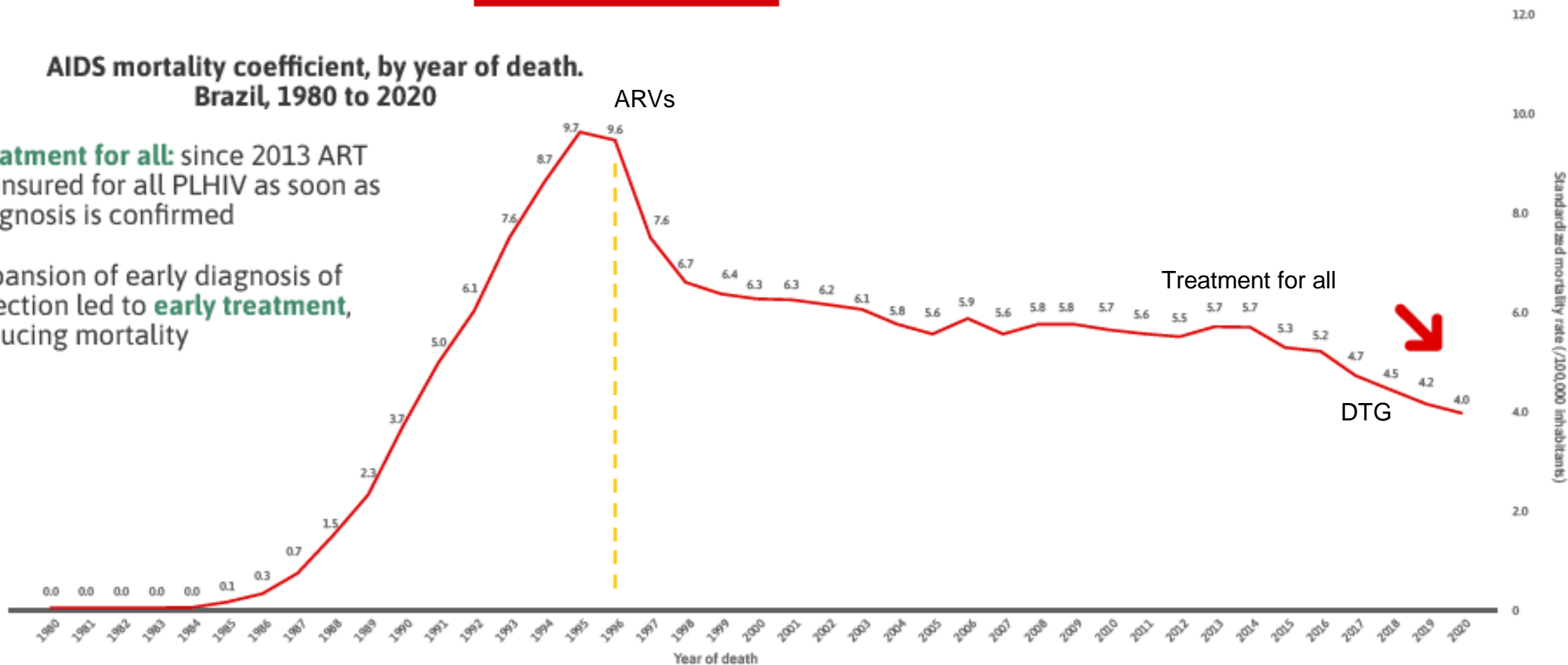
- ✓ HIV detection among pregnant women remains stable and AIDS cases among children under 5yo decreased
- ✓ Declining trends in the AIDS detection and mortality rates



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AIDS mortality coefficient, by year of death. Brazil, 1980 to 2020

- ✓ **Treatment for all:** since 2013 ART is ensured for all PLHIV as soon as diagnosis is confirmed
- ✓ Expansion of early diagnosis of infection led to **early treatment**, reducing mortality



+8.2%

1985-1995

-36.2%

1996-2003

-0.9%

2004-2013

-8.6%

2014-2016

-30.6%

2014-2020

-16.1%

2017-2020

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MOTHER-TO-CHILD HIV TRANSMISSION



HIV PREVALENCE IN PREGNANT WOMEN

MOTHER-TO-CHILD HIV TRANSMISSION RATE*

COVERAGE OF HIV TESTING IN PREGNANT WOMEN

ART COVERAGE IN PREGNANT WOMEN

2018

0.3%

2.2%

100%

95%

2019

0.3%

2.1%

97%

95%

2020

0.3%

2.1%

97%

94%

MTCT is approaching the WHO rate of elimination as a public health problem (2.0%).

