

Responding to HIV & ZIKA in Brazil

Ministry of Health of Brazil

Secretariat for Health Surveillance

Department of STI, HIV/AIDS and Viral Hepatitis

April, 2017

HIV response in Brazil

More than 30 years of HIV response in Brazil

- 1982: first AIDS case in Brazil;
- 1986: National AIDS Programme;
- Brazilian 1988 Constitution: *'Health is a universal right and a State duty'*;
- Brazilian Universal Health System - SUS: Built in 1988 a consensus for universal health care with intense participation of civil society;
- HIV response: based on a partnership between the government, NGOs, international organizations, and academy helping to create an enabling environment for PLWHA rights.

Landmarks of the HIV response in Brazil

- 1996: “Lei Sarney” 9.313/1996 - Access to ARVs free of charge guaranteed by law through SUS;
- 2001: the Brazilian Congress established its Special Committee on HIV/AIDS;
- 2013: treatment for all PLWHA, regardless CD4 count;
- 2014: Law 12.984/2014 – It defines a crime discrimination against PLWHA

Landmarks of the HIV response in Brazil

2007: compulsory license of Efavirenz saved millions of dollars, thus lives



BBC NEWS
One-Minute World News
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Brazil to break Aids drug patent

Brazil's president has authorised the country to bypass the patent on an Aids drug manufactured by Merck, a US pharmaceutical giant.

The country will import a cheaper, generic Indian-made version of the patented Efavirenz drug.

The decision came after talks between Brazil and the US company broke down.

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BUSINESS DAY
Brazil Will Defy Patent on AIDS Drug Made by Roche
By JENNIFER L. RICH WITH MELODY PETERSEN AUG 23, 2001

After months of negotiations on price cuts ended in deadlock, Brazil said today that it would break the patent on an AIDS drug produced by the Swiss drug giant Roche.

The nation's health minister, Jose Serra, said he had begun the process of issuing a license to produce nelfinavir, marketed by Roche under the name Viracept. If Brazil goes through with its threat to issue what is often called a compulsory license, it would be the first time that the government has decided to allow generic copies of a brand-name drug to be made without the permission of the company that owns the patent.

Viracept is one of the 12 drugs used in the so-called drug cocktail for treating AIDS. The Health Ministry said that the government bought 820,000 units of nelfinavir a year at a cost of \$88 million. That accounts for 20 percent of what the government spends on the AIDS program by 2000. The Brazilian government spent \$303 million in providing the cocktail to about 100,000 patients.

Roche had offered this year to cut the price of nelfinavir by 40 percent.



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A conflict of goals

Helping patients, or science?

May 10th 2007 | SÃO PAULO | From the print edition

Developing countries have had more success in breaking AIDS patents than Brazil. The World Bank predicted that 200 million Brazilians would carry HIV, the virus that causes AIDS, but prevention schemes have held the number to about half that. Anyone who becomes infected—now 200,000 people—is entitled to free treatment with anti-retroviral drugs.

