SUBMISSION OF THE GOVERNMENT OF BRAZIL

INPUT TO HRC RESOLUTION 47/14

The Political Declaration on HIV and AIDS, adopted in June 2021 during the High Level Meeting on the topic, is considered the most relevant reference document to the global development of HIV policies. In addition, the Global AIDS Strategy 2021-2026: "End Inequalities, End AIDS" is another important guiding document for the global response to HIV, whose implementation is directly related to the commitments made by the UN member states with the adoption of the Political Declaration on HIV and AIDS.

The focus of the Global Strategy, developed by UNAIDS and approved by its Programme Coordinating Board (PCB), in March 2021, is to reduce inequalities that drive the AIDS epidemic, prioritizing people who are not yet fully benefiting from HIV services and promoting the removal of structural barriers that create or maintain inequalities and impede access to health services. Brazil, as member of the Board, on the occasion of the preparation and approval of the new global strategy, considered that the new priorities and strategic objectives proposed in the document were based on solid scientific evidence and in line with the the country's historic commitment to the HIV response. Brazil also pointed out the relevance of the focus that the new strategy offers in prevention, since this would be the most important challenge for the fight against HIV in the world. Annually, UN member states are urged to report on national progress towards to the commitments and objectives outlined in the Declaration Policy, through the "Global AIDS Monitoring" of the UNAIDS (GAM), an instrument that was fully developed based on these commitments.

In light of the above, the contribution of the Brazilian government to the report mandated by HRC resolution 47/14, entitled “Human rights in the context of HIV and AIDS”, is presented according to the eight commitments of the Political Declaration on HIV and AIDS.

Commitment 1: Effective implementation of combination HIV prevention

The national policy for fighting HIV is guided by the concept of “Combined Prevention”, which advocates the combined and individualized offer of different biomedical, behavioral and structural interventions, depending on the need, lifestyle and agreement of each person. In this way, the Unified Health System (SUS) includes in combined prevention the offer of the following strategies: encouraging regular testing for HIV; post-exposure prophylaxis (PEP); prenatal care with strategies to prevent vertical transmission for HIV-positive pregnant women; testing and treatment for other sexually transmitted infections; encouraging the use of female and/or male condoms; antiretroviral treatment for all PLWHA (regardless of CD4 count); and, since 2018, HIV pre-exposure prophylaxis (PrEP); in addition to the development of actions related to behavioral and structural dimensions, such as: reception and adequate counseling, actions on stigma and discrimination, intersectoral actions related to social protection of the most vulnerable populations, as well as actions in parliament to guarantee the rights of PLHIV. Brazil has maintained its efforts to ensure that the population, especially key and priority populations, has access to all combination HIV prevention strategies. In 2020, around 354 million male condoms were distributed; 15 million female condoms; 29 million sachets of lubricating gel. Actions are currently being carried out to restructure counseling and testing services, the decentralization of PREP and PEP, and technical cooperation actions with social assistance, aimed at implementing actions for the prevention, diagnosis and treatment of sexually transmitted infections (STIs). In addition, also in 2020, in order to strengthen the decentralization of prevention and comprehensive care actions, the Ministry of Health prepared and distributed 300,000 copies of “Flowcharts for Clinical Management of STIs” to states, capitals and health regional centers. The material offers updated information according to scientific evidence within the scope of STIs. The content of the material covers care, prevention, diagnosis, treatment and surveillance of STIs, HIV/AIDS and viral hepatitis. The subjects are presented in the form of tables and flowcharts for easy access and consultation, in order to organize and synthesize the main themes, to help managers and health professionals who work in the care of people with an active sex life at risk of STI infection, in addition to the clinical management of people diagnosed with syphilis and other STIs, HIV/AIDS and viral hepatitis (available: http://www.aids.gov.br/pt-br/pub/2021/fluxogramas-para-manejo-clinico-das-ist).

