

PCB Field Visit

PROGRAMME COORDINATING BOARD FIELD VISIT | 15 December 2025

UNAIDS PCB Field Visits in Brazil



Brasília, Brazil

Introduction

At its 26th Programme Coordinating Board meeting, the Board recognized the value of organizing field visits and recommended that field visits have stronger linkages with issues to be discussed at upcoming PCB meetings.

Previous visits have been to Viet Nam (November 2009), El Salvador (May 2010), Netherlands (December 2010), Kenya (November 2011), Ukraine (October 2012), Zambia (November 2013), Indonesia (October 2014), Zimbabwe (June 2015), China (May 2016), Eswatini (November 2017), South Africa (October 2018), Thailand (December 2022), and Kenya (2024).

Following a proposal from the 2025 PCB Chair (Brazil) to hold the 57th PCB meeting (16-18 December 2025) in Brasilia, Brazil, and its subsequent approval by the PCB at its 56th PCB meeting in June 2025, the 2025 PCB field visits took place in Brasília on the afternoon of December 15th (13:00 – 17:00), prior to the December PCB meeting itself.

Objectives of the visits

The PCB field visits provided participants with direct exposure to the realities of the HIV epidemic and response in a country setting, as well as direct engagement with stakeholders in the HIV response. The visits were an opportunity to see and discuss the work undertaken by the Joint Programme (UNAIDS) together with national and international partners. Participants in the field visits used references from the visits to inform discussions at the Board meeting. The focus of the programme of the field visits typically mirrors the agenda of the upcoming meeting of the PCB. Some of the key topics scheduled for discussion at the PCB in December 2025 were:

- Thematic segment on long-acting antiretrovirals,
- Sustainability of the HIV response, including sustainability roadmaps (for Brazil emphasis on community leadership),
- Global AIDS Strategy 2026–2031, and
- Integration and sustainability (NGO report).

In the Brazilian context, it is essential to recognize that, due to the country's large size, certain regions with reduced access to HIV services depend more heavily on programmatic interventions that are conducted by the Joint Programme. However, the PCB took place in Brasília—the nation's political and administrative capital—where this dynamic differs. Brasília already offers a fully established continuum of HIV care, prevention, diagnosis and treatment services provided by the national public Unified Health System (SUS) free of charge and is considered one of the country's most advanced examples of integration of health services with active involvement of civil society. The Joint Programme's support to the HIV response is widespread in Brazil generally, and in Brasília its focus is on high-level political advocacy.

The proposed field visits provided PCB delegates with a comprehensive view of Brasília's well-structured, people-centred HIV response model, which integrates health

services with social assistance, protection mechanisms and active civil-society engagement. They also offered insight into the strategic role of the National Congress and its parliamentarians, whose political actions directly influence national HIV budgeting, provide sustainability to the response and enables significant funding for government and civil society initiatives through discretionary parliamentary amendments. It has provided an opportunity to learn about the Mixed Parliamentary Front for Combating STIs, HIV/AIDS, and viral hepatitis strategy for demanding universal access to long-acting injectable ARVs as a right to health.

Visit to the public audience at the National Congress

Objective

The visit to the National Congress was an opportunity for PCB delegates to experience the multisectoral nature of the HIV response in Brazil.

The Mixed Parliamentary Front for Combating STIs, HIV/AIDS, and Viral Hepatitis is a cross-party coalition within the Brazil's National Congress. It brings together lawmakers, health professionals, and civil society representatives to advance policies and political commitment toward eliminating these diseases by 2030.



Established in 2000, the Front serves as a key platform for advocacy, public debate, and intersectoral coordination. It has been a strategic partner in promoting and demanding access to long-acting injectable ARVs and plays a pivotal role in mobilizing federal budget resources to strengthen Brazil's national HIV response.

Public hearing dynamic

Guests:

- Congresswoman Erika Kokay
- Congresswoman Daiana Santos
- Congresswoman Ana Pimentel
- Ms. Winnie Byanyima, Executive Director of UNAIDS
- Civil society representatives

During the public hearing, parliamentarians shared the experiences of the Parliamentary Front and briefed guests on the current political scenario in Brazil, and their political commitment and engagements with the HIV response. In addition, it was an opportunity to explore recent parliamentary developments concerning the implementation of new long-acting injectable antiretrovirals (ARVs).

