

Country progress report - Brazil

Global AIDS Monitoring 2020





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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

The Unified Health System – SUS – in Brazil is based on the principles of universality, and equity, having as guidelines the decentralization, community participation and access to comprehensive prevention and care. We take this opportunity to echo Brazil's commitment with the rights of people living with, at risk of and affected by HIV, reaffirming that the HIV response in our country is a State policy. The fight against HIV in Brazil has been historically connected to the effective realization of the right to health and the promotion and protection of human rights.

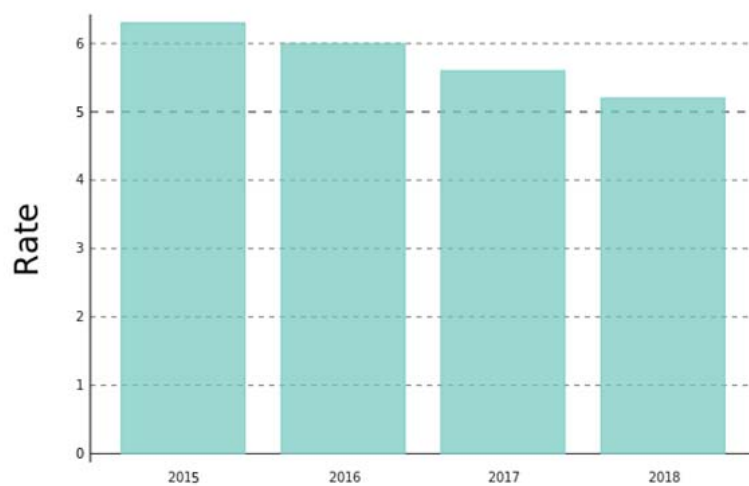
Nowadays, in Brazil, around 634,000 people living with HIV (PLHIV) are on treatment; among those, almost half are using dolutegravir. Since 2018, PrEP became a reality in Brazil, incorporated as a public policy, offered free-of-charge, for groups at higher risk of HIV infection. Furthermore, after the severe decrease in AIDS mortality in the nineties, attributed to the treatment offer, we have also observed a new trend of decrease in AIDS mortality in recent years, after the adoption of treatment for all in 2014.

Since the beginning of 2019, the Ministry of Health of Brazil (MoH) has undergone an important restructuring of its organizational framework. One of the purposes of the restructuring was the national union of HIV and viral hepatitis control programs with tuberculosis and Hansen's disease control programs. This union results not only in the improvement of information about TB-HIV co-infection, but also in the improvement of strategies to reduce AIDS mortality in the country, since tuberculosis is the main cause of death among people living with HIV in Brazil.

The so-called Department of Diseases of Chronic Conditions and Sexually Transmitted Infections (DCCI) is responsible for the designing and implementation of policies, guidelines and strategic projects related to the actions of surveillance, prevention, and care of vulnerable populations and people living with HIV, and the right to health of those most vulnerable groups as well. Additionally, the DCCI is entitled to promote and strengthen the dialogue with civil society organizations.

1.6 AIDS mortality per 100 000, Brazil (2015-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

By the end of 2019 Brazil had about 89% of all PLHIV already diagnosed. In order to improve diagnosis in the country, in 2019, the Ministry of Health (MoH) started to provide molecular biology tests for HIV (and HCV) using point of care technology for hard-to-reach regions and health units with limited laboratory infrastructure. The tests will be used to diagnose and monitor antiretroviral (and antiviral) therapy for people living with HIV (and hepatitis C) in these regions. This strategy adds up with the national distribution of HIV rapid tests and self-tests. Still in 2019, the MoH distributed about 12 million rapid tests and about 75 thousand self-tests for the diagnosis of HIV infection. Initially, the strategy for using self-tests focused on key populations. The population groups that received the highest numbers of tests are gay men and other men who have sex with men (MSM), sex workers, young people, people who use drugs and trans people. HIV self-testing is an alternative to conventional testing because it offers more autonomy to the individual, in addition to allowing timely testing for those who need to test themselves more often, as well as for those who do not seek health services, for those who fear suffering stigma and discrimination, and for those who can't get tested due to incompatibility of services opening hours.

Currently, Brazil has 77% of PLHIV diagnosed on treatment. To reach the goal of 90%, there are strategies aimed at allowing immediate initiation of antiretroviral therapy (ART) after diagnosis, increasing linkage of people diagnosed to treatment and performing active search for people who have abandoned treatment (lost-to-follow-up). In 2019, 58% of PLHIV who started ART (70 thousand) did it in less than a month after the start of the infection monitoring, meaning that their connection to the health service took place in a median time of 30 days. To manage these strategies, since 2013, a tool for clinical monitoring of HIV treatment gaps has been created. This tool is the Clinical Monitoring System for People Living with HIV (SIMC) and is shared by health professionals from the three spheres of management: federal, state and municipal. SIMC allows the nominal identification of PLHIV in three HIV treatment gaps: 1 – those diagnosed who have not started ART; 2 – those in abandonment of ART (lost-to-follow-up), and, 3 – those with detectable viral load. Information on HIV treatment gaps is obtained from data of national systems that store nominal records of test results and records on the dispensing of antiretroviral drugs (ARVs). The use of this tool allows health services to monitor, almost in real time, treatment abandonments, the quality of treatment/therapeutic failure (through viral load monitoring), and people who were already diagnosed and never started treatment – the so-called treatment gaps.

In January 2019, 43,043 PLHIV were on the treatment gap. Between January and October 2019, 16,063 PLHIV left the treatment gap (-37.3%), 10,089 of those for having started ART (-23.9%). Considering new diagnoses and the entry and exit of PLHIV in the treatment gap, in October 2019, 47,618 PLHIV were in the treatment gap.

Historically, Brazil has kept its treatment guidelines up to date, thanks to the rapid incorporation of new technologies. The following updates are some of the milestones of the Brazilian response to HIV, regarding treatment:

- 1996: universal and free access to ART;
- 2013: recommendation of treatment as prevention, for all PLHIV, regardless of CD4 count;
- 2015: adoption of the combined fixed dose;
- 2016: adoption of dolutegravir (DTG) in the preferential regimen for starting ART (except for children under 12, pregnant women and TB-HIV co-infected), complementing its previous and exclusive indication for rescue therapies;
- 2017: expansion of the indication for raltegravir as the preferred antiretroviral regimen for initiating ART for patients aged 3 to 12 years, and for the initial therapeutic regimen for pregnant women;
- 2018: availability of the HLA-B * 5701 exam for all users before starting therapy with abacavir; recommendation to perform the HIV-1 pro-viral DNA detection test in children up to 18 months of age;
- 2019: recommendation of dolutegravir use during pregnancy after 8 weeks of pregnancy; inclusion of a double dose of DTG for the treatment of TB-HIV co-infection.

All of these innovations and many others are contained in recent updates of the following Clinical Protocols and Therapeutic Guidelines (PCDTs): HIV Infection Management in Adults; Prevention of Vertical Transmission of HIV, Syphilis and Viral Hepatitis; Post-Exposure Prophylaxis of Risk to HIV Infection (PEP), STIs and Viral Hepatitis; Pre-Exposure Prophylaxis of Risk to HIV Infection (PrEP); Management of HIV Infection in Children and Adolescents. In order to assist the consultation of PCDTs by health professionals from all over the country, apps for smartphones were developed, with all the content of the protocols and some additional clinical tools. PCDTs are also available online on the official website of the Department of Chronic Conditions Diseases and Sexually Transmitted Infections (DCCI), of the Ministry of Health of Brazil.

Additionally, in 2019, regional workshops and virtual meetings were organized to update multidisciplinary teams in relation to PCDTs, in order to improve lines of care for PLHIV, thus expanding access to ART and contributing to the strengthening of the HIV care network, mainly with respect to treatment adherence.

In order to organize its National Genotyping Network, the MoH also held training workshops in Genotyping Reference Doctors (MRG) in partnership with state and municipal coordinators, involving the direct participation of 200 health professionals from all regions of the country. The aim of the workshops was to assist states and municipalities to ensure sufficient MRG professionals in their care network for PLHIV, as well as the release of timely manner reports, allowing faster treatment changes in cases of virological failure and also increasing pre-treatment genotyping in children, pregnant women, patients with TB-HIV co-infection and

serodifferent couples.

90-90-90 Targets

In 2019, 89% of the estimated number of PLHIV in the country had been diagnosed. By December 2019, it was observed that more than 634 thousand PLHIV were on ART, with almost 70 thousand having started ART in this year. This increase in the number of people on ART has brought Brazil closer to reaching the second 90-90-90 target. By 2019, 77% of PLHIV diagnosed were already on ART. In addition, the main indicator of therapy quality, viral suppression, ended 2019 with 94%.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

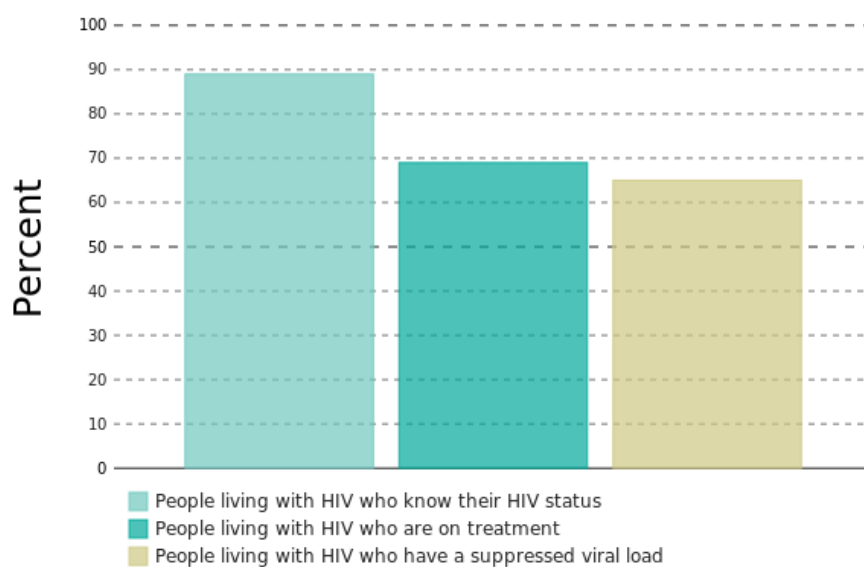
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

