Brazil, Test and Treat and 90-90-90: using continua and 90-90-90 to monitor progress towards national and local targets

Ana Roberta Pati Pascom, PhD, MSc
STI, AIDS and Viral Hepatitis Department
Ministry of Health of Brazil
5 things you should know about Brazil and its HIV epidemic

1. 200M population, 27 States, 5,561 municipalities
2. 1988: right to health care was established in the Federal Constitution (Health System - SUS)
3. Free and universal access to ART was guaranteed by SUS since 1988
4. December 2013: first developing country and third country in the world to implement treatment for all (free of charge)
5. In 2016, ~70K people initiated ART in Brazil and, by December 2016, 500K PLWH were on ART
90-90-90 Goals in Brazil

- 800K PLWH in 2015 (revised estimation from Spectrum/2017)
- Diagnosed increased from 71% in 2012 to 81% in 2015
- 456K PLWH on ART in 2015, increased 45% from 2009
- In 2015, 90% of PLWH on ART were suppressed
90-90-90 Goals in Brazil

Monthly reports on basic indicators, such as:
- Late diagnosis
- CD4 before ART initiation
- PLWH on ART
- Viral Suppression

90-90-90 Goals in Brazil: Challenges

- Estimate the number of PLWH, especially for states and cities
- Adoption of standardized method to estimate the steps of the cascade to allow comparison between cities (based on Brazilian information systems)
- Lack of information related to KP
- Delay in the implementation of HIV notification (only 2014)
Brazilian Information Systems: an opportunity to monitor 90-90-90 targets

1st HIV positive test

Linkage to HIV care

1st CD4 count (and follow up)

1st Viral load (and follow up)

ART initiation

Retention

Viral Suppression

Death

SINAN

AIDS cases

Probabilistic linkage blocked by name, mother’s name, date of birth, place of residence and sex

“proxy”

SISCEL

SICLOM

Same unique identifier (QC: name and CPF - our SSN)

Deterministic Linkage

AKA Super God

SISCEL

SIM
90-90-90 Goals in Brazil: the way forward

- Include FTC in the clinical monitoring report (it will be launched by July/2017)
- Enhance information on key variables, including exposure category in the Brazilian systems (lab and ARV dispensation)
  - Assessing the feasibility
  - Use of imputation
  - KP cascades
- Diminish the time gap between information and action
- Development of PMTCT cascades and vertical transmission rate based on the lab and ARV dispensation system
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ana.roberta@aids.gov.br