

Does Brazil Need a New Aids Agenda?

Since the 90's Brazil has been characterized by basing its public policies to address HIV/AIDS in scientific evidence; to this ingredient, it has added up the democratic and inclusive participatory process, and civil society has played an important role, providing criticisms, suggestions, successful pilot experiences and a peer education agenda, being present in circumstances where public services are neither competent nor accessible to provide a more inclusive, compassionate and appropriate care.

After more than 30 years since the first AIDS case was reported in Brazil (in 1980), the epidemic has evolved, expanded geographically, being present throughout the national territory. However, thanks to the joint efforts of the public power in its various levels, civil society and the private sector, the epidemic has remained relatively stable, although at higher levels considering the incidence of new cases. However, there are different scenarios when the regional situation is taken into account and the occurrence of early deaths is worrying, mostly due to late diagnosis.

The adoption, still in the 90s, of a free antiretroviral access policy was an example for the developing world and radically changed the perspective of patient survival - survival with quality and consequent recovery of self-esteem and reintegration into the labor market.

Studies clearly demonstrate the efficiency and economic effectiveness of the measures adopted. This became a State policy that has been kept over time and was only possible thanks to the existence of the Unified National Health System (SUS). The boldness of the country in this field, that despite contrary warnings from international instances and doomsday predictions that did not materialize, turned Brazil into a reference and an example followed by developing countries. However, despite the absolute assurance of the provision of medicines in the SUS, Brazil is not listed among the countries with universal coverage, accordingly to the latest global reports from UNAIDS/WHO.

Brazil has also made important contributions during the First United Nations General Assembly Special Session on HIV / AIDS in 2001, when the indivisibility of prevention, treatment and Human Rights was proclaimed as pillars of public policies, a perspective by then already in practice in the country.

With regards to intellectual property rights, in addition to its contributions to the Doha Declaration - signed in 2001, with the aim of promoting international free trade without protective measures - after a long period of analysis and debate that begun late last century, followed by the political maturing and legal reasoning, Brazil issued a compulsory license for an AIDS drug, opening doors for its national production, more affordable and above all, ensuring the sustainability of access through State production, although the country still depends on imported raw materials for domestic production of ARVs.

This fragility aspect requires a more aggressive and long term investment and stimulus policy in the areas of science and technology, which could occur through the establishment of public-private partnerships, as already in place in other areas without, though, losing sight of the predominance and the interests of the National State in the service of the common good. It is therefore expected that the use of TRIPS flexibilities were not exhausted with the above mentioned initiative, but represents only the beginning of a consistent process of national self-sufficiency.

Notwithstanding the achievements mentioned thus far, regional inequities are still present, showing a different scenario than that perceived at national level: incidence and mortality rising in the North and Northeast regions of the country; the increased incidence among young women and gays is an occurrence increasingly present; the increased occurrence of new cases among women aged 15 to 24 years has produced a reversal of the sex ratio, and the number of women diagnosed in this age group exceeds that of men in the same age.

Despite progress and efforts, prophylactic treatment coverage has not expanded as expected and rates of perinatal transmission of HIV are not compatible with the available scientific arsenal - it is noteworthy that the national guideline aimed at controlling HIV vertical transmission was adopted by the country still in the 90s, although it has not yet achieved the expected results. Therefore, it is necessary to expand testing coverage, action expected to be achieved through the implementation, in practice and nationally, of the "Programa Rede Cegonha" (Stork Network Program) launched by the Federal Government in 2011. Despite the low prevalence rate of infection among pregnant women in the country as a whole, the recording of this indicator with compatible characteristics of those of a generalized epidemic is remarkable, as can be observed in one of the metropolitan areas of the South Region.

Prevention actions have never been and are still far from being universalized, especially when considering the most vulnerable populations - men who have sex with men, transsexuals and transvestites, drug users, sex workers, people living on the periphery of large cities and those who live in the Semiarid of the Northeast Region and in the Amazon. Even some metropolitan areas suffer from the precariousness of access to outpatient services and deficient coverage of hospital care, incidentally, a chronically established situation in some cases. The closure of traditional services and the reduction of hospital beds, as recently announced, is surprising and causes extreme concern.

Also, it must be noted that racial inequality, a result of the establishment of socioeconomic barriers and consequent adverse effects on the access to information, has resulted in an increased vulnerability of the Afro-descendant population to HIV infection, exacerbated by the late access to diagnosis and its consequences in mortality rates, especially among women.

We join the discomfort repeatedly expressed by the Ministry of Health caused by the existence of approximately 250,000 people who are HIV positive and unaware of their status, being thus prevented to access the therapy available in the SUS. Efforts to identify these patients have not achieved the desired levels of coverage and late diagnosis has been observed across the country, with visible damage on therapeutic success and on quality of life expectancy.

A study sponsored by UN agencies and conducted by the Federal University of Bahia reveals this scenario with clear scientific basis and this is replicated in many areas of the country. The absence or insufficiency of access to diagnosis in certain areas, the excessive delay in getting the result of the tests or the lacking of services that provide access to therapy make this a persistent situation, which worsens in the extent that the epidemic is also present in small municipalities and communities. A detailed mapping of critical areas is urgent to address this issue. The expansion of the practice of rapid testing for serological diagnosis of HIV and syphilis also represents an important operational contribution to the universal coverage of the diagnosis.

