

Developed Countries Vaccinate, Brazil Denies: Popular Action for HPV Vaccination. Is Judicialization of Health Valid?

When Brazilian Senator José Sarney proposed and managed to pass a law benefiting people infected with HIV virus [“All HIV carriers and aids patients are entitled to free and universal access to medication for the treatment of the disease. This is what is laid down by law, known as 9,313 Sarney Law, enacted in November 13, 1996” – <http://www.aids.gov.br/noticia/todo-os-portadores-do-hiv-e-doentes-de-aids-tem-direito-ao-acesso-universal-e-gratuito-aos-m> (accessed July 20, 2012)], Brazil took a big step towards alleviation of these patients pain.

In the Ministry of Health homepage, <http://portalsaude.saude.gov.br/portalsaude/area/7/o-ministerio.html> (accessed July 20, 2012), the item **Structure and Jurisdiction** establishes: “the Ministry of Health has the function of providing conditions for the promotion, protection and recovery of health of the population, reducing the illnesses, controlling endemic and parasitic diseases, and improving health surveillance, thereby giving more quality of life to Brazilians”.

Following the research of competences, we observed that the STDs, aids and Viral Hepatitis Department of the Health Ministry (DNDST/AIDS-MS) in its page: <http://www.aids.gov.br/paginao-departamento> (accessed July 20, 2012) states: **What is the Department and what are the Department's attributions:** “Created in 1986, the STDs, Aids and Viral Hepatitis Department has become a world reference in the treatment and attention to aids and other sexually transmitted diseases. Related to the Secretary of Health Surveillance, under the Ministry of Health, the Department works to reduce the transmission of HIV/aids and viral hepatitis, and promotes the quality of life of patients.”

Therefore, the Department reveals that, in fact, aids and viral hepatitis are their main concern, but without mentioning the work to reduce the transmission of classical STDs. One more data reinforces this Department work, the name of its page on the internet: www.aids.gov.br. It would be logical to name the page **www.dstaids.gov.br**. However, as the fundamental purpose of the work indicates the focus on aids, it is coherent not to mention the acronym STD.

For years, the DNDST/AIDS-MS has been investing thousands and thousands of reais (R\$) in actions in anti-HIV vaccine research [http://www.aids.gov.br/search/apachesolr_search/vacina%20anti-hiv (accessed July 20, 2012)]. In fact, we don't know how these anti-HIV vaccine research activities supported by the DNDST/AIDS-MS are progressing nor how those sums of money, so necessary for the Brazilian public health, were reviewed.

On the other hand, we note a certain degree of inattention to other STDs. Especially for the millions of individuals who suf-

fer mutilations and die from HPV and congenital syphilis, just exemplifying. Why does the Ministry of Health insist on denying the primary prevention for the burden of diseases caused by HPV? Will the Ministry of Health ignore the millions of deaths of women and men caused by cancer of the anus, cervix, larynx, penis, vagina and vulva? Will the Ministry of Health disconsider the severe emotional, social, marital, economical, and organic aggressions caused by oral, anal, genital, and laryngeal warts of millions and millions of Brazilians?

Does everyone know that 1,000 penis are amputated in Brazil each year because of cancer? And that at least 60% of these cancers involve HPV?

Last April, we attended an event on women's health in the Federal Senate, in Brasília. Several politicians were present, as Senators Ideli Salvatti and Vanessa Grazziotin. Among many interesting things I heard, I should emphasize a phrase from Senator Grazziotin: “Here [in the Senate], doctor, things only walk under pressure. If you don't have a popular pressure, it gets difficult”.

On May 29, we also participated, as a lecturer, of a Public Hearing on a HPV vaccination bill, now being processed in the House of Representatives, in Brasília. In this session, a member of the Ministry of Health has made it clear that there must be participation of popular mobilization in DST/aids issues – <https://www2.camara.gov.br/atividade-legislativa/comissoes/comissoes-permanentes/cssf/reunioes/videoArquivo?codSessao=00020806&codReuniao=29233#videoTitulo> (accessed July 20, 2012).