Commitment 2: HIV viral testing, treatment and suppression

In 2020, 88% of the estimated number of people living with HIV (PLHIV) in the country had been diagnosed. In the same year, 665,000 PLHIV were on antiretroviral treatment (ART), representing 81% of diagnosed PLHIV, with almost 55,000 starting therapy that year. By September 2021, 694,000 people were already using antiretroviral therapy. In addition, the main indicator of therapy quality, viral suppression, ended the year 2020 with 95%. It should be noted that the 90-90-90 targets were updated, in 2021, to 95-95-95 targets. The COVID-19 pandemic has raised concerns for the maintenance of the HIV line of care. Although Brazil managed to maintain the number of PLHIV with at least one dispensation of ART until each month analyzed, there was a reduction in the number of PLHIV who performed the first CD4 or CV before starting ART in 2020 and 2021, when compared to 2019. This may point to a reduction in access to diagnosis. Therefore, since the beginning of the pandemic, additional measures have been adopted by the Ministry of Health, such as:

• Expansion of the validity of antiretroviral (ARV) prescriptions for HIV treatment;

• Offer HIV testing to hospitalized patients with respiratory syndrome;

• Expanding the offer of self-tests for people most vulnerable to HIV infection and their sexual partners, sexual partners of people on ART who have just been diagnosed, PLHIV with low adherence to ART or a history of therapeutic failure;

• Recommendation to reduce the frequency of consultations and follow-up exams (once a year) for stable PLHIV;

• Offer of treatment to foreigners who were unable to return to their countries;

• Extending the validity of PrEP prescriptions;

• Close collaboration with all states to maintain the care of PLHIV and the provision of prophylaxis;

• Encouraging virtual PrEP consultation and clinical follow-up of PLHIV;

• ARV waivers for up to 120 days;

• New monthly monitoring routine for HIV and Covid 19 strategic indicators, at http://www.aids.gov.br/pt-br/painelcovidHIV;

• Capillarization of the offer of viral load and CD4 tests (under implementation) in places of difficult access (point-of-care), reducing the travel time of users;

• Inclusion of PLHIV aged between 18 and 59 years in the priority group for immunization against Covid-19. It is also worth noting that the decentralization of testing is a decisive strategy for Brazil to fulfill its international commitments. Brazil updated regulations and carried out training for Basic Health Units to perform rapid tests, ensuring safety criteria, as well as qualification of professionals for the execution and issuance of reports. In 2020, the Ministry of Health distributed nearly 9 million rapid HIV tests; 8.5 million rapid syphilis tests; 6.7 million hepatitis B; and 5.8 million from hepatitis C.

Commitment 3: Combat vertical transmission of HIV, syphilis, and hepatitis B

All HIV prevention and care strategies are guaranteed to everyone, but there are some specificities for women, such as the distribution of prevention supplies (female and male condoms), access to timely diagnosis with rapid and conventional testing offered in the services health care, especially in maternity hospitals, and access to timely treatment. Specific particularities are also highlighted regarding care recommendations to prevent vertical transmission of HIV and also for the health of pregnant women living with HIV, such as recommendations for the most appropriate route of delivery, antiretroviral prophylaxis for newborns, as well as all laboratory care and supply of lactation inhibitor and milk formula, which must be guaranteed by states and municipalities, at least until the child is six months old. Thanks to the strategies mentioned above, Brazil has advanced in the care of women living with HIV, including the pregnancy-puerperal cycle and care for these women's children, which is reflected in sustained lower rates of vertical transmission of HIV. When clinical indicators on the care of women living with HIV between 2010 and 2020 are evaluated, it is possible to observe a trend of consistent progress in virtually all indicators referring to access to diagnosis, treatment, and care. In addition, in 2020, a distance education course was developed on the prevention of vertical transmission of HIV, syphilis and viral hepatitis, aimed at training health professionals in the diagnosis and care network for pregnant women (primary, specialized, maternity hospitals and other birthing units). The course is self-instructional and has a workload of 70 hours, and is structured in four modules, namely: 1. Health management in the vertical transmission of HIV, viral hepatitis and syphilis; 2. HIV/AIDS; 3. Syphilis; 4. Viral hepatitis. Brazil also updated, in 2020, the Certification Strategy for the Elimination of Mother-to-Child Transmission of HIV, articulating efforts to strengthen the elimination of mother-to-child transmission of syphilis. The new Guide aims to standardize the procedure for certifying the elimination of mother-to-child transmission of HIV and/or syphilis in municipalities with 100,000 or more inhabitants and in states that meet and maintain minimum criteria and achieve the goals of eliminating mother-to-child transmission, through of the established indicators. This conduct encourages strategies and actions to promote the dual elimination of vertical transmission and follows international recommendations in the definition of indicators and strategies. In addition, the update of the guide included the possibility of certification through bronze, silver and gold seals for cases where there are indicators close to elimination, seeking to encourage the engagement of managers and health professionals, towards elimination. Research and production of knowledge for surveillance and elimination of vertical transmission was supported by the Health Surveillance Secretariat (SVS) of the Ministry of Health, highlighting research such as the study of prevalence in pregnant women of chlamydia (CT), gonococcus (NG) and mycoplasma and trichomonas; the implementation of the Molecular Biology Pilot Network for the detection of CT/NG in people of greater vulnerability and pregnant women; survey in maternity hospitals; the update of the national report on clinical monitoring of pregnant women with HIV and the Panel of Pregnant Women with a detectable HIV viral load. The Ministry of Health makes available the 2020 maternity information panel, and the digital and interactive report, which present actions taken in these establishments to prevent vertical transmission of HIV, hepatitis B and for care provided to newborns exposed to syphilis and to the newborn with congenital syphilis. The information contained in the panel includes 801 responding institutions (http://www.aids.gov.br/pt-br/search/content/maternidades).