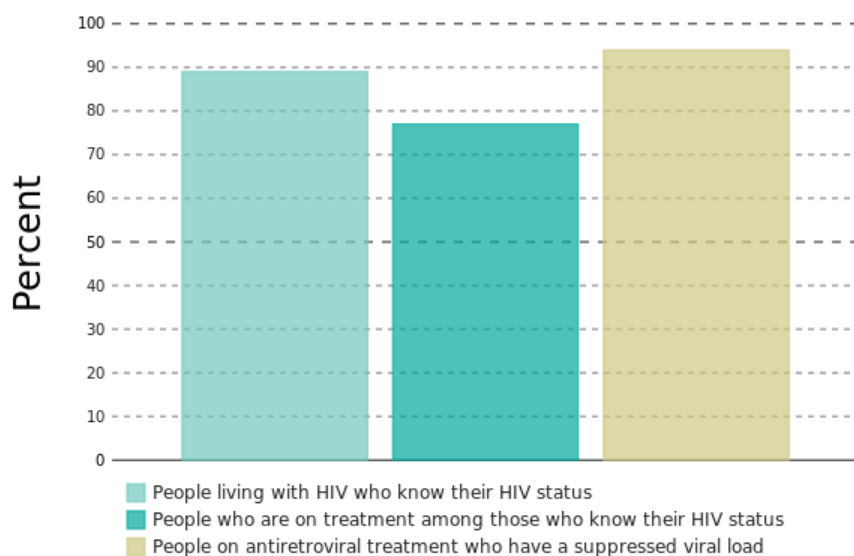
b) For children

Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Brazil (2019)

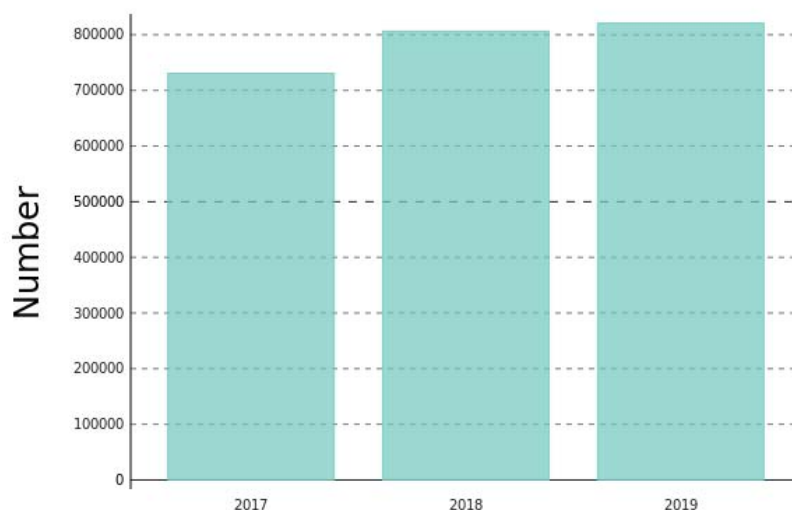


Progress towards 90-90-90 target, Brazil (2019)



1.1 People living with HIV who know their HIV status, Brazil (2017-2019)

Number of people living with HIV who know their HIV status



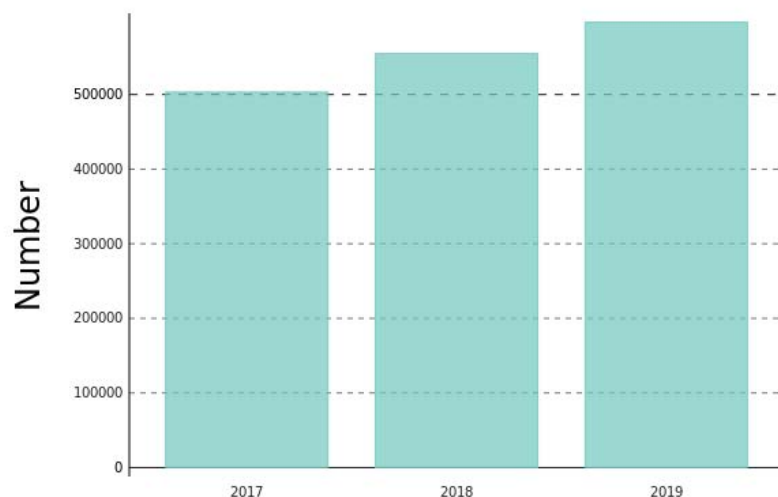
1.2 People living with HIV on antiretroviral therapy, Brazil (2011-2019)

Number of people on antiretroviral therapy



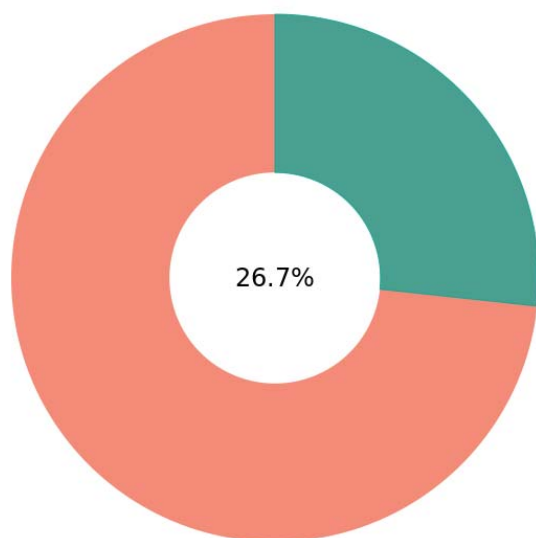
1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Brazil (2017-2019)

Number of people living with HIV with suppressed viral loads



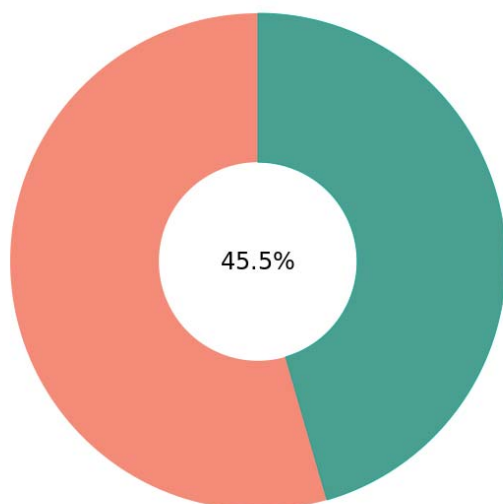
1.4 Late HIV diagnosis, Brazil (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm3 during the reporting period



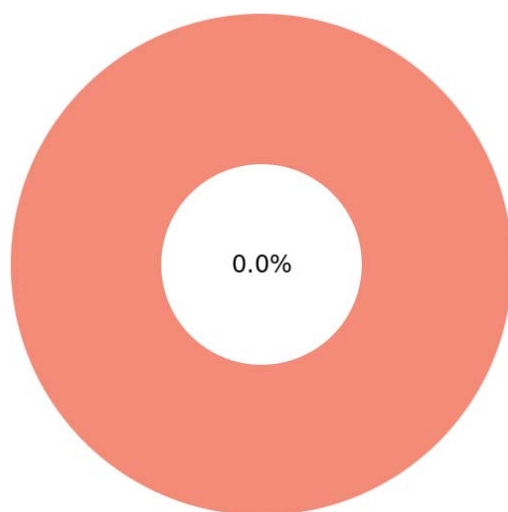
1.4 Late HIV diagnosis, Brazil (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 during the reporting period



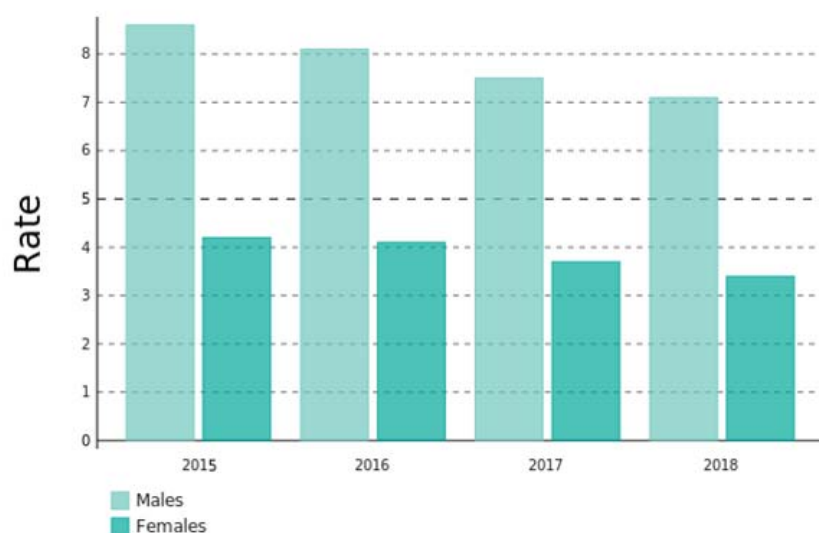
1.5 Antiretroviral medicine stock-outs, Brazil (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



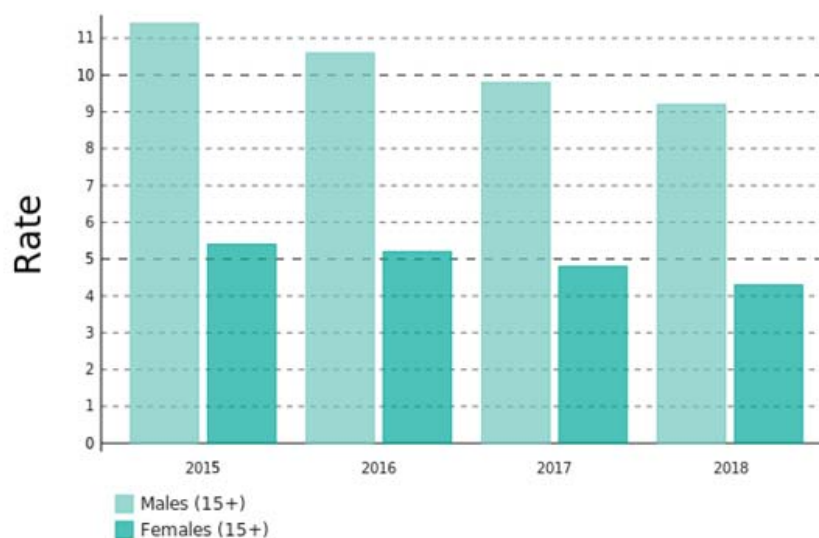
1.6 AIDS mortality rate per 100 000, Brazil (2015-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



1.6 AIDS mortality rate per 100 000 among adults, Brazil (2015-2018)

Total number of adults who have died from AIDS-related causes per 100 000 population



Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

The Department of Diseases of Chronic Conditions and Sexually Transmitted Infections (DCCI) has defined as one of its six priorities for the 2019-2020 biennium the reduction of vertical transmission of syphilis and hepatitis B, and the elimination of vertical transmission of HIV. In 2019, the Team for Response to Vertical Transmission of HIV, syphilis and viral hepatitis was created, and this group, apart from prioritizing the elimination of HIV vertical transmission, is also updating the Clinical Protocol and Therapeutic Guidelines for Prevention of the Vertical Transmission of HIV, Syphilis and Viral Hepatitis.

