



TIMELINE

40 YEARS OF THE AIDS EPIDEMIC IN BRAZIL

The main events and historical milestones of Brazil's response to AIDS have been compiled in this timeline. In addition to managers and technicians from Dathi/SVSA/MS, several representatives from civil society organizations contributed to the information highlighted here. May this collective construction of the trajectory of Brazil's response to the HIV and AIDS epidemic inspire us to overcome current challenges and envision new horizons.



1981

The first case of what would come to be known as AIDS is reported in the United States.

1982

São Paulo records the first case of AIDS in Brazil.

1983

The São Paulo State AIDS Program is created. Also in São Paulo, the gay group "Outra Coisa", founded in the early 1980s, distributes informational material about the disease in gay social spaces.

1984

French experts identify the agent responsible for AIDS, which could be transmitted through blood or sexually, and call it the **human immunodeficiency virus (HIV)**.

1985

The **National AIDS Control Program** is created through Ordinance No. 236 of the Ministry of Health, initially linked to the Division of Sanitary Dermatology of the National Secretariat for Special Health Programs (Sneps).

The World Health Organization (WHO) recognizes AIDS as a public health problem and creates the Global Program for the disease.

The first HIV tests are marketed. In São Paulo, the **AIDS Prevention Support Group (GAPA)** is created with the aim of promoting prevention, information, and assistance to people living with HIV and AIDS and their families. In the following years, GAPA groups will be founded in other states across the country.

1986

AIDS becomes a notifiable disease in Brazil. The 8th National Health Conference is held, addressing the issue of AIDS and laying the foundations for what would become the Unified Health System (SUS). The National Commission for the Control of Acquired Immunodeficiency is created, later transformed into the **National AIDS Commission (Cn aids)**, which continues to this day. The country's first support house for people with AIDS is established, founded by Brenda Lee with her own resources.



1987

The STD [at the time] and AIDS Division is created. A drug used to treat leukemia, **zidovudine (AZT)**, emerges and begins to be used internationally as an antiretroviral against HIV, offering hope to people living with HIV or AIDS.



Researchers at the Oswaldo Cruz Institute (Fiocruz) isolate HIV-1 and obtain the first image of the virus in Brazil and Latin America. The Brazilian **Interdisciplinary AIDS Association (ABIA)** is founded in Rio de Janeiro. The Ministry of Health launches the AIDS Epidemiological Bulletin. The first case of AIDS in the indigenous population is recorded in an indigenous community in the southern region of the country.

1988

The World Health Organization (WHO) and the United Nations (UN) designate December 1 as **World AIDS Day**. The date was chosen to raise awareness about HIV and AIDS, promote prevention, fight prejudice, and honor those who have died from AIDS-related illnesses. The new **Federal Constitution** is enacted and defines health as a right for all and a duty of the State. Laws No. 7,713 and No. 7,670 guarantee, respectively, income tax exemption and specific social security/labor rights for people living with HIV or AIDS. By its turn, the Henfil Law (No. 7,649) establishes mandatory testing for HIV, hepatitis B, syphilis, and Chagas disease in blood donations, aiming to ensure the safety of transfusions.



1989

The **Previna Project** emerges as the first government policy aimed at developing prevention measures targeting sex workers, homosexual men, intravenous drug users, and prison inmates. The Declaration of Fundamental Rights of People Living with HIV or AIDS is launched during the first meeting of people with AIDS in Porto Alegre.



1990

The **Unified Health System (SUS)** is created, based on the principles of universality and integrity. The Ministry of Health adopts December 1 as World AIDS Day. People living with HIV or AIDS have the right to withdraw funds from the Severance Indemnity Fund (FGTS) – as in cases of serious illness – under Law No. 8,036. Brazilian non-governmental organizations boycott the 6th World AIDS Conference due to the ban on people living with HIV or AIDS entering the United States – a measure that was only revoked under Barack Obama in 2009. The **Life Incentive Group (GIV)** is founded, the first NGO/AIDS organization run exclusively by people living with HIV or AIDS.



1991

Activism and social militancy exert pressure, and the Brazilian government begins to provide AZT to people living with HIV or AIDS. The **Red Ribbon**, seen as a symbol of solidarity and commitment against the disease, is created by Visual AIDS, a group of art professionals in New York, in honor of friends and colleagues who died from the disease. People living with HIV or AIDS are entitled to disability retirement benefits and are exempt from medical reevaluation to verify their health conditions, in accordance with Law No. 8,213.