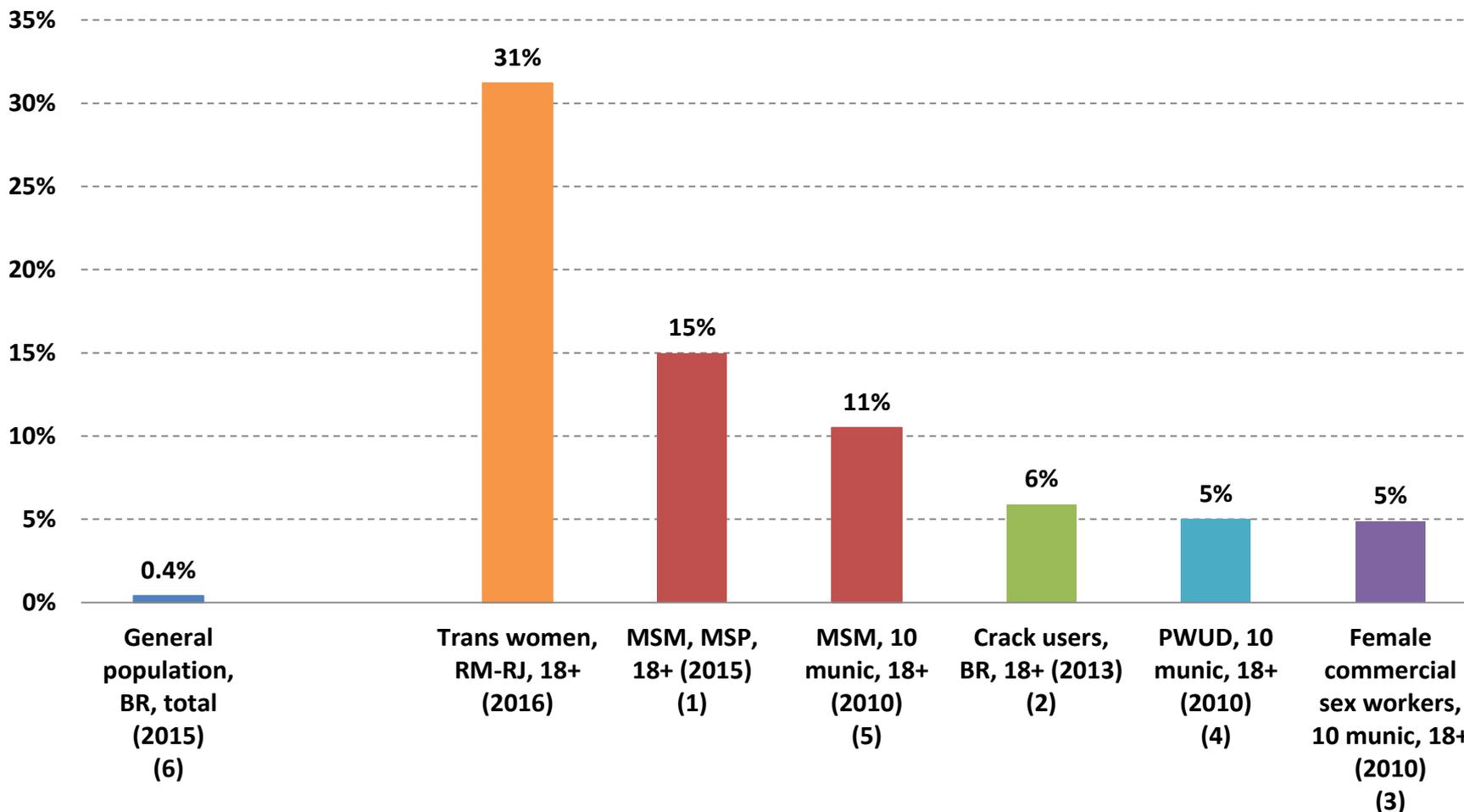
That has required successive governments to act robustly towards the drugs' inventors. In 2001 the health ministry threatened to break a patent held by Roche, prompting the company to drop its price by 40%. Last week, for the first time, the government decided to carry out such a threat. It imposed "compulsory licensing" for efavirenz, produced by Merck, an American drug company.

Compulsory licensing, which is permitted under world-trade rules, will allow Brazil to import unbranded copies of the drug at a quarter of the current price while paying Merck a nominal royalty. The company was "absolutely intransigent" in negotiations, claims the government. Merck retorts that it makes no profit on sales to the poorest countries or to those where more than 1% of adults are infected. Brazil already gets the lowest price of any middle-income country with a lower infection rate.

What price a patent?