Hence, we decided to play our role: to search a wide popular mobilization in order to convince the Federal Government representatives to make vaccination against HPV available to the population of teenagers. Following, we started a movement for a Popular Action for vaccination against HPV in adolescents. On June 1st, we launched the proposal in Teresina, State of Piauí, during an event of Gynecology and Obstetrics, conducted by SOPIGO (G&O Society of Piauí). The acceptance was massive, with more than 200 signatures in just one day. On June 7, the same proposal was presented in the city of Rio de Janeiro, during the Congress of SGORJ (Society of Gynecology and Obstetrics of Rio de Janeiro). The acceptance continued massive, with more than 300 signatures.

It is possible to join and sign your commitment with the Brazilian public health in <http://www.dst.uff.br/> or <http://www.peticaopublica.com.br/?pi=P2012N26509>.

On the completely opposite side of public policies practiced by Brazil, in July 12, 2012, the Australian Government announced that will extend its vaccination program against HPV, including

also young men of 12 and 13 years of age. This program will be taken to schools as part of the National Program of Immunizations. So that you can check out the news from Australia, we indicate the official electronic address of the Government: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hpv> (accessed July 20, 2012).

It is worth saying that virtually all countries with a high human development level adopted, in the public system, more than 5 years ago, a practice of vaccinating their adolescent population against HPV. The rates of diseases caused by HPV in young people and adults, in these countries, are registered as immensely lower than those of Brazil.

We are convinced that we are proposing a legitimate, far-reaching activity in public health and which may protect our youth from many pains (mutilations and even death) in the future. However, there are in Brazil, municipalities that already offer, without judicial measures, vaccination against HPV to their adolescent population. They are: São Francisco do Conde (State of Bahia), Cristal (State of Rio Grande do Sul), Itu (State of São Paulo), Barretos (State of São Paulo) and Campos dos Goytacazes (State of Rio de Janeiro). It should be noted that Campos dos Goytacazes has the largest vaccination program against HPV in Brazil and already vaccinated more than 17,000 young people.

In the State of Rio de Janeiro, 6,060/11 law, dated October 7, 2011, sanctioned by the Governor, establishes the implementation of the State Program of Vaccination against HPV – *Human Papilloma Virus*, in the whole territory of the State of Rio de Janeiro. However, it is yet to be practiced.

There are bills on vaccination against HPV by the Health System (SUS) still pending in the Senate and in the House of Representatives, in Brasília. Some of them are in the stage of final voting, with favourable opinions from their respective rapporteurs. In many Brazilian cities, vaccination bills against HPV by the public system (SUS) are still pending, indicating that Brazilian population and some legislators are attentive to the problems of the burden of diseases caused by HPV.

Life as it is: if all managers acted on this topic like the politics managing Brazilian cities – where young population are already being vaccinated by the public system (SUS) – and other countries, Brazil would not need popular nor political mobilizations like the ones who adapted the Sarney Law for people infected with HIV and aids, neither like those pending in Brazil for HPV, as we proposed.

However, there are still problems worrying us and for which we would like answers. Why the leaders of Non-Governmental Organizations (NGOs), who are fighting for the control of aids, are not also fighting for the vaccination against HPV of people living with HIV? The burden of HPV disease in people with HIV is larger, more aggressive, more difficult to treat and evolving to cancer more quickly.

Why doesn't DNDST/AIDS-MS vaccinate, at least, children and young people living with HIV against HPV? Would this decision be technical or political? Should it only be taken if a lawsuit is filed or a legislative action determined?

Finally, our fight for vaccination against HPV will not compromise our robust and constant actions for health education and consistent use of condoms (male or female). We also do not abdicate activities for diagnosis and treatment of lesions caused by HPV and other STDs, including hepatitis B and HIV.

We appreciate and encourage the participation of all, because we need to help the Brazilian Government (municipal, State and federal) to look after the health of our population.

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