Building a State-Civil Society Alliance to Fight AIDS: the Brazilian Experience

II Conference of the International AIDS Society

Paris (France), 13th July 2003.

I wish to express my gratitude to the organizers of the Paris Conference for the opportunity to share with you lessons from the Brazilian experience of building a strategic alliance of State and civil society to fight AIDS. The challenge raised by AIDS, we all know, is multifold: epidemiological, social, cultural and political, in the best sense of the word.

AIDS is, for sure, a global public health priority. But, in contrast to other diseases, it also calls for bold, sweeping changes in people's values and mind-sets, sexuality and private life. The initial association of AIDS with so-called risk groups might have led to widespread stigma and discrimination. The risk of stigmatisation has been countered by the growing understanding that solidarity, partnership and responsibility are the values that empower effective strategies to fight AIDS. For this breakthrough to happen it was essential that victims became protagonists.

People living with AIDS did a number of things that patients suffering from other diseases had never done. They broke the silence and created their own organizations and networks. They lobbied governments, the scientific community and pharmaceutical companies. They mobilized public opinion and helped to design national and global policies.

Hard lessons have been learned. Unchecked, AIDS threatens to tear apart the very fabric of society. Silence and denial only breed despair and waste of precious time. Trust and partnership expand resources and competencies. Hope and solidarity are the strongest incentive to a responsible behavior.

The Brazilian experience is a valuable case study in the innovative interactions generated by the AIDS challenge: between State and civil society, prevention and care, economic imperatives and ethical values, large-scale action and targeted programs. Brazil has approximately 600.000 HIV positive people. Four-fifths 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.

How did a country with Brazil's cultural diversity, newly-regained democracy and heritage of poverty and inequality achieved this result? I believe the most distinctive aspect of Brazil's mobilization against AIDS is

the dynamic interplay between citizen initiatives and public policies. Brazil was also the first developing country to adopt as official policy the free and universal access to life-saving drugs.

The impact of AIDS in Brazil at the early eighties was to expose the glaring shortcomings of the public health system. The lack of adequate screening of blood banks, for instance, led to the widespread contamination of the hemophiliac population. Associations of people living with HIV-AIDS were the first to denounce the risks of discrimination and inaction.

A national network on HIV-AIDS and Human Rights gave social and political visibility to a problem that seemed to concern only a small number of people. Advocacy and political pressure led the Federal Government to create, as early as 1988, a national coordinating structure specifically entrusted with designing a comprehensive strategy to fight AIDS.

The outcome was a public policy in the truest sense of the word: task and responsibility of all sectors of society and of all levels of government. Its guiding principles are openness, flexibility, decentralization, multi-sectoral cooperation and support to innovative community-oriented initiatives. In 1994 a loan agreement signed by the government with the World Bank led to the financing of one thousand five hundred partnerships with six hundred non-governmental organizations.

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 a special national legislation ensured the right of free and universal access to antiviral drugs. One hundred thousand individuals currently receive medication and support on a regular basis from distribution centers close to their place of residence.

To sustain this policy it was absolutely essential to lower the price of the drugs. This goal was achieved by the government's policy of local production that today includes eight low-cost generic versions of non-patented antiviral drugs. Confronted with the perspective of government induced internal production, the pharmaceutical industry was compelled to sharply reduce its prices.

Between 1997 and 2001 the reduction in the price of medication was 48%. Today in Brazil the annual treatment by anti-retrovirals costs on average 2,500 dollars. 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 500 million dollar annual cost of this policy is being more than compensated by the reduction of the costs of hospital treatment and the economic benefits derived from people living a productive and dignified life. The death rate has fallen by 50%. Hospitalizations have plunged by 75%.

In the Brazilian approach, the treatment and prevention strategies 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 and inclusion of sex education in school

curricula. The Ministry of Health, in partnership with the Ministry of Education, trained two hundred thousand teachers from the public school system to raise awareness about sexually-transmitted diseases. A partnership with the Armed Forces facilitated the dissemination of information on AIDS to the seven hundred and fifty thousand young men who come each year to the Military Boards for conscription.

Women's health care programs were expanded to include full coverage for HIV testing during pregnancy. Targeted prevention programs reached out to specially vulnerable groups, such as sex workers, drug users, truck drivers, inmates and street kids. The media was called upon to relay educational campaigns. These mass-oriented campaigns used clear and direct language to stress the use of condoms in all sexual relations.

The Brazilian experience confirms that ambiguous and 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.

Local authorities were encouraged to create, at the municipal level, coordinating structures to extend the program's outreach in a decentralized way. In the Brazilian political tradition, changes in the party in power usually threatened the continuity of public policies. To minimize this risk a consensus was forged, involving the major political parties, to safeguard the AIDS strategy as a national priority.

The success of the program gave Brazil the moral and political strength to withstand the challenge addressed to the program in 2001 with the complaint presented by the United States at the World Trade Organization. The Brazilian policy of inducing cost reduction in drug prices was charged of being in violation of the Trade Related Intellectual Property Rights Agreement.

A spontaneous alliance was formed to support the Brazilian position that the immediate and widespread dissemination of life-saving technologies serves an overriding public interest. Leading global NGOs, the scientific community and organizations of people living with HIV mobilized international solidarity and world public opinion. A determined effort was made to inform and influence American public opinion about the controversy.

UN agencies adopted resolutions defining access to anti-AIDS drugs as a fundamental human right and urging the WTO to be flexible in finding the balance between patent rights and public health priorities. 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 in my mind 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, among the urban young, 1 to 1. Today fifty percent of the new cases of AIDS affect young people. The affected population is becoming younger, female, uneducated and poor.

These developments raise additional challenges in a country with the social problems and continental dimensions of Brazil. These vulnerable groups are less informed and organized. They are also more exposed to the pathologies deriving from malnutrition and lack of basic sanitation services.

Preventive strategies have to take into account this shifting pattern. They have to be as differentiated as their target groups and make an extra effort to be culturally, gender and age-sensitive. This implies coming to grips with a set of critical questions which, I am sure, are not exclusive to Brazil:

- how to ensure the availability of drugs where the need is greatest and resources scarce;

- how to overcome misconceptions and prejudices, such as the reaction against the use of condoms or to women's empowerment;

- how to move from successful pilot experiences at the community level to large-scale programs in complex urban settings or resource-poor rural areas.

There are no easy answers to these questions. I am deeply convinced, however, that pooling together the resources and skills of each of our societies and of the global community as a whole is the only way to successfully address these challenges.

Brazil has demonstrated that AIDS is not an intractable problem. AIDS in Africa is certainly the most urgent and complex challenge facing the global community today. Leadership from African governments to assume the fight against AIDS as their topmost priority is the decisive step towards releasing the energy and the resources needed to meet the challenge.

Active involvement of people living with AIDS, women, NGOs, religious and community leaders, is essential to overcome stigma, build broad national coalitions and attract international support. The private sector and the scientific community have the duty to exercise social responsibility on a global scale by devising appropriate mechanisms for making life-saving drugs available at viable costs.

The media has a key role to play in shaping people's values and fostering solidarity and responsible action. I would like to conclude these remarks on a note of confidence about the future. Today, more than ever, effectively fighting HIV-AIDS is a test to democracy, human rights and the global ethics of compassion and solidarity. We have good reasons to hope and hope can also be strengthened by committed, concerted action. This is our common responsibility.

Thank you very much.