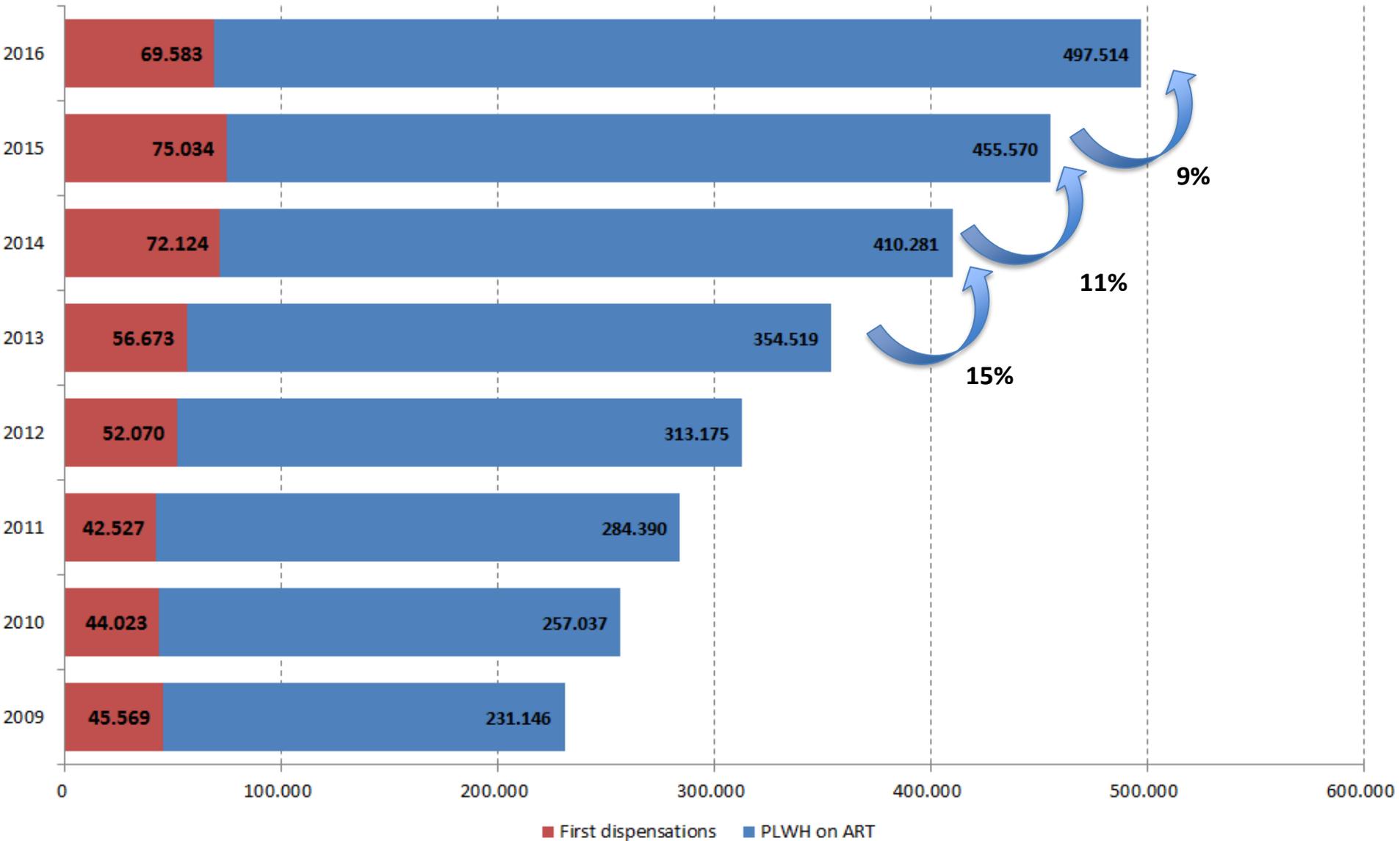


HIV prevalence in Brazil

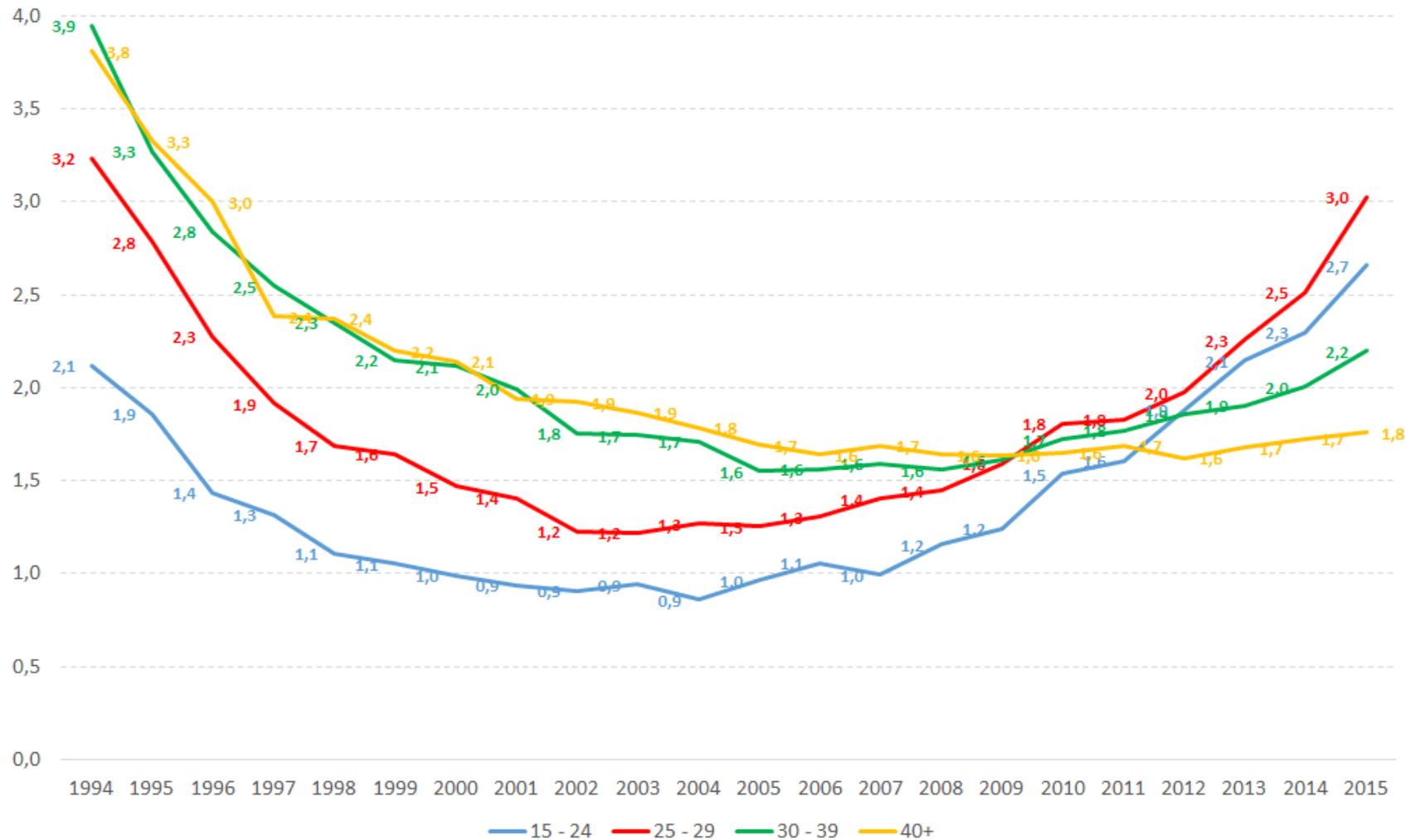


Fontes: (1) Veras et al. High HIV Prevalence among Men who have Sex with Men in a Time-Location Sampling Survey, São Paulo, Brazil. *AIDS Behav.* 2015 Sep;19(9):1589-98; (2) Bastos FI, Bertoni N. Pesquisa Nacional sobre o uso de crack: quem são os usuários de crack e/ou similares do Brasil? quantos são nas capitais brasileiras? Rio de Janeiro; 2014. 224 p.; (3) Damacena GN, Szwarcwald CL, de Souza Júnior PR, Dourado I. Risk factors associated with HIV prevalence among female sex workers in 10 Brazilian cities. *J Acquir Immune Defic Syndr.* 2011 Aug;57 Suppl 3:S144-52.; (4) Bastos, F. I. Taxas de infecção de HIV e sífilis e inventário de conhecimento, atitudes e práticas de risco relacionadas às infecções sexualmente transmissíveis entre usuários de drogas em 10 municípios brasileiros. Relatório técnico entregue ao Departamento de DST, Aids e Hepatites Virais, 2009.; (5) Kerr, L. Comportamento, atitudes, práticas e prevalência de HIV e sífilis entre homens que fazem sexo com homens (HSH) em 10 cidades brasileiras. Relatório técnico entregue ao Departamento de DST, AIDS e Hepatites Virais, 2009; e (6) Ms/SVS/DDAHV; (7) GRINSZTEJN B, et al. Unveiling of HIV dynamics among transgender women: a respondent-driven sampling in Rio de Janeiro, Brazil. *The Lancet HIV*, 3018(17)30015-2, fev, 2017.