In 2019, a group of gynecologists, obstetricians, infectologists, pediatricians, healthcare and management professionals, as well as members of academia, and representatives of civil society organizations of women living with HIV (WLHIV), met to define updates for the PCDT for prevention of vertical transmission regarding ART recommendations for WLHIV and pregnant women living with HIV (pWLHIV), and approved the use of DTG during pregnancy for women, after the 8th gestational week.

In addition to periodic updates of national guidelines, a continuous agenda of technical support to states and municipalities is maintained, offered by the federal level via electronic and telephone means, in addition to an annual agenda of virtual and face-to-face meetings. In 2019, the DCCI Vertical Transmission Team also organized workshops to train multidisciplinary health teams on national recommendations, promoting continuing education and the joint work of Primary Health Care, maternities and services specialized in HIV and other STIs.

Another important management action in 2019 was the improvement of national HIV information systems regarding pWLHIV and their exposed children. In this way, the Logistics Control System for Medicines – Siclom (a system that monitors all ARV dispensations in the country) was updated in order to include variables on gestational age and on the identification of the unique national registry of children who received ARV prophylaxis at birth. Moreover, laboratory tests request forms such as HIV viral load, LT-CD4 count and HIV genotyping have been updated to improve vertical transmission investigation data. Still regarding the improvement of information and the prioritization of actions to achieve the elimination of HIV vertical transmission, a tool was created in the Clinical Monitoring System, SIMC-Gestante,

which crosses two public HIV information systems – ARVs dispensing (Siclom) and laboratory tests (Siscel) – which allows the monitoring of pregnant women with detectable viral load, as well as those in ART abandonment (lost-to-follow-up). These data are confidential and different levels of access to information are granted, individually, to health managers and services, at the state, municipal and health service levels. SIMC-Gestante is a powerful tool for managers and health professionals since it makes it possible to actively search and adapt the care of pWLHIV, giving priority to those with detectable viral load.

In December 2019, the Clinical Monitoring Report of Pregnant Women Living with HIV was launched and, for the first time in Brazil, the cascade of continuous care for pWLHIV was presented, in addition to other relevant indicators, such as the outcome of pregnancies, that is, information about HIV infection in exposed children. Moreover, although this document is based on the indicators of pregnant women, it also brings the cascade of continuous care for women living with HIV.

Additionally, these indicators are available online, on the DCCI website, through the Indicators and Basic Data Panel for Pregnant Women, covering all Brazilian municipalities with more than 100,000 inhabitants. With the help of this tool, state and municipal health managers will be able to plan and prioritize the actions that need to be promoted in their territories.

Finally, in 2017, based on the indicators of the Pan American Health Organization and its Certification Guide, the MoH launched the Certification for the Elimination of Vertical Transmission of HIV to Brazilian municipalities with more than 100,000 inhabitants, who have reached the agreed indicators. In this sense, we announce that, in 2019, the city of São Paulo, the largest city in Latin America and one of the most populous in the world, received the certification of the MoH for having eliminated the vertical transmission of HIV. If this city of 12 million has achieved this feat, there are many reasons for optimism. Furthermore, two other cities had already been certified in the country. They are Curitiba and Umuarama, both located in the state of Paraná, in the South region of the country.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: < 2%; 2020

Elimination target(s) (such as the number of cases/population) and year: 03/1000; 2020

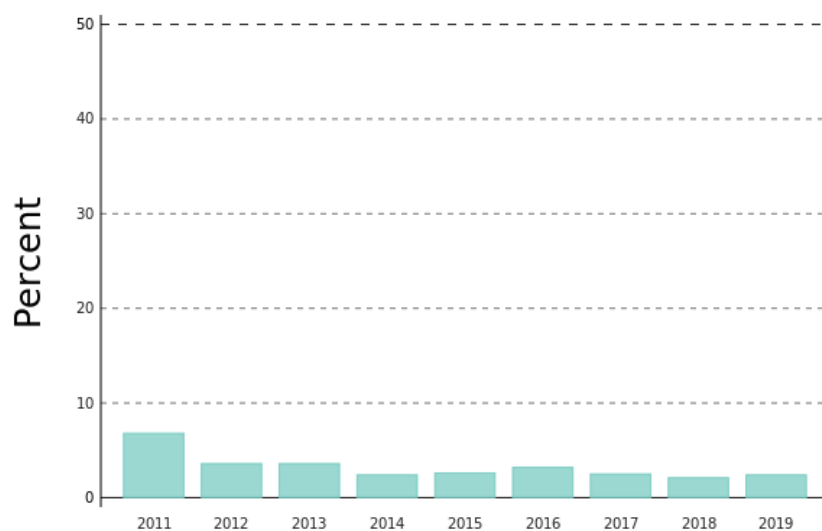
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

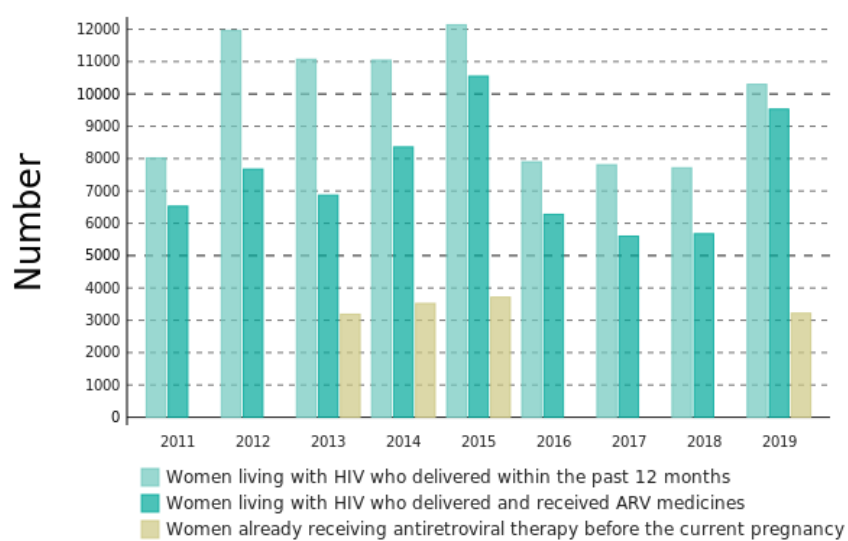
Implemented countrywide (>95% of treatment sites)

2.2 Mother-to-child transmission of HIV, Brazil (2011-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months

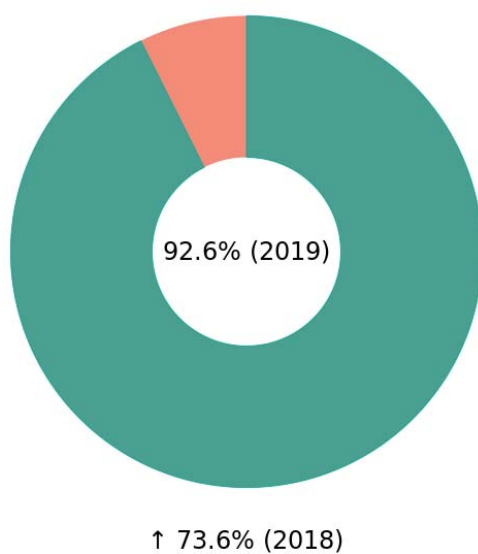


2.3 Preventing mother-to-child transmission of HIV, Brazil (2011-2019)



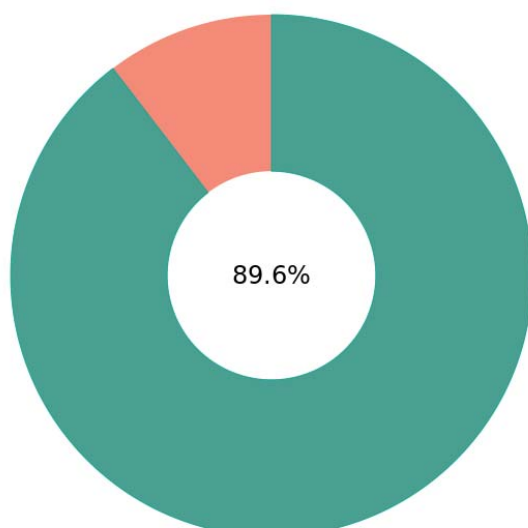
2.3 Preventing mother-to-child transmission of HIV, Brazil (2018-2019)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



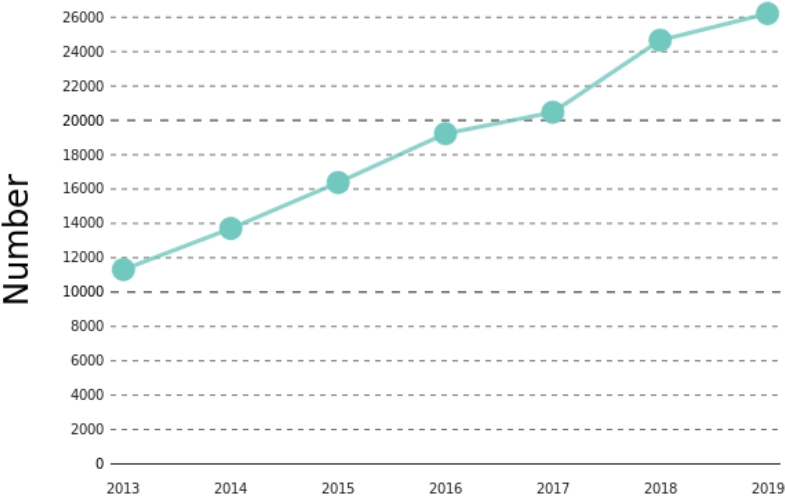
2.4 Syphilis among pregnant women, Brazil (2019)

Percentage of pregnant women on treatment among those who tested positive



2.5 Congenital syphilis rate (live births and stillbirth), Brazil (2013-2019)

Number of reported congenital syphilis cases (live births and stillbirths)



HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

Brazil has spared no effort to guarantee access for the population, especially for key populations (MSM, people who use alcohol and other drugs, sex workers, trans people) and priority populations (people deprived of their liberty, young people, black, indigenous and homeless) to all HIV combination prevention strategies, universally and free of charge, as recommended by SUS. In 2019, about 470 million male condoms, 10 million female condoms, and 31 million lubricating gel sachets were distributed by the MoH.

Among the prevention strategies offered by SUS, PEP and PrEP stand out. In 2019, more than 138 thousand PEP dispensations were carried out. 20% of PEP dispensations were waived for cis women, 17% for straight cis men, 16% for MSM, and 2% for transsexual people (45% had no information). The PrEP registry database, which started to be offered in 2018, had, until December 2019, 16,644 people starting the prophylaxis. In December 2019, there were 10,036 people on PrEP, as 6,608,000 people who started prophylaxis discontinued its use.

