

**Integrating Rights and Health for MSM and other LGBT peoples:
The role of HIV/AIDS implementers and PEPFAR
Amfar, Washington DC, 17-18 December, 2010**

**Panel 2:
Advancing human rights within the context of
HIV/AIDS service delivery
The Brazilian Experience**



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DST-AIDS e Hepatites Virais



Brazil

- Population – 190 million
- GNP:
US\$ 529 billion (11th)
- GNP/capita (PPP)= US 10,427
(65th-WB 2009)
- 27 States
- 5,561 municipalities
- Area: 8,5 million sq km



The AIDS Epidemic in Brazil

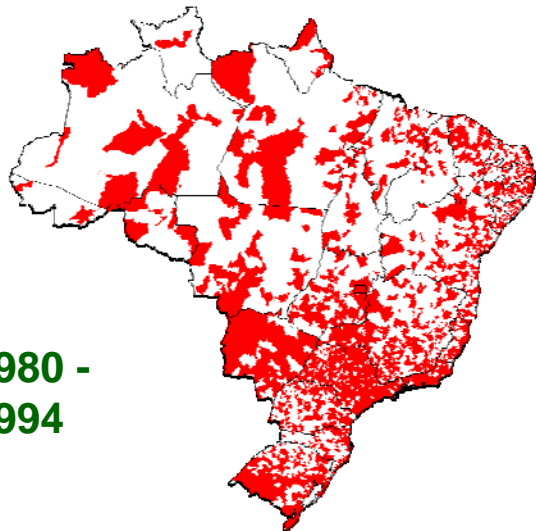


