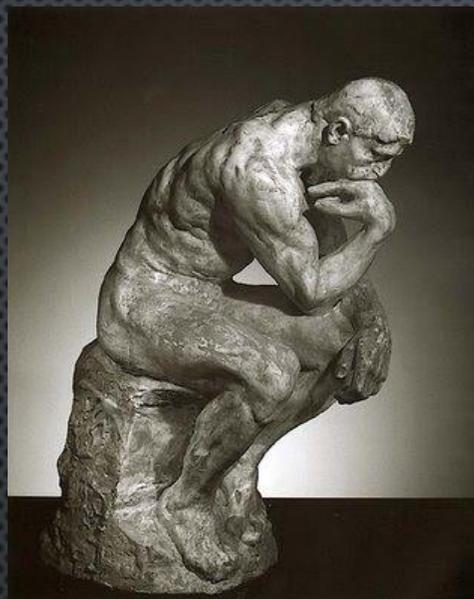


“90 – 90 – 90% HIV/SIDA: O QUE FALTA FAZER” (EM PORTUGAL)

JOSÉ M. D. POÇAS

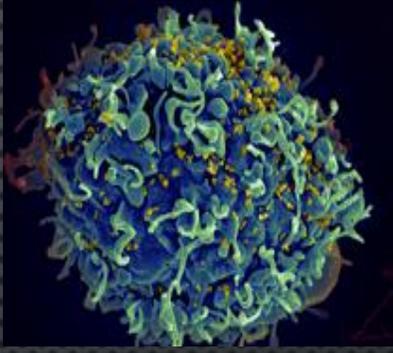
DIRETOR DO SDI DO CHS HSB SETÚBAL





Understanding the HIV Care Continuum

CLINICAL GUIDELINES ACROSS THE CONTINUUM OF CARE:
**LINKING PEOPLE
DIAGNOSED WITH HIV
INFECTION TO HIV CARE
AND TREATMENT**



INTRODUÇÃO

REFLETIR NO QUE OS ESTUDOS DIZEM ... !!!

U.PORTO
FMUP FACULDADE DE MEDICINA
UNIVERSIDADE DO PORTO

REDE DE RASTREIO

A REDE DE RASTREIO COMUNITÁRIA: RESULTADOS

SÃO JOÃO

GAT
Grupo de Afectados
e Intervenientes

O maior estudo português sobre o VIH, hepatites B e sífilis sexualmente transmissíveis

90-90-90

An ambitious treatment target to help end the AIDS epidemic



World Health Organization

UNAIDS



INTERNATIONAL
HIV TREATMENT
AS PREVENTION
WORKSHOP

UN 90-90-90 Target Workshop
July 17, 2016
www.treatmentaspreventionworkshop.org

CLINICAL GUIDELINES ACROSS THE CONTINUUM OF CARE: 06

LINKING PEOPLE DIAGNOSED WITH HIV INFECTION TO HIV CARE AND TREATMENT

6.1 Introduction	84
6.2 Good practices for linkage to care	84
6.3 General care for people living with HIV	84
6.4 Preparing people living with HIV for ART	87
6.5 What to expect in the first months of ART	88

World Health Organization

ecdc
World Health Organization
Europe

SURVEILLANCE REPORT

HIV/AIDS surveillance in Europe
2015

DGS
Direcção-Geral de Saúde

PORTUGAL Infeção por VIH, SIDA e Tuberculose em números - 2015

Programa Nacional para a Infeção VIH/SIDA



www.dgs.pt

Rastreio da infeção pelo VIH e riscos de transmissão sexual fevereiro de 2015



GAT
Grupo de Afectados
e Intervenientes

www.gatportugal.org

ecdc
European Centre for Disease Prevention and Control

TECHNICAL REPORT

Antenatal screening for HIV, hepatitis B, syphilis and rubella susceptibility in the EU/EEA



ecdc
European Centre for Disease Prevention and Control

TECHNICAL REPORT

HIV testing in Europe

Evaluation of the impact of the ECDC guidance on HIV testing: increasing uptake and effectiveness in the European Union



ecdc
European Centre for Disease Prevention and Control

TECHNICAL DOCUMENT

Communication strategies for the prevention of HIV, STI and hepatitis among MSM in Europe



RECONHECER QUE SE TRATA DE UM OBJETIVO AMBICIOSO!!!

90-90-90

An ambitious treatment target to help end the AIDS epidemic



World Health Organization



Essajee S et al. *Journal of the International AIDS Society* 2015, 18(Suppl 6):20299
<http://www.jiasociety.org/index.php/jias/article/view/20299> | <http://dx.doi.org/10.7448/IAS.18.7.20299>



Commentary

Reducing mortality in HIV-infected infants and achieving the 90-90-90 target through innovative diagnosis approaches

Shaffiq Essajee^{§,1}, Lara Vojnov², Martina Penazzato¹, Ilesh Jani³, George K Siberry⁴, Susan A Fiscus⁵ and Jessica Markby¹

[§]Corresponding author: Shaffiq Essajee, World Health Organization, HTM/HIV/TAC, D Building, Ave Appia, 20, Geneva 1205, Switzerland. Tel: +41 22 791 3434. (essajees@who.int)
All authors contributed equally to this work.

Jamieson D and Kellerman S. *Journal of the International AIDS Society* 2016, 19:20917
<http://www.jiasociety.org/index.php/jias/article/view/20917> | <http://dx.doi.org/10.7448/IAS.19.1.20917>



Commentary

The 90 90 90 strategy to end the HIV Pandemic by 2030: Can the supply chain handle it?

David Jamieson^{§,*} and Scott E Kellerman*

[§]Corresponding author: David Jamieson, Partnership for Supply Chain Management (PSCM), 1616 Fort Myer Drive, 12th Floor, Arlington, VA 22209, USA. (D.jamieson@pscsm.org)
*These authors have contributed equally to the work.



INTERNATIONAL HIV TREATMENT AS PREVENTION WORKSHOP

THE TREATMENT TARGET

90%	90%	90%
diagnosed	on treatment	virally suppressed

UN 90-90-90 Target Workshop

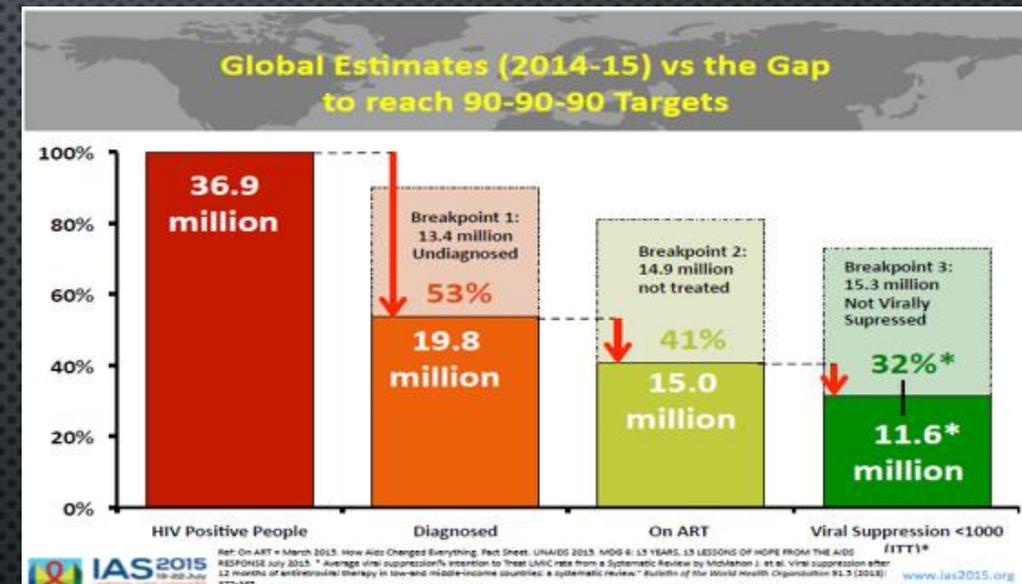
July 17, 2016
www.treatmentaspreventionworkshop.org



OS ASPETOS CONCEPTUAIS DESTA PROBLEMÁTICA

FATORES QUE INFLUENCIAM NEGATIVAMENTE A DINÂMICA EPIDEMIOLÓGICA DA INFECÇÃO P/ HIV

- **DOENTES QUE**
(RESPONSÁVEIS P/ > 90% DAS INFEÇÕES TRANSMITIDAS NA COMUNIDADE)
 - NÃO SABEM ESTAR INFETADOS
 - INFETADOS NÃO TÊM SEGUIMENTO CLÍNICO REGULAR
 - EM SEGUIMENTO CLÍNICO NÃO ESTÃO SOB TARV
 - SOB TARV MAS NÃO TÊM CV SUPRIMIDA



AIDS Behav
DOI 10.1007/s10461-017-1687-8



SUBSTANTIVE REVIEW

Challenges in the Evaluation of Interventions to Improve Engagement Along the HIV Care Continuum in the United States: A Systematic Review

Kathryn A. Risher¹ · Sunaina Kapoor² · Alice Moji Daramola³ · Gabriela Paz-Bailey⁴ · Jacek Skarbinski⁴ · Kate Doyle⁴ · Kate Shearer¹ · David Dowdy¹ · Eli Rosenberg³ · Patrick Sullivan³ · Maunank Shah²

AIDS Behav (2016) 20:951–966
DOI 10.1007/s10461-015-1204-x



SUBSTANTIVE REVIEW

Identifying Best Practices for Increasing Linkage to, Retention, and Re-engagement in HIV Medical Care: Findings from a Systematic Review, 1996–2014

Darrel H. Higa¹ · Nicole Crepaz¹ · Mary M. Mullins¹ · The Prevention Research Synthesis Project¹

FATORES QUE INFLUENCIAM NEGATIVAMENTE O “LINKAGE” E O “RETENTION” TO CARE DOS DOENTES AOS CUIDADOS MÉDICOS

- DOENTES QUE APRESENTAM
 - CARÊNCIA ECONÓMICA E SOCIAL
 - PRECARIDADE DA HABITAÇÃO
 - MÁ NUTRIÇÃO E FOME
 - ACESSIBILIDADE AO HOSPITAL (TRANSPORTES, ETC.)
 - DEFICIÊNCIAS COGNITIVAS
 - DOENÇA PSIQUIÁTRICA
 - DEPENDÊNCIAS (ÁLCOOL, DROGAS, ETC.)
 - ILITERACIA
 - TOXICIDADE E TOLERABILIDADE DOS ARVs
 - COMODIDADE POSOLÓGICA DA TARV (Nº DE TOMAS/DIA; Nº DE COMP/TOMA)

EBioMedicine xxx (2017) xxx-xxx

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journal homepage: www.ebiomedicine.com

Research Paper

Enhancing Public Health HIV Interventions: A Qualitative Meta-Synthesis and Systematic Review of Studies to Improve Linkage to Care, Adherence, and Retention

Joseph D. Tucker^{a,b,*}, Lai Sze Tso^a, Brian Hall^{c,d}, Qingyan Ma^a, Rachel Beanland^e, John Best^f, Haochu Li^a, Mellanye Lackey^g, Gifty Marley^a, Zachary C. Rich^a, Ka-lon Sou^a, Meg Doherty^e