Still in the context of combination prevention, a focused testing strategy adopted in 2013 stands out as one of our most fruitful examples of joint work between government and civil society. In order to expand HIV testing for key populations, the MoH developed the strategy called “Live Better Knowing It”. In partnership with NGOs, a community-based testing intervention was introduced at key populations’ social venues at different times of the day, outside health facilities. The NGO’s are selected via public bids and then trained by the MoH to administer oral fluid rapid HIV tests. The field work is fully carried out by trained peers, from offering the test to referring those who tested positive to HIV services. The strategy empowers NGOs by refining their knowledge on HIV, improving their methods of addressing their groups, and by tightening their relationship with local health services. Remarkably, we tested

more than 231 thousand people from key populations and around 50% of the persons reached by the project were first time testers. Because testing is offered from peer to peer, testing uptake is very high. We strongly believe this high uptake by key populations rests on not being exposed to possible discrimination, which is so commonly experienced when visiting traditional health services.

Likewise, the MoH has been working on creating support, qualification and restructuring strategies for the Testing and Counseling Centers (CTAs) as to expand access to prevention, diagnosis and treatment of key populations. In this perspective, the “Demonstrative Project for the Reorganization of CTAs” was built, which aims to expand access to health promotion actions, prevention and comprehensive care for populations more vulnerable to HIV and other STIs, viral hepatitis and tuberculosis. This strategy will make it possible to provide financial resources as well as technical and pedagogical support to health workers and managers in some states and municipalities, so that CTAs can expand their service portfolio and develop prevention actions outside of health facilities, thus facilitating access of the most vulnerable populations to preventive measures, timely diagnosis and other combination prevention actions, as recommended in the document “Guidelines for Organization and Operation of CTAs within the scope of Combination Prevention and Care Networks”. Initially, the demonstration projects will be implemented in eight CTAs, distributed in the five regions of the country. The restructuring projects for these eight health services were prepared in 2019.

Brazil has endeavored to qualify information on access to HIV prevention, promotion and comprehensive health care for the population deprived of liberty. In 2018 and 2019, the MoH carried out, in partnership with the Ministry of Justice, a situational diagnosis of STIs, HIV and viral hepatitis in the prison system, systematizing information on the management of prison health units through the application of an electronic form. In this sense, 861 of the approximately 1,500 prison units responded to the form. This survey was an important step in elucidating some health issues in prisons, especially regarding access to HIV testing, diagnosis, treatment and prevention supplies, syphilis, tuberculosis, viral hepatitis, as well as information related to prenatal care of pregnant women deprived of their liberty. Based on this situational diagnosis, the aim is to improve, for example, access to immunization and treatment of these diseases.

Still in 2019, the Ministry of Justice proposed the insertion of HIV policies in a project already under development, called “Tuberculosis Free Prisons”. In this regard, in addition to tuberculosis, this project will also address TB-HIV co-infection among people deprived of liberty, their families and prison workers, through educational and communication actions. In addition, action plans were developed in each state to establish the organization and management of health care flows and the offer of prevention, diagnosis and treatment of tuberculosis and HIV.

Likewise, in October 2019, a health and citizenship action was held in the city of Ananindeua, Pará, at the “Centro de Reeducação Feminino” (Center of Female Reeducation), with around 600 female prisoners. This action allowed all 600 women and others in the LGBT ward to be tested for HIV, syphilis and hepatitis B, as well as receiving vaccines and participating in conversation circles on STI and HIV prevention. All people with a reagent diagnosis were referred for treatment.

Also, in June 2019, the MoH held a technical meeting with national experts and representatives of international organizations. The purpose of the meeting was to analyze the field and practices of HIV prevention in Brazil, considering approaches to human rights, risks and vulnerabilities. This meeting was important to validate the document “Strategic Agenda for Expansion of Access and Comprehensive Care of Key Populations in HIV, Viral Hepatitis and other Sexually Transmitted Infections”, launched in December 2018, which is used as a

guiding instrument for the actions of HIV prevention throughout the Brazilian territory.

To guarantee the implementation of the Strategic Agenda for the access and comprehensive care of key populations in HIV, viral hepatitis and other STIs in the country, the MoH will hold workshops in the states, starting with the states considered to be priorities for HIV. In 2019, the Federal District received the first workshop and the other states will be covered in the following years.

Over the years, the MoH has been supporting some organized civil society actions through public notices and financing strategies in the territories. Some of the supported events in 2019 were:

- “III National Seminar 2019: Advancement and Challenges for Sex Workers”, in São Luís/MA;
- National Seminar “Speak Community!: Combined HIV Prevention in Contexts of Slums, Villages, Quilombos and Peripheries in Brazil”, in Rio de Janeiro/RJ, held by the Health Promotion Center and Healthy Communities Network;
- “7th National Meeting/Brazilian Congress of Prostitutes: Leadership, Challenges, Resistances and possible dialogues”, in Belo Horizonte / MG.

Specifically, in relation to people who use alcohol and other drugs and the harm reduction policy, the MoH supported the holding of events and training, also in 2019. The following stand out:

- “ABORDA National Meeting – 30 years of harm reduction regarding HIV/AIDS in Brazil”, in Campo Grande/MS;
- “North region Damage Reduction Meeting”, in Boa Vista/RR;
- Training activity in partnership with UNODC on “HIV prevention and treatment among people who use stimulant drugs”, in Brasília/DF.

Finally, in the last year, the MoH supported the organization, by the social movement of trans people, of events alluding to the “Day of Trans Visibility”, in different regions of Brazil, also through public notices.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Ancillary activities associated with selling sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized
- Sex work is not subject to punitive regulations and is not criminalized

Men who have sex with men

- Laws penalizing same-sex sexual acts have been decriminalized or never existed

Is drug use or possession for personal use an offence in your country?

- Drug use or consumption is specified as a non-criminal offence
- Possession of drugs for personal use is specified as a non-criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Constitutional prohibition of discrimination based on any grounds
- Sex work is recognized as work

Men who have sex with men

- Constitutional prohibition of discrimination based on any grounds

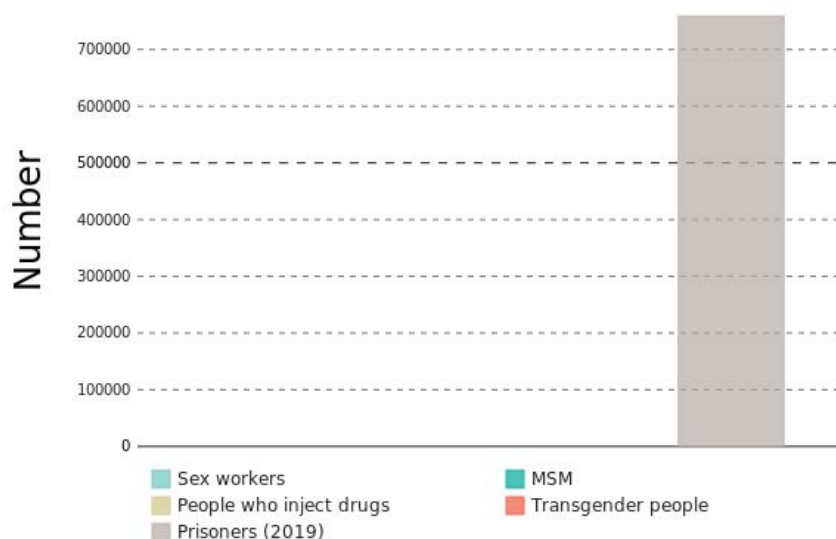
People who inject drugs

- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

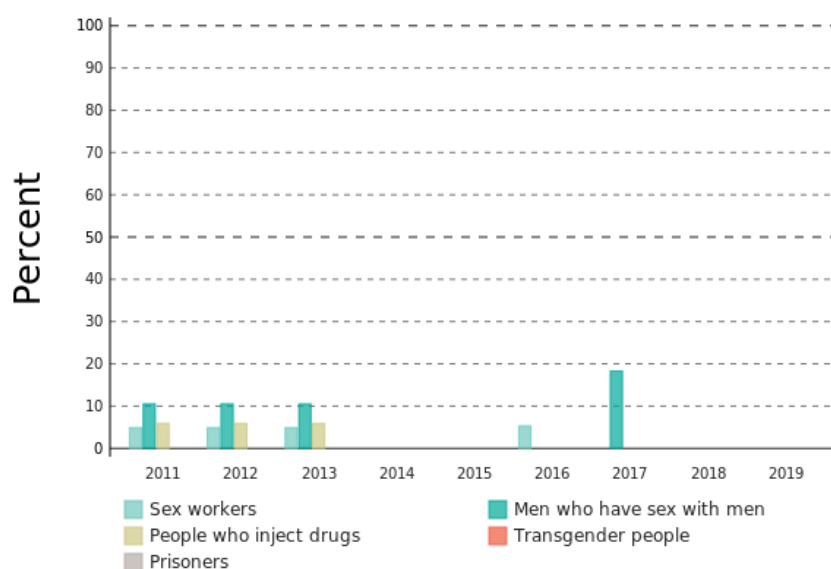
Yes, PrEP guidelines have been developed and are being implemented

3.2 Estimates of the size of key populations, Brazil



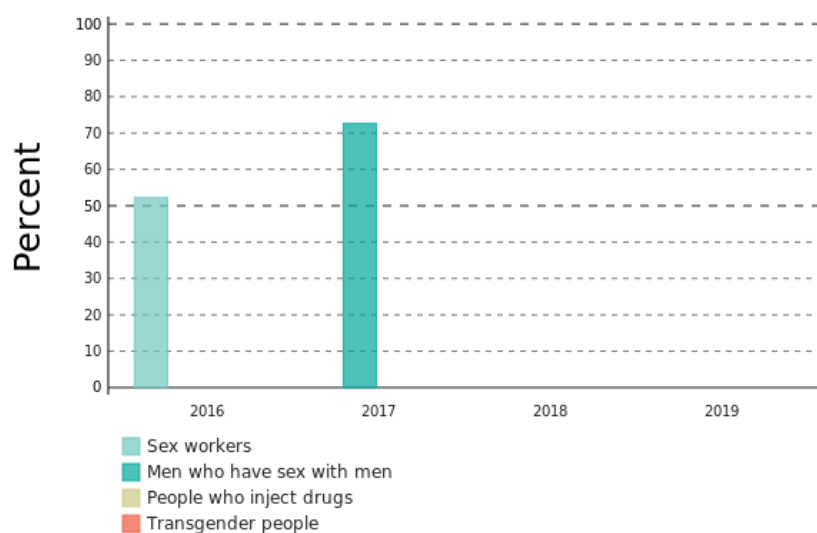
3.3 HIV prevalence among key populations, Brazil (2011-2019)

