

# PrEP roll-out at the National Program in Brazil

Authors: T. Meireles D. Alencar; A.R. Pati Pascom, M. T. Santos Christ, I. Ornelas Pereira, C. H. Dutra de Barros, M. Veloso Meireles, C. Pimenta, F. M. Rick, A. Schwartz Benzaken  
Affiliation: Brazilian Ministry of Health, Brasília, Brazil

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## Background

Since December 2017, based on recent evidence of PrEP efficacy and on a national study of cost-effectiveness, Brazil's strategy of combination prevention to HIV included free access to pre-exposure prophylaxis (PrEP) through its public, Unified Health System (SUS). Initial investment was US\$ 2.7 million to purchase 3.6 million pills and thus meet the demand for the 1st year (US\$ 0.75/unit or US\$ 22.50/bottle). Brazilian PrEP guidelines recommend daily dosing of TDF+FTC to three HIV key populations: gay men and other men who have sex with men (MSM); commercial sex workers (CSW); and trans people (TP) – as well as a fourth group made up of serodiscordant couples (SDC). These PrEP guidelines are also available via mobile apps, to ease consultation by PrEP users and health professionals. SUS is providing PrEP free of charge at point of care in 11 states – in a total 36 health services within 22 municipalities. The remaining 16 Brazilian states have already been trained and will start to offer PrEP by July 2018. The goal of the Brazilian Ministry of Health (MoH) is full implementation of PrEP in Brazil by the end of 2018, in at least 65 different HIV services. The MoH has also produced a document with recommendations on how to expand PrEP to new health facilities, so that state and municipal levels can be even more autonomous during the phase of PrEP expansion, with support from the MoH.

## Methods

The MoH has adapted its national ARV logistic control system (Siclom) to include clinical forms of PrEP follow-up, in order to standardize data collected in Brazil. This system is being used to track 20 different indicators – such as PrEP users' profiles, sexual practices, adverse events, adherence, seroconversion, PrEP interruption, STIs – as well as the country's health service network. In this poster, we present data on the profiles of PrEP users from January 1 to March 31, 2018. Data were analyzed using IBM SPSS Statistics.

## Results

During the first quarter of PrEP deployment, 1,758 TDF/FTC prescriptions were given to 1,120 PrEP users. In all, 83% of them were MSM; 11% cis women; 4.9% heterosexual men; 1% transgender women (TGW); and 0.2% transgender men (Figure 1). Among MSM, 8% declared sex work; an equal percentage was observed among cis women; and 25% among TGW (Figure 2). The 30–39 age group presented the highest number of PrEP users. Figure 3 presents age data by key populations. The vast majority had had 12 or more years of schooling (76.9%) (Figure 4). The mean number of sexual partners, in three months, was higher in the 18–24 (18.4) and 25–29 (18.8) age groups (Table 1). Thirty days after the first TDF/FTC prescription, 57.7% of users reported no adverse events related to PrEP use, and 7.7% having missed five or more pills (Figure 5). With regard to STIs, 19.5% reported symptoms or diagnosis in the six months prior to PrEP initiation (Figure 6).