"Casa Vida" is founded by Father Júlio Lancellotti to take in children living with HIV or AIDS. The 1st National Meeting of People Living with HIV and AIDS is held by the **Pela Vidda Group**, with support from Abia. The Ministry of Health and the Ministry of Defense launch the "AIDS in the crosshairs" campaign, a partnership involving Brazil's three armed forces.

1992

The Federal Council of Medicine (CFM) publishes Resolution No. 1,359 on the obligation of physicians to tend to people with HIV or AIDS. Interministerial Ordinance No. 796, known as "Sheila Cortopassi", prohibits discrimination against children living with HIV or AIDS in schools. HIV testing of federal civil servants is also prohibited (Interministerial Ordinance No. 869). AZT begins to be produced domestically at a price 50% lower than that of the imported product.



1993

Notifications of new cases begin to be recorded in the **Notifiable Diseases Information System (SINAN)**. Law No. 8,742 guarantees a minimum monthly benefit to persons unable to live independently and work, including people living with HIV or AIDS who are unable to support themselves or be supported by their families. CFM Resolution No. 1,359 prohibits compulsory HIV testing, ensuring that the test is only performed with consent, and reinforces the obligation of professional confidentiality regarding a person's serological status. **Gestos**, a non-governmental organization, is founded in the city of Recife with the aim of contributing to prevention and guaranteeing the human rights of people living with HIV and AIDS.



The WHO has declared tuberculosis (TB) a global emergency. This decision was strongly influenced by the spread of the HIV and AIDS epidemic, with **TB-HIV co-infection** being one of the main public health challenges in the world—people living with HIV are at greater risk of contracting tuberculosis, and the number of TB-related deaths is higher in this population.

1994

The Previna project reaches indigenous populations. The AIDS Clinical Trials Group (ACTG 076) investigates the effectiveness of AZT in **preventing vertical transmission of HIV**, i.e., from pregnant women to their babies, and demonstrates the possibility of reducing this transmission by 70% with the use of the drug during pregnancy, childbirth, and in newborns as prophylaxis. The study is a milestone for prenatal care and reducing the epidemic in children.



The first forum for coordination between non-governmental organizations working on AIDS issues is created, the NGO/AIDS Forum of the State of São Paulo (Foaesp). The initiative mobilizes several Brazilian states to set up similar local bodies.

1995

The National Network of People Living with HIV or AIDS – **RNP+ Brasil** is created, with people living with HIV and AIDS playing an important role in policies to respond to infection and disease. The National AIDS Program promotes the series "Preventing is Always Better" and "Growing Up at One with Life," in partnership with TV Educativa, on HIV and AIDS prevention for elementary and high school students and teachers. A partnership is established between the Ministry of Education and the Ministry of Health to develop prevention actions in schools.



1996

The **Joint United Nations Programme on HIV/AIDS (UNAIDS)** is established. Highly active antiretroviral therapy (HAART) is used for the first time and emerges as a promising treatment alternative.



In Brazil, Law No. 9,313 guarantees the **universal and free distribution of antiretroviral drugs**, an achievement of people living with HIV or AIDS. Brazil is the first country in the world to guarantee this right by law. The Logistics Control System for Medicines (SICLOM), is created, which is essential for monitoring stocks and distribution of antiretroviral drugs throughout the country.

1997

The implementation of the National Laboratory Network begins, with the objective of performing HIV viral load tests and CD4+ T-cell counts. The first Guide to the Treatment of HIV Infection in Adults and Adolescents is published, aiming to provide guidance on antiretroviral therapy and the manifestations associated with HIV infection.



This year also marks the effective start of the distribution of **combined antiretroviral therapy**, nicknamed the "cocktail," to people living with HIV and AIDS through the SUS. In the 1st Brazilian Consensus on Tuberculosis, HIV testing became recommended for all people with tuberculosis.

1998

Health insurance companies are prohibited from refusing customers with HIV infection, as well as creating clauses that exclude treatment for HIV or AIDS (Law No. 9,656). The first regulation with guidelines for the diagnosis of HIV infection in Brazil is published through Ordinance No. 488.



1999

The first guidelines for **post-exposure prophylaxis (PEP)** for HIV risk are released, and PEP begins to be made available through the SUS. The Ministry of Health recommends the integration of HIV and tuberculosis control measures, and the inclusion of TB-HIV coinfection is consolidated as a priority in the National Tuberculosis Control Plan.