STD-AIDS and Viral Hepatitis

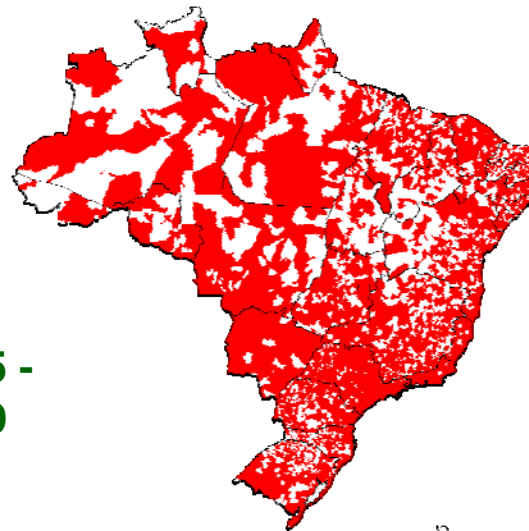


Municipalities with at least one identified AIDS case

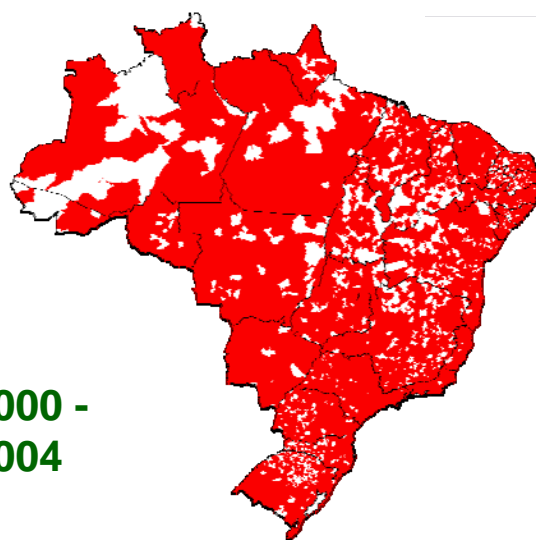
1980 -
1994



1995 -
1999



2000 -
2004

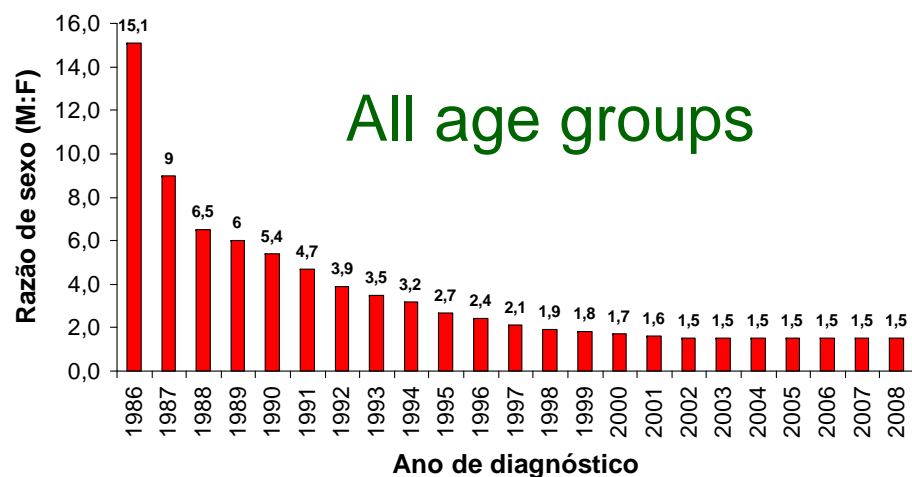


2005 -
2009

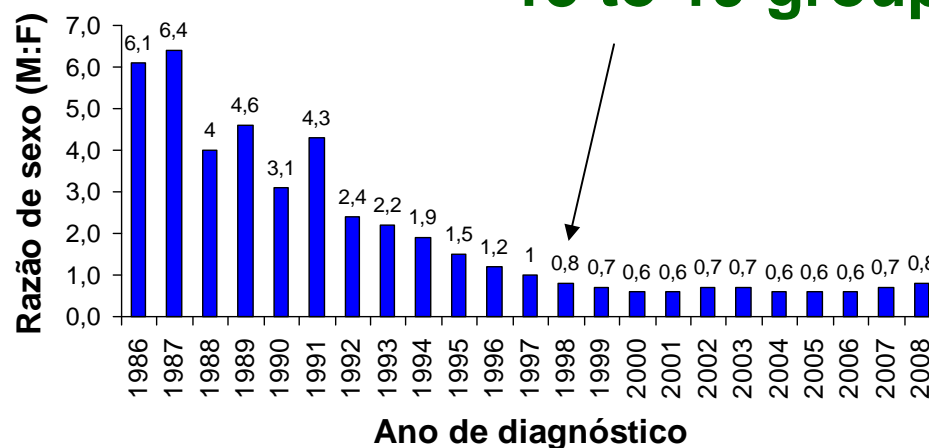




Sex ratio (M:F) of AIDS cases according to year of diagnosis. Brazil, 1986 to 2008

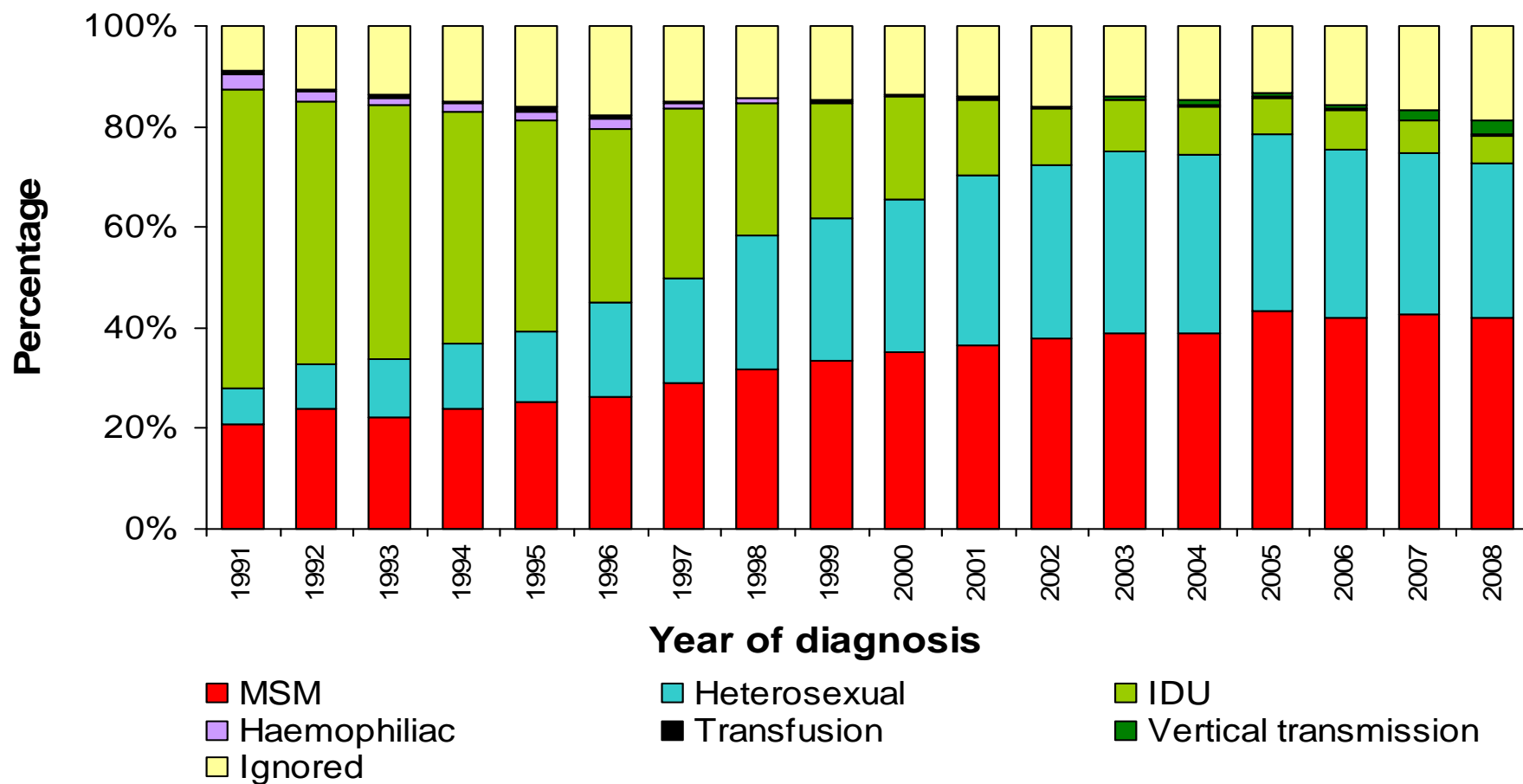


Inversion in the
13 to 19 group





Percentage of AIDS cases in men, 13 to 24 years of age, by exposure category and year of diagnosis Brazil, 1983 to 2008