Figure 1 – Proportion of PrEP users by population

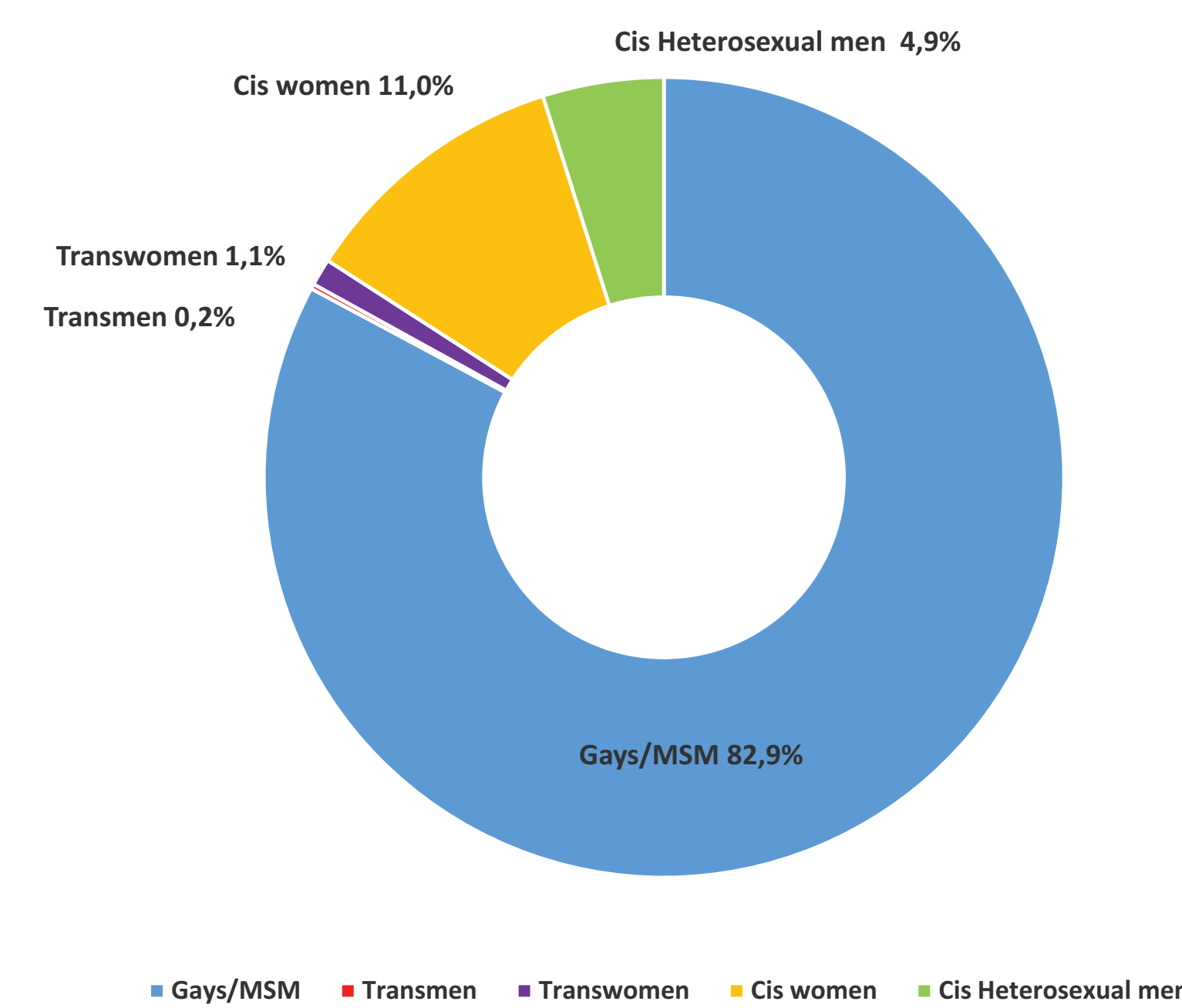
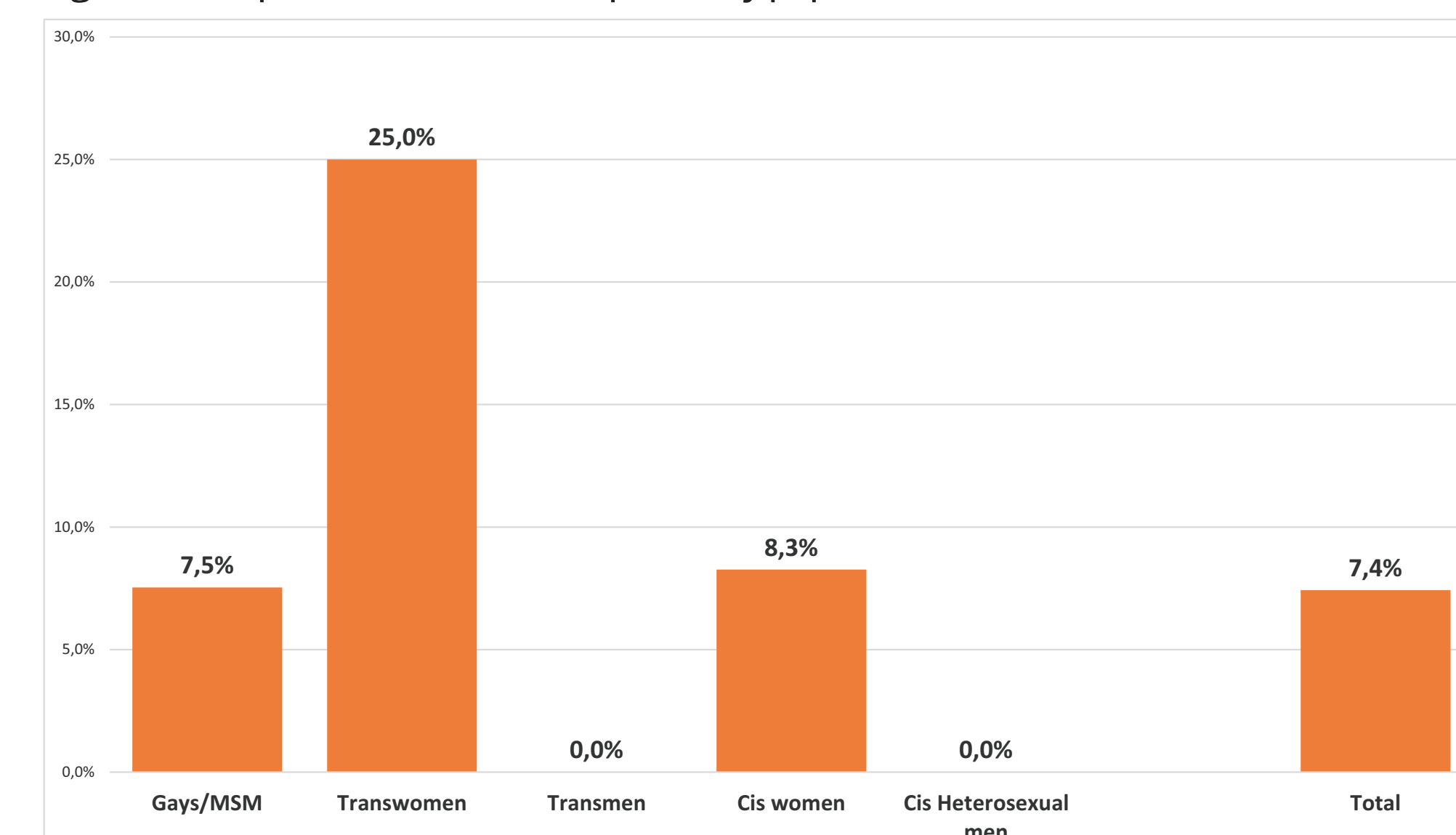