ARV Treatment - Brazil, 2016

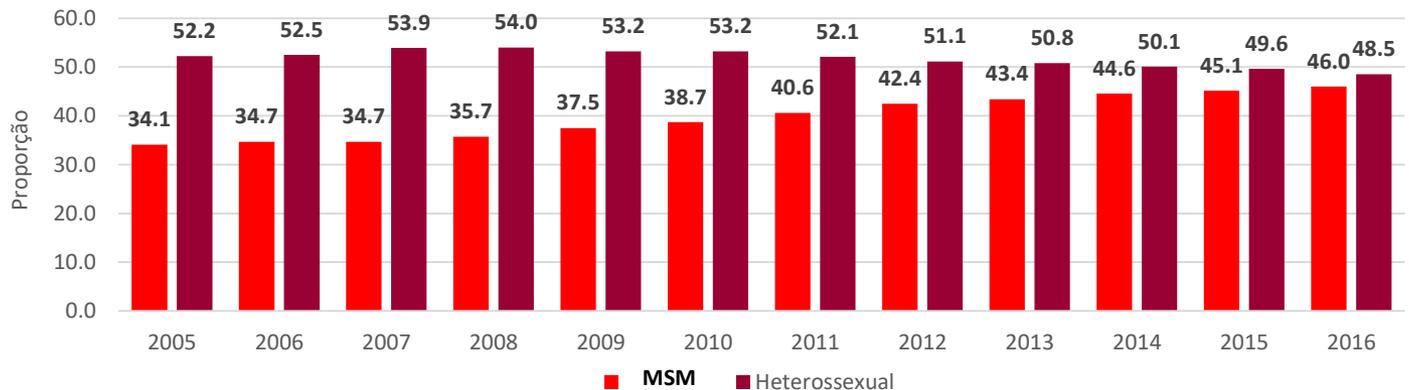
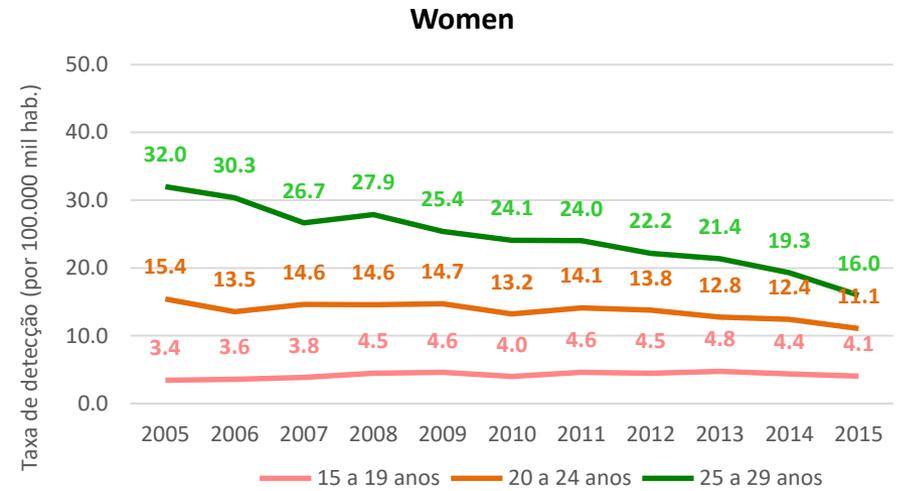
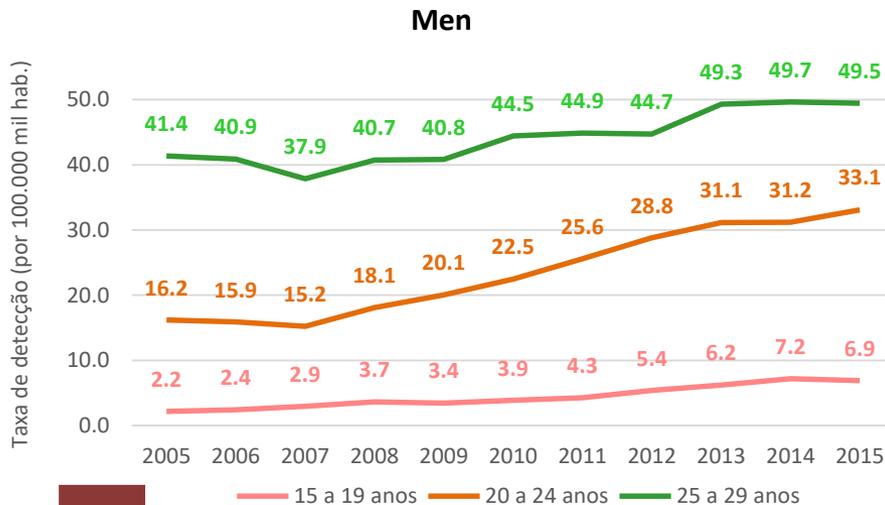