Brazil – a concentrated epidemic

Cumulative cases (06/2009): 544,846
in 2008* – 34,480

AIDS incidence (per 100,000): 18.2 (2008)

HIV prevalence: 0.61% (pop. aged 15-49)
0.41% (female) 0.82% (male)

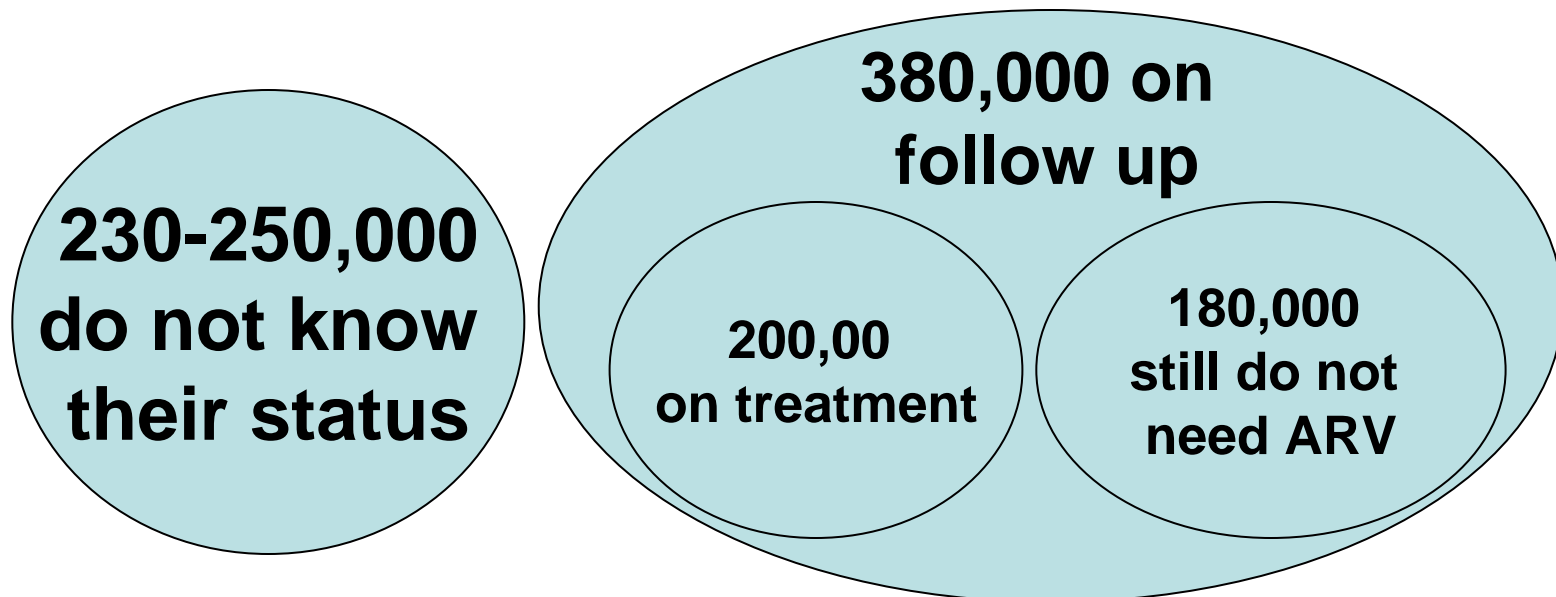
Cumulative deaths (1980-2008): 217,091
Mortality coefficient (per 100,000)
2007* – 6,0 2008* – 6,1



BRASIL

INVESTIMENT IN ANTIRETROVIRALS

- **Approximately US\$ 450 million in 2009 for 200,000 individuals**
- **Each year more than 30,000 PLHA initiate ARVs**
- **Of the estimated 630,000 PLHVA (15-49 y.o.):**