**VALOR EM SAÚDE:
O CASO VIH/SIDA**


Universidade Nova de Lisboa
Escola Nacional de Saúde Pública

ESTUDO ENSP/GILEAD

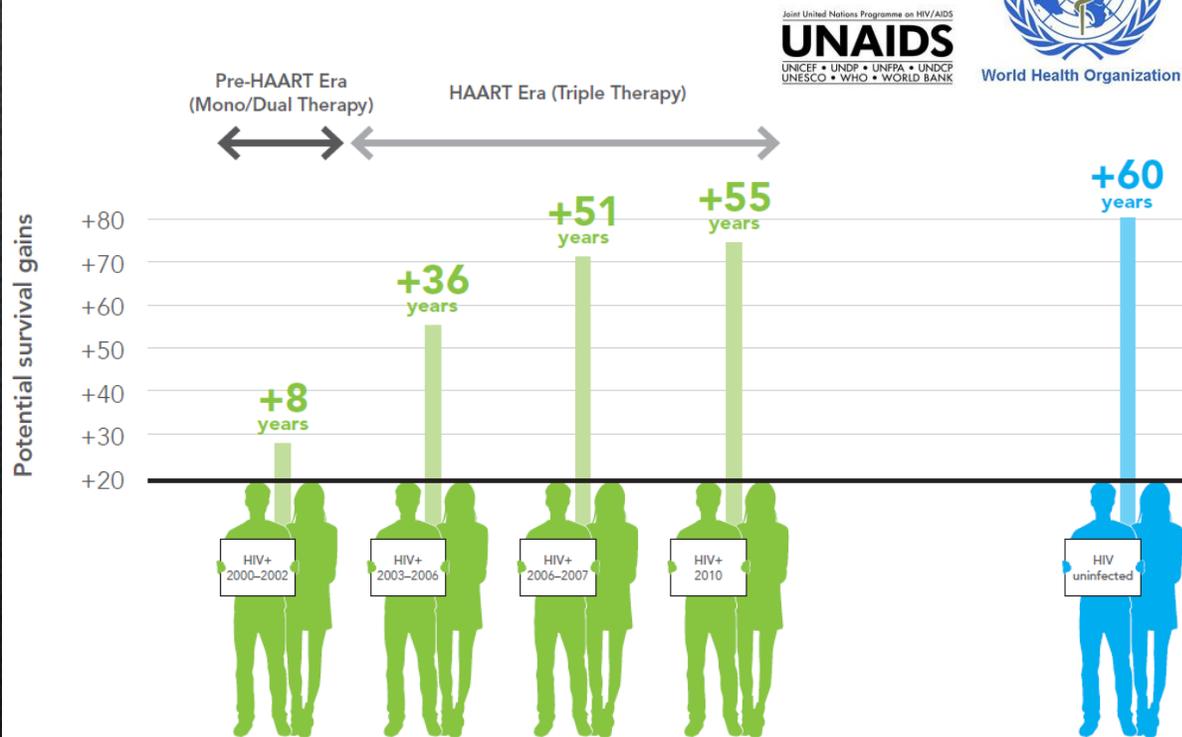

GILEAD
Advancing Therapeutics.
Improving Lives.

GRUPO NOMINAL E FOCAL

OS GANHOS EM SAÚDE DA TARV: A SOBREVIVÊNCIA MÉDIA DOS INFETADOS

Fig. 1

HIV TREATMENT CAN NORMALIZE SURVIVAL



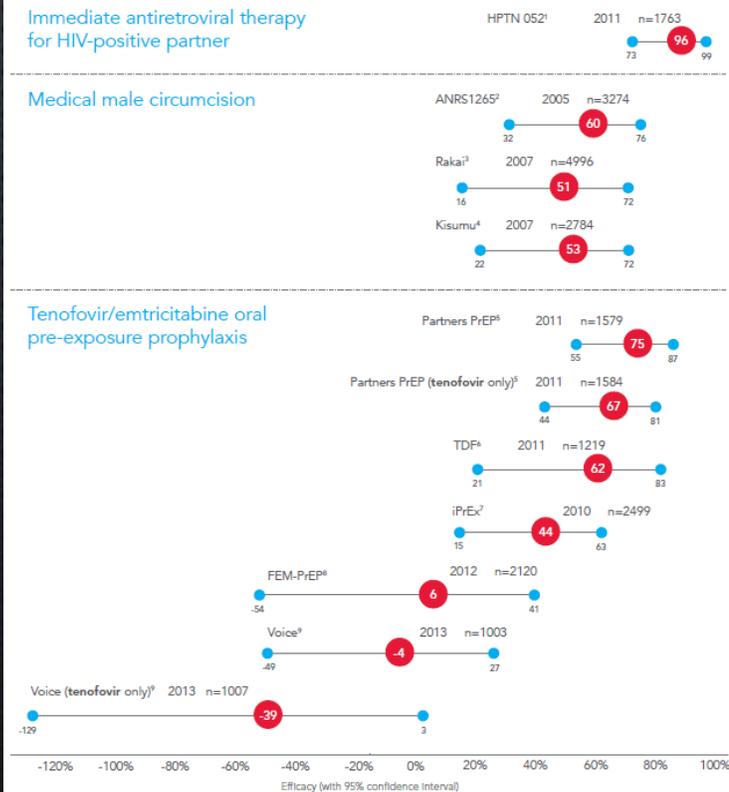
Expected impact of HIV treatment in survival of a 20 years old person living with HIV in a high income setting (different periods)

Source: Samji H et al., PLoS ONE, 2013.

A DIMINUIÇÃO DA TRANSMISSÃO DA INFEÇÃO VIH NA COMUNIDADE

Fig. 3

EFFICACY OF AVAILABLE BIO-MEDICAL PREVENTION INTERVENTIONS DERIVED FROM RANDOMIZED CLINICAL TRIALS. MODIFIED WITH PERMISSION FROM MARRAZZO ET AL, JAMA, IN PRESS, 2014.*



Sources: 1. Cohen M, Chen Y, McCauley M, Gamble T, Hosseinipour MC, et al. (2011). Prevention of HIV-1 Infection with early antiretroviral therapy. *N Engl J Med*, 2011;365:493-505. DOI:10.1056/NEJMoa1105243. 2. Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, et al. (2005) Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial. *PLoS Med* 2(11):e298. DOI:10.1371/journal.pmed.0020298. 3. Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, et al. Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *The Lancet*, 369(9562): 657-666, 24 February 2007. DOI:10.1016/S0140-6736(07)60313-4. 4. Bailey RC, Moses S, Parker CB, Agot K, Maclean I, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *The Lancet*, 369(9562):643-656, 2007 Feb 24. DOI:10.1016/S0140-6736(07)60312-2. 5. Baeten JM, D. Donnell D, Ndase P, Mugo NR, Campbell JD, et al. Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women. *N Engl J Med* 2012;367:399-410. DOI:10.1056/NEJMoa1108524. 6. Thigpen MC, Kebaabetswe PM, Paxton LA, Smith DK, Rose CE, et al. Antiretroviral Pre-exposure Prophylaxis for Heterosexual HIV Transmission in Botswana. *N Engl J Med* 2012;367:423-34. DOI:10.1056/NEJMoa1110711. 7. Grant RM, Lama JR, Anderson PL, McMahan V, Liu AY, et al. Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. *N Engl J Med* 2010;363:2587-99. DOI:10.1056/NEJMoa1011205. 8. Van Damme L, Cornelli A, Ahmed K, Agot K, Lombaard J, et al. Pre-exposure Prophylaxis for HIV Infection among African Women (FEM-PrEP). *N Engl J Med* 2012;367:411-22. DOI:10.1056/NEJMoa1202614. 9. J Marrazzo, G Ramjee, G Nair, et al. Pre-exposure prophylaxis for HIV in women: daily oral tenofovir, oral tenofovir/emtricitabine or vaginal tenofovir gel in the VOICE study (MTN 003). 20th Conference on Retroviruses and Opportunistic Infections. Atlanta, GA, March 3-6, 2013. Abstract 26LB.



World Health Organization



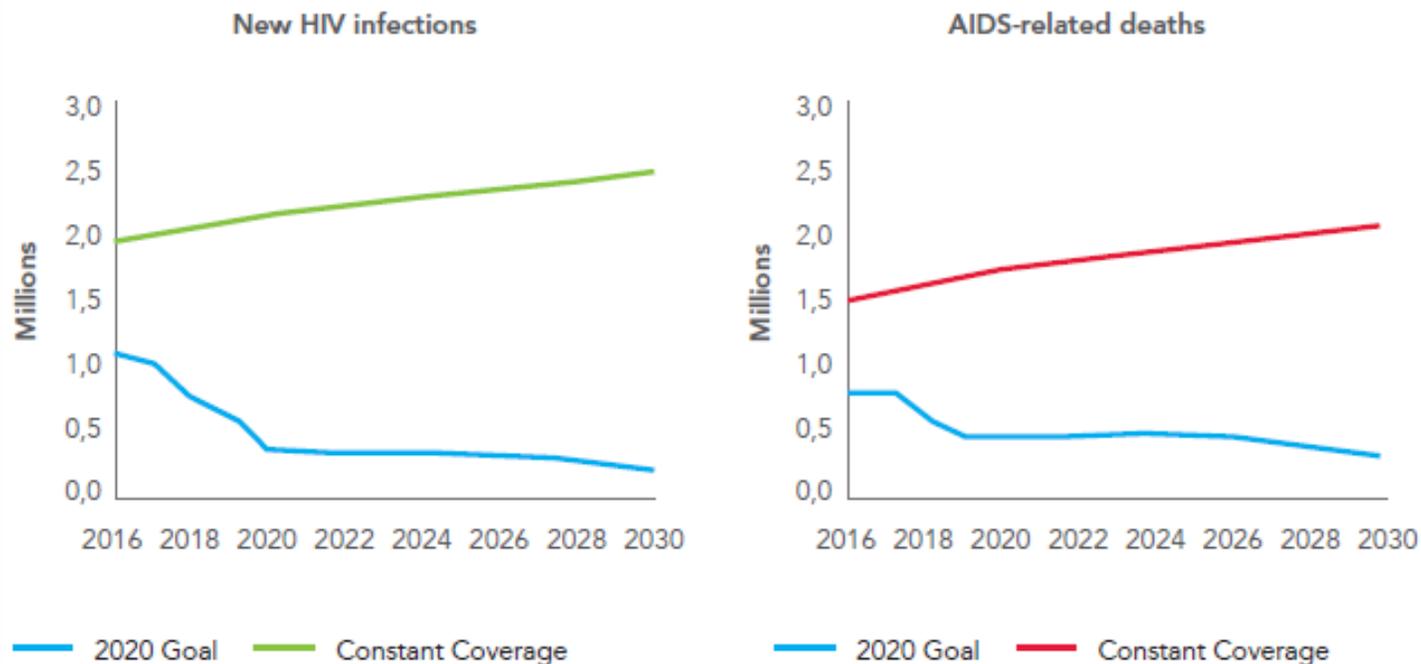
Joint United Nations Programme on HIV/AIDS
UNAIDS
 UNICEF • UNDP • UNFPA • UNDCP
 UNESCO • WHO • WORLD BANK

90-90-90 An ambitious treatment target to help end the AIDS epidemic | 5

O DUPLO EFEITO DA IMPLEMENTAÇÃO DE UMA ESTRATÉGIA DE “TEST & TREAT”

Fig. 18

IMPACT OF THE 90-90-90 TARGET ON HIV INFECTIONS AND AIDS-RELATED DEATHS, 2016-2030



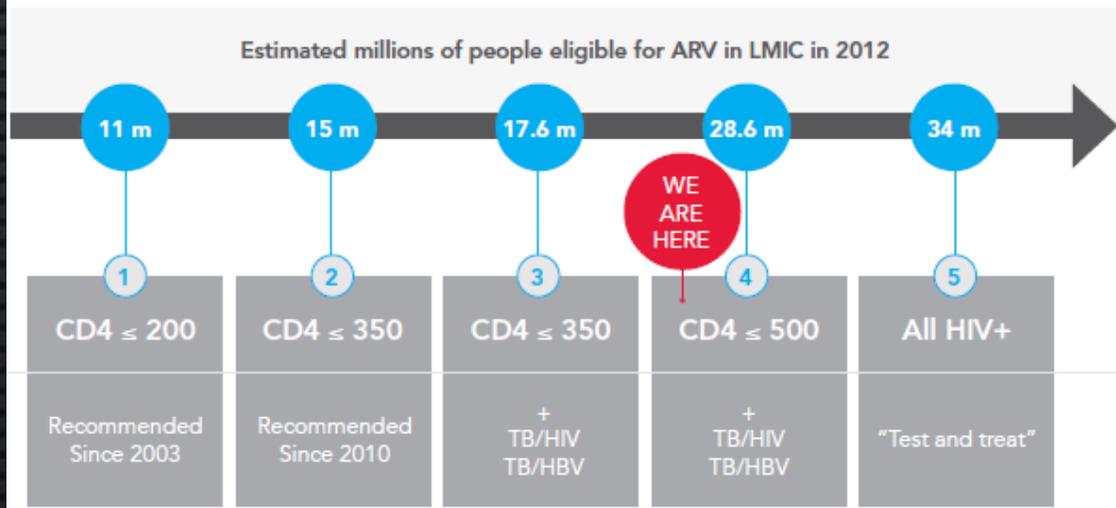
Source: The Gap Report, UNAIDS, 2014.