Percentage of specific key populations living with HIV



3.4 HIV testing among key populations, Brazil (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



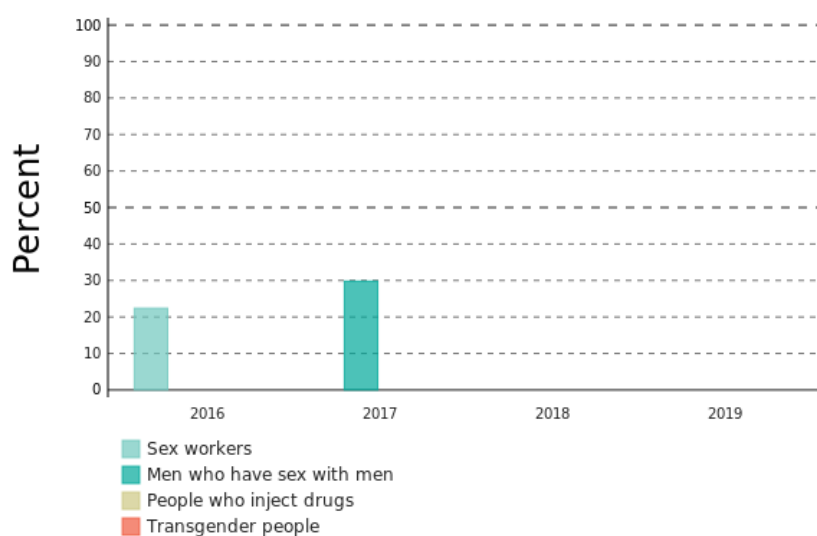
3.6 Condom use among key populations, Brazil (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



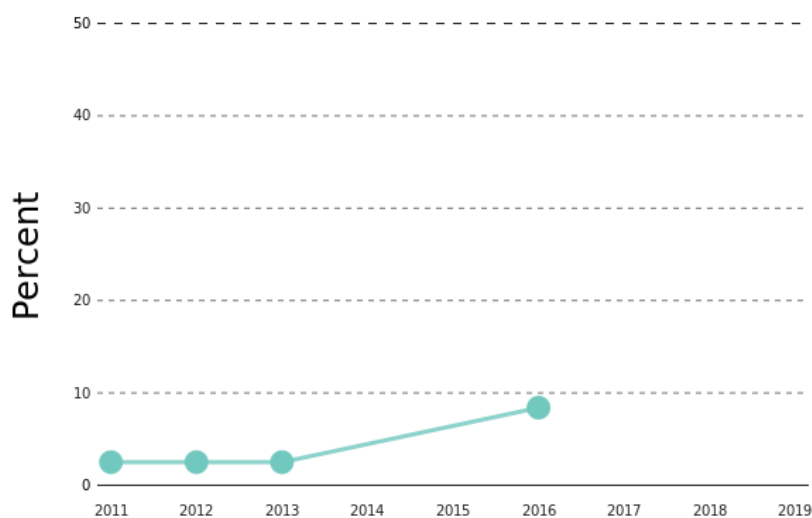
3.7 Coverage of HIV prevention programmes among key populations, Brazil (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



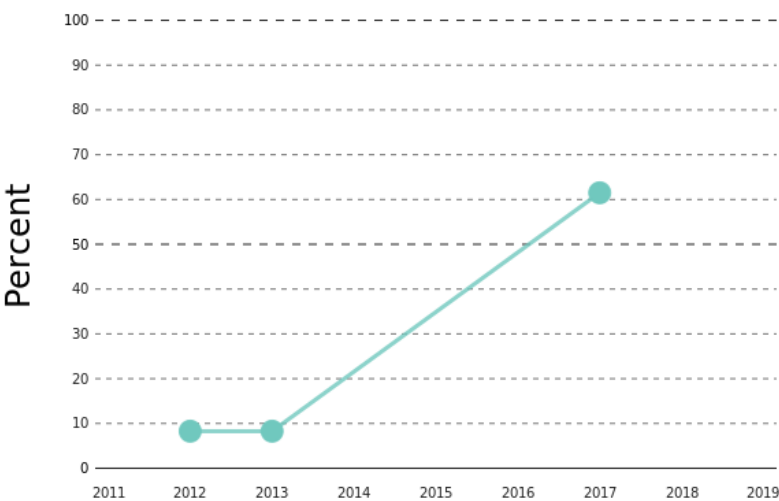
3.11 Active syphilis among sex workers, Brazil (2011-2019)

Percentage of sex workers with active syphilis



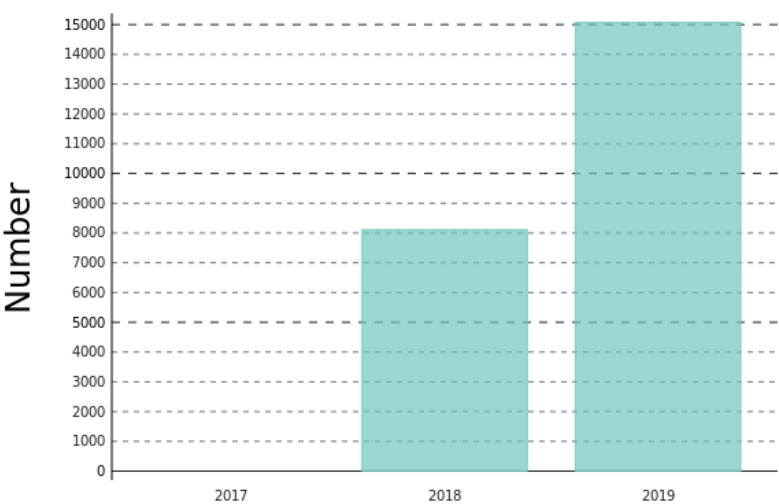
3.12 Active syphilis among men who have sex with men, Brazil (2011-2019)

Percentage of men who have sex with men with active syphilis



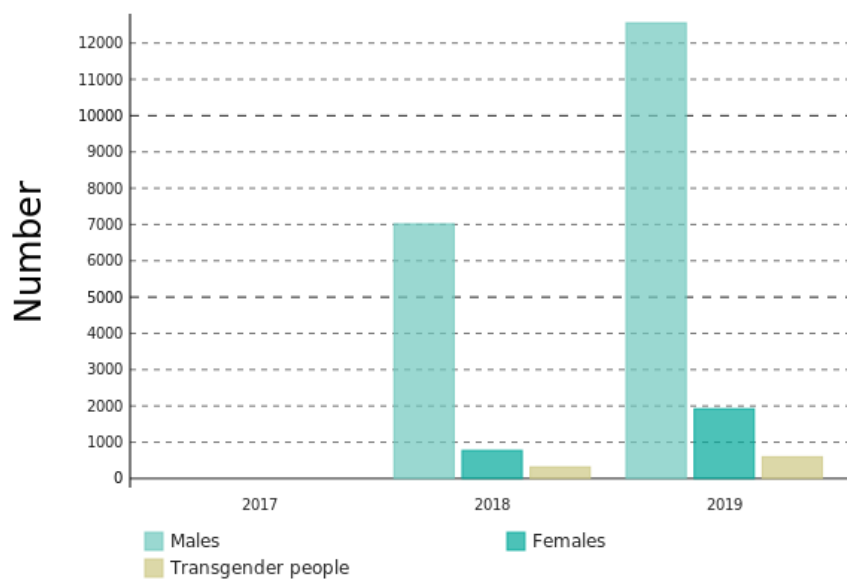
3.15 People who received pre-exposure prophylaxis, Brazil (2017-2019)

Total number of people who received oral PrEP at least once during the reporting period



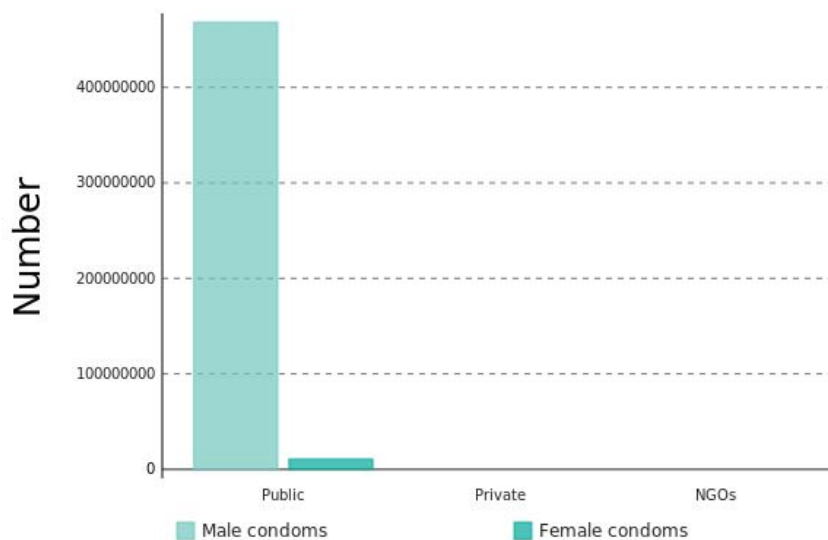
3.15 People who received pre-exposure prophylaxis, Brazil (2017-2019)

Number of people who received oral PrEP at least once during the reporting period



3.19 Annual number of condoms distributed, Brazil (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Brazil has spared no effort to guarantee access for the population, especially for key populations (MSM, people who use alcohol and other drugs, sex workers, trans people) and priority populations (people deprived of their liberty, young people, black, indigenous and homeless) to all HIV combination prevention strategies, universally and free of charge, as recommended by SUS. In 2019, about 470 million male condoms, 10 million female condoms, and 31 million lubricating gel sachets were distributed by the MoH.

Among the prevention strategies offered by SUS, PEP and PrEP stand out. In 2019, more than 138 thousand PEP dispensations were carried out. 20% of PEP dispensations were waived for cis women, 17% for straight cis men, 16% for MSM, and 2% for transsexual people (45% had no information). The PrEP registry database, which started to be offered in 2018, had, until December 2019, 16,644 people starting the prophylaxis. In December 2019, there were 10,036 people on PrEP, as 6,608,000 people who started prophylaxis discontinued its use.

Still in the context of combination prevention, a focused testing strategy adopted in 2013 stands out as one of our most fruitful examples of joint work between government and civil society. In order to expand HIV testing for key populations, the MoH developed the strategy called "Live Better Knowing It". In partnership with NGOs, a community-based testing intervention was introduced at key populations' social venues at different times of the day, outside health facilities. The NGO's are selected via public bids and then trained by the MoH to administer oral fluid rapid HIV tests. The field work is fully carried out by trained peers, from offering the test to referring those who tested positive to HIV services. The strategy empowers NGOs by refining their knowledge on HIV, improving their methods of addressing their groups, and by tightening their relationship with local health services. Remarkably, we tested more than 231 thousand people from key populations and around 50% of the persons reached by the project were first time testers. Because testing is offered from peer to peer, testing uptake is very high. We strongly believe this high uptake by key populations rests on not being exposed to possible discrimination, which is so commonly experienced when visiting traditional health services.