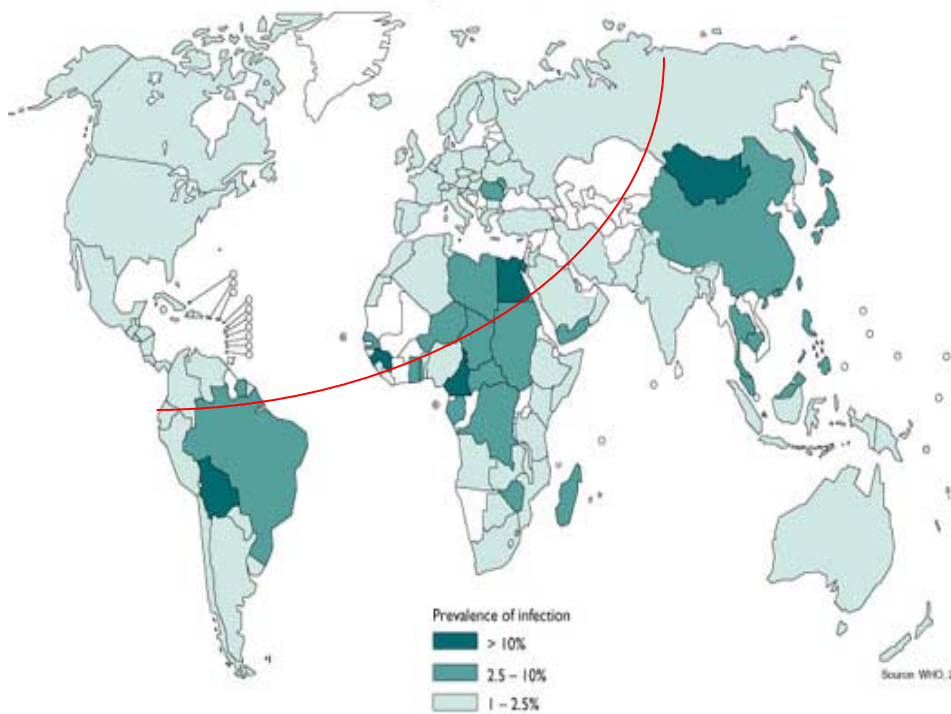
Dengue, 2002



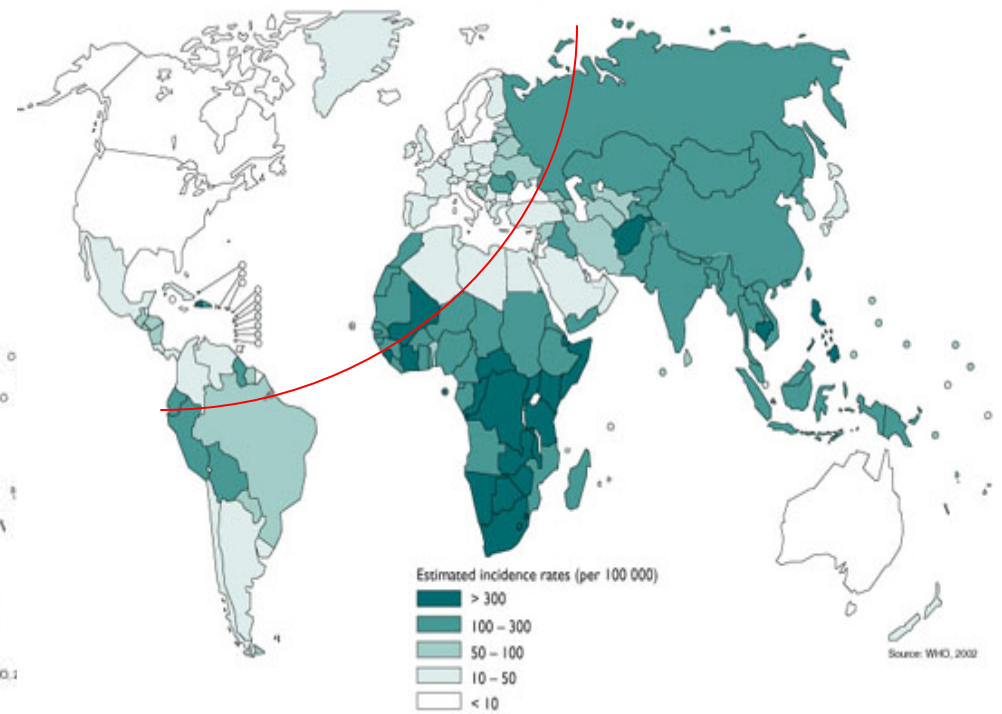
Hepatitis B, 2002



Hepatitis C, 2002



Tuberculosis, 2001





Is it possible to change this situation?!