Presentation and contextualization of the National Congress and current politics

Following a military dictatorship (1964–1985) marked by political repression, censorship, persecution of opponents, torture, restrictions on civil rights and the subjugation of the National Congress, the return to democracy and the promulgation of the 1988 Constitution started a new period of balance between the Executive and Legislative powers. The “Citizen Constitution,” enacted on October 5, 1988, became the main symbol of Brazil’s democratization process. After 21 years of military rule, Brazilian society achieved a Constitution that guarantees freedom of thought and caters for mechanisms to prevent state abuse of power.

The National Constituent Assembly, convened in 1985 by President José Sarney, worked for 20 months. It included 559 parliamentarians (72 senators and 487 federal deputies), with strong participation from civil society. Women in the 1988 Constituent Assembly formed a group of 26 parliamentarians (the “Lipstick Caucus”), who fought for gender equality in the new Constitution, including the only Black woman in the Constituent Assembly, Ms. Benedita da Silva.

Currently, Brazil has 81 senators (3 per state/DF) and 513 federal deputies. The Brazilian Congress includes:

- Black federal deputies: 135
- Women federal deputies: 91
- Black senators: 21
- Women senators: 16
- LGBT representation: 4 openly LGBT deputies in the Chamber and 1 in the Senate.

Human Rights Commission and creation of the HIV Parliamentary Front

The Human Rights Commission was created in 1995, following Brazil’s participation in the UN Vienna Conference (1993). The Commission’s deliberative power over legislative proposals was only guaranteed in 2004, after changes to the House’s internal rules. The Commission monitors and oversees government programmes related to human rights protection and collaborates with national and international NGOs.

Mixed Parliamentary Front on STIs, HIV/AIDS and Viral Hepatitis

Objective: integrate the executive, legislative and judicial branches, and strengthen partnerships with social movements, international organizations, and government agencies to address HIV, viral hepatitis and other STIs by promoting prevention, care, and human rights.

Mission: reduce HIV incidence, population vulnerability, stigma and discrimination, and promote social inclusion and quality of life, guided by ethics, citizenship, human rights, and SUS principles, thereby contributing to Brazil’s HIV response.

History of the Parliamentary Front and HIV response in Brazil’s Parliament

The Front focuses on defending human rights, equal access to healthcare, and promoting inclusive policies. It works with civil society and partners to improve HIV policies in Brazil.

UNAIDS, in the 1990s, mobilized offices, partner agencies, civil society and parliamentarians to create cross-party bodies to review laws that hindered the HIV response and to promote a human rights agenda, particularly for vulnerable populations and people living with HIV.

Parliament and introduction of new long-acting medications

In 2025, and following advocacy from UNAIDS, members of the Parliamentary Front implemented several strategies related to the introduction long-acting injectable ARVs.

Institutional action via joint public hearings

On 28 August 2025, three Congresswomen initiated a joint public hearing in the Health, Science/Technology, and Human Rights Committees. The aim was to decentralize the HIV response from a purely biomedical perspective, framing it as a human rights issue. The Congresswomen argued that access to new long-acting medications and pre-exposure prophylaxis (PrEP) for vulnerable populations remained urgent, despite Brazil's pioneering role in providing free HIV treatment.

Meetings with strategic partners

On 22 April 2025, Congresswoman Erika Kokay requested a meeting with the Minister of Health to discuss the implementation of new medications in the SUS (Brazil's unified health system). At the same time, Congresswoman Duda Salabert met with representatives from the pharmaceutical company Gilead to understand the implementation of lenacapavir and advocate for voluntary licensing of the drug.

Legislative proposal for patent suspension

On 9 February 2026, Ms Salabert submitted a formal request to the President of Brazil to suspend patents for HIV medications and other severe diseases, based on the new Economic Reciprocity Law in cases of threats to national sovereignty.