Likewise, the MoH has been working on creating support, qualification and restructuring

strategies for the Testing and Counseling Centers (CTAs) as to expand access to prevention, diagnosis and treatment of key populations. In this perspective, the “Demonstrative Project for the Reorganization of CTAs” was built, which aims to expand access to health promotion actions, prevention and comprehensive care for populations more vulnerable to HIV and other STIs, viral hepatitis and tuberculosis. This strategy will make it possible to provide financial resources as well as technical and pedagogical support to health workers and managers in some states and municipalities, so that CTAs can expand their service portfolio and develop prevention actions outside of health facilities, thus facilitating access of the most vulnerable populations to preventive measures, timely diagnosis and other combination prevention actions, as recommended in the document “Guidelines for Organization and Operation of CTAs within the scope of Combination Prevention and Care Networks”. Initially, the demonstration projects will be implemented in eight CTAs, distributed in the five regions of the country. The restructuring projects for these eight health services were prepared in 2019.

Brazil has endeavored to qualify information on access to HIV prevention, promotion and comprehensive health care for the population deprived of liberty. In 2018 and 2019, the MoH carried out, in partnership with the Ministry of Justice, a situational diagnosis of STIs, HIV and viral hepatitis in the prison system, systematizing information on the management of prison health units through the application of an electronic form. In this sense, 861 of the approximately 1,500 prison units responded to the form. This survey was an important step in elucidating some health issues in prisons, especially regarding access to HIV testing, diagnosis, treatment and prevention supplies, syphilis, tuberculosis, viral hepatitis, as well as information related to prenatal care of pregnant women deprived of their liberty. Based on this situational diagnosis, the aim is to improve, for example, access to immunization and treatment of these diseases.

Still in 2019, the Ministry of Justice proposed the insertion of HIV policies in a project already under development, called “Tuberculosis Free Prisons”. In this regard, in addition to tuberculosis, this project will also address TB-HIV co-infection among people deprived of liberty, their families and prison workers, through educational and communication actions. In addition, action plans were developed in each state to establish the organization and management of health care flows and the offer of prevention, diagnosis and treatment of tuberculosis and HIV.

Likewise, in October 2019, a health and citizenship action was held in the city of Ananindeua, Pará, at the “Centro de Reeducação Feminino” (Center of Female Reeducation), with around 600 female prisoners. This action allowed all 600 women and others in the LGBT ward to be tested for HIV, syphilis and hepatitis B, as well as receiving vaccines and participating in conversation circles on STI and HIV prevention. All people with a reagent diagnosis were referred for treatment.

Also, in June 2019, the MoH held a technical meeting with national experts and representatives of international organizations. The purpose of the meeting was to analyze the field and practices of HIV prevention in Brazil, considering approaches to human rights, risks and vulnerabilities. This meeting was important to validate the document “Strategic Agenda for Expansion of Access and Comprehensive Care of Key Populations in HIV, Viral Hepatitis and other Sexually Transmitted Infections”, launched in December 2018, which is used as a guiding instrument for the actions of HIV prevention throughout the Brazilian territory.

To guarantee the implementation of the Strategic Agenda for the access and comprehensive care of key populations in HIV, viral hepatitis and other STIs in the country, the MoH will hold workshops in the states, starting with the states considered to be priorities for HIV. In 2019, the Federal District received the first workshop and the other states will be covered in the following years.

Over the years, the MoH has been supporting some organized civil society actions through public notices and financing strategies in the territories. Some of the supported events in 2019 were:

- “III National Seminar 2019: Advancement and Challenges for Sex Workers”, in São Luís/MA;
- National Seminar “Speak Community!: Combined HIV Prevention in Contexts of Slums, Villages, Quilombos and Peripheries in Brazil”, in Rio de Janeiro/RJ, held by the Health Promotion Center and Healthy Communities Network;
- “7th National Meeting/Brazilian Congress of Prostitutes: Leadership, Challenges, Resistances and possible dialogues”, in Belo Horizonte / MG.

Specifically, in relation to people who use alcohol and other drugs and the harm reduction policy, the MoH supported the holding of events and training, also in 2019. The following stand out:

- “ABORDA National Meeting – 30 years of harm reduction regarding HIV/AIDS in Brazil”, in Campo Grande/MS;
- “North region Damage Reduction Meeting”, in Boa Vista/RR;
- Training activity in partnership with UNODC on “HIV prevention and treatment among people who use stimulant drugs”, in Brasília/DF.

Finally, in the last year, the MoH supported the organization, by the social movement of trans people, of events alluding to the “Day of Trans Visibility”, in different regions of Brazil, also through public notices.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Protection of former spouses
- Protection of unmarried intimate partners

What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence*

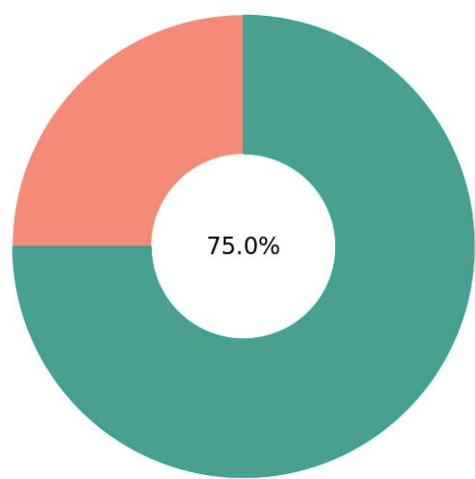
Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exist but are not consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

No

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

The profile of the HIV epidemic in Brazil shows the vulnerability of young people and, in this sense, the MoH has developed communication strategies on HIV combination prevention aimed at this population segment, mainly for young MSM and trans people. In 2019, the following communication actions focusing on young people stand out:

- In October 2019, the MoH launched an exclusive campaign to prevent STIs. The action focused on young audiences, between 15 and 29 years old, aimed at raising awareness on the importance of condom use, in order to avoid STIs such as genital herpes, syphilis, gonorrhea, HIV, HPV, viral hepatitis B and C, soft tissue sarcoma and chlamydia. In addition, the campaign also gave information on the main symptoms of infections according to each case, for example, wounds, discharge and anogenital warts, as well as guidelines on how to proceed in case of any symptoms.
- In December 2019, the MoH launched a campaign with the objective of improving the perception of the importance of HIV prevention, testing and treatment, also focusing on the younger audience. The campaign encouraged young people to test themselves, with the slogan: “if the doubt ends, life continues”. The action further emphasized, in language aimed at young audiences, that a person undergoing treatment, with an undetectable viral load, does not develop AIDS and does not transmit HIV.

Another specific action for young people that deserves mention is the partnership established in 2013 between UNICEF and the MoH, which remains in force in 2019, intending to minimize

the tendencies of increasing new cases of HIV and AIDS mortality among young people and teenagers. This specific strategy for young people was called “Viva Melhor Sabendo Jovem – VMSJ” (Live Better Knowing It for Young Groups) and is similar to the strategy described above in commitment 3, but with some adaptations. The VMSJ has a mobile testing unit and counts on the participation of young people acting as peer navigators to help linking other young people with a positive HIV test to health services and encouraging their adherence to treatment. In 2019, the project was carried out in the cities of Salvador, São Paulo, Vitória, Boa Vista and Manaus. VMSJ also stood out for working with young articulators, who were responsible for bringing important content for the citizen education of adolescents and young people in public schools, in addition to expanding HIV testing of the public aged 14 to 29 in the cities where the project was implemented.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

No

c) Teacher training

No

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

Brazil has strived to construct, over the last few decades, a legal framework to protect PLHIV. This social protection is also viewed as one of the factors for the success of the Brazilian HIV response, since the free-of-charge distribution of antiretroviral drugs alone, important as it may be, would not be sufficient to provide the comprehensive healthcare that PLHIV require. It is important to point out, as it will be described below, that sometimes the legislation is broad and does not explicitly mention PLHIV; this, however, does not prevent PLHIV from benefitting from the protection measures.

- Federal Law 7,713/1988 guarantees exemption from paying income taxes to “people with acquired immune deficiency syndrome, based on specialized medical conclusion, even if the disease occurred after retirement or military pension.” This was an important measure (especially in that period) because it provided PLHIV, who would otherwise have to pay income taxes, with an additional income to invest in their quality of life.
- Federal Law 11,052/2004 altered article 6 paragraph XIV of Law 7,713, dated December 22, 1988, incorporating the provisions of Law 8,541, dated December 23, 1922, to include, among the exemptions from income tax payment, the revenues received by people with severe hepatopathies.
- Federal Law 7,670/1988 extended to PLHIV the right to: sick leave to undergo health treatment; retirement; military pension system; special pension; and “illness benefit or retirement, regardless of grace periods, to the insured people who, after having been registered in the National Social Security Institute (INSS), present the disease, as well as pension for death to their dependents.” This law also allows “withdrawing the amounts deposited in the Employees Severance Guarantee Funds (FGTS), regardless of the termination of work-related contracts, and any other type of benefits to which the patients are entitled.”
- Articles 274 to 287 of the INSS Normative Instruction 45/2010 of the provides for any insured Brazilian who, due to illnesses, cannot work for over 15 consecutive days. A PLHIV or anyone with severe hepatopathy will have the right to the benefit without the need to comply with the minimum contribution time, if they have been insured. This illness benefit is interrupted when insured individuals recover their capacity and resume work or when the beneficiary becomes entitled to disability retirement.
- Article 3 paragraph 152 of the INSS Normative Instruction 45/2010 states that “regardless of the grace period, the following benefits are provided: I – pension for death,

reclusion aid, family allowance, and accident aid; II – paid maternity leave to insured female employees, domestic servants, and temporary workers, including those who are unemployed and maintain the insured condition due to exercising the activities in the respective categories; III – illness aid and disability retirement, in cases of accidents of any nature, including work-related accidents, as well as those cases in which the insured, after affiliating to General Service Welfare Service (RGPS)”, presents Acquired Immune Deficiency Syndrome (AIDS). The PLHIV are entitled to the benefit without the need to fulfil the minimum contribution time, as long as they are registered with INSS. The illness aid benefit will be terminated when the beneficiary recovers their capacity and resume work or when the beneficiary becomes entitled to disability retirement.