Antiretroviral drugs universally available to PWAIDS in Brazil - 2010

NTRI

- ⇒ ZIDOVUDINE (1993)*
- ⇒ ESTAVUDINE (1997)*
- ⇒ DIDANOSINE (1998)*
- ⇒ LAMIVUDINE (1999)*
- ⇒ ABACAVIR (2001)
- ⇒ DIDANOSINE EC (2005)
- ⇒ TENOFOVIR (2003)

NNTRI

- ⇒ NEVIRAPINE (2001)*
- ⇒ EFAVIRENZ (1999)

Integrase Inhibitor

- ⇒ RALTEGRAVIR (2009)

PI

- ⇒ RITONAVIR (1996)*
- ⇒ SAQUINAVIR (1996)*
- ⇒ INDINAVIR (1997)*
- ⇒ NELFINAVIR (1998)
- ⇒ AMPRENAVIR (2001)
- ⇒ LOPINAVIR/r (2002)
- ⇒ ATAZANAVIR (2004)
- ⇒ DARUNAVIR (2008)

FUSION INHIBITOR

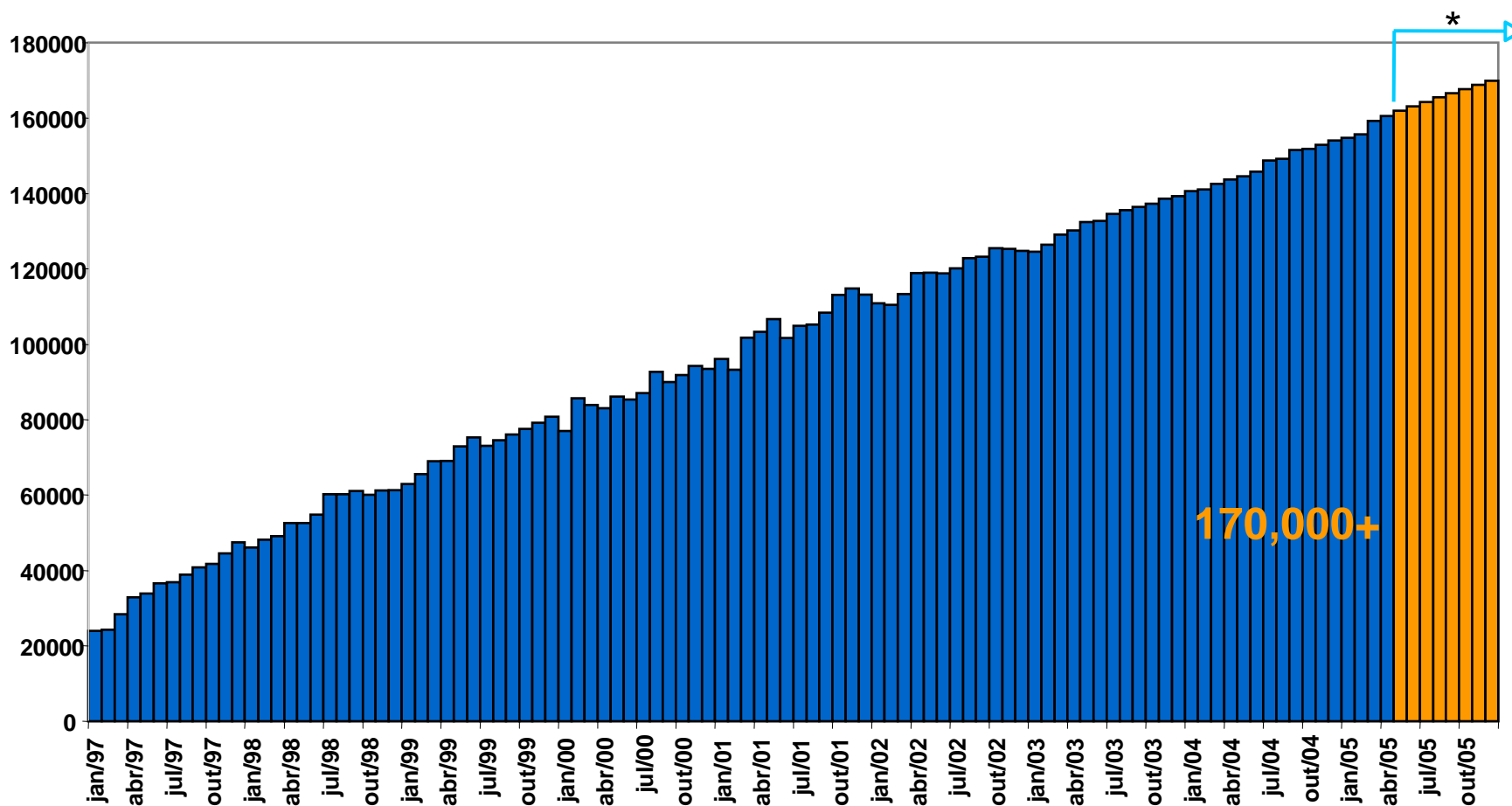
- ⇒ ENFUVIRTIDE (2005)

*Brazilian local production

Year of introduction in parenthesis



Number of patients on ARV Brazil, 1997–2005



* Preliminary data



Impact of Antiretroviral Therapy Policy Brazil, 1996 - 2003

- ✓ Mortality reduction 40-70%**
- ✓ Morbidity reduction 60-80%**
- ✓ Hospitalization 85% reduction (360,000 avoided)**
- ✓ New AIDS Cases: 58,000 avoided cases**
- ✓ Improved survival after AIDS diagnosis:
10x (6 ⇒ 58 months)**
- ✓ Estimated Savings ➤ US\$ 2 billion
(Hospital, drug costs and outpatient care)**