AUMENTAR A ACESSIBILIDADE À TARV É UMA ESTRATÉGIA CUSTO-EFETIVA

Fig. 6

SCENARIOS OF ANTIRETROVIRAL TREATMENT ELIGIBILITY: WHO VISION



Scenarios of ARV eligibility



ART regardless of CD4 count for:

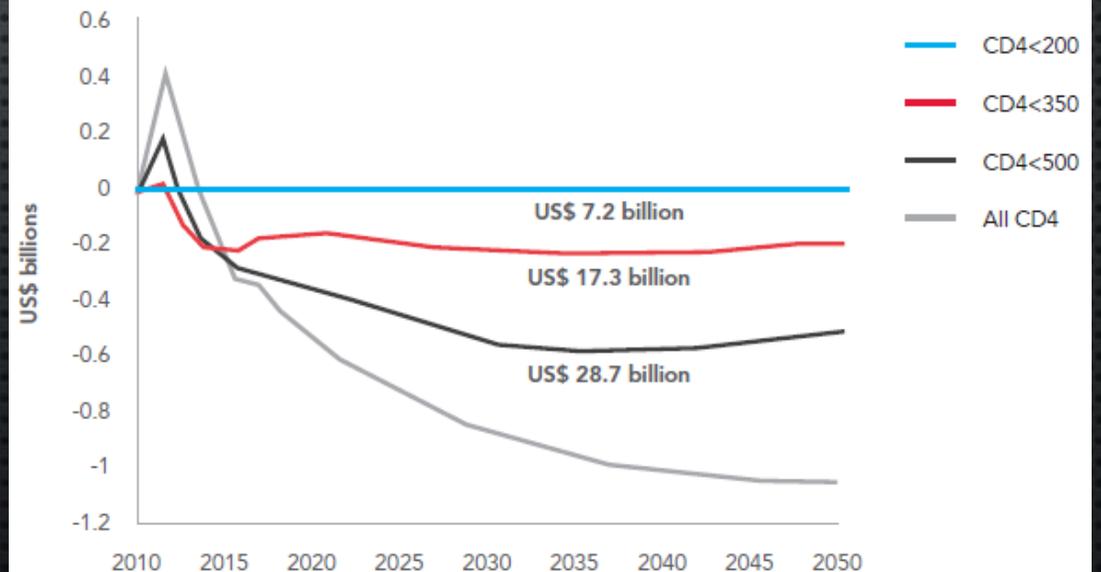
- Serodiscordant couples
- Pregnant women
- Children < 5 years

Source: WHO 2014

World Health Organization

Fig. 4

EXPANDING ACCESS TO ANTIRETROVIRAL TREATMENT IS A SMART INVESTMENT: CASE OF SOUTH AFRICA



Source: Granich R et al. Expanding ART for treatment and prevention of HIV in South Africa: Estimated cost and cost-effectiveness 2011-2050. PLoS ONE, 2012, 7:e30216.

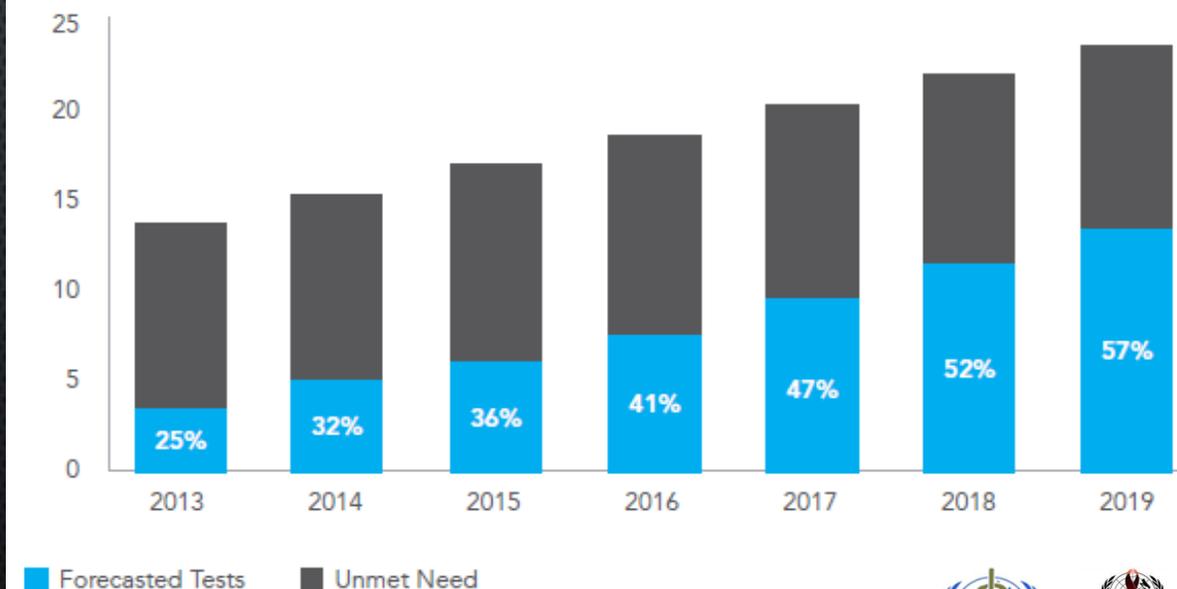


A NECESSIDADE DE INCREMENTAR A IDENTIFICAÇÃO DAS PESSOAS INFETADAS

Fig. 17

PREDICTED VIRAL LOAD TESTING SCALE UP WILL NOT MEET THE NEED

This scenario assumes expected rates of viral load scale-up based on previously observed rates of test adoption



Source: HIV Viral Load Forecast: Low and Middle-Income Countries. Clinton Health Access Initiative, 2014.



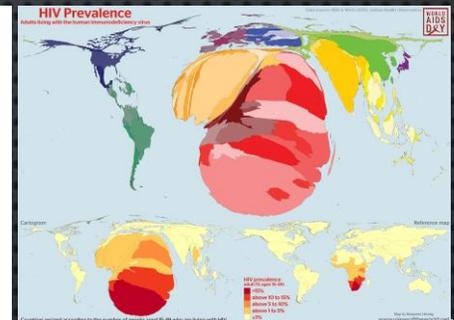


**○ ENQUADRAMENTO DA REALIDADE
ASPETOS MENOS POSITIVOS A SEREM CORRIGIDOS**

A UTILIZAÇÃO DOS TESTES NA POPULAÇÃO MIGRANTE

Table 2. Countries reporting major gaps in HIV testing services for key populations (n=30)

Key population	Countries reporting gaps
Undocumented migrants	Austria, Belgium, Croatia, Finland, Germany, Greece, Ireland, Italy, Latvia, Netherlands, Norway, Portugal, Sweden
Migrants from high prevalence countries	Belgium, Croatia, Cyprus, Finland, Ireland, Italy, Latvia, Netherlands
Men who have sex with men	Croatia, Cyprus, Estonia, Finland, Ireland, Latvia, Lithuania
Sex workers	Croatia, Cyprus, Estonia, Finland, Ireland, Italy, Latvia, Netherlands
PWID	Croatia, Cyprus, Estonia, Ireland, Latvia
Prisoners	Croatia, Ireland, Latvia



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JMIR Res Protoc. 2016 Apr-Jun; 5(2): e74.
 Published online 2016 May 16. doi: 10.2196/resprot.5085

PMCID: PMC4886100

Advancing Migrant Access to Health Services in Europe (AMASE): Protocol for a Cross-sectional Study

Monitoring Editor: Panagiotis Bamidis

Reviewed by Christiana Noestlinger and Athanasios Nikolentzos

Ibidun Fakoya, BSc.MSc.¹, on behalf of the aMASE Study Group Débora Álvarez-del Arco, BSc,PhD,^{2,3} Susana Monge, MSc.MPH,MD,PhD,⁴ Andrew J Copas, BA,MSc,PhD,¹ Anne-Francoise Gennotte, MD,⁵ Alain Volny-Anne, BA,⁶ Siri Gapel, MD,⁷ Giota Touloumi, MSc,PhD,⁸ Maria Prins, MSc,PhD,^{4,9} Henrique Barros, MD, PhD,¹¹ Cornelia Staehelin, MIH,MD,¹² Julia del Amo, DTM&H,Dip, GUM,MSc,MD,PhD,² and Fiona M Burns, MSc,MB ChB,PhD^{1,13}



EuroCoord is a Network of Excellence
 established by several of the biggest HIV cohorts and collaborations within Europe - CASCADE, COHERE, EuroSIDA, and PENTA

HIV AND MIGRANTS IN EUROPE AND BELGIUM : THE AMASE STUDY

Gennotte A.-F. MD
 CHU St Pierre,
 Department of infectious diseases,
 Brussels

○ QUE DIZ O ESTUDO AMASE/EUROCORD

Other interesting results

HIV diagnosis and testing

	Women	Men	Total N (%)	p-value
Median years between arrival in CCOR* & HIV diagnosis (IQR) (N=1586)	5 (1-10)	7 (3-12)	6 (2-11)	<0.001
Previous negative test (N=1758)				<0.001
Yes	249 (52.8)	823 (72.2)	1072 (66.5)	
No	223 (47.3)	317 (27.8)	540 (33.5)	
CD4 <350 @ HIV diagnosis (N=1384)				<0.001
Yes	305 (64.6)	492 (54.0)	797 (57.6)	
No	167 (35.4)	420 (46.1)	587 (42.4)	

*CCOR : Current Country of residence

Infectious diseases department, CHU St Pierre, Brussels, 11/2015

Access to services N=1770

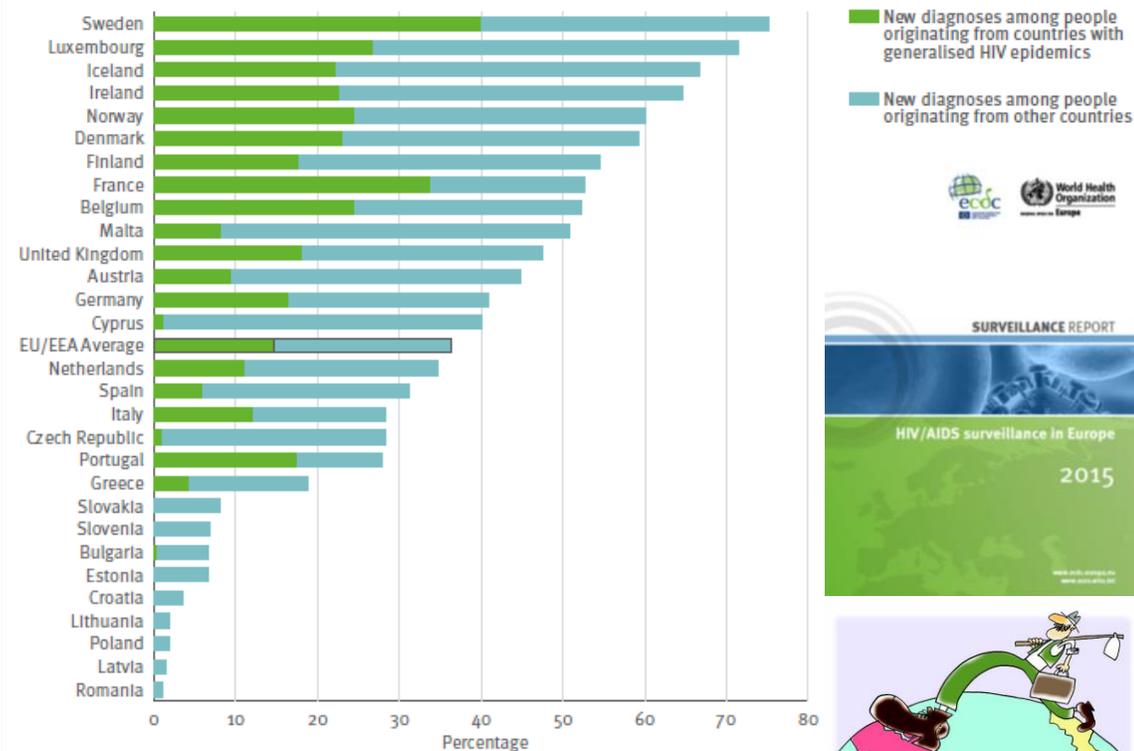
Health services attended in CCOR 2 years before diagnosis