AIDS cases sex ratio by age group. Brazil, 1994-2015



AIDS in Youth. Brazil, 2005-2015

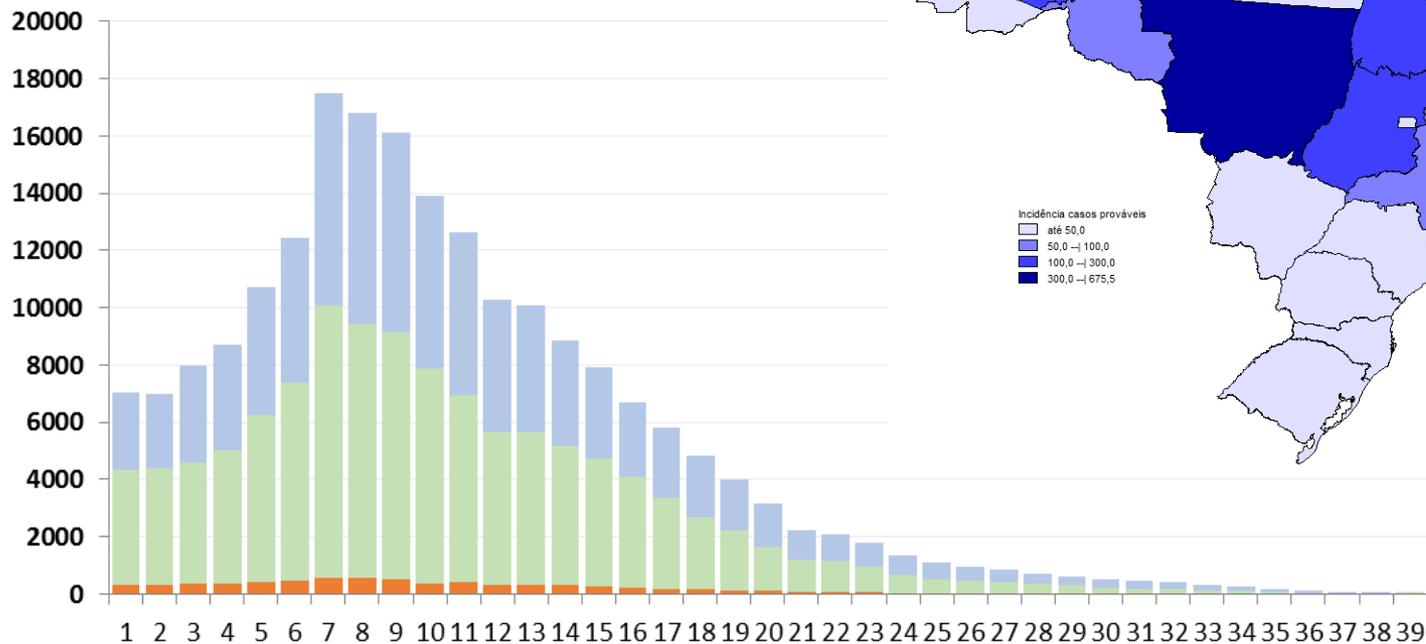
- Reduction of AIDS detection rates in women aged 20 to 29
- Increased AIDS detection rates in young men, especially among MSM