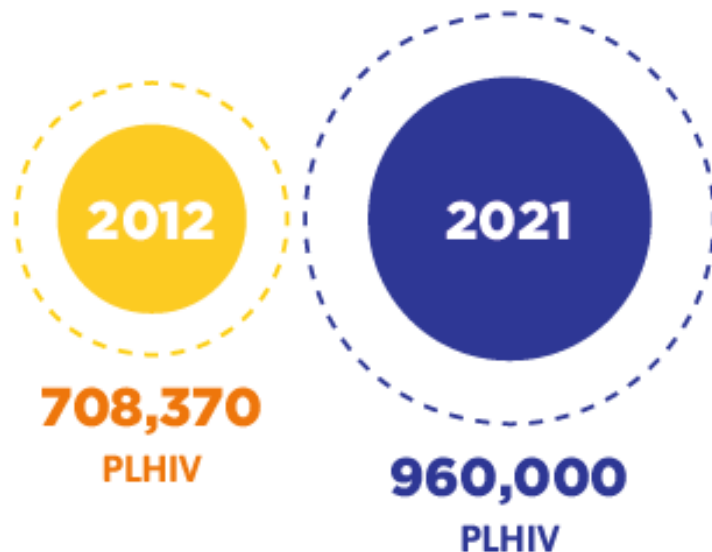
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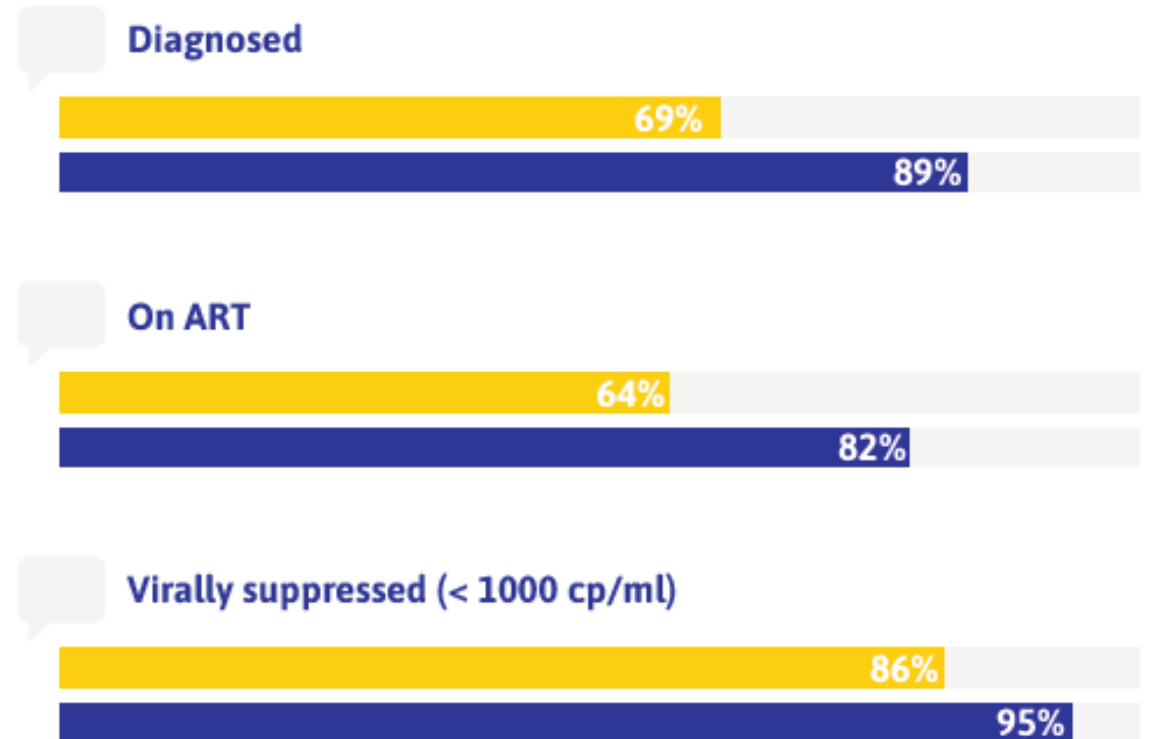
*Number of children exposed to HIV (that is, of mothers living with HIV) who have acquired the virus.
Source: Brasil, 2021