Communication and awareness strategy

Ms Salabert's office used traditional and digital media to amplify discussions about the high prices of lenacapavir in other countries, arguing that without pressure for fair pricing, medical breakthroughs would become privileges for a few.

Impact of the public hearing

The hearing brought together representatives from civil society, government, UNAIDS, ANVISA and Gilead, and attracted nearly 5,000 online views and strong media coverage highlighting how high prices imposed by pharmaceutical companies harm equitable treatment. Proposals included patent breaking and public production of medications.

Follow-up actions

After the hearing, Ms Kokay's office committed to deepening discussions with the Government on generic patents, while Congressman Jorge Solla requested a follow-up hearing on the high cost of essential medicines.

Parliamentary alignment and political innovation

Parliamentarians were generally aligned on the need to reduce prices and incorporate new treatments into SUS. This unified stance strengthened institutional and communication efforts, complemented advocacy by civil society and international organizations, and stood out globally as an innovative political action for equitable access to essential medicines as a human right.

Adaptation of legislative strategy

The strategy evolved from a governmental discussion to a broader dialogue with pharmaceutical companies. It also fostered debates on Brazil's best practices in patent breaking to apply to new long-acting medications, even before price definitions.

Expanded role of the legislature

The strategy also emphasized that the role of legislature extends beyond promulgating laws: it involves highlighting relevant issues at institutional and communication levels, driving public debate to understand and improve the current HIV response.

Specialized Center for Infectious Diseases of the Federal District (CEDIN-DF)

About CEDIN-DF

The Specialized Center for Infectious Diseases (CEDIN), located in the Pilot Plan, central area of Brasília, is intended for the provision of services in secondary and comprehensive healthcare in a programmed manner, including dental, psychological and other professional assistance, under single administration.



The health unit is a reference service for the treatment of people living with HIV and for HIV prevention. It was first set up in 1959 and served as a health centre, mixed unit and

hospital. The unit has established itself as a reference site for the treatment of conditions such as HIV, chronic viral hepatitis and severe forms of TB and leprosy.

CEDIN has been a welcoming space for people living with HIV since 1980, with a multidisciplinary medical team prepared to meet all the demands of an increasingly better treatment for conditions associated with HIV.

Services offered by CEDIN

CEDIN includes a Testing and Counseling Center, inaugurated in 1997, which since July 2013 has incorporated rapid testing technology for HIV, syphilis, and hepatitis B and C. In addition, it offers counseling, syndromic approaches for people with sexually transmitted infections (STIs) and PrEP for people at risk of sexual and occupational exposure to HIV. It also provides prevention supplies, such as condoms, lubricating gel and HIV self-tests.

CEDIN also houses the Gender Diversity Center, better known as the Trans Clinic, since 2017. The clinic provides treatment and guidance for people undergoing gender reassignment procedures. The Gender Diversity Clinic also has a multidisciplinary team, with endocrinologists, urologists, dermatologists, as well as psychologists and speech therapists, who work in all stages of gender reassignment. The main objective is to guarantee transgender people a welcoming space, even if they are not engaged in gender reassignment processes.

Another main highlight of the health service is the PrEP clinic. The service invests in this prevention approach as part of the range of combined prevention options which are implemented by the Ministry of Health. CEDIN regards PrEP as a way to significantly reduce HIV transmission.

CEDIN is focused on clinical follow-up of people living with HIV, offering specialized medium-complexity care to people with STIs, tuberculosis (TB) and leprosy. The main programmes include:

HIV/viral hepatitis and HTLV programme

Care for people living with HIV, chronic viral hepatitis and human T-lymphotropic virus (HTLV), including pregnant women, and all comorbidities that affect people living with HIV, mainly metabolic syndromes and adverse events to medications. It is also a reference for TB-HIV co-infections, HIV/viral hepatitis and HIV/HTLV. Currently, the unit has about 5,000 people in clinical follow-up. It provides unscheduled care only to people already registered in this unit. It has a reception sector where people living with HIV without appointments are evaluated by a nurse and, if requiring medical care, are scheduled for a consultation with a doctor on the same day. The unit also performs gynecological check-ups and provides prenatal care for women living with HIV, as well as pediatric care for children living with or exposed to HIV (i.e. born to HIV-positive mothers).