Adult survival

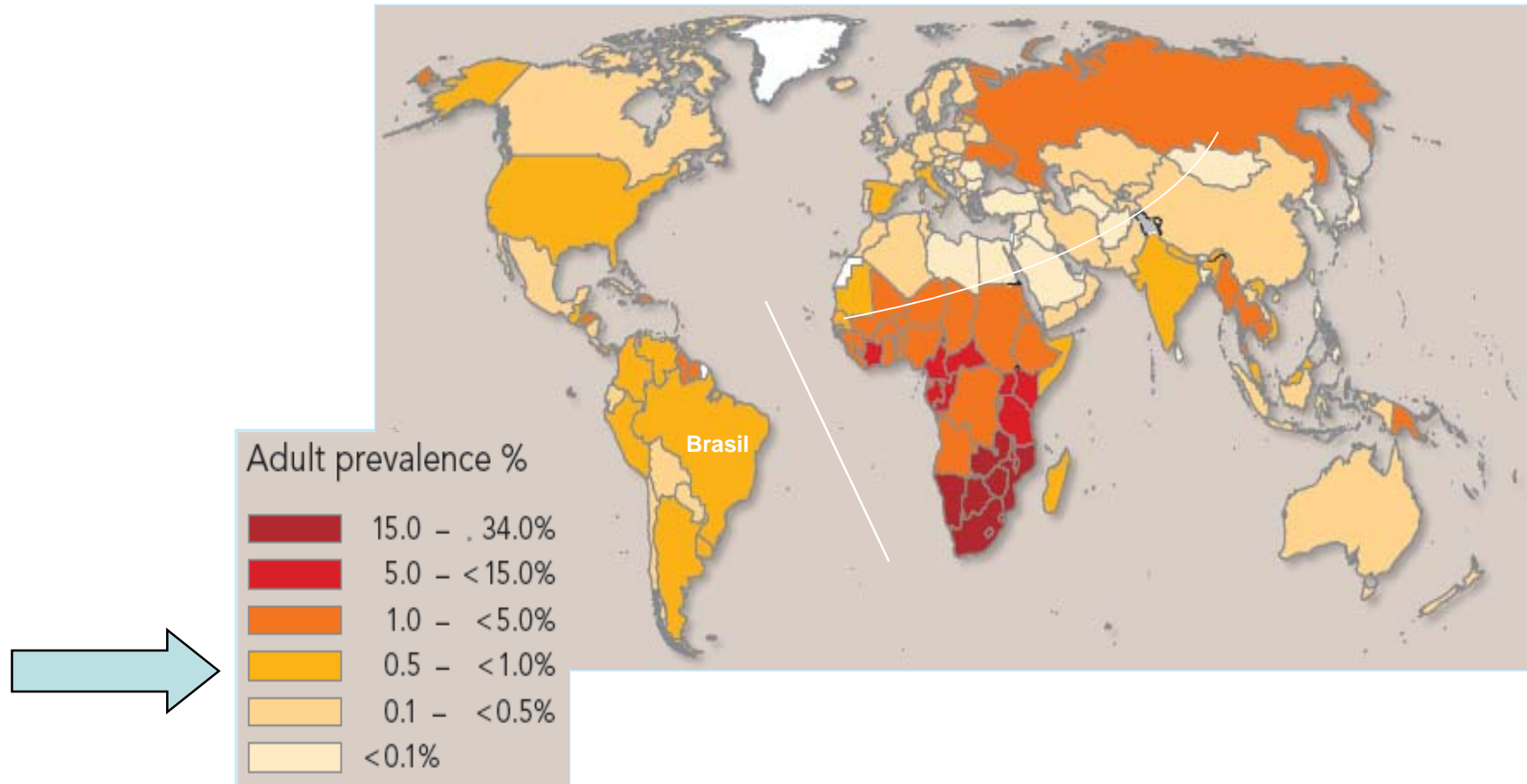
Diagnosis period	1981 - 1989	1995-1996	1998-1999
Last year of follow-up	1989	2000	2007
Average survival time	5.1 months*	58 months**	> 108 months***

*Chequer, P, 1991

**Marins et al., 2002.

*** Guibu, I et al. Publication in press. Adults diagnosed between 1998 and 1999 in the South and South-East regions (82.4% of total cases diagnosed in Brazil in this period). The median of the entire sample was not reached, since at up to nine years of observation, 59.4% of patients were still alive.