2021: BRAZIL'S PROGRESS TOWARDS 95-95-95 TARGETS

**SUCCESS - BUT ALSO A
LONG WAY TO GO**



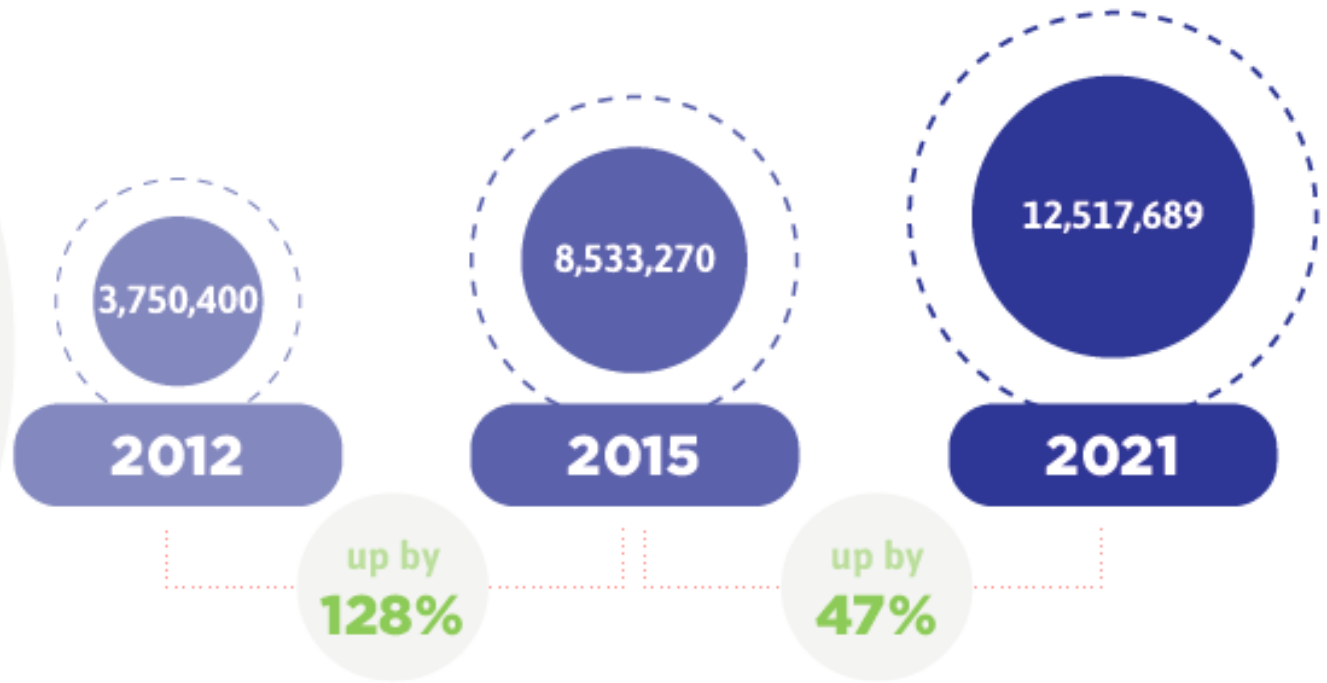
Clinical monitoring is an important tool to guide decision making and planning of health actions aimed at controlling HIV/AIDS.



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RAPID HIV TESTS **DISTRIBUTED BY THE** **BRAZILIAN NATIONAL** **HEALTH SYSTEM**