Tuberculosis programme

Provides care for people with TB with moderate or severe adverse effects, moderate or severe intolerance to medications, any type of drug resistance, people with strong diagnostic suspicion with difficult diagnostic elucidation, or non-tuberculous mycobacterioses. This includes pre- and post-consultation nursing care. It also offers preventive TB treatment to eligible people living with HIV in follow-up at the unit.

Leprosy programme

Performs follow-up of leprosy reactions and of complex cases, including those with mycobacterial resistance or therapeutic failure. It also offers production of insoles for deformed feet (from neuropathies) and follow-up regarding deformities. Complex dressings are also performed for feet with traumatic lesions resulting from the disease.

Sexually transmitted infections

Care for cases that are not resolved with syndromic approaches through primary care, including complicated cases and small procedures (biopsies), cauterization of warts and postectomies as part of the prevention of STIs for people in clinical follow-up at CEDIN.

Trans clinic

Biopsychosocial follow-up of people in the process of gender reassignment.



PrEP programme

Care for people receiving PREP, clinical evaluations and HIV testing every four months. In addition, the unit offers transversal services to all users, including:

- dental service,
- psychological care,
- radiology, ultrasound and elastography service,
- laboratory examination collection,

- medication dispensing unit for ARVs, tuberculostatics and anti-leprosy drugs,
- epidemiological surveillance service,
- dressing and small procedures,
- medication administration,
- orthosis,
- central sterilization of materials.

When someone accesses the service, the nursing staff are expected to offer initial clarifications and make the necessary referrals, either elsewhere in the unit or to the Testing and Welcoming Centers. In 2014, the Testing and Counseling Center at the Pilot Plan Bus Station was added to CEDIN, enabling rapid testing for HIV and other STIs, as well as guidance for positive cases and prevention.

UNAIDS and the Joint Team on the HIV response at CEDIN

The UNAIDS Secretariat and its entire Joint Team have played a central role in the HIV response in Brazil and specifically at CEDIN-DF. This influence is manifested through various catalytic actions that have strengthened the health service's capacity to provide comprehensive care to people living with HIV and key populations.

PrEP campaigns during the pandemic

During 2020–2022, in a challenging political and institutional context for the HIV response in the country, UNAIDS led important PrEP campaigns. The Federal Government removed the acronym “HIV” from the name of the Department of Surveillance, Prevention and Control of Sexually Transmitted Infections, HIV/AIDS and Viral Hepatitis of the Ministry of Health, and significantly restricted the HIV agenda in public policies. Faced with this scenario, UNAIDS maintained the visibility of combined HIV prevention through educational campaigns and informational materials about PrEP, which were widely disseminated in health services throughout the country, including CEDIN-DF.

These campaigns emphasized the importance of PrEP as an effective, accessible and evidence-based prevention strategy. The materials produced by UNAIDS, which are still available at CEDIN, contributed to health education for professionals and users, reinforcing the message that combined HIV prevention is a right for all people.

Support through parliamentary amendments

UNAIDS Brazil has acted strategically to strengthen the HIV response through technical support and political advocacy to raise funds through parliamentary amendments. This work aims to compensate for the significant reduction in UNAIDS's global budget, which resulted in the elimination of the Country Envelope (resources for project implementation) for Brazil, which had amounted to about US\$ 360 000 per year.

In this context, UNAIDS developed a strategy to mobilize the introduction of parliamentary amendments by federal deputies who are committed to the HIV response,

seeking to aggregate resources that allow the continuity of catalytic actions with the 11 Cosponsors of the Joint Team, focused on addressing social determinants of health.

CEDIN-DF benefited from this strategy, which yielded parliamentary amendments from two important political leaders: Federal Deputy Érika Kokay (PT/DF), who is part of the Mixed Parliamentary Front on Sexually Transmitted Infections, HIV/AIDS and Viral Hepatitis of the National Congress; and Federal Deputy Fábio Félix. The allocated resources were directed to strengthening CEDIN-DF's pharmacy and for feasibility studies for its future expansion. This project will be developed in partnership with the University of Brasília, integrating academic knowledge and care practice to improve the dispensing of ARVs, tuberculostatic and anti-leprosy medications.