Figure 2 – Proportion of sex work reported by population



## Appendix

Figure 3 – Distribution of PrEP users by age group, by population

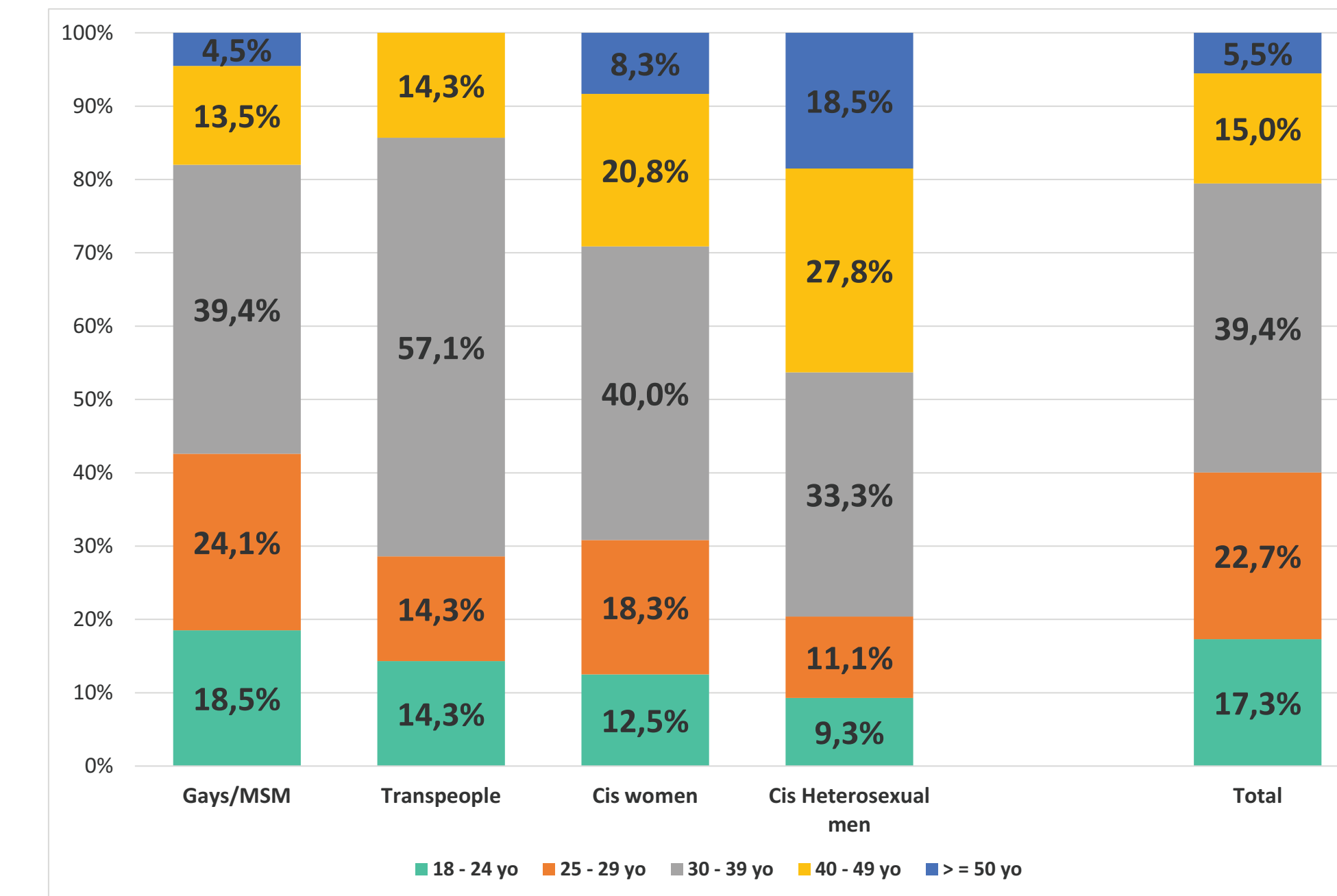


Figure 4 – Distribution of PrEP users by years of formal education, by population