- Inter-ministerial Ordinance 769/1992 established that “compulsory serological testing requirement is unjustified and cannot be demanded prior to admission or enrollment of students, teachers, and professors, including the conduction of tests to maintain enrollment, attendance, and provision of services in public and private education institutions at all levels.”
- Organic Social Welfare Law (LOAS) 8,742/1993, in accordance with the 1988 Federal Constitution, regulated the Continuing Benefit Conveyance (BPC), which ensures minimum wage to the elderly over 65 years of age and to people with disabilities, regardless of age, who prove having an income per capita inferior to ¼ of the national minimum wage. The beneficiary must undergo evaluation every two years and the benefit may be suspended or terminated according to the conditions of the beneficiary.
- Federal Law 9,313/1996 “regulates the free-of-charge distribution of drugs to people with HIV/AIDS.”
- Federal Law 10,836, dated January 9, 2004, institutes the “Bolsa Família” Program. It is a direct cash transfer program that benefits families in poverty or extreme poverty (families with a monthly per capita income of up to US\$ 25.00, and families with a monthly per capita income between US\$ 25.00 and US\$ 49.00, provided they have children or adolescents aged 0 to 17), nationwide.
- Ordinance 1,378, dated July 9, 2013, institutes the legal framework for the transfer of funds to States, the Federal District, and Municipalities to procure infant formula for children vertically exposed to HIV during the first six months of life, an important strategy to reduce mother-to-child transmission of HIV.
- The Ministry of Labor’s Ordinance 1,927/2014 establishes guidelines to fight discrimination against people with HIV in the workplace, complying with Recommendation 200 – HIV and the world of work – approved by the International Labor Organization on June 17, 2010. This legislation addresses the discriminatory practice of demanding workers (including migrants, people seeking jobs, and job candidates) to be tested for HIV or to disclose their HIV serological status. Also, workers cannot be coerced to provide HIV-related information of third parties.
- Federal Law 12,984/2014 “defines discrimination against carriers of the Human Immune Deficiency Virus (HIV) and AIDS patients as a crime.”
- Presidential Decree 8,727/2016 “provides for the use of the social name and the recognition of gender identity of transvestites and transsexual in Federal, State, the Federal District, or municipal governments as well as autarchies and foundations.”
- Federal Law 13,847/2019 dispenses the need for expert reassessment of people with HIV/AIDS retired due to disability.

- Several state and municipal laws provide PLHIV with free-of-charge access to public transportation. Further information about this right can be obtained from state and municipal transportation offices.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

- Sex workers

- Prisoners

d) Does it recognize adolescent girls and young women as key beneficiaries?

-

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

No

g) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

- Lack of information available on the programmes

- Complicated procedures

- Fear of stigma and discrimination

- Lack of documentation that confers eligibility, such as national identity cards

- Laws or policies that present obstacles to access

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

We acknowledge the essential role of people living with HIV and key populations in making our Unified Health System (SUS) truly universal and we are sure that they can contribute to reaching broader global health goals and ensuring progress across the 2030 Agenda to leave no one behind.

This community-based experience is a relevant pillar of the Brazilian HIV response. Without social participation, we would not have reached the full right to health for all citizens.

Before it was formally consolidated as a state policy, the Brazilian HIV response was built as a social movement, capable of mobilizing different actors: researchers, healthcare professionals, PLHIV and NGOs of most-affected populations.

Brazil maintains its efforts to create mechanisms to involve, encourage, and expand the participation of communities in the discussion and development of public policies. In this context, the Brazilian response to the HIV epidemic has counted, since its inception, on advisory bodies with representation from civil society, academia and government sectors.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

Brazil reiterates its commitment to the rights of people living with HIV and those who are at greater risk of becoming infected with HIV, reaffirming that the HIV response in our country is a State policy. The 1988 Brazilian Constitution guarantees that “health is a right for all and a duty of the State.” Therefore, HIV prevention, control and treatment policy in Brazil are fully financed with national resources.

The budget for the DCCI, of the MoH's Health Surveillance Secretariat, approved for the 2019 financial year was around USD 533 million*. This budget has the following structure and composition: a) surveillance, promotion and prevention component of approximately USD 42 million* (this component ensures the resources for epidemiological surveillance and prevention actions, maintenance of the management and technical structure of the DCCI central core); b) component of cash transfers to states and municipalities to finance decentralized actions (“fund to fund” transfers), in the amount of circa of USD 46 million*; c) procurement for the purchase of ARV drugs, of approximately USD 406 million*; and finally, d) component for the acquisition, storage, and distribution of inputs for HIV, other STIs, and viral hepatitis prevention and control, such as diagnosis tests e and clinical monitoring of around USD 53 million*.

It is noteworthy that the information on the financing of the Brazilian HIV response presented to the GAM 2020 online instrument was obtained from 1) the budget composition of the Health Surveillance Secretariat, 2) the paid outpatient and hospital procedures listed in the database of the Department of Informatics of the Unified Health System (DATASUS), and 3) agreements and transfers to states and municipalities registered in the database of the Transparency Portal, related to government human rights programs, violence against women and assistance to young people and teenagers.

Also, we consulted states and municipalities that directly execute the funds received through the Incentive Fund for actions for surveillance, prevention and control of HIV, other STIs and viral hepatitis and state and municipal counterpart resources. It should also be noted that we received information from eleven states and seven municipalities.

Therefore, this report comprises information on the financing of HIV policy in Brazil, carried out by different governmental spheres (federal, state and municipal). Hence, it is not limited to the DCCI budget. Information from the direct federal administration and subnational government bodies is present, such as the data provided by some State, Federal District and

Municipal Health Departments.

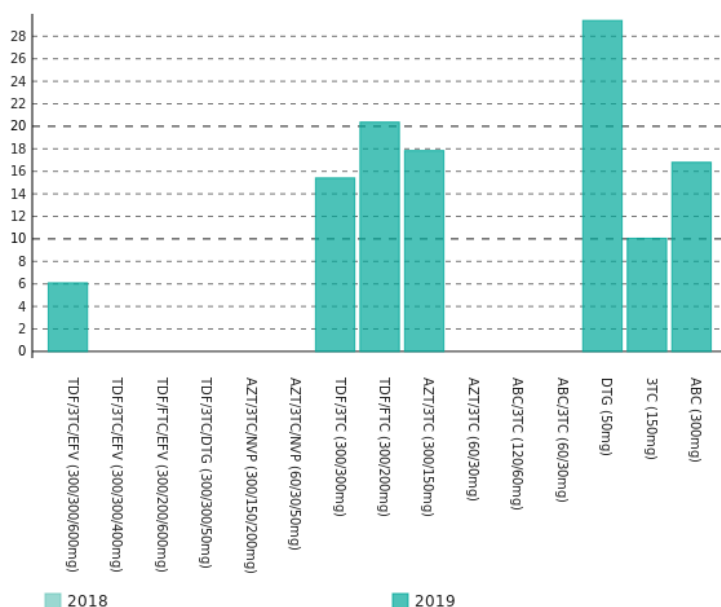
The total amount of expenses generated for the year 2019 (around USD 685 million*), accounts for the DCCI budget and expenditures for other programs such as human rights, children and adolescent programs and gender equality.

Among the main expenditures, we highlight the acquisition of ARV drugs, tests for diagnosis and clinical monitoring, condoms' acquisition, expenses with governance and sustainability and gender program.

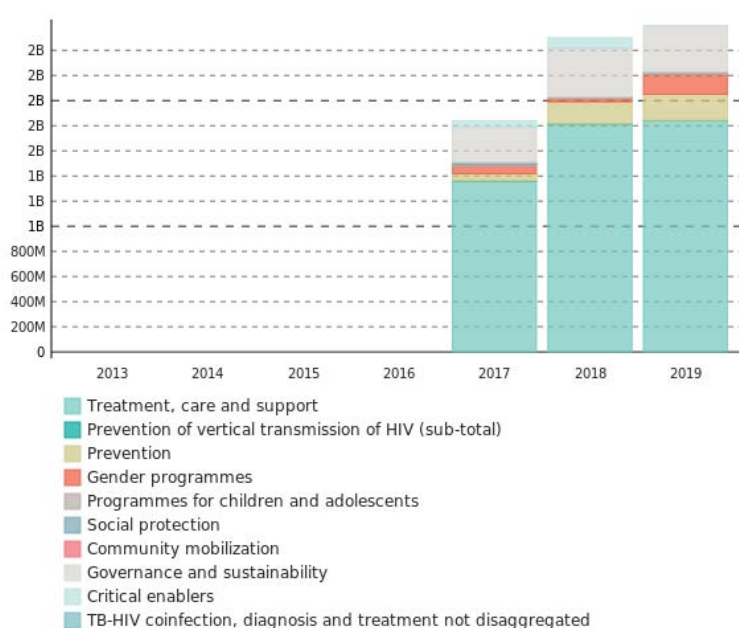
Finally, it is important to state that it is not possible to disaggregate total spending by key populations.

(*The dollar value is equivalent to 3.94 reais, considering the average of the monthly quotations of the dollar, in 2019, provided by the Central Bank of Brazil.)

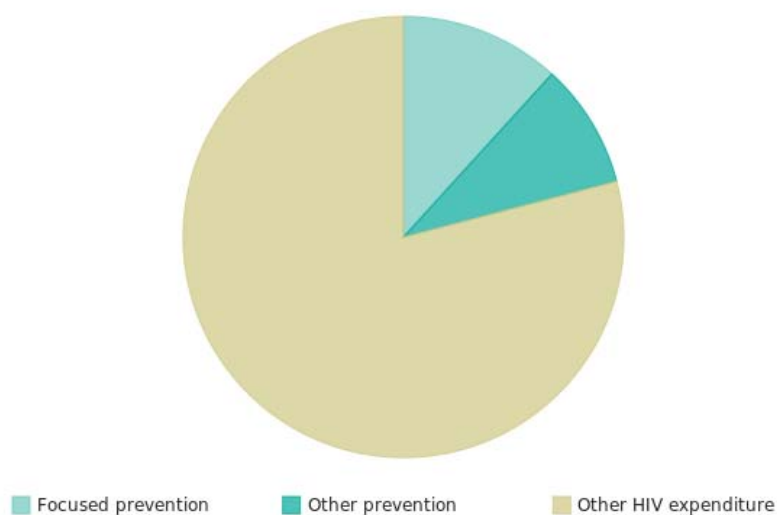
8.2 The average unit prices of antiretroviral regimens (in US\$), Brazil (2018-2019)