Public health units
Testing and Counseling Centers

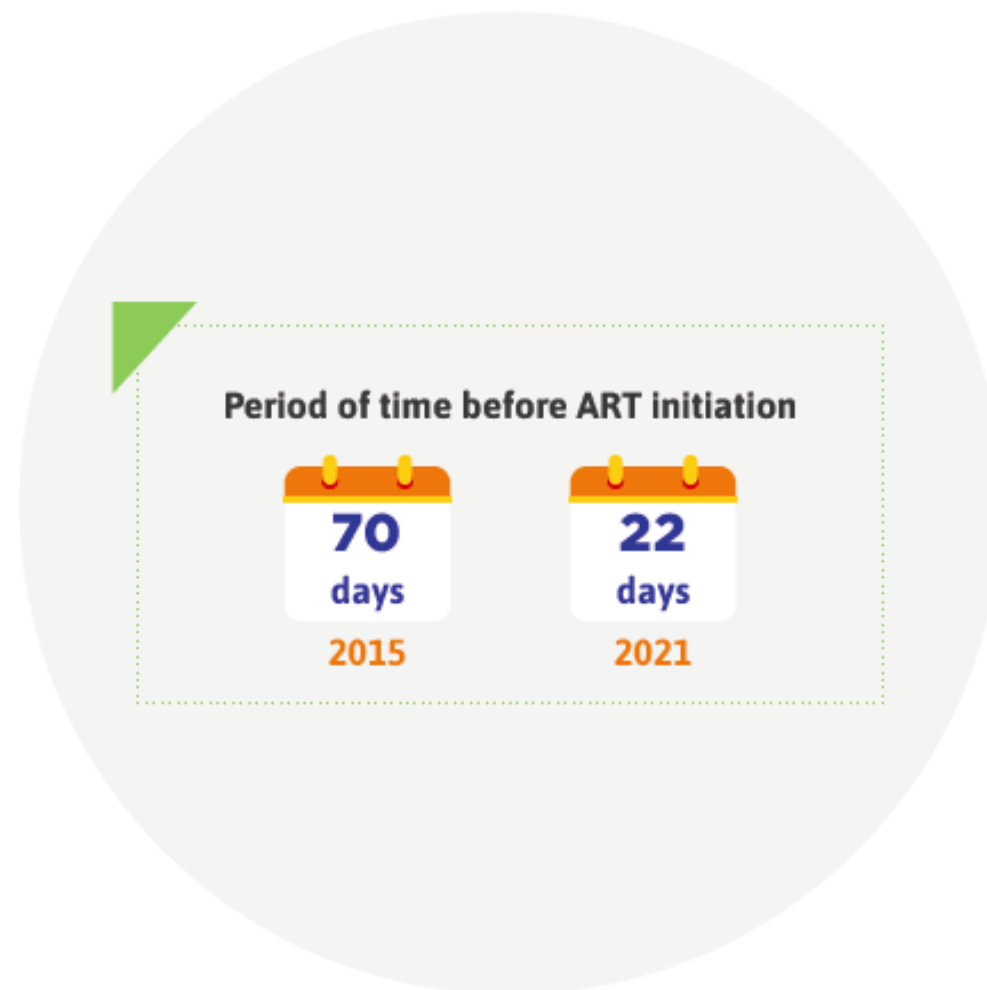
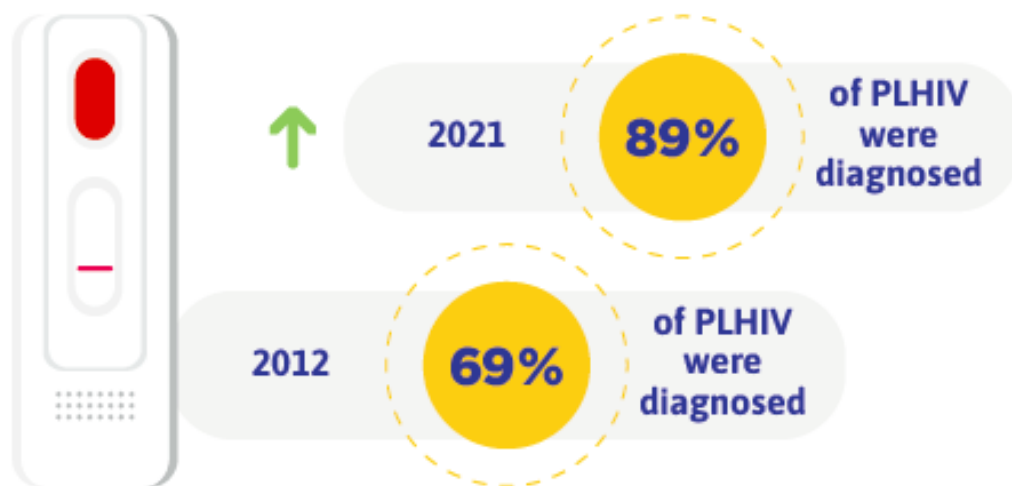


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HIV DIAGNOSIS IN BRAZIL

**MORE THAN 55% OF
PLHIV ARE DIAGNOSED
IN THE SAME YEAR OF
INFECTION**

Increased HIV diagnosis and quick ART initiation
in Brazil



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155,000 HIV SELF TESTS DISTRIBUTED FREE OF CHARGE IN THE PUBLIC HEALTH SYSTEM

- ✓ 290 cities in all regions of the country
- ✓ Up to 5 tests to secondary distribution:
 - People using PrEP
 - People tested in health services
 - Places of sociability of key populations
 - People on ART
- ✓ 47,000 HIVST distributed to peers and sexual partners of people on PrEP
- ✓ 42% of people who took the tests were 18-29yo
- ✓ 50% of people who took the tests were gay and MSM
- ✓ 21%* of people who took the tests were first time testers

*Among those not on PrEP.

Source: MoH of Brazil.