Participation in the Stigma Index

The Stigma Index is a global initiative led by the Global Network of People Living with HIV (GNP+) and supported by UNAIDS, which investigates the experiences of stigma and discrimination experienced by people living with HIV. The research is conducted by and for people living with HIV, using participatory methodology to document human rights violations and barriers to accessing health services.

CEDIN-DF authorized Stigma Index interviewers to conduct interviews with people who were being served at the unit. (CEDIN-DF is not a formal partner of the Stigma Index, whose research methodology excludes interviews being conducted in health service queues, for confidentiality reasons and because the aim is not to specifically evaluate services, but to understand the experiences of people living with HIV in their entirety.) CEDIN's authorization of some interviews on its premises demonstrates the unit's commitment to community participation and to the principle of greater involvement of people living with HIV in the HIV response, a pillar of UNAIDS' work.

Recent service achievements

CEDIN-DF has implemented important innovations in its services, with direct impact on the populations most affected by the HIV epidemic, especially women.

Conversation group for women living with HIV

A conversation group with a focus on mental health of women living with HIV was implemented. The group offers a safe and welcoming space for women to share experiences, strengthen mutual support networks and receive guidance on self-care and comprehensive health.

Blood collection at the service itself

CEDIN implemented blood sample collection at the unit's own premises, performed in the morning. Samples are transported daily to the Central Laboratory for Sample Analysis of the Federal District (LACEN-DF). This is significant, since most health services do not have the capacity to collect materials necessary for HIV diagnostic evaluation at the unit itself.

The need to travel to multiple health services presents an important barrier which disproportionately affects people in situations of socioeconomic vulnerability. In addition, traveling between different services exposes people to stigma at healthcare services, as they often need to tell their story repeatedly and may encounter discriminatory attitudes. Collection at CEDIN itself eliminates these barriers and contributes to more humanized and comprehensive care.

Anal cancer screening

CEDIN conducts anal cancer screening in follow-up, with the support of the unit's proctologist. This is a complex service which not all HIV specialty units can offer.

The presence of anal cancer in people living with HIV is an important concern. Anal cancer is closely linked to persistent human papillomavirus infection, and the immunosuppression caused by HIV aggravates this risk. A compromised immune system makes it difficult to fight cancer cells and may reduce the effectiveness of cancer treatment. The co-occurrence of the two conditions increases morbidity and mortality, and cancer treatment (chemotherapy and radiotherapy) may be more complex and have more side effects in people with immunosuppression.

The management of two chronic or severe conditions simultaneously requires multidisciplinary care and strict adherence to treatments, both ART for HIV and oncology for cancer. Good adherence to ART is essential for maintaining immunity and improving overall prognosis, including for cancer. Studies indicate that the cure rate for anal cancer may be lower in people with HIV if the disease is diagnosed late or if there is low immune response.

Early screening is the best strategy to detect pre-malignant lesions and treat them before they become invasive cancer, improving the quality of life and longevity of people living with HIV.

Challenges faced by CEDIN

Despite its advances and quality of services, CEDIN faces important challenges that reflect broader structural issues of the HIV response:

Food insecurity

CEDIN does not have the capacity to provide food to people. However, food security is important for a successful. Hunger and food directly affect adherence to ART and the immune systems of people living with HIV.

This underscores the importance of social assistance in the HIV response, including cash transfer programmes and other forms of social protection that ensure food and nutritional security for people living with HIV.

Privacy on the ground floor

The ground floor of CEDIN is very exposed to the street, which causes discomfort to many people who attend the unit. The lack of privacy can be a barrier to accessing services, especially in a context where stigma related to HIV is still a reality. CEDIN's team is seeking resources to carry out structural improvements that make the ground floor more private and welcoming.