Still in the treatment area, it is noted that after a long period of reluctance, the country adopted a new parameter to start antiretroviral therapy in accordance with scientifically based evidence. This decision represents an important step to enlarge the coverage of therapy aiming at its universalization. The adoption of this approach, combined with a continued and far-reaching mobilization at a national level, to stimulate testing and counseling, prioritizing populations under higher infection risk, would doubtlessly rescue from anonymity tens of thousands of citizens who should already be under treatment. Therefore, treatment as a prevention strategy is an important aspect to be considered, in order to bring benefits to each patient, with clear influence from a collective point of view, which would contribute to reduce the incidence of new infections.

The decrease in condom use, as registered in surveys of the Ministry of Health and the progressive increase in the prevalence of HIV among conscripts, are issues that require immediate reflection to analyze their causes with a view, not only for academic purposes, but above all to the decision-making aimed at correcting the current situation - a list of measures could be listed, although it would go beyond the scope of this text.

The implementation of publicly funded researches requires immediate dissemination, debate promotion and use of results for the formulation and establishment of the necessary strategies - this is the ethical premise that permeates the public interest. From this perspective, the broad dissemination of the results of the RDS researches involving vulnerable populations, finalized in 2010, would be a great contribution to the development of new intervention strategies among these populations.

The recent episodes involving a media campaign and continuing education activities in schools, which requires a clear and direct approach from the State interventions, the country's tradition and example to the world, represents another worrying aspect, requiring a deep reflection on the secularism of the State and on the essence of the scientific basis for the adoption of public policies.

The chronic slowness of some states and municipalities in the use of funds transferred by the Federal Government is also an extremely worrying aspect, requiring the adoption of political and administrative measures. The merely efforts of the technical areas responsible for conducting the activities have not proven enough and there are numerous situations in which the accumulation of resources pending execution exceeds 24 months. This scenario contrasts with the lack of immediate resources to fill gaps in prevention, access to treatment and in the establishment of partnerships with civil society.

It is imperative, alongside the commitment to maintain investment levels for treatment, to increase resources for prevention, with emphasis on actions focused on vulnerable populations; the engagement of higher political levels in the country, in a multidisciplinary, inter-institutional and under the leadership of the Federal power is an essential aspect in the repositioning of the issue at previously observed levels, in terms of visibility and priority policy, in the media and through social mobilization.

Given its high level of credibility among the population, her transcendence and institutional mission, the direct involvement of President Dilma Rousseff would bring a great contribution, with a view to promote a national mobilization to reduce regional inequalities, ensuring access to diagnosis and timely treatment through the expansion of the capacity of the SUS in areas of difficult access and to rescue civil society as a skilled and essential partner in formulating and implementing public policies, especially in the areas of prevention and promotion of human rights. The loss of political visibility has led the issue to a progressive ostracism as if everything had already been solved and it no longer represents a major public health problem. This undoubtedly complicates the implementation of adopted and ongoing measures aimed at achieving the programmatic proposed objectives.

The adverse reality regarding the guarantee of citizenship rights to the most vulnerable populations requires the establishment of legal rules that effectively define new parameters for the rights of these populations; progresses were made in several countries, however it remains a pending agenda for political decision in Brazil, despite the clear commitment of the country to the Human Rights agenda. The country increasingly confirms itself as a champion of homosexual-transphobic crimes.

The mobilization and great political commitment of States and Municipalities is essential and indispensable, since it's there that citizens effectively live and actions take place. This should occur urgently and as an emergency in areas where the epidemic is rising, considering the occurrence of new cases and increased mortality rates.

The strength demonstrated by the social movement in the past needs to be revived, including their ability to purposefully criticize, of mobilizing, of resuming its role as promoter and watchdog of public policies and as a competent partner in the implementation of essential activities, notably in the areas of prevention and maintenance of citizenship rights.

Before us is the opportunity to reflect on the objective reality, based on local epidemiology, as recommended by one of the UN-AIDS global reports and, from this perspective, to propose, analyze and discuss strategies to be consolidated, expanded, revised or re-

designed, and without endless assemblies or discussions to seek, through an inclusive / comprehensive national consultation that prioritizes the most vulnerable populations, ways that address the full implementation of relevant public health actions. It is worth noting that the recommendation of conducting a national consultation was made by UNAIDS in 2010, and its adoption at that moment, mistakenly in our judgment, was considered by the country as unnecessary, despite the fact that national consultations were being implemented globally by dozens of countries, with clearly measurable results.

Dozens of other aspects should be analyzed, however, we do not intend to be exhaustive in this vast field of public health, but only to register some scenarios for the reflection and contribution to the debate.

Only with additional and far-reaching efforts Brazil will be able to honor its commitment made during the last UN General Assembly, aiming at achieving, by 2015, universal access to prevention, treatment and the reduction of stigma and discrimination against vulnerable populations and people living with HIV.

The technical capacity of the country is widely proven and available; the Brazilian society has shown signs of restlessness

and has expressed its will for greater participation in the construction of a new agenda. We have no doubt about the commitment of the national authorities in establishing a national agenda which effectively leads to the fulfillment of the goals established in the last UN General Assembly on AIDS.

UNAIDS and its co-sponsoring agencies, once again, make themselves available to the Brazilian government to support the implementation of this agenda.

PEDRO CHEQUER

**Epidemiologist, Coordinator of the Joint United Nations
Programme on HIV/AIDS (UNAIDS) in Brazil**

E-mail: chequerp@unaid.org