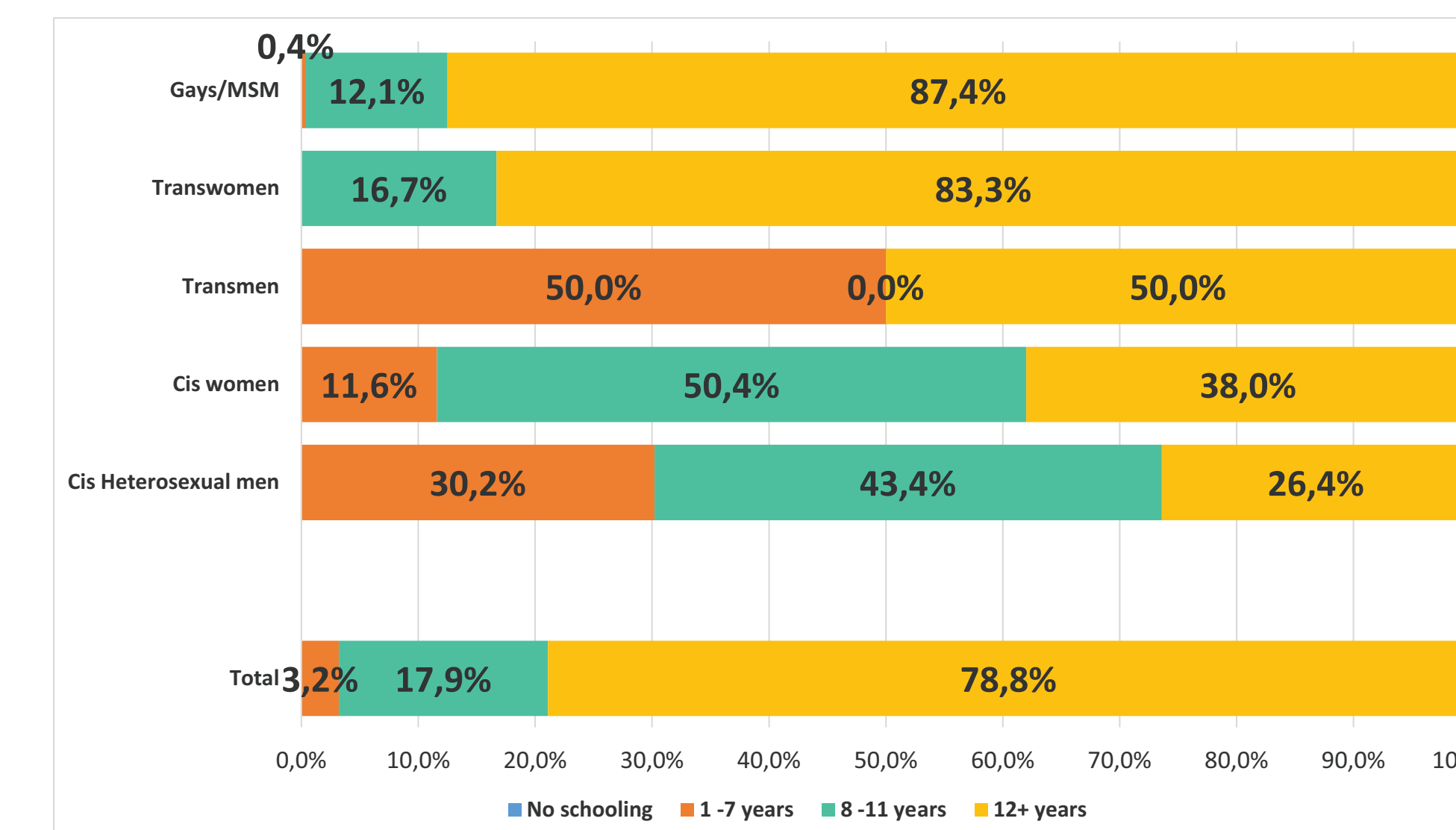


Table 1 – Mean and median of number of sexual partners of PrEP users, in the 3 previous months (baseline), by age group

Age groups	Average number of sexual partners	Median number of sexual partners	N
18 – 24 yo	18.4	3	192
25 – 29 yo	18.8	5	256
30 – 39 yo	11.3	4	438
40 – 49 yo	8.9	4	168
>= 50 yo	5.7	2	61
Total	13,6	4	1.115