Health service	Percentage (%)
GP/ Family Doctor	42.1
Dentist	30.4
Emergency	22
Outpatient	19.9
Inpatient	13.6
STI Clinic	13.2
Antenatal	2.5

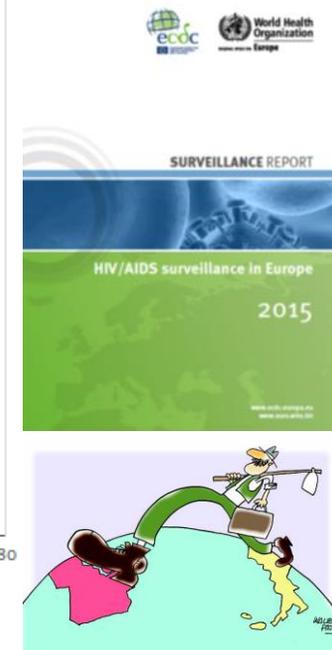
Infectious diseases department, CHU St Pierre, Brussels, 11/2015

CARACTERIZAÇÃO EPIDEMIOLÓGICA: O PESO DA POPULAÇÃO MIGRANTE

Figure 1.6: Percentage of new HIV diagnoses among migrants out of all reported cases with known information on region of origin, by country of report, EU/EEA, 2015 (n=25 785)



One or no cases were reported in 2015 among people born abroad in Hungary, Liechtenstein, and Romania



CONCLUSÕES DO ESTUDO: REDE DE RASTREIO 2015



- **POPULAÇÃO (6.046 TESTES VIH)**
 - TS
 - HSH (MSM)
 - PUD
- **NÍVEL DE ESCOLARIDADE**
 - ENSINO SUPERIOR: 28,8%
- **TX DE NÃO INSCRIÇÃO NO SNS: > 25%**

- **RESULTADOS PRINCIPAIS**
 - PREVALÊNCIA DE TESTE HIV +: 1,2%
 - TESTADOS PELA 1ª VEZ: 42,7%
 - REFERENCIAÇÃO ESPECIALIZADA: 79,7%
 - USO DO PRESERVATIVO ÚLTIMOS 12 MESES: 19,1%
 - CONHECIMENTO DA PEP: 18%
 - UTILIZAÇÃO: 1,2%
 - CONHECIMENTO DA PREP: 12,4%
 - UTILIZAÇÃO: 0,1%
 - CONSIDERA-SE EM RISCO: 46,5%

TESTES RÁPIDOS DE DIAGNÓSTICO: UM ABRANDAMENTO DO NÚMERO TOTAL REALIZADO



6.2. Diagnóstico precoce – Rede Nacional de Centros de Aconselhamento e Detecção Precoce do VIH (CAD)

QUADRO 48 | EVOLUÇÃO DO NÚMERO DE TESTES RÁPIDOS DE DIAGNÓSTICO PARA O VIH (2010-2014)

Ano	N.º CAD em funcionamento	N.º Testes realizados	N.º Positivos	Proporção Testes Positivos
2010	18	23968	222	0,93
2011	18	19620	207	1,06
2012	17	18151	165	0,91
2013	17	16816	161	0,96
2014	17	15989	152	0,95

Fonte: Relatórios de Atividades CNSIDA/PNSIDA (2015)

Fonte: Programa Nacional para a Infeção VIH/SIDA (2015)

QUADRO 50

TOTAL DE TESTES EFETUADOS, TESTES REATIVOS E % DE TESTES REATIVOS POR ESTRUTURA DO SNS OU EM PROJETOS FINANCIADOS PELA DGS-PN VIH/SIDA (2014)



	Nº testes efetuados	Nº testes reativos	% testes reativos
CAD	15989	152	0,95
CSP	3547	23	0,65
ONG/OBC*	3751	63	1,68

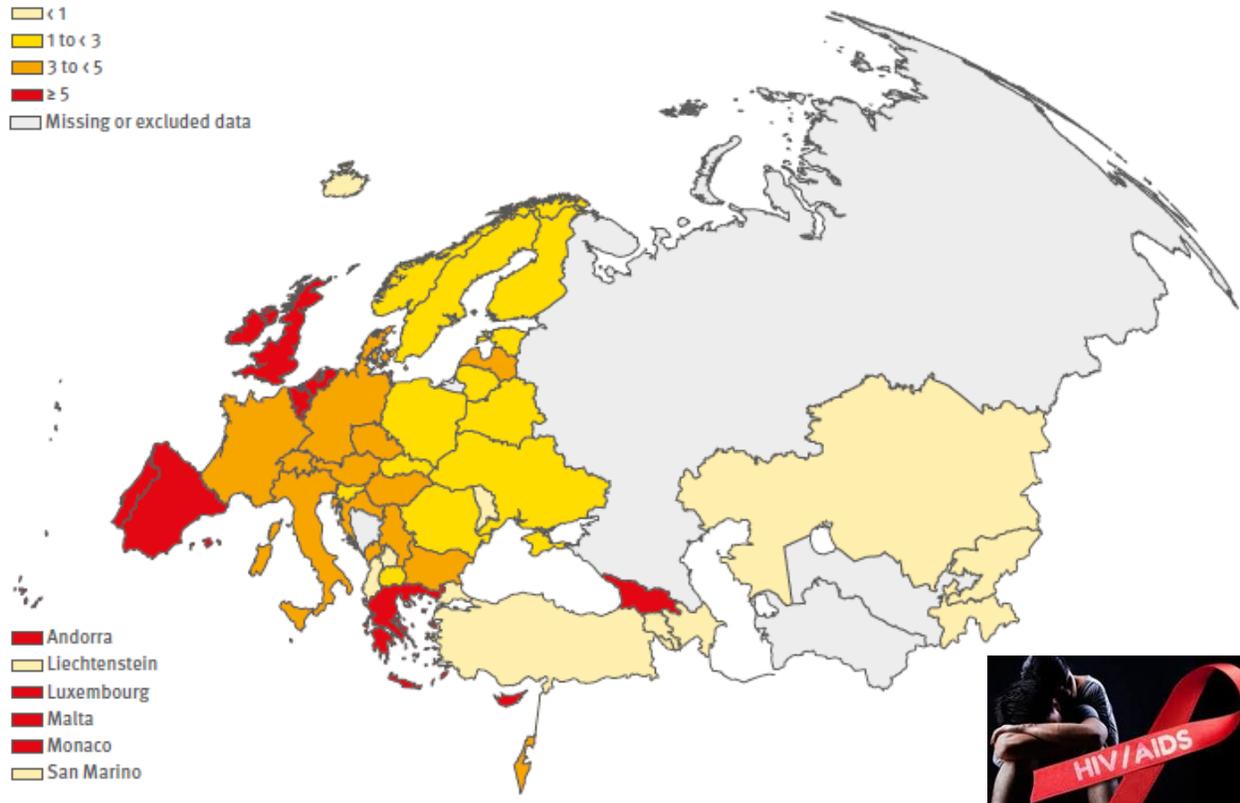
* Em projetos financiados pela DGS-PN VIH/SIDA

Fonte: Em projetos financiados pela DGS-PN VIH/SIDA

CARACTERIZAÇÃO EPIDEMIOLÓGICA: NOVAS INFEÇÕES VIH POR CATEGORIAS DE TRANSMISSÃO

Map 4: New HIV diagnoses in men who have sex with men per 100 000 male population, 2015

- < 1
- 1 to < 3
- 3 to < 5
- ≥ 5
- Missing or excluded data

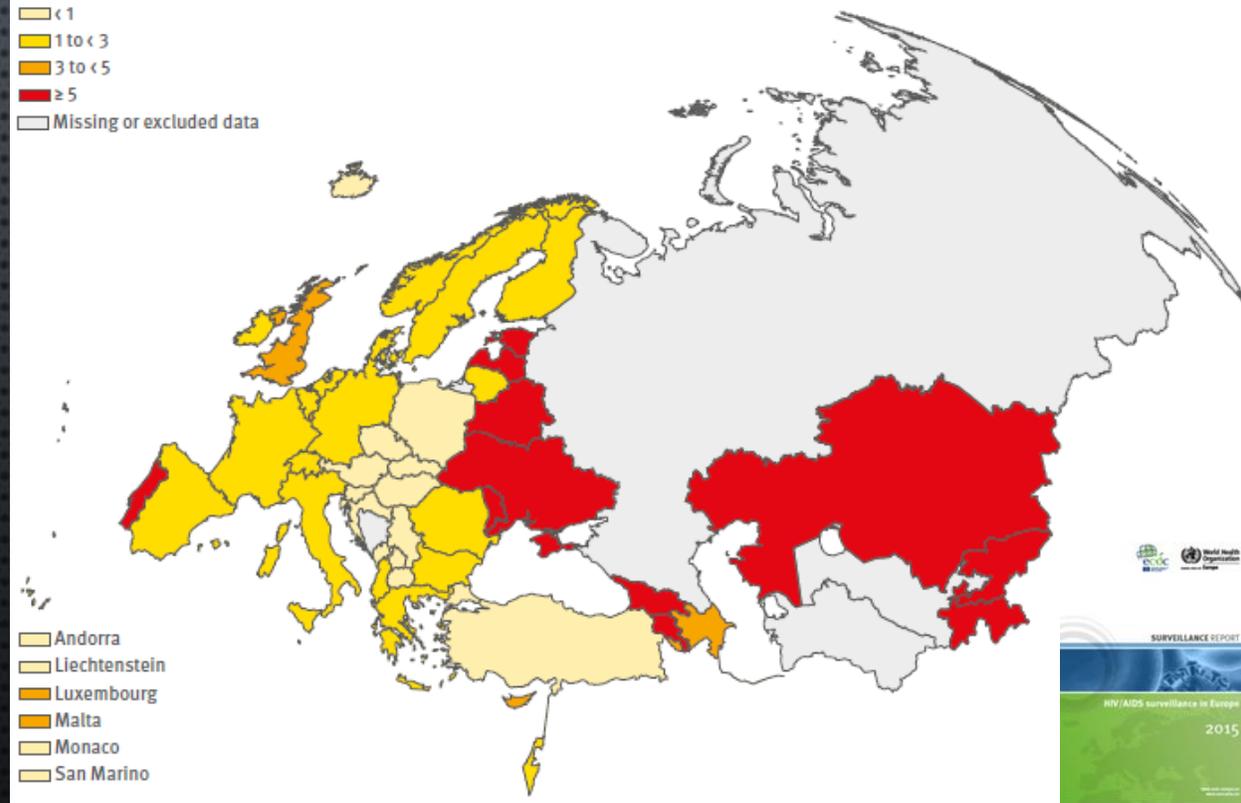


- Andorra
- Liechtenstein
- Luxembourg
- Malta
- Monaco
- San Marino



Map 6: New HIV diagnoses acquired through heterosexual transmission per 100 000 population, 2015

- < 1
- 1 to < 3
- 3 to < 5
- ≥ 5
- Missing or excluded data



- Andorra
- Liechtenstein
- Luxembourg
- Malta
- Monaco
- San Marino



Infeção por VIH entre Homens que fazem Sexo com Homens (HSH): Fatores de risco e novas trajetórias de seropositividade