2000

The **Parliamentary Front for HIV and AIDS** is established in the National Congress. Notification of HIV infection in women during pregnancy, childbirth, and the postpartum period, and in children exposed to the risk of vertical transmission of HIV becomes mandatory. UNAIDS opens an office in Brazil, located in Brasília. The Logistics Control System for Medicines (Siclom) and the Control System for CD4+/CD8+ Laboratory Tests and HIV Viral Load (Siscel) are created.



2001

Brazil produces seven antiretroviral drugs for HIV; as a result, the country is sued by the World Trade Organization (WTO) and threatens to declare compulsory licensing of the drugs. The laboratories agree to reduce prices and the complaint against the country is withdrawn. The first **UNGASS**, the United Nations General Assembly on HIV and AIDS, is held, and the **Global Fund** is created, a partnership aimed at accelerating the end of AIDS, tuberculosis, and malaria as epidemics.

Renageno – the National Genotyping Network – is implemented in Brazil, helping to identify HIV-1 resistance to antiretroviral drugs and supporting the selection of appropriate medications for people living with HIV or AIDS who are experiencing treatment failure. Law No. 10,205 regulates the collection, processing, storage, and distribution of blood products in Brazil.

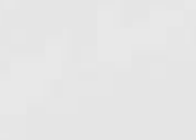
2002

Law No. 10,409 introduces and regulates **harm reduction**, an important strategy for HIV and AIDS prevention and care, especially in relation to people with problems of abuse and dependence on injectable drugs. The **AIDS Pastoral Care** is created at the national level, a social action service of the National Conference of Bishops of Brazil (CNBB). The "Esquina na Noite" (Corner at Night) project begins with the aim of expanding and strengthening STI, HIV, and AIDS prevention actions for sex workers.



2003

Brazil has become a global benchmark for providing free treatment to people living with HIV or AIDS. The federal government guarantees **financial incentive** to states and municipalities that develop projects related to the surveillance, prevention, and control of HIV, AIDS, and sexually transmitted infections (STIs). The incentive policy continues to this day and promotes the decentralization of Brazil's response to HIV and AIDS. The Genotyping Test Control System (Sisgeno) is created.



The **"Fique Sabendo"** (Find Out) campaign is launched, encouraging the population to take HIV tests at SUS healthcare services. CFM Resolution No. 1,665 prohibits doctors from compulsorily requesting serological tests for HIV. The sub-network of laboratories of the National STD and AIDS Program, responsible for performing serological tests for the detection of anti-HIV antibodies, is standardized through Ordinance No. 34. The pilot project Health and Prevention in Schools (SPE) is launched.



The Brazilian AIDS Program receives the **Gates Global Health Award**, with a prize of one million dollars in recognition of community-based prevention actions, a resource that was entirely allocated to improvements in support houses in Brazil. On the other hand, the US Government's Emergency Plan for AIDS Relief (PEPFAR) established a policy known as ABC to promote abstinence, fidelity, and condom use, paving the way for setbacks in human and civil rights achievements. Brazil refused to participate, through a political decision based on principles of sovereignty and experience in public health policies.

2004

Monitoraids, a set of indicators to monitor the HIV and AIDS epidemic, is launched. The **"Transvestites and Respect"** campaign establishes January 29 as Trans Visibility Day in Brazil. The **National Movement of Positive Women (MNCP)** is created with the aim of coordinating, mobilizing, and strengthening women living with HIV and AIDS in Brazil. However, the Movement's first actions began in 1999, during the First Regional Seminar of Women Living with HIV and AIDS in Latin America and the Caribbean in Bogotá, Colombia, where discussions about HIV, AIDS, and women began, giving rise to the MNCP.



The government launches the **"Brazil without Homophobia"** and **"Afroattitude Brazil"** programs in response to HIV and AIDS. The 2nd Brazilian Consensus on Tuberculosis recommends the use of isoniazid for six months in people living with HIV as a strategy for preventing tuberculosis.

2005

Ordinance No. 1,028 regulates actions aimed at reducing social and health harms resulting from the use of addictive products, substances, or drugs. **Rapid tests** for diagnosing HIV infection in special situations and the start of their centralized acquisition by the Ministry of Health are regulated by Ordinance No. 34. In opposition to prevention measures based on moral approaches, such as policies promoting abstinence and fidelity, the Brazilian government refuses more than US\$40 million from the U.S. Agency for International Development (USAID).