Visit description

The visit to CEDIN-DF was organized to provide delegations with a comprehensive understanding of the services offered, combining an initial presentation with a practical tour of the facilities to learn in practice about each service area, including the professional teams of each clinic, waiting rooms, diagnostic and prevention materials offered.

During the tour, delegations had the opportunity to meet professional teams, observe the care spaces and understand the comprehensive care flow offered by CEDIN.

Road map—specialized HIV/AIDS service of the University Hospital of Brasília

The HIV/AIDS service of the University Hospital of Brasília provides PrEP, other prevention interventions, testing and treatment referrals. As part SUS, the public facility delivers comprehensive, free care (including prevention supplies, medications, testing, and counselling) to ensure equitable access for the entire community.



The field visit included a meeting with the Superintendent of the University Hospital of Brasília. Afterwards, participants proceeded to the Child and Adolescent Unit to observe the PrEP care flow. There were opportunities for dialogue with healthcare professionals and PrEP users, and participants received an overview of the facility's operations.

Ceilândia Polyclinic

Preparatory meeting for the field visit



The visit route at the Ceilândia Polyclinic was designed to replicate the actual user pathway through the service, from the main entrance to triage and care points, in line with user preferences for greater privacy and reduced stigma, particularly in the context of HIV.

The agenda emphasized the importance of presenting the concept of comprehensive care within the SUS, highlighting the integration of services in a single location. It was also considered important to contextualize Ceilândia's socioeconomic and epidemiological characteristics. Discussions included the organization of the healthcare network, the decentralization of testing, PrEP, and PEP to primary care, and the polyclinic's role in managing complex cases and supporting primary healthcare units through a matrix support model.

Operational challenges were also discussed, including barriers related to laboratory testing that require users to travel to regional facilities. The recent implementation of QR code scheduling was presented as a strategy to reduce such barriers. Broader structural issues were discussed, such as fragmentation of care and the need to improve service resolve, despite progress toward the 95–95–95 targets. The importance of presenting service data, user profiles and care pathways in non-stigmatizing and human rights-based ways was also highlighted.

The visit format was adjusted to accommodate space limitations, combining a brief guided tour with a more detailed presentation in an auditorium.

The context of Brasília and the region where the policlinic is located

The Administrative Region of Ceilândia, located in the western portion of the Federal District, was established in 1971 within the framework of the Campaign for the Eradication of Invasions, from which the city derives its name. Its formation was directly linked to the relocation of low-income populations who had occupied central areas of Brasília and were resettled in a territory initially lacking adequate urban infrastructure and public services. That process has profoundly shaped the social identity of the region, which is characterized by a strong presence of migrant workers, particularly from Brazil's northeast, who sought employment opportunities and improved living conditions in the Federal District.

Currently, Ceilândia is the most populous administrative region in the Federal District, with approximately 350 000 inhabitants, representing around 10% of the total population of the District. However, socioeconomic indicators reveal persistent inequalities when compared to more central and higher-income regions.

From an epidemiological perspective, Ceilândia is considered one of the most vulnerable regions of the Federal District, reflecting the close relationship between social determinants of health and the distribution of diseases and conditions. In the context of HIV, although the Federal District as a whole presents indicators close to global epidemic control targets, a higher concentration of new cases is observed in more vulnerable areas such as Ceilândia, particularly among younger populations.

In addition, the region bears a high burden of other conditions associated with social vulnerability, including TB and STIs, highlighting ongoing challenges in prevention, timely diagnosis, and continuity of care. These factors underscore the importance of health strategies that address not only clinical aspects but also the structural inequalities that affect access to and the effectiveness of public policies in the territory.

About the Ceilândia's Policlinic

As the specialized secondary-level health service within the public network of the SUS in the Federal District, Ceilândia Polyclinic plays a strategic role in the organization of secondary care in one of the most populous and socially vulnerable regions of the territory. Its consolidation is closely linked to the expansion and strengthening of the healthcare network to respond to the growing demands of a population characterized by socioeconomic inequalities, high population density, and increased exposure to conditions associated with social vulnerability.