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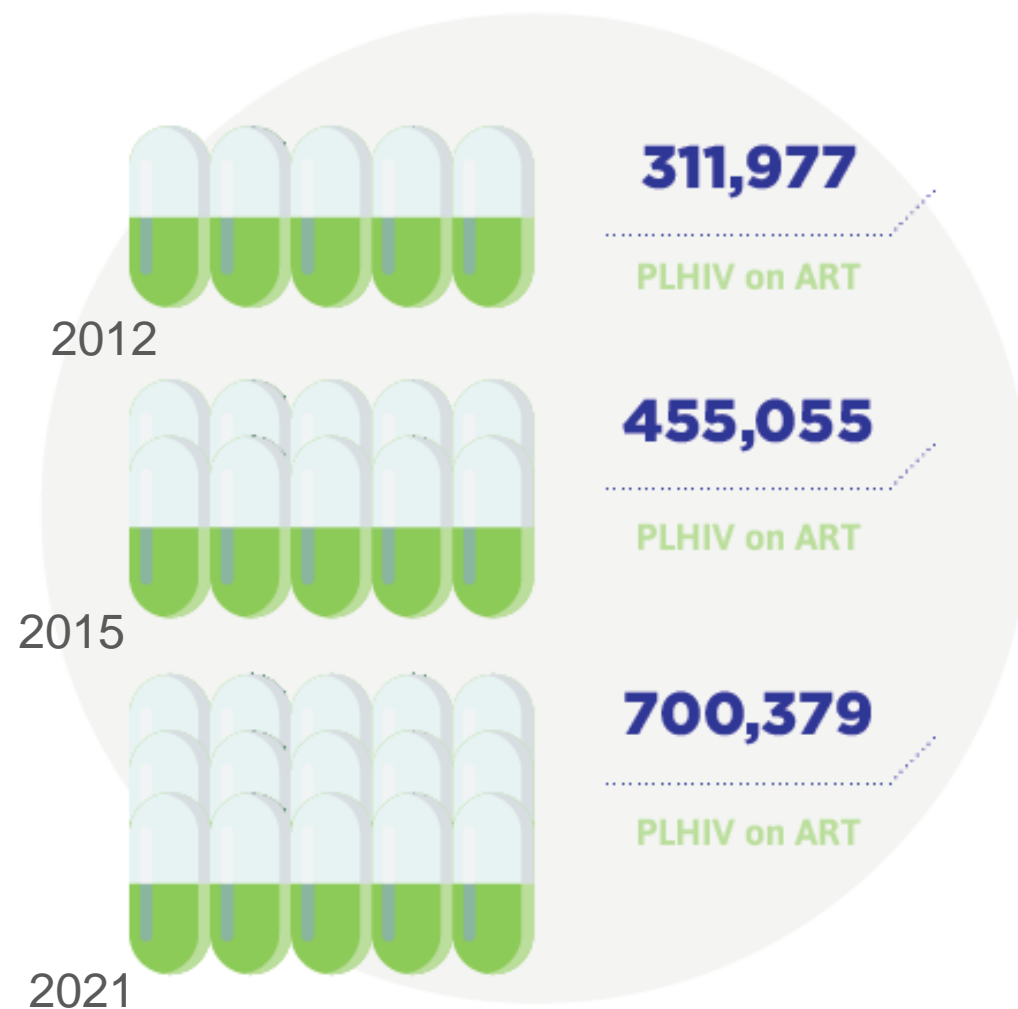


Source: Brasil, 2022

A CONSISTENT INCREASE IN PLHIV ON ART IN THE COUNTRY

MORE PLHIV ON ART

- ✓ In **2021**, **66%** of PLHIV started treatment one month after linkage to health services – this proportion in **2015** was **36%**.
- ✓ 82% of PLHIV who initiated ART in 2020 were retained after 1 year of treatment
- ✓ In 2021, 93% of PLHIV initiated ART with TDF+3TC+DTG
- ✓ In 2021, 51% of PLHIV on ART were using TDF+3TC+DTG and 19% were using TDF+3TC+EFZ