AIDS Epidemic - 2009





BRAZIL SANCTIONS COMPULSORY LICENSE ON EFAVIRENZ

4 May, 2007

- **Brazilian President, Luiz Inacio Lula da Silva, signed a decree sanctioning the compulsory licensing of ARV Efavirenz..** Brazil has stated that its decision is in "absolute compliance with international requirements and with Brazilian legislation."
- The patent holder, Merck, was given time to make a new proposal on the price. The drug as offered at a 30% discount on the current price of US\$1.59 (i.e. at US\$1.11 per tablet) but Brazil MOH could obtain the product elsewhere for US\$0.45 per tablet.
- Currently, 38% of AIDS patients take Efavirenz. It is estimated that by the end of 2007, 75,000 of Brazil's 200,000 AIDS patients will be taking the drug.
- At the current prices, annual cost/patient is US\$ 580, representing budgeted expenditure of US\$ 42.9 million for 2007. Prices charged for the generic product decreased the annual cost/patient to US\$ 163.22. Thus, **under compulsory licensing, expenditure reduction in 2007 will reach US\$ 30 million. Savings of US\$ 236.8 million are estimated by the year 2012, when the Efavirenz patent expires.**
- **Precedent** - In June 2005, President Lula and the Minister of Health, Humberto Costa, signed a declaration of public interest in relation to the antiretroviral drug Kaletra (Lopinavir + Ritonavir), made by Abbott Laboratories. In July of the same year, the Minister of Health issued a statement on the conclusion of negotiations with Abbott, ensuring a reduced price for the drug for six years, access to the new Kaletra formulation (Meltrex) and transfer of technology for the formulation of Lopinavir + Ritonavir. The laboratory agreed to reduce the unit price of Kaletra capsules from US\$ 1.17 to US\$ 0.63 each, representing a saving of US\$ 339.5 million between 2006 and 2011.



Investment in ARVs Brazil 2010-2011

The MoH uses 72% of its budget (US\$ 400 million/year) to purchase imported, patent-protected drugs; 60% (US\$241 million) to buy just five of them.

% of patients receiving these

Lopinavir/r (200/50)	20,7%
Tenofovir	18,2%
Darunavir	17,9%
Raltegravir	14,2%
Atazanavir (300)	12,6%



Selected features of the Brazilian confrontation of the AIDS epidemic

- **Early governmental response**
- **Established public health structure (SUS)**
- **Civil society mobilization and participation in various decision levels**
- **Multisectorial mobilization**
- **Treatment and prevention programmes with emphasis on human rights and non discrimination**
- **Public financing of community projects**



Key events

- **1986 - Brazilian AIDS Program established**
- **1988 - Right to Health established in the Federal Constitution**
- **1990 - Unified Public Health System (SUS) established**
- **1996 - Universal Access to ARV treatment**



Governance of the Brazilian Response

Federal Government: formulation of national policies

- Technical protocols
- Funding for states and municipalities
- Funding for NGOs
- Antiretroviral therapy procurement

States and Municipalities: coordination of health services

- Drugs for opportunistic infections and STDs
- Transfer of funds to NGOs



Partnership with Civil Society

- A key component of the response since its inception
- Policy development:
 - a. Health Councils (national, state and local)
 - b. Through:

National
AIDS
Commission

“*COGE*”
Articulation with
Health Service
Managers

“*CAMS*”
Articulation with
Social
Movements

Tackling Vulnerability

- Brazil has a dynamic, complex and unequal society, in which not everyone have the same possibilities to protect themselves from HIV infection.
- In some groups, “the risks” can be perceived by the epidemiological data; in others, a contextual analysis based in scientific evidence, is necessary to define priorities for public health policies - vulnerability

**Promotion of human rights is the basis
to reduce vulnerability**

National Plan to Fight the Aids Epidemic among gays, other MSM and transvestites

- Under the framework of the “**Brazil Without Homophobia**” program
- Objectives:
 - reduction of vulnerabilities
 - health promotion, prevention, treatment and care
- Principles and strategies to:
 - to promote human rights
 - to promote positive visibility
 - to fight against homophobia, discrimination and violence
- Involvement of governments – inclusion of activities and goals in state and city plans – \$

Universal access
the National Health System

Two affirmative agendas – gays and other MSM and transvestites

LGBT Visibility - \$ for STD/HIV prevention activities during the gay pride parades

Mass campaigns –specific communication material

Financing of networks for CSO that work with LGBT population

Multicentre studies (RDS) – sexual behaviour, attitudes and practices, prevalence

Activities led by the MoH (some in partnership with CSO)

Workshops - with State and City Secretaries of Health, CSO, to organize states plans

Discussion during State and National LGBT Conferences

Two fora on M&E of the “National Plan to fight STD/Aids among gays, other MSM and transvestites – 2008-2010

Expected results: inclusion of activities in all 27 states plans to fight STD/Aids by the end of 2009 - 26 plans so far

Mass media campaigns (with TV spots) focused in young gay men – 2008 and 2010, one for transvestites 2010



National Plan to Fight the Aids Epidemic and STD among Gays, MSM and Transvestites

PLANO NACIONAL DE ENFRENTAMENTO DA EPIDEMIA DE AÍDS E DAS DST ENTRE GAYS MSM E TRAVESTIS

CONSULTA PÚBLICA

JUNHO, 2007



**SAÚDE e PREVENÇÃO
Nas ESCOLAS**

Atitude pra curtir a vida



Campaigns “positive visibility”