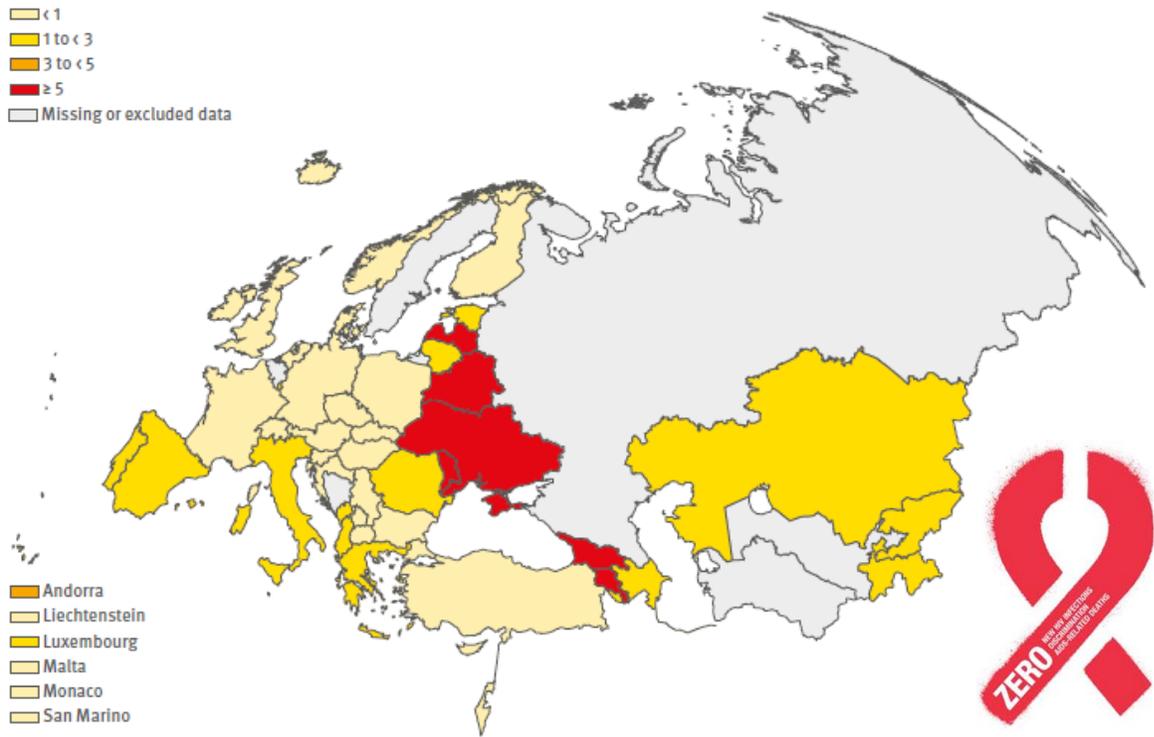
Title Infeção por VIH entre Homens que fazem Sexo com Homens (HSH): Fatores de risco e novas trajetórias de seropositividade
 Type Relatório Técnico
 Date 2016

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FLUP FACULDADE DE LETRAS
 UNIVERSIDADE DO PORTO

CARACTERIZAÇÃO EPIDEMIOLÓGICA: O GRAU DE IMUNODEFICIÊNCIA NA ALTURA DO DIAGNÓSTICO DA INFECÇÃO VIH

Map 8: AIDS diagnoses reported per 100 000 population, 2015

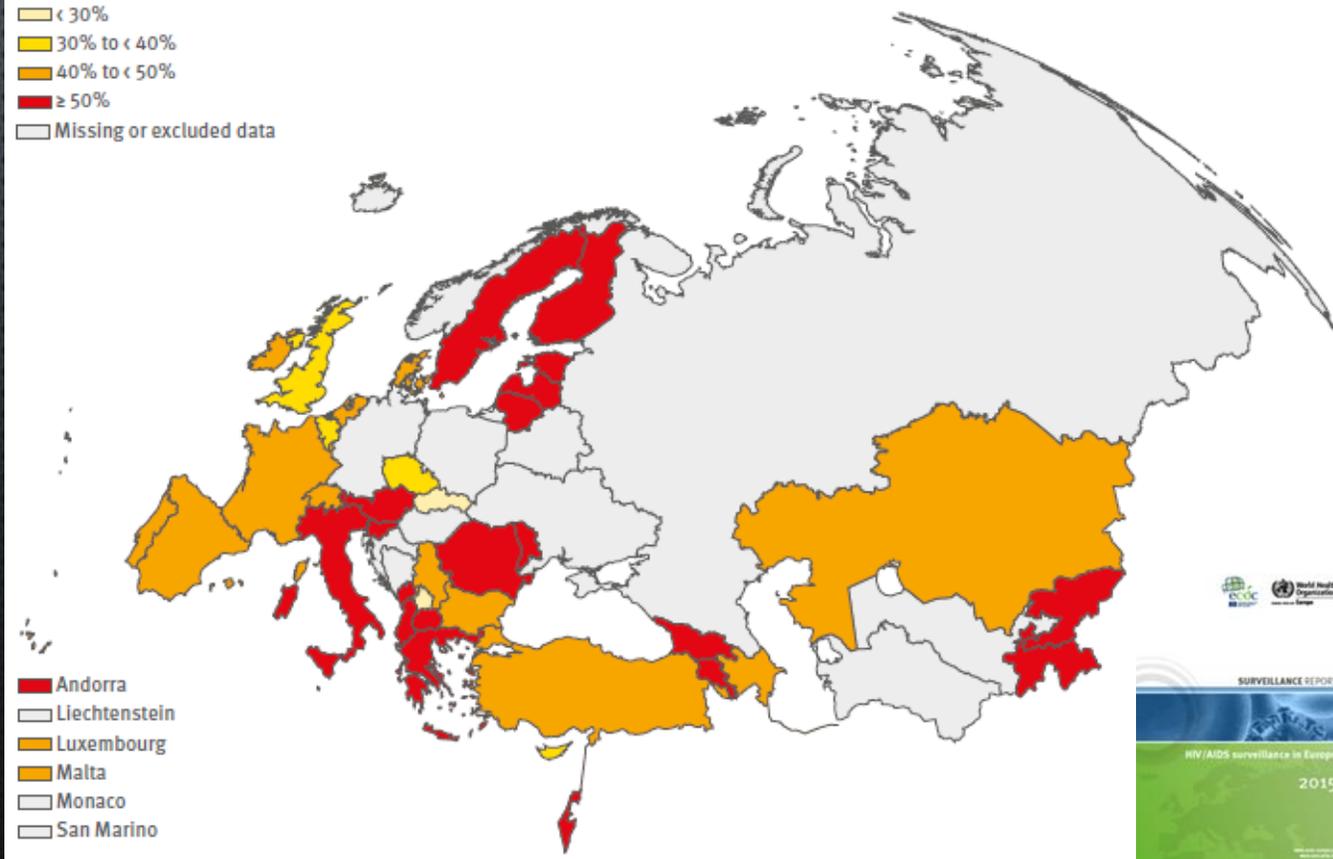
- < 1
- 1 to < 3
- 3 to < 5
- ≥ 5
- Missing or excluded data



- Andorra
- Liechtenstein
- Luxembourg
- Malta
- Monaco
- San Marino

Map 7: Percentage of adult (>14 years) HIV diagnoses with CD4 <350 cells/mm³ at diagnosis, 2015

- < 30%
- 30% to < 40%
- 40% to < 50%
- ≥ 50%
- Missing or excluded data



- Andorra
- Liechtenstein
- Luxembourg
- Malta
- Monaco
- San Marino

DIAGNÓSTICOS VIH TARDIOS

QUADRO 4

PERCENTAGEM DE NOVOS CASOS (2014) EM PESSOAS COM MAIS DE 14 ANOS COM INFORMAÇÃO SOBRE NÚMERO DE LINFOCITOS T CD4+, POR NÍVEL DE CD4 (<200/mm³ E <350/mm³) E POR MODO DE TRANSMISSÃO NOS CASOS COM <350/mm³



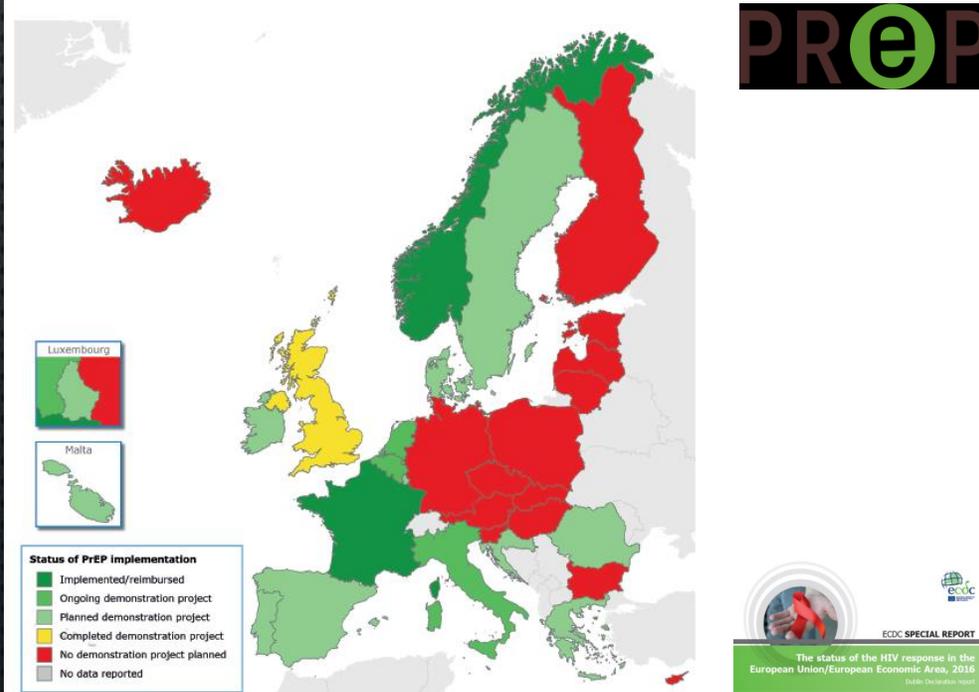
Nº casos com CD4	% casos com CD4	CD4 <200		CD4 <350		CD4 <350 (%)		
		N	%	N	%	Hetero	HSH	UDI
926	75,9	292	31,5	455	49,1	54,4	39,8	52,9

Fonte: INSA (DDI/URVE), SI.VIDA



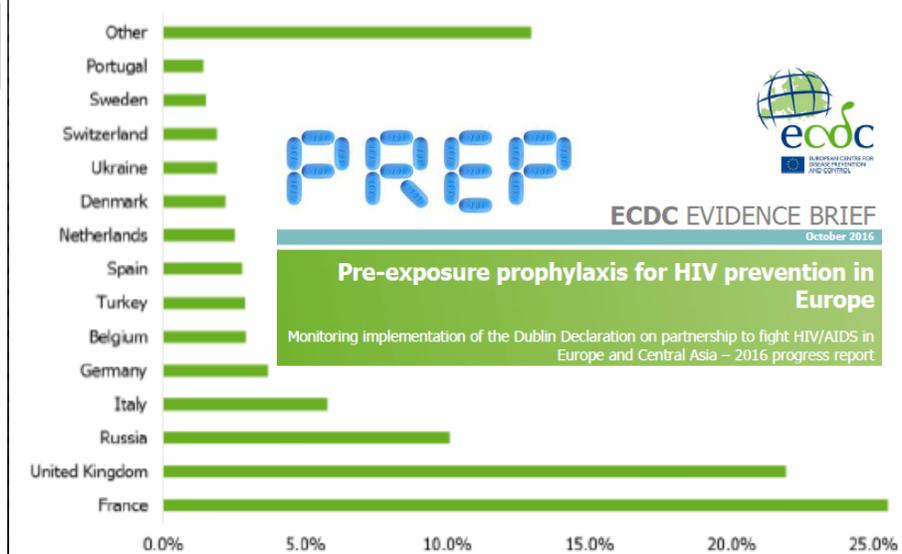
PrEP: UMA ESTRATÉGIA COM UTILIZAÇÃO RESIDUAL

Figure 4. Status of PrEP implementation in the EU/EEA (as of October 2016)



Source: European Centre for Disease Prevention and Control. Evidence brief: Pre-exposure prophylaxis for HIV prevention in Europe. Stockholm: ECDC; 2016.

