Country Case Studies
Brazil

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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
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.
HIV RESPONSE
LANDMARKS IN BRAZIL

- First HIV case
- Free and universal access to ART in SUS ensured by law since 1996
- First developing country and third country in the world to implement treatment for all (free of charge)


- The right to health care was established in the Federal Constitution (Unified Health System - SUS)
- Compulsory license for Elavirоз
- HIV combination prevention implemented

- PrEP guidelines: access increased by 5 times
- PrEP was implemented in the SUS free of charge
- Doxycycline was incorporated as preferred first line regimen

- PrEP guidelines updated, including the recommendation of PrEP for 15+yo
- Implementation of HIV self test

Source: Brasil, 2022
### 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.

<table>
<thead>
<tr>
<th>Population</th>
<th>Prevalence</th>
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</thead>
<tbody>
<tr>
<td>General population</td>
<td>0.4%</td>
</tr>
<tr>
<td>Gay men and other MSM</td>
<td>18.4%</td>
</tr>
<tr>
<td>Female sex workers</td>
<td>5.3%</td>
</tr>
<tr>
<td>Trans women</td>
<td>&gt;17%</td>
</tr>
</tbody>
</table>

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

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

- 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

Source: Szwarcwald et al., 2022
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

Source: Brasil, 2021
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

Source: Brasil, 2021
### Mother-to-Child HIV Transmission

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2018</td>
<td>0.3%</td>
<td>2.2%</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>2019</td>
<td>0.3%</td>
<td>2.1%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>2020</td>
<td>0.3%</td>
<td>2.1%</td>
<td>97%</td>
<td>94%</td>
</tr>
</tbody>
</table>

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

Source: Brasil, 2021

MTCT is approaching the WHO rate of elimination as a public health problem (2.0%).
Clinical monitoring is an important tool to guide decision making and planning of health actions aimed at controlling HIV/AIDS.

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

SUCCESS - BUT ALSO A LONG WAY TO GO

<table>
<thead>
<tr>
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<th>2012</th>
<th>2021</th>
</tr>
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<tbody>
<tr>
<td>Diagnosed</td>
<td>69%</td>
<td>89%</td>
</tr>
<tr>
<td>On ART</td>
<td>64%</td>
<td>82%</td>
</tr>
<tr>
<td>Virally suppressed (&lt; 1000 cp/ml)</td>
<td>86%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Source: Brasil, 2022
RAPID HIV TESTS
DISTRIBUTED BY THE BRAZILIAN NATIONAL HEALTH SYSTEM

Public health units
Testing and Counseling Centers

2012: 3,750,400
2015: 8,533,270
2021: 12,517,689

up by 128%
up by 47%

Source: Brasil, 2022
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

2012: 69% of PLHIV were diagnosed

2021: 89% of PLHIV were diagnosed

Period of time before ART initiation:
- 70 days in 2015
- 22 days in 2021

Source: Brasil, 2022
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.
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.

Source: Brasil, 2022
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.

Source: Brasil, 2022
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

HIV POST-EXPOSURE PROPHYLAXIS (PEP)

Increased PEP dispensation in Brazil

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Dispensations</th>
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<tbody>
<tr>
<td>2021</td>
<td>147,991</td>
</tr>
<tr>
<td>2018</td>
<td>109,991</td>
</tr>
<tr>
<td>2015</td>
<td>52,053</td>
</tr>
<tr>
<td>2012</td>
<td>25,465</td>
</tr>
</tbody>
</table>

- **2018**: 109,138 PEP dispensations
- **2021**: 147,991 PEP dispensations

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

Source: Brasil, 2022
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:

- 90,995 PLHIV
- 1,632 health services
- 804 municipalities

Source: Brasil, 2022
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.
REFERENCES


Thank you!

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