National GLBT Conference 2008

600 delegates
14 countries as observers





Condom Factory



**Production
per year: 100 million units**

**Technical cooperation project
MOH / State of Acre**





Perspective

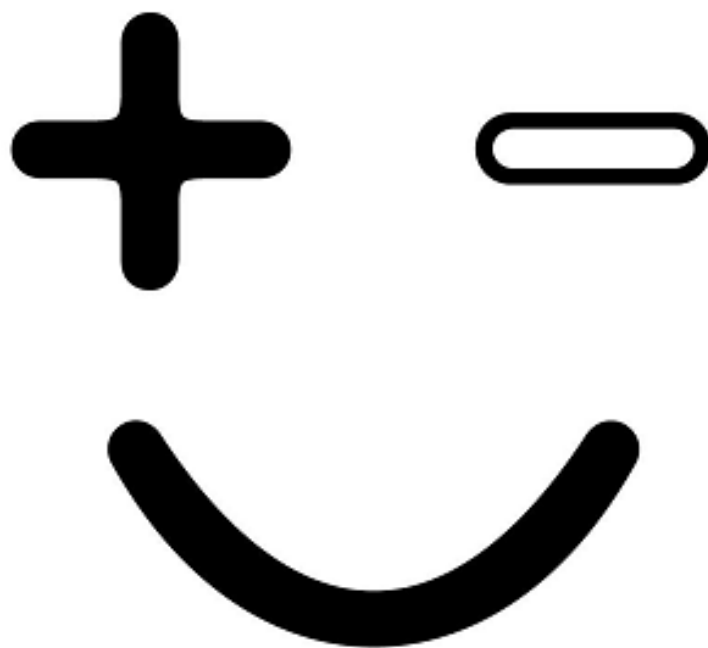
The New England Journal of Medicine
354;19 May 11, 2006

Fighting HIV — Lessons from Brazil Susan Okie, M.D.

“In Brazil this past February, during the week before Carnival, the pre-Lenten bacchanal of parades and street parties, citizens who ventured out to catch a bus, buy a beer, or mail a letter were likely to be reminded by their government to use condoms.”



Campaigns



FiqueSabendo

Selected results



STD-AIDS and Viral Hepatitis



Study on Behavior, Attitudes, and Practices with regard to STDs and AIDS (PCAP)

- **There is a high level of knowledge about HIV infection routes and AIDS prevention**
- **Knowledge is higher among those with a higher level of education. However, even among those with incomplete primary education, knowledge about condom use is considerable**
- **There are no relevant regional differences regarding knowledge**



Sexual behavior and condom use PCAP 2008

Percentage of sexually active individuals, aged 15 to 54,
by use of condom and age-group. Brazil, 2008.

Condom use	2004	2008
First intercourse (15 to 24 years)	53,2	60,9
Last intercourse with a casual partner in the previous 12 mo.	67,0	59,9
All casual intercourse relationships, in the previous 12 mo.	51,5	46,5

New study with gay men and other MSM 2010

Respondent Driven Sampling (RDS), in 10 major cities - 3859 MSM interviewed - 3616 valid interviews

Comparison between HSH and men in general

- **HIV prevalence – 10,5%**
- **More years of schooling, higher income, mostly single**
- **Get tested for HIV more frequently:**
 - Were tested for HIV more frequently - **54%** (vs. 28.5%)
 - risk perception/curiosity - **54%** (vs. 33%)
 - Earlier sexual debut - <15yrs = **43%** (vs.35%)
 - More casual partners in the last 12 months
 - % of condom use in all casual sexual intercourses: 50.3% (vs. 50.2%)
 - 70,8% getting free condoms in last 12 months (vs. 34 9%)
- **Stigma and discrimination:**

75% reported discrimination due to their sexual orientation:

 - At work: 51.3%
 - In school: 28%
 - In Church: 13%

Challenges



STD-AIDS and Viral Hepatitis



Challenges

- **Concentrated epidemic** – need to strengthen prevention efforts to most vulnerable groups: monitor the implementation of the State plans to confront Aids among gay men and other MSM and travestites. **Fighting homophobia** has been a central issue to decrease vulnerability to HIV infection
 - keep the official commitment “alive. This include a continuous battle to overcome the conservative forces, specially in Congress – role of a strong advocacy involving all stakeholders
- **Scaling-up early diagnosis, with emphasis to vulnerable groups:**
 - Between 33% and 42% of patients are only diagnosed when they already have AIDS
- **Improve quality of life of PLHA**
 - Sustainability of ARV programme
 - Improve adherence
 - Ensure easy access to condoms



I conclude with two quotes

Thucydites (465-395 BC on the Peloponesian War):

Justice will prevail when those who are not subjected to injustice are as indignant as those who are.

I dare say that:

Justice will only prevail when those affected by injustice are able (or emancipate themselves) to fight for their rights.

Empowerment

**José Martí
My country is
humanity**

Emancipation

Thank you

www.aids.gov.br



DST-AIDS e Hepatites Virais