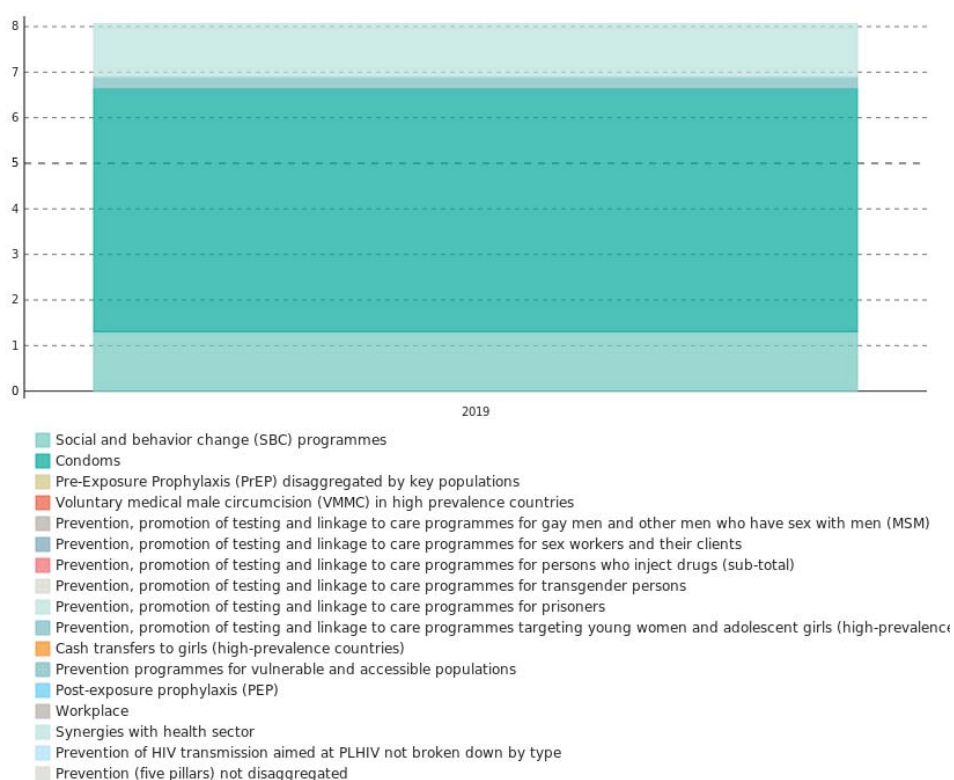
8.3 HIV expenditure by programme category, Brazil (2013-2019)



Share of effective prevention out of total, Brazil (2019)



Structure of investments on effective and other prevention programmes (%), Brazil (2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

In 2019, a public notice was issued to select civil society organizations (CSOs) to strengthen actions to promote and defend the rights of PLHIV, through a technical cooperation project with UNESCO. The selection included nine CSOs' projects with a value of up to USD 12,600 each. Approximately 1,000 individuals have been assisted in legal advice (individually and collectively). Training activities were also carried out to foster advocacy actions related to PLHIV, aiming at guaranteeing access to public health and respect for human dignity. Besides, it was possible to train multiplier agents on the themes of human rights and PLHIV's specific rights.

Furthermore, the existing national legislation establish a legal framework to protect the rights of people most affected by or at risk of HIV infection, as listed below:

- Law 7,716/1989 defines race or color-related prejudice as a crime.
- Law 12,288/2010 establishes the Statute of Racial Equality.
- Law 12,984/2014 criminalizes any discrimination against carriers of the Human Immune Deficiency Virus (HIV) and AIDS patients.
- Decree 4/2010 creates the National Day Against Homophobia.
- Law 11,340/2006 creates mechanisms to curb domestic and family violence against women, under the provisions of article 226, paragraph 8, of the Federal Constitution and in accordance with the Convention on the Elimination of All Forms of Discrimination Against Women and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women; the law alters the Code of Criminal Procedure, the Penal Code and the Law of Criminal Enforcement; and also makes other provisions.
- Law 13.104/2015 alters article 121 of Decree Law 2,848/1940 – Penal Code, to qualify femicide as a heinous crime, and article 1 of Law 8,072/1990 includes femicide in the list of heinous crimes.

- Law 4,898/1965 regulates the Right to Representation and the legal procedures related to Administrative, Civil and Penal Responsibility in cases of abuse of authority.
- Law 7,853/1989 regulates the National Policy for the Integration of People with Disability, in their multiple aspects.
- Law 10,216/2001 regulates the protection and rights of people with mental diseases and provides new guidelines for the mental health assistance model.
- Decree 7,388/2010 establishes the composition, structure, competencies and functions of the National Council for Combating Discrimination (CNCD).
- Decree 8,727/2016 provides for the use of the social name and the recognition of gender identity of transvestites and transsexual people in Federal, State, municipal governments, and the Federal District, as well as autarchies and foundations.
- The Brazilian Internal Revenue Agency issued Normative Instruction 1,718/2017 establishes guidelines to include and exclude social names from the Taxpayers Registry Card (CPF), in order to comply with Decree 8,727/2016. The interested party must go to an Internal Revenue unit and apply for the inclusion of their social name in their CPF. The inclusion will be immediately processed, and the social name will appear in the CPF card along with the civil name.
- Recommendation 14/2017, issued by the National Education Council/Ministry of Education, dated September 12, 2017, approves the national norms on the use of the social name in basic education institutions. On January 17, 2018, the Ministry of Education ratified the recommendation, which came into effect immediately.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, one-off activities

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Yes

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Complaints procedure
- Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

In virtue of the Unified Health System – SUS, since the beginning of the HIV epidemic, Brazil has been able to rapidly incorporate new prevention and treatment technologies based on scientific evidence. More recently, it has been observed that the integration of HIV with other programs and services has been crucial in improving the quality of care and in promoting a people-centered approach. For this reason, Brazil is gradually improving HIV care in the primary care system, reserving the specialized care services to the follow-up of more complex cases. Primary care plays a paramount role in this model since it is the gateway to the health system, where care is primarily focused on the individuals, considering their different life cycles and health needs, and has a highly well-distributed service network in our territory. Moreover, there are different strategies to improve comprehensive care and approach, integrating HIV with other infectious diseases, such as other STIs, TB and viral hepatitis in health services.

Although the shared HIV care model is still in different stages of implementation throughout Brazil, it has been proved to be an efficient alternative for the care model of communicable diseases of chronic conditions. Therefore, since the HIV program in Brazil has always had a robust technical and financial structure, other diseases could benefit from this framework. In this sense, in 2009, the then National Viral Hepatitis Program was integrated into the National HIV Program, which brought some important achievements in the fight against hepatitis in the country, especially hepatitis B and C, such as the offer of the best treatment available for hepatitis C, the universalization of the hepatitis B vaccine, and the commitment to the elimination of hepatitis C by 2030. More recently, in 2019, the DCCI underwent new transformations and merged with national tuberculosis and Hansen's disease programs. This integration was also aimed at strengthening the human and financial capital available to face the diseases. On the other hand, viral hepatitis, STIs and HIV can benefit from TB and Hansen's disease programs' expertise.

With the integration of the programs, the redesigned Department of Infections of Chronic Conditions and STIs established the following priorities for the 2019-2020 biennium: 1) Reduce mortality among PLHIV and people with TB-HIV co-infection; 2) Expand and scale-up HIV, TB, viral hepatitis, STIs and Hansen's disease's diagnosis and treatment; 3) Eliminate HIV vertical transmission and reduce syphilis and hepatitis B vertical transmission; 4) Increase the offer of hepatitis C treatment; 5) Expand key populations' access to prevention, diagnosis and care; and finally 6) Foster scientific and technological development to face

Hansen's disease. For the implementation of these priorities and the entire set of public policies related to HIV, other STIs, viral hepatitis, TB and Hansen's disease, the DCCI's estimated budget for 2020 is around USD 533 million*. Regarding hepatitis C, treatment in Brazil is offered only in public health services, as well as HIV treatment. The Clinical Protocol and Therapeutic Guidelines (PCDT) for Hepatitis C and Co-infections was updated and implemented during 2019. The Hepatitis C PCDT has a chapter dedicated to the management of patients co-infected with HCV-HIV, which standardized the care management in the entire health system, as well as in the training of health professionals. Likewise, HIV treatment protocols recommend testing for hepatitis B and C before the initiation of ART, as well as its annual repetition. It also recommends hepatitis A and B immunization for PLHIV and timely hepatitis treatment initiation in cases of co-infection. Besides, within the National Plan for the Elimination of Hepatitis C by 2030, there are planned actions aimed at micro-eliminating it in different populations (PLHIV is a priority population in that plan). The plan recommends, for instance, that PLHIV should be tested quarterly for hepatitis C.

As for hepatitis B, to promote effective prevention, vaccination is offered in a systematic and differentiated manner for PLHIV: the MoH recommends offering four duplicate doses of the anti-HBV vaccine (the recommendation for the general population is three conventional doses). The clinical management of hepatitis B patients in Brazil is safeguarded by the PCDT for Hepatitis B and Co-infections, which offers the main technologies currently available, with a focus on the specificities and needs of the different populations, including the patients co-infected with HBV-HIV.

Regarding testing for hepatitis B and C, MoH distributes millions of rapid tests annually, a figure that has been increasing over the years. In 2019, approximately 9.4 million hepatitis B tests and 10.1 million hepatitis C tests were distributed, an increase of 98% and 161%, respectively, when compared to the amount distributed in 2016.

Moreover, considering the specific health condition of people living with HIV, some special measures are adopted, such as the availability of the anti-HAV vaccine for PLHIV, which was previously recommended in the national vaccination calendar exclusively for children under 5 years of age and other specific cases.

Concerning TB, the recommendation for joint actions on TB-HIV is highlighted in the National Plan for the End of Tuberculosis as a Public Health Problem (2017-2020) considering a comprehensive and person-centered approach, one of the pillars of the strategies for coping with TB in the country. These strategies recommend testing for HIV for all people with TB; screening for TB in all visits of the PLHIV to health services; monitoring people with TB-HIV co-infection in the same health service, and offering diagnosis and treatment of latent TB infection in PLHIV. This recommendation has been in force in the country since 2018 and endorses the treatment of latent TB in people with a T-CD4+ lymphocyte count less than or equal to 350 cells/mm³, regardless of having a tuberculin test or IGRA. Since 2018 specialized HIV care services began to offer isoniazid (300mg) for the treatment of latent TB in PLHIV. The isoniazid dispensation monitoring is part of the Logistics Control System for Medicines – Siclom (a system that monitors all ARV dispensations in the country), which refined the information regarding the performance and completeness of the latent TB treatment among PLHIV.

Finally, an epidemiological bulletin on TB-HIV co-infection is published annually using public information systems' database linkage on tuberculosis and HIV. This information has been improved year by year.

(*The dollar value is equivalent to 3.94 reais, considering the average of the monthly quotations of the dollar, in 2019, provided by the Central Bank of Brazil.)

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics
- Hepatitis B vaccination provided at antiretroviral therapy clinics
- Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

10.1 Co-managing TB and HIV treatment, Brazil (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year