Commitment 4: Gender equality and empowerment of women and girls

Women's health is a priority and governmental commitment expressed in the history of the "National Policy for Integral Attention to Women's Health", developed in partnership with various sectors of society, especially with the women's movement, the black movement and the women's rural workers, scientific societies, researchers and scholars in the area, non-governmental organizations, SUS managers and international cooperation agencies. Actions in Women's Health demonstrate the commitment to the implementation of health actions that contribute to guaranteeing women's human rights and reduce morbidity and mortality from preventable causes. The SUS seeks to consolidate advances in the field of sexual and reproductive rights, with an emphasis on improving obstetric care, family planning, combating domestic and sexual violence, articulating the prevention and treatment of women living with HIV. Gender relations and the social determinants of women's and men's health are guidelines for actions to combat HIV in Brazil. The historical incorporation of indicators in epidemiological surveillance and control of STIs is emphasized, which seek to recognize the influence of questions such as gender, race/color, education and territorial dispersion of cases. These data are systematized with the aim of disseminating strategic information to managers and professionals, through thematic Epidemiological Bulletins by STI. The annual preparation of these bulletins is part of the tripartite management of health surveillance and is developed in an ascending way with the STI surveillance coordinations of the states and municipalities. In addition, they are situational analyzes that aim to support STI surveillance and management actions in the process of integration with health care. The SUS institutionalized and, currently, funds the Partner's Pre-Natal actions, a service that is part of the Paternity and Care axis of the National Policy for Integral Attention to Men's Health (PNAISH). The Partner's Pre-Natal involves the man in the entire process of reproductive planning, pregnancy, childbirth, puerperium and child development, integrating him into health care, so that he shares the responsibility for the care of the child with the woman. In this way, the father also has access to targeted care such as the diagnosis and treatment of syphilis, viral hepatitis and HIV and actively contributes to the elimination of vertical transmission and to the promotion of gender equality.

Commitment 5. Community Leadership

Brazil recognizes the essential role of PLHIV and key populations in making the SUS truly universal and contributing to the achievement of the global health goals of the 2030 Agenda. Community participation is a relevant pillar of the Brazilian response to HIV. Since the creation of the SUS, Brazil has maintained efforts to create mechanisms that involve, stimulate and expand the participation of communities in the discussion and development of public policies. In this context, the Brazilian response to the HIV epidemic had, from the beginning, consultative bodies with representation from civil society, academia and government sectors. It is worth mentioning the National Health Conferences, ascending deliberative spaces (local to national level) that involve health workers/professionals, users and managers in the definition of guidelines for national action in response to HIV. In any case, the SUS, despite counting on the active and historical engagement of civil society, does not provide for the direct provision of services by the communities. Therefore, there are specific cases in Brazil in which health services are offered by civil society, especially with regard to combined prevention. It is worth mentioning the “Viva Melhor Sabendo” strategy, one of the most fruitful joint efforts between government and civil society, initiated in 2013, to expand HIV testing to key populations. Notably, from September 2018 to December 2019, more than 45,000 people from key populations were tested and about 47% of people reached by the project were tested by the first time. In addition, Brazil has adopted the strategy of public selection notices for other combined prevention projects, including advocacy, human rights and social control, developed by civil society in the territories in conjunction with local health managers and services.