Figure 2. Percentage of respondents to PrEP survey by country (N=8 543)

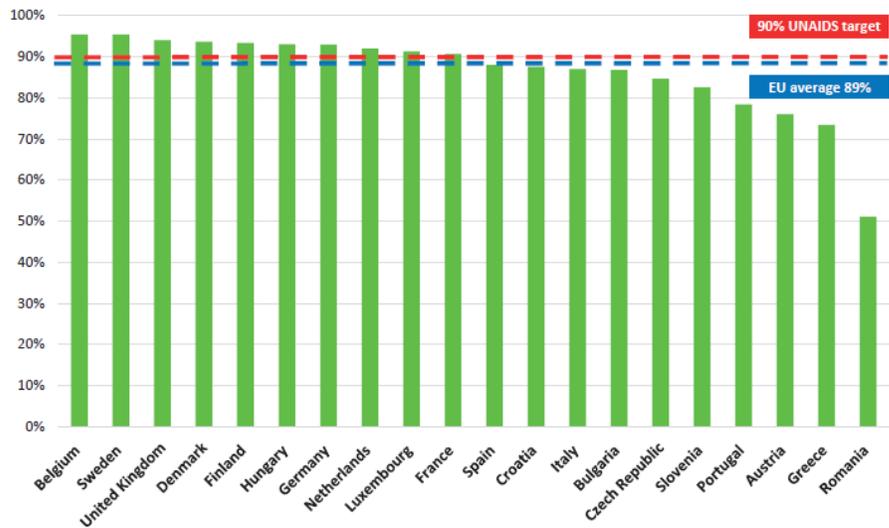


Data source: Hornet (<https://hornetapp.com/>)

Those currently taking PrEP obtain it from a range of sources (Figure 3). Most respondents from France had acquired PrEP through their doctor. Among those outside France who are currently taking PrEP, the main source was the Internet, followed by a doctor's prescription or a research study. Of those taking PrEP, 69% said their healthcare provider was aware of this. Approximately one in four of those not currently on PrEP agreed with the statement that they were likely to use PrEP in the next six months (Figure 4). It is important to note that, as the survey was based on a convenience sample, the results cannot be generalised.

A TAXA DE CONTROLO VIROLÓGICO

Figure 10. Proportion of people on treatment achieving viral suppression by country*



U
UNDETECTABLE = AIDS-FREE

ECDC SPECIAL REPORT
The status of the HIV response in the European Union/European Economic Area, 2016
Dublin Declaration report

* Data reported from countries on the continuum of care and based on the latest available data, ranging from 2013 to 2016. For countries where estimates and data are from 2013, 2014 and 2015, progress since then will not be captured. It is important to note that there are methodological differences in how the number of PLHIV is estimated and the number of PLHIV on ART is determined, so data is not directly comparable across countries.

Figure 11. Proportion of all people estimated to be living with HIV having achieved viral suppression by country

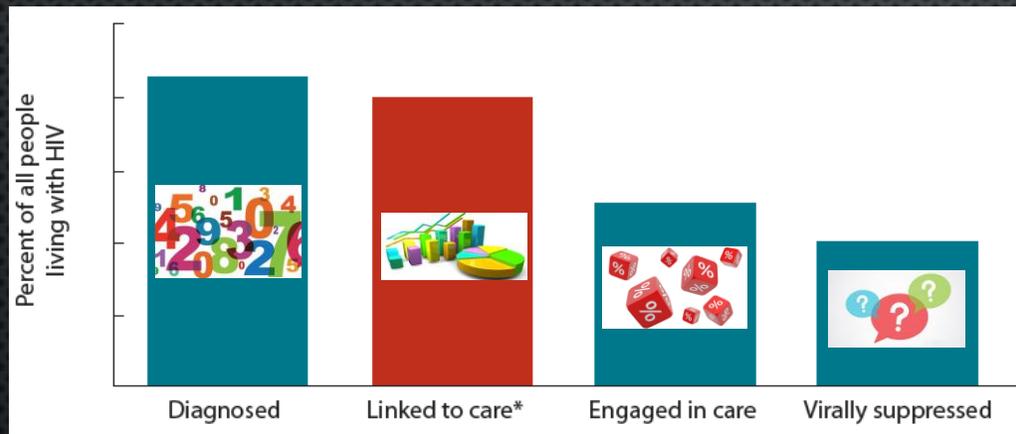


Figure 12. Reported mean cost of ART per patient per year by country, 2014 and 2016*



○ QUE FALTA FAZER (EM PORTUGAL)

TER ESTADÍSTICAS FIDEDIGNAS



Institute for Health Metrics and Evaluation

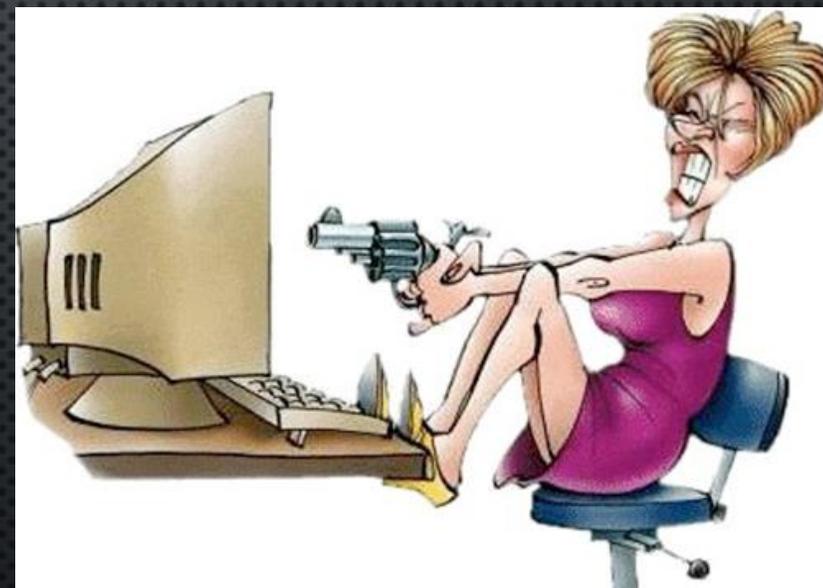


Estimates of global, regional, and national incidence, prevalence, and mortality of HIV, 1980–2015: the Global Burden of Disease Study 2015

GBD 2015 HIV Collaborators*

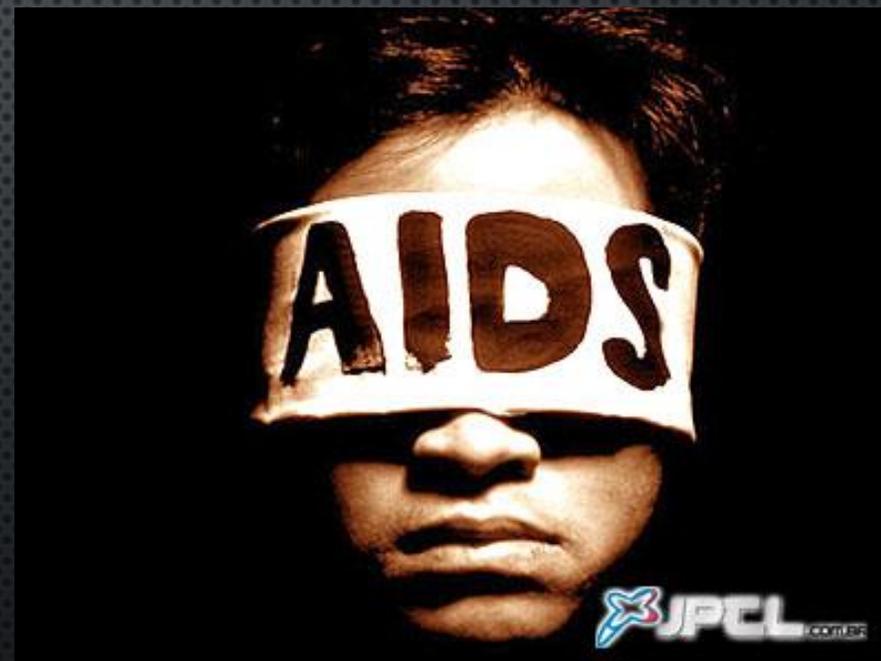


TER ACESSO FÁCIL A PROGRAMAS INFORMÁTICOS “USERFRIENDLY”



IDENTIFICAR PRECOCEMENTE OS INFETADOS QUE DESCONHECEM SÊ-LO

- OS PROBLEMAS DA LOGÍSTICA INERENTE À REALIZAÇÃO DOS TESTES RÁPIDOS DE FORMA ADEQUADA
 - NÃO SE DEVEM FAZER TESTES RÁPIDOS EM CONSULTAS DE 15_{MN}
 - SEM TEMPO P/ UM PRÉ ACONSELHAMENTO
 - SEM TEMPO P/ UM PÓS ACONSELHAMENTO
 - CONTUDO...
 - OS TESTES DEVEM SER PEDIDOS POR TODOS OS MÉDICOS E EM TODOS OS CONTEXTOS EM QUE TAL FOR PERTINENTE



ESTUDO NACIONAL PUBLICADO JÁ APONTAVA HÁ MUITO PARA ESSE TIPO DE ESTRATÉGIA, MAS...

OPEN ACCESS Freely available online



Routine HIV Screening in Portugal: Clinical Impact and Cost-Effectiveness

Yazdan Yazdanpanah^{1,2}, Julian Perelman³, Madeline A. DiLorenzo^{8,9}, Joana Alves³, Henrique Barros⁴, Céu Mateus³, João Pereira³, Kamal Mansinho⁵, Marion Robine^{8,9}, Ji-Eun Park^{8,9}, Eric L. Ross^{8,9}, Elena Losina^{7,8,9,10,11,13}, Rochelle P. Walensky^{6,7,8,9,10,11}, Farzad Noubary^{14,15}, Kenneth A. Freedberg^{6,7,8,9,11,12}, A. David Paltiel¹⁶

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Abstract

Objective: To compare the clinical outcomes and cost-effectiveness of routine HIV screening in Portugal to the current practice of targeted and on-demand screening.

Design: We used Portuguese national clinical and economic data to conduct a model-based assessment.

Methods: We compared current HIV detection practices to strategies of increasingly frequent routine HIV screening in Portuguese adults aged 18-69. We considered several subpopulations and geographic regions with varying levels of undetected HIV prevalence and incidence. Baseline inputs for the national case included undiagnosed HIV prevalence 0.16%, annual incidence 0.03%, mean population age 43 years, mean CD4 count at care initiation 292 cells/ μ L, 63% HIV test acceptance, 78% linkage to care, and HIV rapid test cost €6 under the proposed routine screening program. Outcomes included quality-adjusted survival, secondary HIV transmission, cost, and incremental cost-effectiveness.

Results: One-time national HIV screening increased HIV-infected survival from 164.09 quality-adjusted life months (QALMs) to 166.83 QALMs compared to current practice and had an incremental cost-effectiveness ratio (ICER) of €28,000 per quality-adjusted life year (QALY). Screening more frequently in higher-risk groups was cost-effective: for example screening annually in men who have sex with men or screening every three years in regions with higher incidence and prevalence produced ICERs of €21,000/QALY and €34,000/QALY, respectively.

Conclusions: One-time HIV screening in the Portuguese national population will increase survival and is cost-effective by international standards. More frequent screening in higher-risk regions and subpopulations is also justified. Given Portugal's challenging economic priorities, we recommend prioritizing screening in higher-risk populations and geographic settings.