Young men infected by sexual transmission

ZIKA response in Brazil

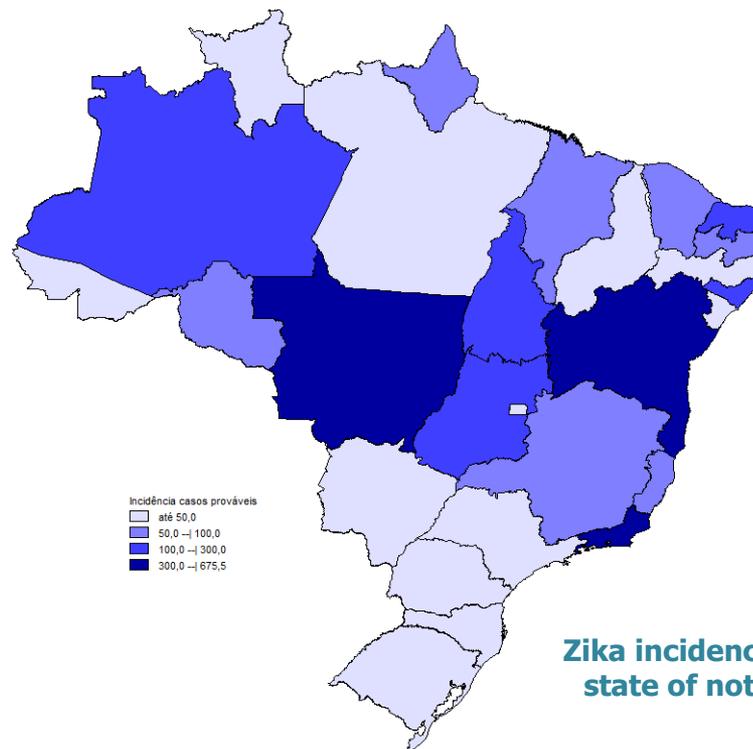
Suspected and confirmed cases of Zika. Brasil, 2016 (epidemiological weeks 1 to 39)



Nº of suspected cases: 206,813 (98.1/100.000 inhab.)

Deaths: 2015*: 3 confirmed deaths (MA, RN e PA)

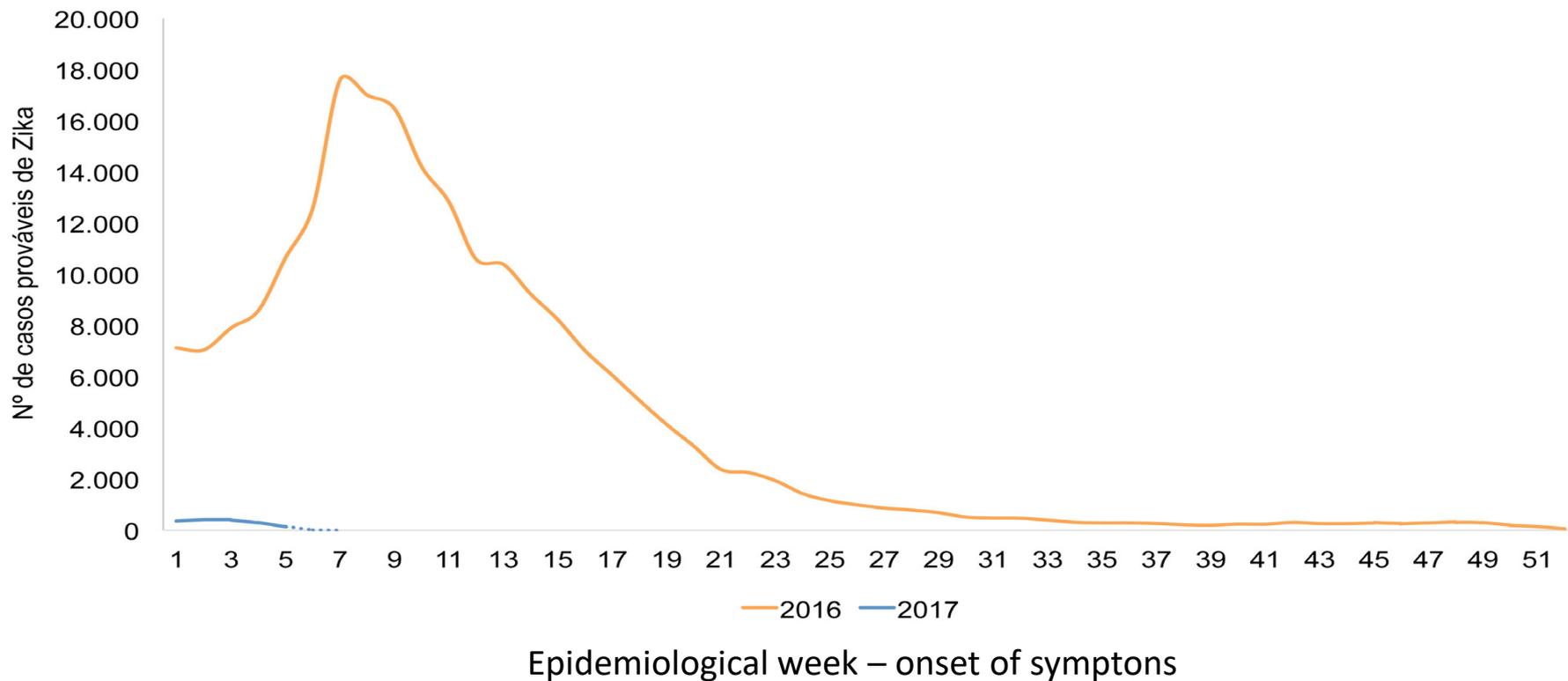
2016: 3 confirmed deaths RJ (2) e ES (1).



