

Global targets, local epidemics: the ultimate challenge for AIDS in Brazil?

Metas globais, epidemias locais: o desafio final da AIDS no Brasil?

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Antiretroviral therapy has enabled unprecedented advances in the fight against the acquired immune deficiency syndrome (AIDS) epidemic. The United Nations says it is possible to eradicate it if more than 90% people living with human immunodeficiency virus (HIV)/AIDS know their diagnosis and are successfully under treatment¹. This scenario implies, however, in ensuring universal access to testing and treatment of the disease, and getting continued adherence to drug therapy, coupled with strategies aimed at behavioral changes, reduction of sexually transmitted diseases, and use of all the existing prevention methods, which include pre- and postexposure antiretroviral prophylaxis, male and female condoms, and seroadaptive practices. More than ever, global targets depend on a locally combined and coordinated response.

Three decades later, AIDS is an urban epidemic in Brazil, focusing on metropolitan areas of large cities such as Belém, Recife, Rio de Janeiro, Florianópolis, and Porto Alegre². Although in recent years epidemiological studies on AIDS have been conducted nationwide, they do not always gather information that can adequately be applied to the State or Regional levels. This becomes more relevant in the case of Rio Grande do Sul and Amazonas, States with higher than average incidence rates of AIDS cases. The absence of this information on regional/local levels prevents proper characterization of the respective epidemiological settings, “masking” distinct epidemics, such as in Porto Alegre, for example, that might no longer be considered “concentrated,” starting to be characterized as “generalized” or “mixed.”

Knowing the different contexts of local and regional AIDS epidemics in Brazil is a *sine qua non*, not only to achieve global targets, but — mostly — to identify priority populations who can best benefit from behavioral and biomedical interventions that make up

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the various strategies that have been proposed, such as “test and treat,” “treatment as prevention” and “combination prevention.” A better understanding of the epidemic requires a recognition of the structural features that underlie the pathway of transmission and increases the vulnerability of social groups to HIV. Facing these issues has been associated with improved response to behavioral interventions and reduction in the incidence of HIV³.

Thus, there is an urgent need for epidemiological studies to characterize the temporal and geographical aspects of local epidemics and behaviors that determine HIV transmission⁴ in the regions most affected by AIDS in the country. Each region requires a unique set of coping strategies. The response to the epidemic in high-density populations, such as those in metropolitan areas, challenges the responsiveness of municipal spheres and sometimes demands better links with all levels of government and nongovernmental agencies, as already happens in some states. As we strive to eradicate the AIDS epidemic worldwide it is urgent to strengthen local responses within each community and establish a broad dialogue and mobilization of the entire society.

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