2006

Law No. 11,343 includes the concept of vulnerability in health actions and policies. The **National Network of Adolescents and Young People Living with HIV and AIDS (RNAJVHA)** is created. Law No. 11,343 establishes the National System of Public Policies on Drugs (Sisnad). The National Health Council approves the Charter of Rights for Health Care Users. People living with HIV star in the World AIDS Day Campaign.



2007

In an unprecedented move, the Brazilian government issues a **compulsory license** for the antiretroviral drug efavirenz, allowing it to be manufactured locally. The National Plan to Combat the AIDS Epidemic and STDs [at the time] among gay men, men who have sex with men, and transvestites, and the Integrated Plan to Combat the Feminization of the AIDS Epidemic and other STDs [at the time] are launched.



2008

The country's **first state-owned condom factory** opens in Xapuri (AC). The factory used latex from native rubber trees in the extractive reserve. The condoms produced were purchased by the Ministry of Health and distributed throughout the country. The SUS (Unified Health System) begins to offer **sex reassignment surgery** (Ordinance No. 1,707).



2009

The National STD [at the time] and AIDS Program is transformed into a department of the Health Surveillance Secretariat (SVS), including the National Viral Hepatitis Program in its structure. The Ministry of Health begins distributing rapid tests for HIV diagnosis. Ordinance No. 14 unifies the diagnosis of HIV infection and regulates laboratory and rapid testing flowcharts. Ordinance No. 1,820 guarantees the right to register and use a **social name** in health services.



2010

PEP is extended to vulnerable populations and is also available in the urgent and emergency care network for people exposed to risk through sexual relations. The **"Stork Network"** includes measures to control vertical transmission of HIV, and rapid testing is extended to all pregnant women during prenatal care in primary care. President Luis Inácio Lula da Silva receives the UNAIDS Leadership Award in recognition of his contribution to economic and social development and the response to AIDS.



2011

Brazil announces the domestic production of two new AIDS drugs, atazanavir and raltegravir, in addition to a generic version of tenofovir, indicated for AIDS and hepatitis B. Support houses for adults with HIV and AIDS now receive financial incentives from the federal government (Ordinance No. 2,555). **Testing and counseling centers** in Brazil's state capitals offer rapid tests for hepatitis B and C, in addition to rapid HIV tests, which have been available since 2005.



2012

The Oslo Declaration, a document drafted by the network of social movements against AIDS, speaks out against violence and the criminalization of people living with HIV or AIDS. The Ministry of Health makes rifabutin available to people with TB-HIV in Specialized Care. A protocol is established for the use of nevirapine associated with zidovudine in newborns of mothers with HIV who were not adequately treated during pregnancy. The Ministries of Health and Defense, and UNAIDS promote the Committee for the Prevention and Control of STIs and AIDS in the Armed Forces (Coprecos-Brazil) for the prevention of sexually transmitted infections in military personnel working in peacekeeping missions, with the participation 15 countries in South America and the Caribbean.



2013

The Ministry of Health adopts a strategy of **Treatment as Prevention (TasP)**, as well as widespread testing and the recommendation of pre- and post-exposure prophylaxis (PrEP and PEP) with antiretroviral drugs. The National Guidelines for the Management of HIV Infection in Adults are launched, recommending the use of antiretrovirals as treatment for any stage of the disease, regardless of CD4 count, as well as the use of the "3 in 1" regimen, a single tablet containing three antiretrovirals. The Technical Manual for the Diagnosis of HIV Infection in Adults and Children is also approved by Ordinance No. 29.

Joint Ordinance No. 1, dated January 16, 2013, regulates STI, HIV, and AIDS care services, and the Federal Nursing Council confirms the competence of nurses to perform rapid tests. The **Combination Prevention** strategy is adopted in Brazil, encompassing biomedical, behavioral, and/or structural interventions through the simultaneous use of different prevention methods applied individually, in sexual partnerships, and in communities. The **"Live Better Knowing It"** project, a peer education approach aimed at implementing combined prevention actions, particularly testing, for the populations most affected by the epidemic, also emerges.



The **National AIDS Coordination (Anaidis)** is created, a network that brings together representatives from State NGO/AIDS Forums, collectives, and movements of people living with HIV or AIDS, with the mission of strengthening the coordination and participation of organized civil society in the response to HIV and AIDS, representing it in different forums and events. The campaign "I'm Happy Being a Prostitute" was launched to combat prejudice and violence, promoting the right of sex workers to comprehensive health care in the SUS.

The Recommendations for the Management of TB-HIV Coinfection in Specialized Care Services for People Living with HIV and AIDS are published as part of the implementation of strategies to reduce morbidity and mortality from coinfection.