Unlike specialized centres, the Polyclinic offers multiple medical specialty services within a single facility, which promotes comprehensive care, despite structural challenges such as limited physical space, the need for continuous coordination with primary healthcare, and care pathways that may require additional user movement across the network.

In terms of services provided, the Ceilândia Polyclinic stands out particularly in the care of people living with HIV, including specialized clinical follow-up, ARV dispensing,

management of complex cases, and support for prevention strategies such as PrEP, in coordination with primary healthcare.

The service also plays a significant role in providing matrix support to Primary Health Care Units, contributing to the decentralization of care and strengthening of the healthcare system. In addition, it offers a wide range of medical specialties and services tailored to specific populations, including care for pregnant women living with HIV, children exposed to HIV, and individuals in situations of violence.

Despite important advances, structural challenges remain, particularly regarding the resolution of care, integration between services, and access barriers. The Polyclinic serves as a key regional reference point and a strategic space for innovation in healthcare delivery in contexts of inequality, while also reflecting how underfunding and a deterioration of essential health services contribute to the persistence of structural barriers to care.

PREP service at Ceilândia's Polyclinic

The provision of PrEP at the Ceilândia Polyclinic has evolved from an initially centralized model within specialized services to a progressively decentralized strategy within primary health care, particularly through Basic Health Units, thereby expanding access and the reach of prevention across the territory. In this context, the Polyclinic continues to play a strategic role as a regional reference, providing matrix support to primary care teams, managing more complex cases, and ensuring continuity of care.

The PrEP outpatient clinic remains an open-access entry point, enabling timely reception of users, including same-day services, which contributes to reducing access barriers in a region characterized by high demand and social vulnerabilities. At the same time, this model highlights the importance of strong integration between different levels of care to enhance the overall effectiveness of HIV prevention policies.

UNAIDS and the Joint Team on the HIV response at Policlínica da Ceilândia.

The activities of UN agencies that participate in the Joint Teams and implement resources from the Country Envelope, in addition to engaging in other joint initiatives, tend to be concentrated in the most vulnerable regions of Brazil, including its border areas, the northern region, Amazonian territories and areas characterized by high levels of social inequality. Included among them is the State of Rio Grande do Sul, which presents features of a generalized HIV epidemic, in contrast to the rest of the country.

Conversely, the headquarters of these organizations are predominantly located in Brasília, the federal capital, a territory which, from a programmatic perspective, does not have the highest demand for direct programme implementation. This underscores the UNAIDS Joint Team's strategic role as a political partner in accelerating the HIV response in the Federal District.

In this regard, UNAIDS has played a decisive role in supporting the development and advancement of strategic agendas, such as the formulation of protocols for the decentralization of PrEP provision to primary healthcare, thereby expanding access in

more vulnerable territories through the SUS. This process takes place within a local political context which often is marked by conservatism and neglect of HIV-related agendas and key populations, including gay men and other men who have sex with men, transgender people and other disproportionately affected groups.

Although there are committed technical staff within Government departments, they often lack the necessary political backing to advance certain priorities. It is in this space that UNAIDS, as part of the Joint Team, plays a critical role in political articulation and advocacy, facilitating dialogue with decision-makers and strengthening the HIV response agenda. A recent example of such engagement was the mobilization of parliamentary resources for the renovation of the Ceilândia Polyclinic, made possible through strategic engagement with legislators who control a significant share of budgetary resources, directly contributing to the strengthening of health infrastructure in the region.

Conclusions

In Brazil's HIV response, operational activities are intensively concentrated in regions with a high epidemiological burden and social vulnerability, such as the Amazon, border areas, and the southern states. Despite Brasília's relatively limited scope of direct programmatic engagement, its centrality in the country's political system positions it as a strategic arena for influence.

The Federal District has historically been governed by more conservative political actors, which have shown comparatively limited alignment with HIV agendas, particularly those related to human rights and key populations. In this context, the Joint Team plays a critical role as a neutral, technically grounded interlocutor, leveraging its composition of multiple UN agencies to generate political capital and engage diverse stakeholders. This positioning enables the advancement of the HIV agenda beyond ideological constraints, a dynamic that was consistently highlighted during the field visits of the PCB.