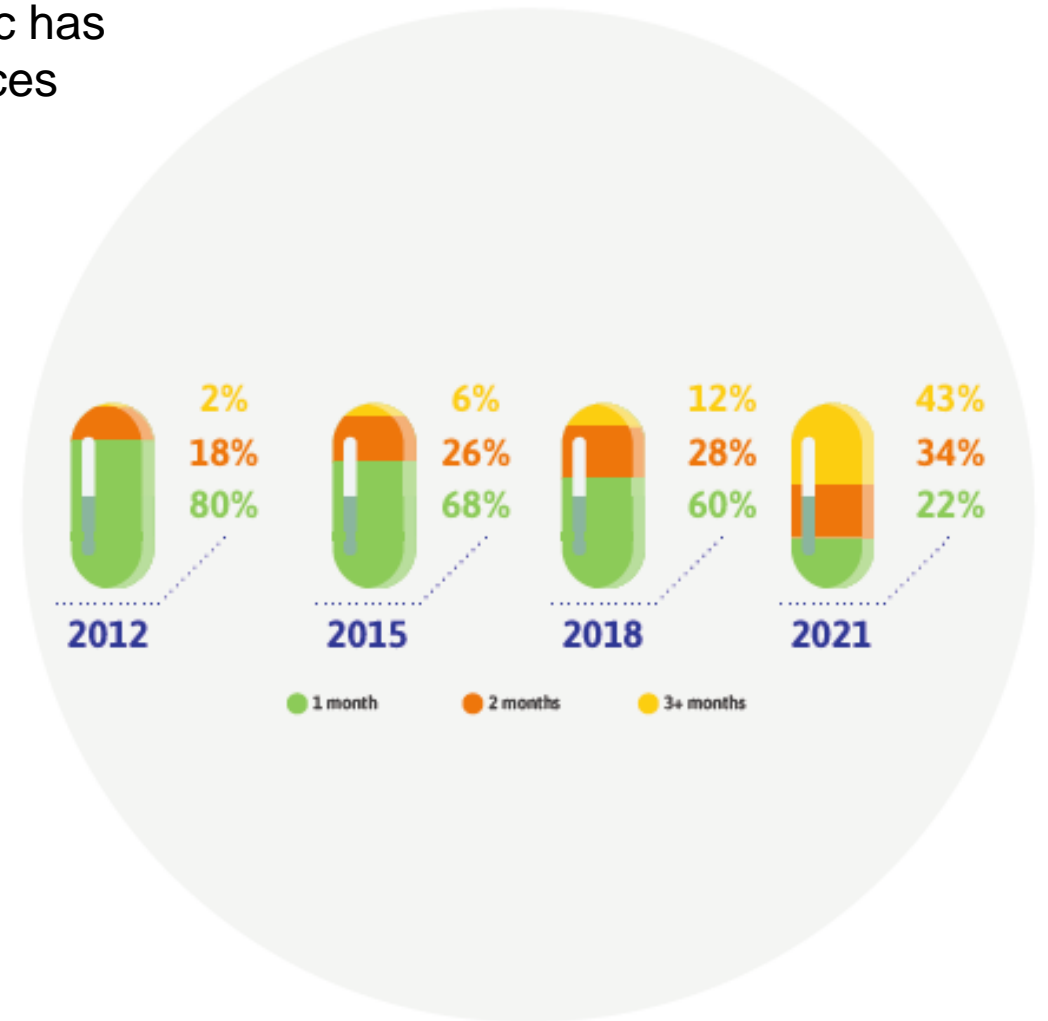


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The disruption of health services due to the Covid-19 pandemic has accelerated the changes in the delivery of HIV treatment services

MULTIMONTH DISPENSATION IN BRAZIL: 43% OF PLHIV ON ART RECEIVED ARVS FOR MORE THAN 3 MONTHS

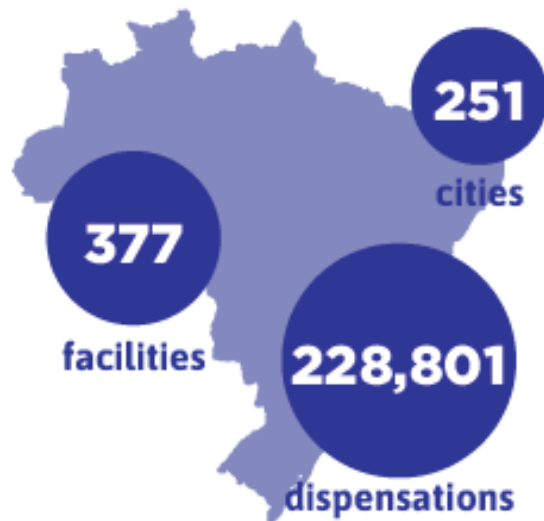
- ✓ Coverage of 3-month dispensation reached 50% among those PLHIV using TDF+3TC+DTG and those using TDF+3TC+EFZ



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HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

- ✓ Almost 52,600 people started PrEP (Jan 2018 - Dec 2021)
- ✓ About 30,000 people were on PrEP in Brazil