2014

Ordinance No. 1,271 makes notification of HIV infection compulsory, and Law No. 12,984 makes it a **crime to discriminate against people living with HIV or AIDS** through actions such as denying them school enrollment, employment, or health care. The expansion of tuberculosis prevention, diagnosis, and treatment actions for people living with HIV is included in the WHO's Global Strategy "End TB." The British journal The Lancet publishes a study showing that AIDS treatment in Brazil is more efficient than the global average. The PCDT for the Management of HIV Infection in Children and Adolescents is published. The Laudo System is created with the aim of facilitating HIV management by health professionals and strengthening self-care for people living with HIV or AIDS.



2015

The Brazilian Health Regulatory Agency (Anvisa) authorizes the sale of **self-testing kits for HIV diagnosis**. HIV genotyping tests are included in the Table of Procedures, Medicines, Orthotics/Prosthetics, and Special Materials of the Unified Health System (SUS) (Ordinance No. 908). PCDTs are launched for the Prevention of Vertical Transmission of HIV, Syphilis, and Viral Hepatitis and for Post-Exposure Prophylaxis (PEP) for HIV Risk. The Clinical Monitoring System for People Living with HIV or AIDS (Simc) is established.



2016

The pilot study for the "The Time is Now" project, focusing on self-testing for key populations, is completed. More than 72,000 people access the project's online platform and around 2,900 self-testing kits are distributed. The Ministry of Health releases the HIV Clinical Monitoring Report, which presents, for the first time, epidemiological information on the diagnosis, treatment, and viral suppression of people living with HIV or AIDS in the country.



Decree No. 8,727 determines the use of social names and the **recognition of the gender identity** of transvestites and transsexuals within the scope of direct federal public administration, autonomous agencies, and foundations.

2017

The National Guidelines for HIV Pre-Exposure Prophylaxis (**PrEP**) are **published** and **PrEP is incorporated** into the SUS. Self-testing kits for HIV diagnosis begin to be marketed. It becomes mandatory to fill in the race/color/ethnicity field in the SUS information systems. New criteria for antiretroviral treatment regimens are announced, with the mandatory use of dolutegravir.

The "Tuberculosis-Free Brazil" Strategy is launched, aiming to strengthen intra- and inter-sectoral coordination for the care of vulnerable populations, with an emphasis on collaborative TB-HIV actions.



The National Network of Transvestite Women, Transsexuals, and Trans Men Living with HIV and AIDS (RNTTHP) is created.

The Guide for the **Certification of the Elimination of Vertical Transmission of HIV** in Brazil is launched, initiating a strategy to encourage and recognize efforts by states and municipalities to prevent vertical transmission of HIV. The first Brazilian municipality to be certified for the elimination of VHT during this period is Curitiba.

The UN Integrated Plan to support the response to the AIDS epidemic in Amazonas, known as "Amazonaids", is launched.

2018

The General Data Protection Law (Law No. 13,709) ratifies the confidentiality of the status of people living with HIV or AIDS. The Ministry of Health begins distributing free HIV self-tests. The Political Declaration of the High-Level Meeting on Tuberculosis includes among its goals increasing the number of people living with HIV or AIDS treated for latent tuberculosis infection (LTBI). **PrEP becomes available** through the SUS. The Technical Manual for the Diagnosis of HIV Infection in Adults and Children is updated. The First National Conference on Health Surveillance is held, whose final report presents recommendations for addressing HIV and AIDS and reaffirms the defense of universal access to treatment. The Project Evaluation and Monitoring System (Simav) is created.



2019

Data from tuberculosis and HIV information systems are integrated and surveillance of TB-HIV coinfection is improved, contributing to the preparation of epidemiological bulletins and the development of integrated actions. Information Note No. 5 highlights the concept of **"Undetectable = Untransmittable"** for people living with HIV who are undergoing treatment and have had an undetectable viral load for at least six months. The Stigma Index Survey on people living with HIV or AIDS is being conducted for the first time in Brazil.



2020

The Ministry of Health launches the TB-HIV Coinfection Epidemiological bulletin and makes the latent tuberculosis infection (LTBI) module available in the HIV Clinical Monitoring System (Simc). The module allows for the monitoring of tuberculosis preventive treatment (TPT) in people living with HIV or AIDS. The Interferon-Gamma Release Assay (IGRA), a test indicated for the diagnosis of LTBI in people living with HIV or AIDS and other specific populations, and the 3HP regimen (isoniazid + rifampentine, weekly for three months) for TPT are incorporated into the SUS, providing greater adherence and tolerability, especially in people living with HIV or AIDS. The country implements the National Rapid HIV Viral Load Network.



