

Principais pontos da palestra proferida no High Level Panel on AIDS

High Level Panel on AIDS

Tromsøe (Norway), 12th June 2005.

Ladies and gentlemen,

I wish to thank the Nelson Mandela Foundation, the Vaccine Fund and the local authorities at Tromsøe for having organized this meeting and invited me to share with you the lessons learned in Brazil in the fight against AIDS.

The topic selected for my brief presentation is "Decisive Action at National Level". Without wasting any more of your precious time, I will go straight to point, making use, of course, of my concrete experience in Brazil.

My first comment is that Brazil has been considered worldwide as a case study in using innovative approaches to fighting AIDS that include a balance between:

- State and civil society;
- Prevention and care;
- Economic imperatives and ethical values;
- A large-scale program and targeted actions.

Brazil has approximately 600,000 (six hundred thousand) HIV-positive people. Four-fifths of them do not know they are infected. And yet, the number of deaths caused by AIDS in Brazil now stands at a level of less than half the total predicted by international agencies not too many years ago. What are the explanations for this relative success (success in the fight against AIDS is always relative)?

Above all, the dynamic interplay between popular, people's initiatives and public policy. The impact of AIDS in Brazil in the early eighties exposed the shortcomings of the public health system (for example, lack of adequate screening of blood banks which led to the contamination of the hemophiliac population). Associations of people living with HIV-AIDS started denouncing the risks of discrimination and inaction by the government. A national network on HIV-AIDS and Human Rights entities gave national visibility to the problem. Advocacy led the Federal Government to create, in 1988, a national coordinating unit to design a comprehensive strategy to fight AIDS.

The outcome was a public policy in the truest sense of the word, as it involved the participation of all sectors of society and of all levels of government. The guiding principles of such a policy were:

- Openness;
- Flexibility;
- Decentralization;
- Cross-sectorial cooperation;
- Support for innovative community-oriented initiatives.

Financing was provided in 1994 by the World Bank which allowed for strengthening partnerships with six hundred NGOs that were engaged in implementing the public policy. Public awareness was further enhanced by a series of judicial decisions that upheld the basic rights of HIV carriers in insurance and employment matters.

In 1996, national legislation ensured the right of free and universal access to antiviral drugs. To sustain that policy, it was absolutely essential to lower the price of drugs by, for example, promoting local production in Brazil of eight generic versions of non-patented antiviral drugs. The pharmaceutical industry was compelled to reduce prices. Guaranteed access to treatment and full respect for human rights encouraged people to accept voluntary and confidential testing. Hope and self-esteem were strengthened. HIV-carriers improved their quality of life and adopted a responsible behavior toward others.

The cost of the program is estimated at 500 million dollars annually. It is more than offset by the reduction in the cost of hospital treatment and the economic benefits derived from people living a productive and dignified life. Death rate fell by 50%. Hospitalizations plunged by 75%.

In the Brazilian approach, treatment and prevention complement each other. Prevention costs ten times less than treatment and encompasses a wide range of measures:

- Universal access to condoms;
- Halting mother-to-child transmission;
- Women's empowerment;
- Education on sex in schools.

Women's health care programs were expanded to include full coverage for HIV testing during pregnancy. Targeted prevention programs reached out to especially vulnerable groups such as prostitutes, drug users, truck drivers, inmates, street kids and indigenous people.

The mass media helped with the free airing and publication of educational campaigns. These mass-oriented campaigns used clear and direct language to stress the use of condoms in all sexual relations. Our experience shows that inconsistent messages – like those advocating abstinence and fidelity as solutions – run the risk of generating a misleading sense of security. Many married women with stable relationships felt protected by the simple fact that they had a single partner. The sad reality is that women are today the fastest growing risk group.

The success of the program gave Brazil the moral and political strength to withstand a complaint presented by the United States at the World Trade Organization, alleging that the policy of inducing cost reduction in drug prices was in violation of the Intellectual Property Rights obligations.

Brazil managed to muster enormous support for its cause. A spontaneous alliance was formed to support the Brazilian position that life-saving technologies serve an overriding public interest. Leading global NGOs, the scientific community and organizations of people living with HIV mobilized international solidarity and world public opinion. UN agencies adopted resolutions defining access to anti-AIDS drugs as a fundamental human right and urged the WTO to be flexible in finding the balance between patent rights and public health priorities.

As a result, on the very day of the opening in New York , in June 2001, of the Special Session of the UN General Assembly on AIDS, the United States withdrew the complaint against Brazil . I have no doubt that this favorable outcome was decisively influenced by global public opinion.

Despite all the program's accomplishments, it is important to acknowledge that the AIDS emergency is far from over in our country. Brazil is no exception to the international trend towards increased victimization of vulnerable social groups, namely the poor, young people and women. The gender ratio, which was 20 men versus 1 woman ten years ago, is now 2 to 1 and, amongst urban young people, 1 to 1. Today, 50% of the new cases of AIDS happen in young people.

The affected population is becoming younger, female, uneducated and poor. This raises additional challenges in a country with the social problems and continental dimensions of Brazil.

Thank you very much.