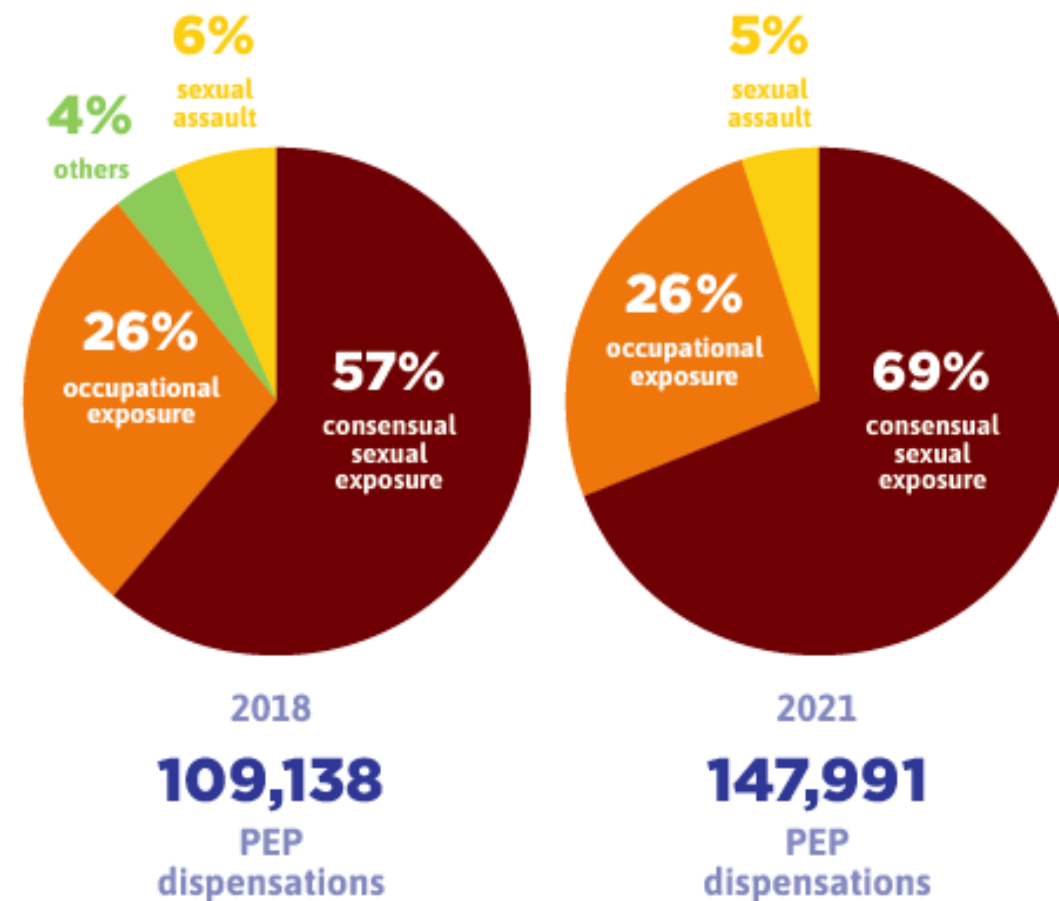
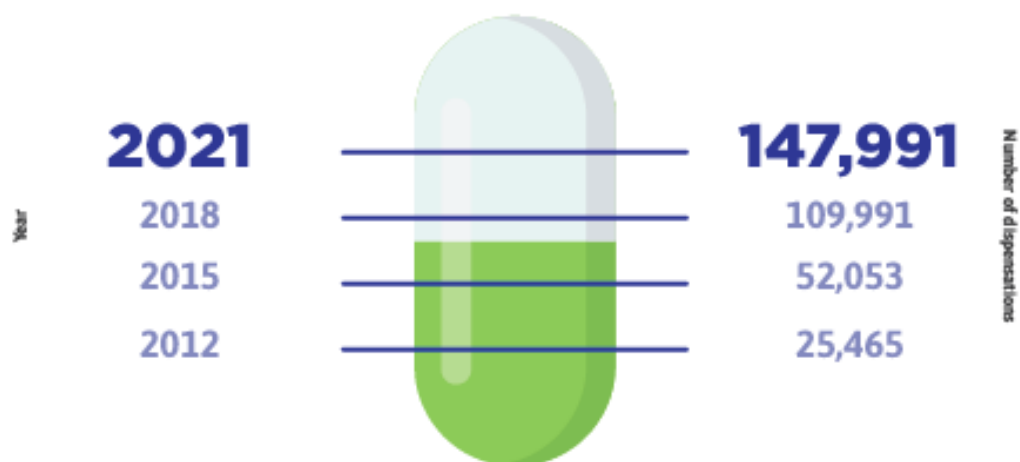
PrEP users:

- ✓ 85% were gay/men who have sex with men (MSM)
- ✓ 37% were 18-29yo
- ✓ 72% had more than 12 years of schooling
- ✓ 8% were sex workers
- ✓ 35% used alcohol or other drugs in the three months prior to the last PrEP dispensation

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HIV POST-EXPOSURE PROPHYLAXIS (PEP)