2021

Priority access to the **COVID-19 vaccine** is guaranteed for people living with HIV or AIDS. Two tests for the rapid diagnosis of infections in people living with HIV or AIDS are incorporated into the SUS: LF-LAM (for active tuberculosis) and LF-CrAg (for cryptococcal disease). The National Network for Rapid T-CD4+ Lymphocyte Counting is implemented.



2022

The National Guidelines for PrEP are updated to ensure access to prophylaxis for all sexually active individuals over the age of 15. The preservation of HIV diagnosis confidentiality is reinforced once again and becomes mandatory through Law No. 14,289. The **National Pact for the Elimination of Vertical Transmission** of HIV, Syphilis, Hepatitis B, and Chagas Disease as Public Health Problems is published. Twenty-eight municipalities are evaluated and certified for the elimination of vertical transmission of HIV.



The Ministry of Health begins to centrally purchase antifungal drugs for the treatment of endemic mycoses – of implantation, systemic, and opportunistic – in people living with HIV or AIDS. The Rapid Advanced AIDS Circuit pilot project is launched in five epidemiologically priority states, aiming to reduce morbidity and mortality by improving the quality of care for people living with the disease. The Gabriela Leite Feminist Collective Against AIDS is created to address structural sexism in the response to AIDS and help coordinate related public policies.

2023

The WHO explicitly states that an undetectable viral load equals zero risk of HIV transmission. This announcement is a victory against stigma and discrimination related to people living with HIV or AIDS. The Brazilian Network of Older People Living with HIV, AIDS, and Other Comorbidities is founded.



The federal government establishes the **Interministerial Committee for the Elimination of Socially Determined Diseases (Ciededs)**, including AIDS and vertical transmission of HIV. Resolution No. 709 of the National Health Council reinforces the need to intensify collaborative actions for TB-HIV and to achieve the goals of eliminating AIDS and tuberculosis as public health problems.

The National Health Surveillance Agency (Anvisa) approves the first injectable drug that can be used to prevent HIV infection in Brazil, known as **injectable PrEP**. The Ministry of Health sets up a Working Group with the objective of strengthening the lines of action of the National Pact for the Elimination of Vertical Transmission at the national level, through Ordinance No. 864. Brazil joins the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination, and the Global Council on Inequalities, HIV, and Pandemics is launched in the country.

2024

The **Healthy Brazil Program – Uniting to Care** is created, with goals that include eliminating AIDS and vertical transmission of HIV as public health problems through an approach that considers the social determinants of health.



The prescription of PEP and PrEP by nurses and pharmacists within the SUS is systematized. The National Guidelines for the Management of HIV Infection in Adults and Children and Adolescents are updated, as well as the National Guidelines for PEP. The Integrated HIV and AIDS Care Monitoring Dashboard is launched.

The Ministry of Health incorporates fostemsavir, indicated for the treatment of people with multidrug-resistant HIV, and Brazil becomes the first country with universal access to antiretrovirals to integrate this drug into its therapeutic arsenal. The "Brazil Coalition is launched, a broad front resulting from the union of various representatives of civil society who, historically, have been dedicated to combating socially determined infections and diseases.

The G20 is held under Brazil's leadership. The joint statement by health ministers reaffirms the commitment to eliminate AIDS as a public health problem. The Ministry of Health provides care to people living with HIV and AIDS during the floods that hit the state of Rio Grande do Sul. The rapid test for simultaneous detection of HIV and syphilis in the same sample is incorporated and distributed in the SUS.

2025

The Ministry of Health establishes the Committee for Tuberculosis-HIV Coinfection (CTA TB-HIV) through Ordinance No. 6,733. Options for sexual orientation and gender identity are expanded in the registration forms of the Ministry of Health's information systems, aiming to improve the visibility of the LGBTQIA+ population and promote more equitable health actions. The Guidelines for the Elimination of AIDS and HIV Transmission by 2030 are published, establishing national targets aligned with the global AIDS strategy, with the aim of reducing HIV-related infections and deaths. The Pan American Health Organization and World Health Organization **certify Brazil for eliminating vertical transmission of HIV as a public health problem**.

Brazil assumes the chairmanship of the UNAIDS Programme Coordinating Board (PCB). The Ministry of Health begins distributing textured condoms as part of a strategy to diversify supply and increase condom use, especially among young people.