

## Brazil



## PrEP Introduction & Scale-Up

**Executive Summary:** In 2017, Brazil became one of the first countries in Latin America to introduce oral PrEP. High costs, conservative societal views, and logistical difficulties posed challenges to rollout. PrEP implementation was initially concentrated in cities at a few specialized sites for key populations. More than 80% of PrEP users in Brazil are gay men. Transgender women and sex workers have limited access despite also being focus populations. To better reach those in need, in 2023, PrEP began to be offered to anyone who feels at risk based on self-assessment. In 2024, Brazil expanded PrEP into primary healthcare settings. CAB is now being scaled up, starting in large cities, and the health system is preparing for the introduction of LEN.

### Key Insights

- **Structural Barriers Hinder Access:** While the public health system provides free access to health care, economic challenges, such as transportation costs, poverty, and fear of stigma hinder access to PrEP services for key populations, especially in the north, a poorer region of the country.
- **Sustainability is a Challenge:** Brazil's PrEP program is fully funded by the national government, and HIV treatment comprises nearly all the HIV program's budget. The MoH relies on licensing and low pricing of PrEP products, and will be selective about which new products to introduce.
- **Strong MoH Partnerships Smooth Introduction:** Regulatory agencies, civil society, and implementers influence national guidelines and rollout plans, making them key collaborators for MoH.
- **New Products Must be Cost-Effective Relative to Other Options:** Because CAB is not recommended for those with silicone implants due to CAB's required intramuscular injection, coupled with no generic manufacturing agreement in place and high cost, MoH is unlikely to invest heavily in CAB.

### Key Implications

- **More Efforts are Needed to Reach those Most Vulnerable to HIV:** PrEP users are primarily older, male, and white, but data show HIV incidence is increasing among people who are younger, male, and Black/mixed race. Providing PrEP in community and primary healthcare settings could better reach populations with high need (e.g., adolescents).
- **Replicate Strategies that are Working:** São Paulo has decreased new HIV infections in part by providing a high number of PrEP services, high level of outreach, and differentiated delivery such as vending machines. Settings with higher rates of HIV benefit from innovative strategies such as these.
- **Data Systems are Ready:** Robust surveillance and linkages between the public health system and pharmacies should make it easy to track new products.
- **LEN Introduction is a Priority:** Initial rollout of injectable PrEP will prioritize key populations (GBMSM, transgender women, sex workers) in large cities, and expand to smaller cities and rural areas after. Gilead plans to file for regulatory review of LEN in 2025.

## Best Practices & Recommendations – Supply Side

### Regulatory & Normative Guidance

- MoH can expedite product approval by submitting a dossier to Anvisa, the national regulatory authority, which they did for oral PrEP. The process is easier for MoH due to its strong relationships and credibility with regulatory agencies compared to the industry, which faces a tougher pathway to prove efficacy, cost-effectiveness, and pricing.
- After initial approval, the dossier goes to the Committee for Incorporation of New Technology (Conitec) for an evaluation of data, evidence, cost, and potential savings.
- Cost-effectiveness of new products is a key factor in approval. MoH decides if there is funding to purchase the product. CAB, for instance, is currently very expensive.

## Planning & Budgeting

- Brazil's PrEP program is funded by the government, with no external donors, and PrEP is free for users. The program faces challenges related to the high cost of new drugs.
- Licensing and pricing are key to keeping the PrEP program sustainable. Economic restrictions and funding cuts make it difficult to sustain the current program.
- Brazil needs LEN priced below \$600/year to be cost-effective. Negotiations with Gilead are ongoing. Brazil is also engaged with UNAIDS in a campaign for affordable pricing for oral PrEP (to \$40).
- Plans to implement injectable PrEP begin in 27 state capitals, where most new infections are concentrated.



## Research, Monitoring, and Evaluation

- Medicines are only available through the government, ensuring strong surveillance.
- Brazil has robust data systems for monitoring distribution and surveillance, which will be adapted for new technologies like injectable PrEP.
- Brazil uses a model that has shown that three people on PrEP for every new HIV case leads to a decrease in the epidemic.
- Implementation project data can prompt changes to national guidelines (e.g., PrEP15-19 study pushed for adolescent KPs in guidelines) and inform scale-up.

## Best Practices & Recommendations – Demand Side

### Health Service Delivery

- Training healthcare providers to reach key and vulnerable populations with PrEP is a challenge. Many clinics lack the human resources to offer PrEP due to a focus on HIV care/treatment. Providers are not well-informed about PrEP and there is some resistance to incorporate new methods.
- Clinics serving sex workers and transgender women focus on gender-affirming care and contraceptive services, while STI prevention and PrEP are less of a concern. Offering other SRH services can support PrEP introduction and scale-up.
- Aim to drastically increase PrEP coverage by offering HIVST and PrEP via telehealth, vending machines, and other decentralized and innovative settings.

### Demand Generation

- PrEP messaging has not reached target populations effectively. Vulnerable adolescents (a focus population with high PrEP need) often have little knowledge of PrEP. Refine messaging to reach these populations without stigmatizing them.
- PrEP is free in Brazil, but demand creation strategies are limited. Need to include demand creation strategies in national programs.
- Demand creation relies on websites, with little use of other media sources. Some influencers and doctors talk about PrEP on social media. Diversify the media channels and personnel used to create demand.
- For injectable PrEP, engaging communities and primary health care services is crucial to avoid restricting these methods to specific populations.

### Stakeholder Engagement

- Strong CSOs play a crucial role in Brazil's HIV response, which has always involved the government and civil society working together.
- The public health system does not traditionally have close partnerships with private companies. Start forging sustainable relationships with the private sector.
- CSOs push the government to adopt new innovations. But how to incorporate and deliver a range of innovations, which are often expensive, is unresolved. Discuss, generate data-driven scenarios, and strategize how to adopt and incorporate these innovations.
- MoH invests in civil society, recently allocating a significant amount of money to finance HIV/AIDS NGOs in Brazil.