MELHORAR A INTERLIGAÇÃO ENTRE CUIDADOS EXTRA-HOSPITALARES E CUIDADOS HOSPITALARES

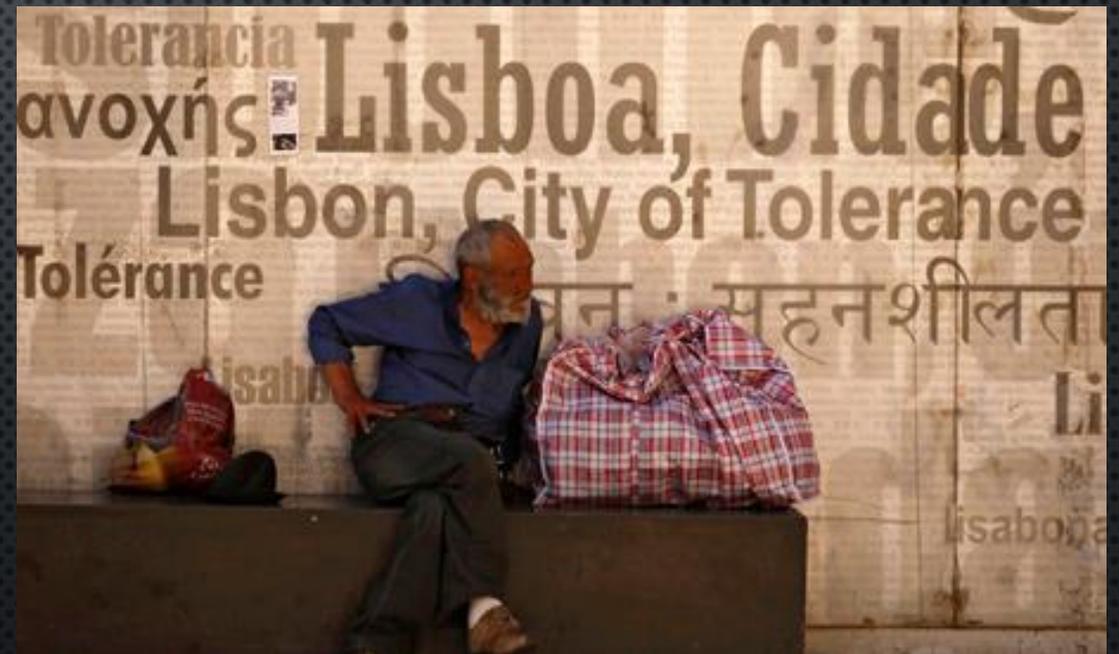


- ATRAVÉS DE
 - DESBUROCRATIZAÇÃO DA REFERENCIAÇÃO
 - EFETIVA LIBERDADE DE ESCOLHA DO MÉDICO E DO HOSPITAL PARA TODAS AS ESPECIALIDADES
 - OS DOENTES DEVEM TER UM MÉDICO DE FAMÍLIA ATRIBUÍDO, MAS TAMBÉM SE LHES DEVE RECONHECER O DIREITO DE NÃO QUEREREM PARTILHAR OS SEUS PROBLEMAS DE SAÚDE SÓ PORQUE AS REGRAS DE FUNCIONAMENTO DAS ESTRUTURAS O EXIGEM EM TERMOS MERAMENTE ADMINISTRATIVOS
 - EXISTÊNCIA DE UM “GESTOR DE CASO” QUE PODE SER ÚTIL NALGUNS DOENTES E NALGUMAS CIRCUNSTÂNCIAS

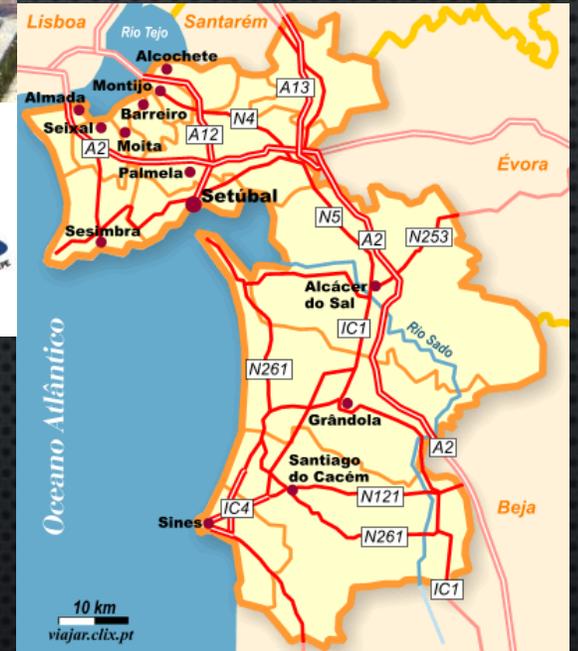
MELHORAR A ACESSIBILIDADE DOS DOENTES COM FRAGILIDADE ECONÓMICO-SOCIAL

- **DISPONIBILIZAR**

- TRANSPORTE PARA A CONSULTA
- A REALIZAÇÃO DE ALGUNS EAXD EM CENTROS CONVENCIONADOS MAIS PRÓXIMOS DA RESIDÊNCIA
- A EFETUAÇÃO DE TODOS OS EAXD NO HOSPITAL NO MESMO DIA DAS ANÁLISES
- A ABOLIÇÃO DO PAGAMENTO DE TAXAS MODERADORAS PARA EXAMES OU CONSULTAS DE OUTROS SERVIÇOS OU ESPECIALIDADES
- DESCENTRALIZAR A DISTRIBUIÇÃO DA MEDICAÇÃO HOSPITALAR (CSS, CATs, CDPs, CADs, HOSPITAIS DE PROXIMIDADE, FARMÁCIAS DE OFICINA)
- CENTRALIZAR EM CTC (C/ NO HJU) A TOMA OBSERVADA DE TARV, TERAPÊUTICA DE SUBSTITUIÇÃO OPIÁCEA E ANTI-BACILAR EM CASOS SELECIONADOS
- FORNECIMENTO NA FARMÁCIA HOSPITALAR DOS MEDICAMENTOS PARA PROFILAXIA DAS IOS



DESCENTRALIZAR ALGUNS CUIDADOS MÉDICOS



TER UMA POLÍTICA DE INCLUSÃO ADEQUADA RELATIVAMENTE A POPULAÇÕES MINORITÁRIAS E/OU COM NECESSIDADES ESPECÍFICAS



- POR INTERMÉDIO DE
- REALIZAÇÃO VOLUNTÁRIA DO TESTE RÁPIDO E A SUBSEQUENTE REFERENCIAÇÃO DESBUROCRATIZADA E CÉLERE À CONSULTA HOSPITALAR, AOS EAXD NECESSÁRIOS E AO TRATAMENTO DE TODAS AS DOENÇAS TRANSMISSÍVEIS, EM PARTICULAR DAS DTSS E DA TUBERCULOSE
- POLÍTICAS EFETIVAS DE INTEGRAÇÃO SOCIAL

COMBATER EFICAZMENTE A NÃO ADESÃO E A NÃO RETENÇÃO DOS DOENTES MAIS PROBLEMÁTICOS

- **ATRAVÉS DE**
 - **HUMANIZAÇÃO NA PRESTAÇÃO DOS CUIDADOS PELA EMPATIA NA RELAÇÃO MÉDICO-DOENTE E NA REALIZAÇÃO DO ATO MÉDICO**
 - **TOMA OBSERVADA DE MEDICAÇÃO**
 - **CONTACTO REGULAR DOS PROFISSIONAIS (P/ MEIO DE MAILS, MENSAGENS DE VOZ, SMSs, CONVERSAS TELEFÓNICAS) NO INTERVALO DAS CONSULTAS, SOBRETUDO COM OS DOENTES MENOS ADERENTES**
 - **ARTICULAÇÃO EFICAZ COM ESTRUTURAS EXTRA-HOSPITALARES (ONGs, CADs, CDPs, CSs, AUTARQUIAS, SEGURANÇA SOCIAL, TRIBUNAIS, PRISÕES, ETC.)**
 - **RESOLUÇÃO ADEQUADA DOS PROBLEMAS SOCIOECONÓMICOS MUITO LIMITATIVOS AOS DOENTES COM NECESSIDADES ESPECIAIS**



DIMINUIR O IMPACTO DAS ESTIRPES VIRAIS RESISTENTES CIRCULANTES

Conclusões

Best Hope - vigilância de padrões de transmissão de resistências ao VIH em Portugal: resultados preliminares



- Epidemia em mudança;
- Incidência decrescente de subtipo G e um aumento de outros subtipos não B, sobretudo o A1;
- A % de TDR (13.7%) quase duplicou, quando comparado com o último valor, de 2005 (7.8% - SPREAD);
- Importância relevante de grupos mais vulneráveis (HSH e imigrantes) na TDR;
- A classe dos NNRTIs apresenta os valores mais preocupantes de TDR (5.2%);
- Estes resultados complementam os relatórios do INSA e permite informar as entidades de saúde públicas para políticas de prevenção.



É importantíssimo continuar a colheita de dados

• POR MEIO DE

- APROFUNDAMENTO DOS ESTUDOS DE EPIDEMIOLOGIA MOLECULAR
- OTIMIZAÇÃO DA UTILIZAÇÃO DA TARV
 - CONSULTAS DE DECISÃO TERAPÊUTICA PARA CASOS MAIS PROBLEMÁTICOS
- MELHORIA DO “LINKAGE” E O “RETENTION” TO CARE
- ACESSO CÉLERE À INOVAÇÃO TERAPÊUTICA

TER EQUIPAS MULTIDISCIPLINARES NO SECTOR DE AMBULATÓRIO HOSPITALAR

- PARA ALÉM DE MÉDICOS E ENFERMEIROS
 - COM OUTROS PROFISSIONAIS A TEMPO INTEIRO
 - ASSISTENTE(S) SOCIAL(S)
 - PSICÓLOGO(S)
 - SECRETARIADO CLÍNICO PROFISSIONALIZADO
 - INTEGRAÇÃO NA UNIDADE DE AMBULATÓRIO
 - GINECOLOGIA/OBSTETRA
 - PSIQUIATRIA

Linkage, Engagement, and Retention in HIV Care Among Vulnerable Populations | Volume 29 Issue 4 | September/October 2013

Perspective
Linkage, Engagement, and Retention in HIV Care Among Vulnerable Populations: "I'm Sick and Tired of Being Sick and Tired"

There are disparities in engagement and retention in HIV care and outcomes of care across segments of society. For example, HIV mortality rates remain markedly elevated among black women and men compared with their white counterparts. These differences reflect broader disparities across social, economic, and cultural lines. Improvement in engagement and retention in HIV care requires interventions that account for forces present in the socioecologic framework of health behaviors. Improvement in linkage to care at HIV testing is crucial to overall engagement and retention in care. Strategies for linkage to care at testing can help overcome many of the forces that result in failure to engage and remain in care by starting the patient on a solid path to clinical care. This article summarizes a presentation by Victoria A. Cargill, MD, MSCE, at the IAS-USA continuing education program held in New York, New York, in May 2013.

Keywords: HIV care disparities, linkage to care, socioecologic framework, engagement and retention in care, practitioner behavior

IAS-USA Topics in Antiviral Medicine

Figure 2. HIV infection: A single factor among many potential socioecologic disparities.