Zika incidence rate, by state of notification

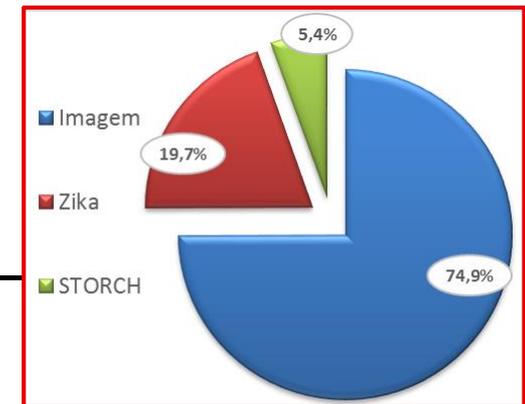
- Suspected cases
- Confirmed cases (clin)
- Confirmed cases (lab)

Suspected cases of Zika by epidemiological week of onset symptoms. Brazil, 2016 e 2017.



Microcephaly notified cases and/or congenital malformations of the central nervous system. Brazil and Regions (until epidemiological week 47/2016).

Region	2015-2016				
	Nº	(%)	under investigation	confirmed	discarded
Brasil	10.342	100	3.121	2.211	5.010
Northeast	6781	65,6	1.669	1.703	3.409
Southeast	2114	20,4	950	274	
Center-West	685	6,6	217	126	
North	531	5,1	244	81	
South	231	2,2	41	27	



Zika: National Response



Axis 1

Mobilization
and vector
control

Axis 2

Care

Axis 3

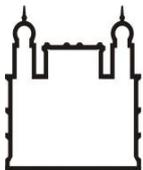
Education,
technological
development and
research

Zika: National Response

- Working group: MoH (Secretariat for Health Surveillance and Secretariat for Health Care), Ministry of Social and Agrarian Development and Ministry of Labor and Social Security;
- Secretariat for Health Care - MoH: health care for children, identification of gaps in the area of care, urgent need for organization of services;
- Provision of social protection and education to children and their families through the Continuous Cash Benefit (BPC – *Benefício de Prestação Continuada*);
- Studies (*Renezika*): funded by the MoH (5); CNPQ studies (approx. 60 projects); Population-based study (seroprevalence); Cohorts; among others.

Study on the persistence of Zika virus (ZIKV) in body fluids of patients with ZIKV infection in Brazil - *ZikaBRA Study*

- To assess the presence and duration of ZIKV and related markers in infected individuals who present to clinics during acute illness and convalescence and in their infected symptomatic and asymptomatic household/sexual contacts.
- Relate these parameters to:
 - host immunity over time and across different body fluids
 - proportion of asymptomatic infections among household contact to infected case
 - other host and environmental factors



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Study on the persistence of Zika virus (ZIKV) in body fluids of patients with ZIKV infection in Brazil - *ZikaBRA Study*

- 1,300 patients
- Participating sites:
 - Rio de Janeiro: (Fiocruz) – one of the 5 national sentinel laboratories for ZIKV diagnosis in Brazil
 - Recife (Fiocruz)
 - Manaus: Fundação de Medicina Tropical, Amazonas
- Minimum criteria for site consideration:
 - High population density
 - Circulation of Zika virus
 - Strong community health network
 - Laboratory facilities able to perform the necessary tests

2017 HIV response:

- HIV national funding secured by law
- January 2017: Dolutegravir included in the initial preferential regimen for new patients (exception: children under 12 years; pregnant women; TB-HIV coinfecting) with a pharmacovigilance study;

Challenges:

- PrEP implementation in Brazil
- Youth centered approach

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