Figure 5 – Adverse events related to PrEP on 30-day return

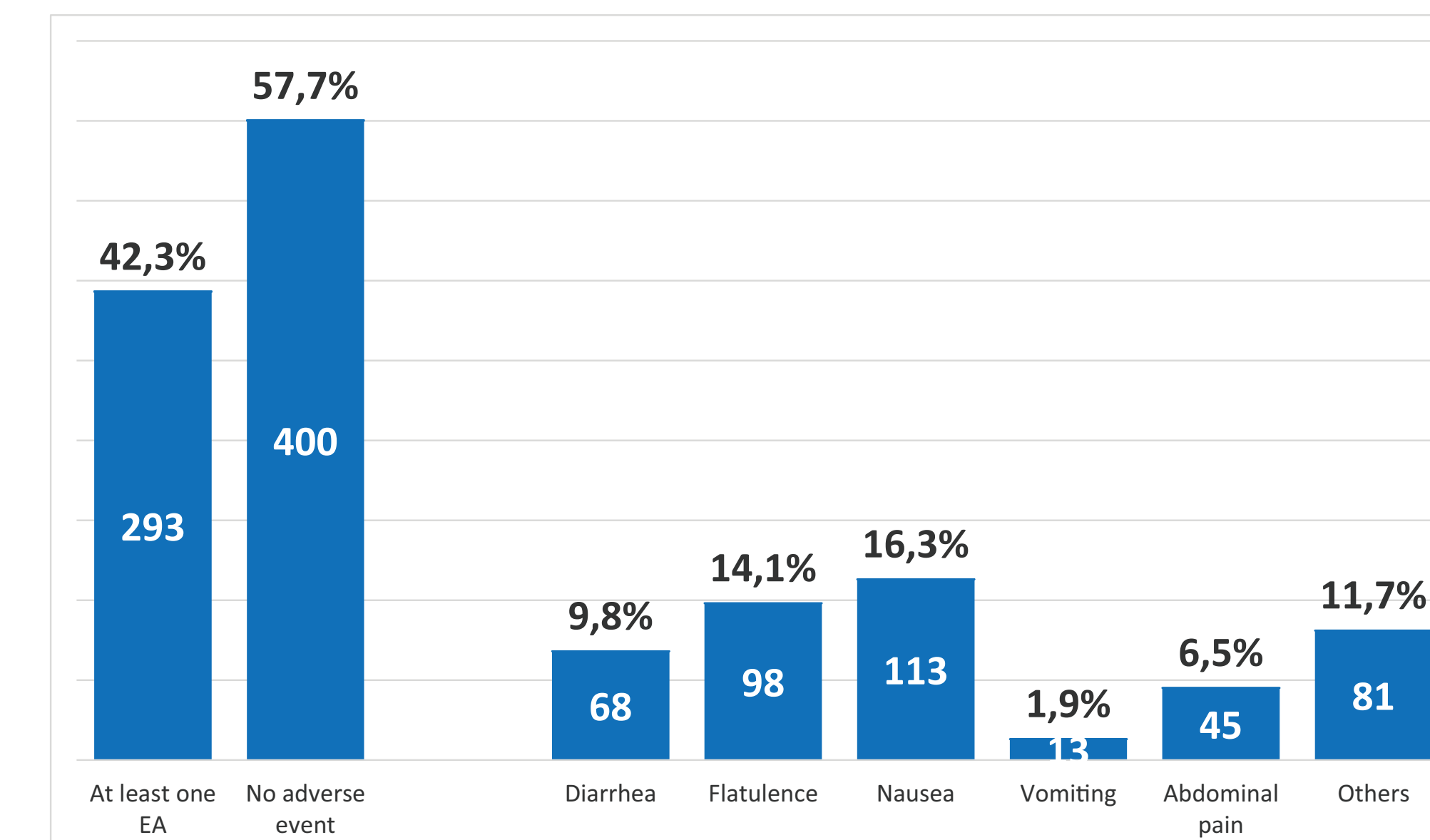
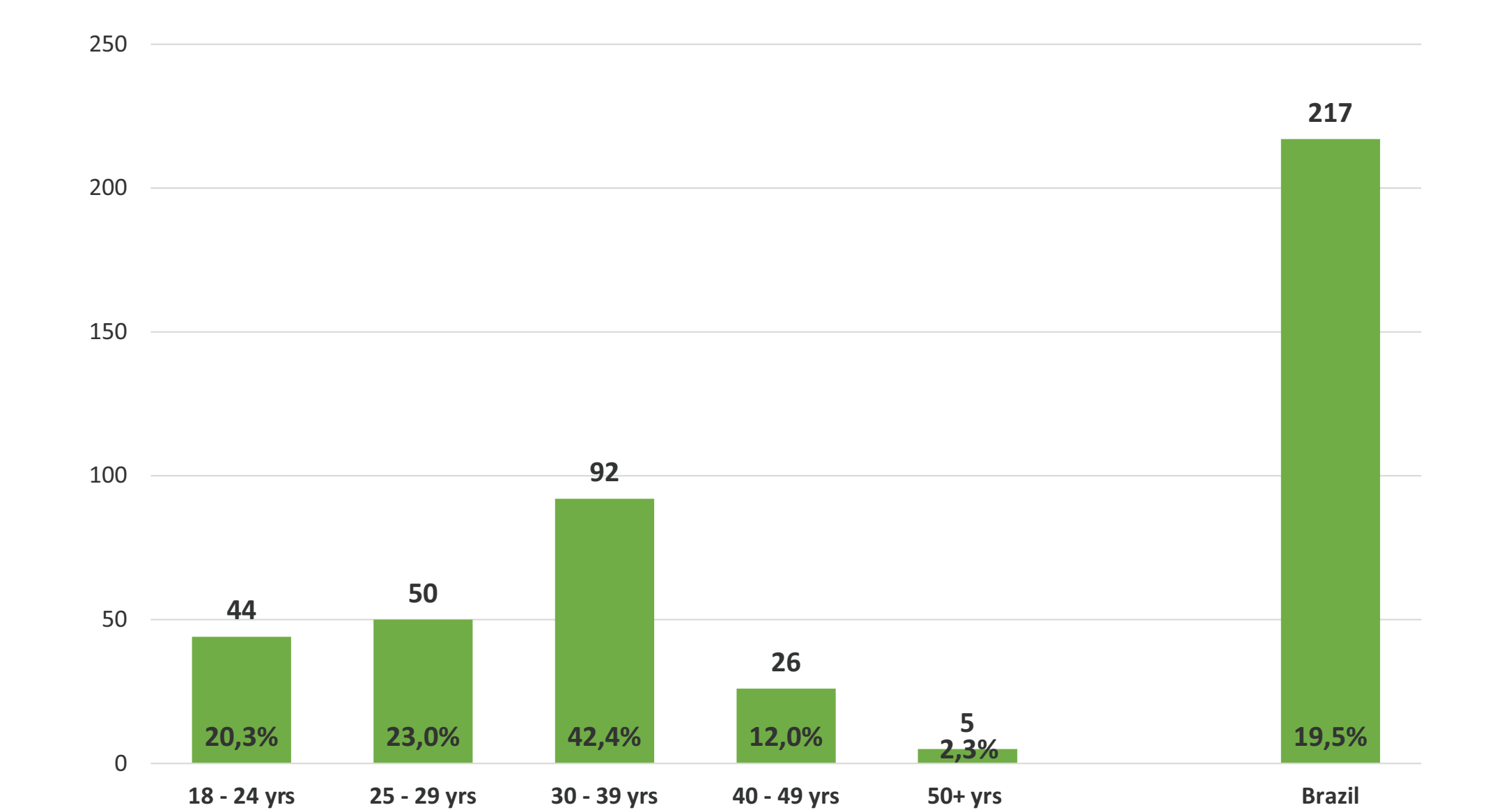