Commitment 6: Realize human rights and eliminate stigma and discrimination

The actions of communication and dissemination of content, in particular National Campaigns to fight HIV, syphilis and STIs represent an important tool for visibility and fighting stigma and discrimination and seek to insert and dialogue with content, technologies and languages aimed at key populations such as young people, women, pregnant women, black people, LGBTQIA+, homeless people, people in prison. The Ministry of Health promotes and annually carries out the production and dissemination of content in education and communication for the prevention of STIs. The campaigns express the recognition of social determination as a guiding component of the actions developed and make up the list of national actions and health policies carried out by the Ministry of Health. It should be noted that the Ministry supports research projects whose objective is to address gender inequalities, violence and discrimination against women and girls, as well as PLHIV and key populations. In this context, the projects financed through Public Calls stand out: CNPq/MS-DCCI No. 24/2019 and Call CNPq/MS-DIAHV No. 11/2018. They are: (i) Youth sociability, sexual practices, and health protection: challenges for HIV/AIDS prevention in young people in the digital age. (ii) Vulnerabilities to HIV of the LGBT population and women in street situations and in deprivation of liberty. (iii) Contexts of vulnerability to HIV among low-income youth: A multicenter study in five cities in Brazil. (iv) Development of geoprocessing methodologies and tools for the identification of risk and vulnerability zones to HIV/Aids in adolescents and young adults in the municipality of Santarém-Pará. (v) Health-promoting communication: Strategies for coping with STI, HIV/AIDS and Viral Hepatitis epidemics in a young population. (vi) Audiovisual technology in the prevention of HIV and Sexually Transmitted Infections in the young population. (vii) Barriers to access to health services: young mothers of children with Congenital Syphilis in municipalities in the interior of the state of Rio Grande do Sul (RS).

Commitment 7. Integration and universal health coverage

Since 1988, Brazil has adopted the model of universal access to health, based on the principles of universality, integrality and equity. Brazil's achievements in the fight against HIV can be largely attributed to the SUS, a basis that guarantees an integral and self-sustainable program. As early as 1996, universal access to antiretroviral treatment was guaranteed through federal law. Thanks to the SUS, Brazil has been able to adopt new HIV prevention and care technologies very quickly, the most recent case being the incorporation of PrEP in 2018. Another highlight is the adoption of the fixed-dose combination for first-line treatment, in 2015. In addition, thanks to the SUS, Brazil has robust information systems, with broad population coverage, with programmatic health data and health services offered to its population. Another advantage of the model adopted by the SUS is the possibility of making a centralized purchase of some medicines, for the entire country, allowing lower prices due to the large volume. Brazil is a strong vocalist of the model of universal access and coverage to health as an engine of equity, inclusive development, and prosperity for all. Without a model of universal health coverage, it is not possible to offer health services to the people who need it most, and, therefore, it will not be possible to close the remaining gaps in the global fight against HIV.

Commitment 8. Investments and resources

The Brazilian response to HIV is fully funded with domestic resources. In this sense, the growing budget made available for surveillance, acquisition of diagnostic, prevention and treatment supplies, over the years, stands out. The integration of actions and budgets at the federal, state and municipal levels allows Brazil to timely and gradually incorporate new technologies and health policies throughout the national territory. In this way, the country is not dependent on international donors to maintain its HIV policy and develops collaborative actions of international humanitarian support on the subject. This budgetary framework is only possible due to the adoption of the model of universal access to health, since 1988, by the country.