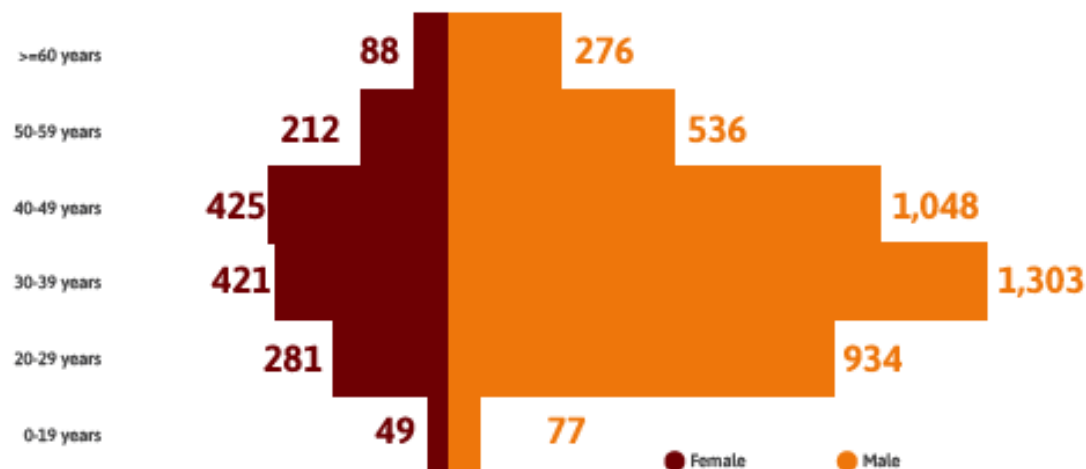
Increased PEP dispensation in Brazil



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TB-HIV CO-INFECTION IN BRAZIL

- ✓ 68,271 new tuberculosis were diagnosed
- ✓ 8% with HIV co-infection
- ✓ 77% were tested for HIV



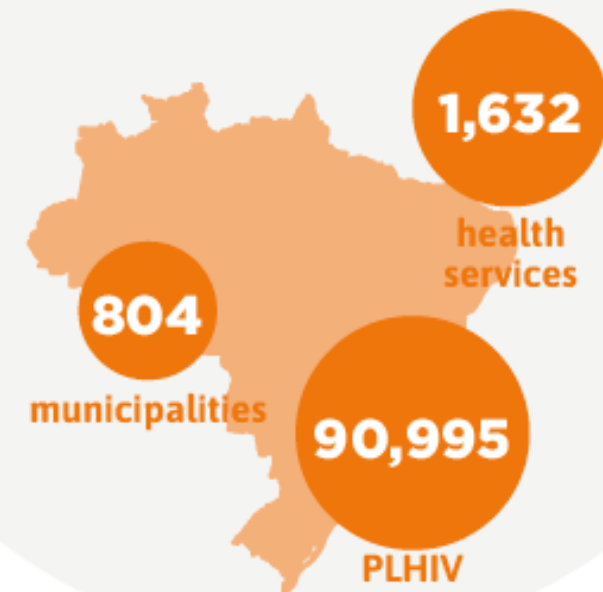
- ✓ PLHIV have a 21-fold increased risk of becoming ill with tuberculosis
- ✓ TB-HIV co-infection has declined in recent years, but it varies across the country
- ✓ HIV testing is recommended for all tuberculosis cases and their contacts
- ✓ PLHIV and active TB should start ART, regardless of the clinical form of tuberculosis and the CD4+ T lymphocyte count
- ✓ The expansion of the treatment to latent *M. tuberculosis* infection (LTBI) for PLHIV is a priority, as a public health policy, for tuberculosis prevention amongst this high risk group

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TB-HIV CO-INFECTION IN BRAZIL

- ✓ Since 2018, LTBI treatment for PLHIV with CD4 under 350 cells/mm³ without active tuberculosis is mandatory regardless of tuberculin skin test (TST)
- ✓ Since May 2020, health professionals from subnational levels received a list of those patients through an online system, named SIMC*, to perform preventive interventions
- ✓ From May 2020 to February 2022, a total of 90,995 PLHIV and CD4<350 cells/mm³ were identified and 15,713 monitored

FROM MAY 2020 TO FEBRUARY 2022 WERE INCLUDED IN THE MONITORING:



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Final remarks

- Brazil's achievements in fighting HIV can be greatly attributed to the Unified Health System which safeguards the basics of a full-fledge, self-sustained program, open to community participation.
- It is important to mention that the covid pandemic had an important impact on the PLHIV care and treatment, and during these difficult times we have been learning how to work on specific combined prevention strategies to reach more people, and to revert HIV trends, especially among young male.
- Telemedicine and multi month dispensation became a reality in our country last years, and we increased PrEP and PEP coverage, but there is a long way to go, to reach those ambitious 95-95-95 targets.
- We reinforce our commitment to overcome those challenges and to fight for a world free of AIDS and to guarantee no one is left behind.

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Thank you!

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