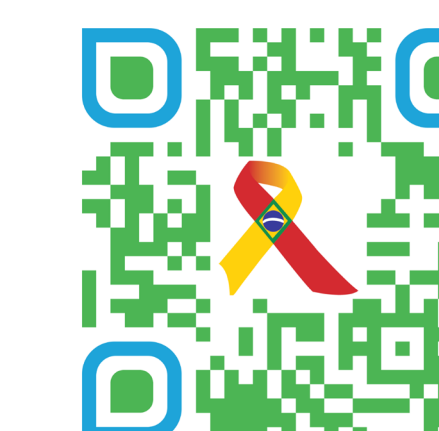
Figure 6 – N and proportion of users with symptom or diagnosis of STI in the previous 6 months the first PrEP appointment



## Conclusions

These first outcomes of PrEP implementation in Brazil highlight that offering PrEP to those who can most benefit from it and are at greater risk of acquiring HIV – such as low-income and non-white individuals from transgender, young gay male and sex worker groups – is a great challenge. However, offering PrEP at public health clinics, free of charge at point of care, can potentially retain a high number of users, with high levels of adherence.

## Contacts



Author: Clarissa Habckost Dutra de Barros  
Mobile: +55 61 3315-7726  
email: clarissa.barros@aims.gov.br  
Contact and poster at [www.aims.gov.br/aims2018](http://www.aims.gov.br/aims2018)