TER CONSULTAS DE DTSs DE FÁCIL ACESSO E COM CAPACIDADE DE RESPOSTA ADEQUADA



- POR MEIO DE
 - CRIAÇÃO DE CONSULTAS ABERTAS DE VENEREOLOGIA DIRIGIDAS A POPULAÇÕES VULNERÁVEIS OU COM NECESSIDADES ESPECIAIS, INCLUINDO ADOLESCENTES
 - CSSs
 - UNIDADES DE AMBULATÓRIO DE INFECIOLOGIA
 - MELHORIA DA ARTICULAÇÃO ENTRE
 - DERMATOLOGIA
 - INFECIOLOGIA
 - MGF

FAZER A GESTÃO EFICAZ DAS CO-MORBILIDADES E DAS INTERAÇÕES MEDICAMENTOSAS

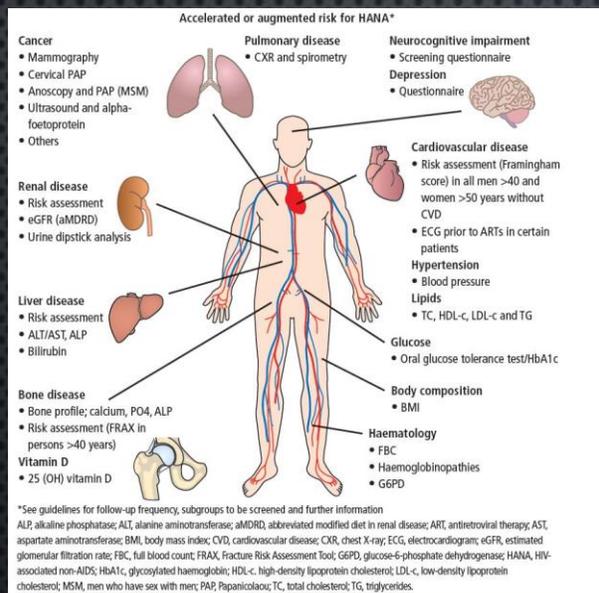
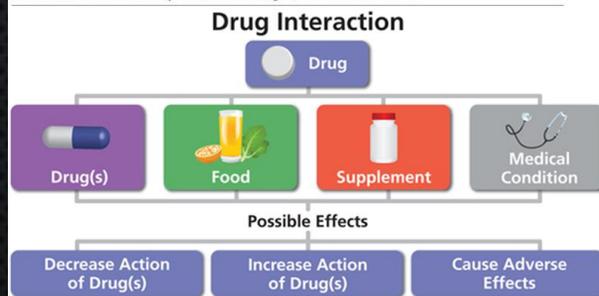


Figure 3: Higher rates of eight HANA comorbidities found among people living with HIV.²² Comorbidity data taken from Comorbidity distribution, in Schouten J, et al. Comorbidity and ageing in HIV-1 infection: the AGEHIV Cohort Study. XIX International AIDS Conference. July 22–27, 2012. Washington, DC. Abstract No THAB0205



• O QUE PASSA POR

• REPENSAR A FORMAÇÃO MÉDICA

• AUMENTAR O TEMPO DISPONÍVEL PARA CADA CONSULTA

• CRIAÇÃO DE CONSULTAS ESPECÍFICAS PARA DOENTES COM RISCO ACRESCIDO

• DISPONIBILIZAR FERRAMENTAS INFORMÁTICAS ADEQUADAS

• PODER CONTAR COM A COLABORAÇÃO A TEMPO INTEIRO DE FARMACÊUTICO(S) E NUTRICIONISTA(S)

TER UMA POLÍTICA DO MEDICAMENTO COERENTE E RESPONSÁVEL QUE SEJA FINANCEIRAMENTE COMPORTÁVEL PELO PAÍS

• PROPOSTAS

- 1)- COMPRA CENTRALIZADA DOS MEDICAMENTOS
- 2)- PREÇO DE REFERÊNCIA IGUAL P/ FÁRMACOS DO MESMO GRUPO FARMACOLÓGICO E GERAÇÃO
- 3)- PREÇO DAS CO-FORMULAÇÕES IDÊNTICO AO DA SOMA DOS SEUS COMPONENTES (INCLUINDO GENÉRICOS) ACRESCIDO DE UM COEFICIENTE JUSTO (10%?) A SER NEGOCIADO ENTRE MS E IF
- 4)- ESTABELECIMENTO DE UM N° MÁXIMO DE DOENTES A SEREM TRATADOS ANUALMENTE PARA AS PATOLOGIAS QUE UTILIZEM FÁRMACOS INOVADORES C/ IMPACTO ECONÓMICO SIGNIFICATIVO (ACIMA DESSE VALOR A IF SUPORTARIA OS CUSTOS)
- 5)- O PAGAMENTO AO HOSPITAL PRESTADOR DEVERÁ ACOMPANHAR O DOENTE (E A DOENÇA) PERMITINDO ASSIM A LIVRE ESCOLHA POR PARTE DO DOENTE SEM MAIS CONSTRANGIMENTOS
- 7)- INFORMATIZAÇÃO ADEQUADA DO PC E AVALIAÇÃO PERIÓDICA DE RESULTADOS

O *opinião*



José M. D. Poças
Médico Internista e Infeciologista; Diretor de Serviço de um Hospital EPE,
em regime de CIT sem exclusividade

As verdades que se impõe serem ditas com prudência, coragem e esperança – Parte I

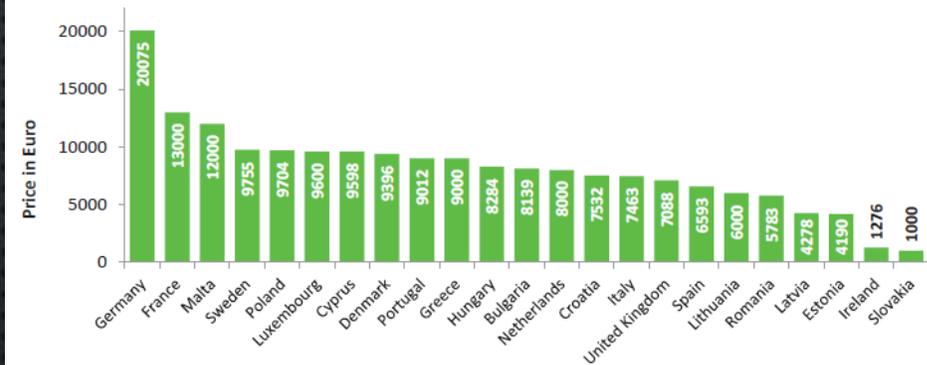
"Num tempo de engano universal, dizer a verdade é um ato revolucionário" (George Orwell, escritor inglês, 1903-1950)
"O homem prudente não diz tudo o que pensa mas pensa tudo o que diz" (Aristóteles, filósofo grego, 384-322 a.C.)
"A coragem é a primeira das qualidades humanas, porque garante todas as outras" (Aristóteles, idem)
"A esperança seria a maior das forças humanas, se não existisse o desespero" (Victor Hugo, escritor francês, 1802-1885)

DIFERENÇAS ENTRE PAÍSES COMUNITÁRIOS QUE SÃO DESPROPORCIONAIS

- E PORQUE NÃO?

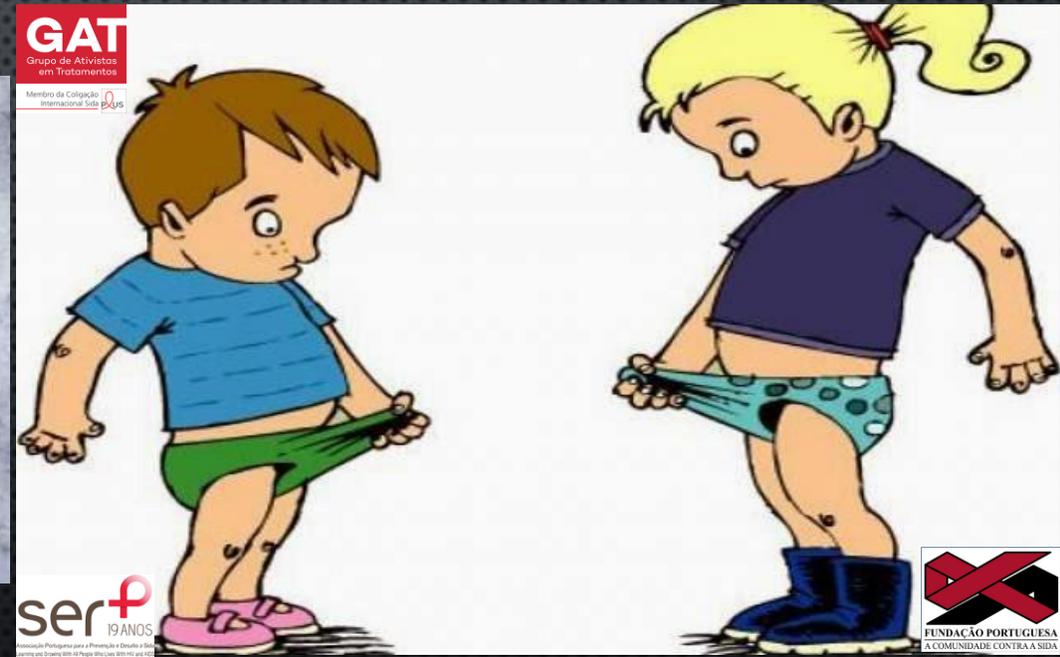
- O PREÇO DOS MEDICAMENTOS SER ESTABELECIDO EM FUNÇÃO DO PIB DE CADA PAÍS E ISSO SER O GARANTE DA SUSTENTABILIDADE DOS SEUS RESPECTIVOS SISTEMAS DE SAÚDE?

Figure 12. Reported mean cost of ART per patient per year by country, 2014 and 2016*



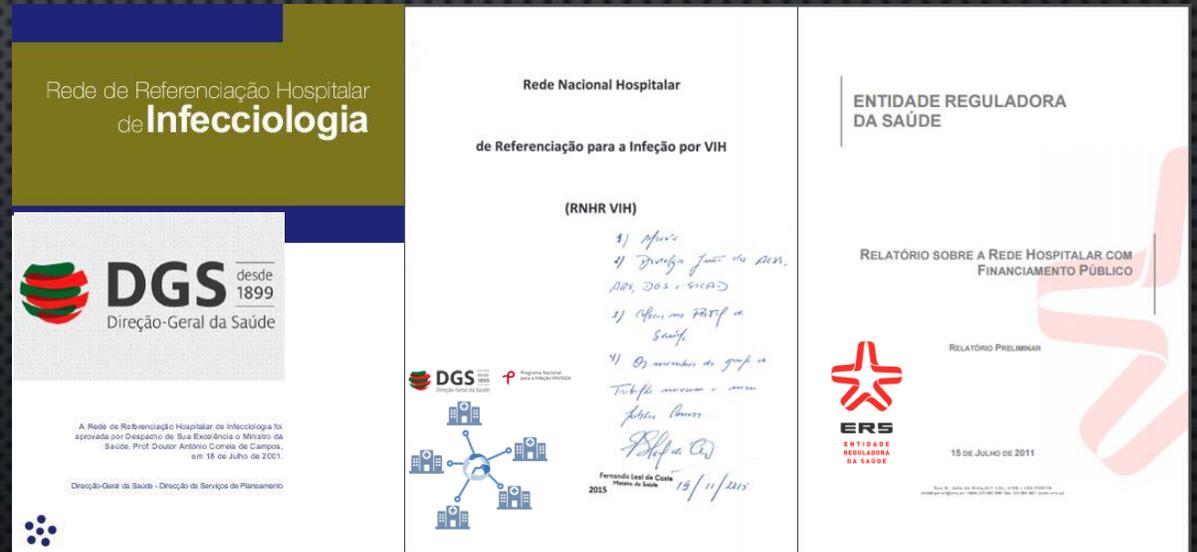
* Data on mean cost of ART per patient may be collected using slightly different definitions and therefore may not be directly comparable. Furthermore, data reported from Croatia, Ireland and Slovakia were reported to ECDC in 2014. Data provided in other currencies than Euro were converted into Euro using exchange rate for 31 March 2016.

COMBATER A ESTIGMATIZAÇÃO E APOSTAR DECISIVAMENTE NA EDUCAÇÃO SEXUAL E NA FORMAÇÃO CÍVICA NO ÂMBITO DA FAMÍLIA E NA ESCOLA



ASSEGURAR A VIABILIDADE DOS SERVIÇOS HOSPITALARES

- PRINCÍPIOS QUE A FUTURA “REDE DE REFERENCIAÇÃO HOSPITALAR” DEVERÁ INDEXAR
 - OS SERVIÇOS TÊM QUE TER UMA “MASSA CRÍTICA” ADEQUADA (Nº DE PROFISSIONAIS E DE DOENTES)
 - RECURSOS HUMANOS E TÉCNICOS DEVEM PASSAR A SER PROPORCIONAIS ÀS NECESSIDADES DOS CUIDADOS ASSISTENCIAIS E FORMATIVOS QUE PRESTAM
 - NÃO É ADEQUADO COLOCAR ESPECIALISTAS ISOLADOS E DESINSERIDOS DE SERVIÇOS DA RESPECTIVA ESPECIALIDADE SEJA ONDE FOR
 - O ÂMBITO DA INFECIOLOGIA É MUITO MAIS VASTO E ABRANGENTE DO QUE APENAS O HIV / HEPATITES VÍRICAS



DESAFIO FUNDAMENTAL: IMPLEMENTAR UMA ESTRATÉGIA CAPAZ DE OBTER OS RÁCIOS NECESSÁRIOS AO FIM DA PANDEMIA!!!

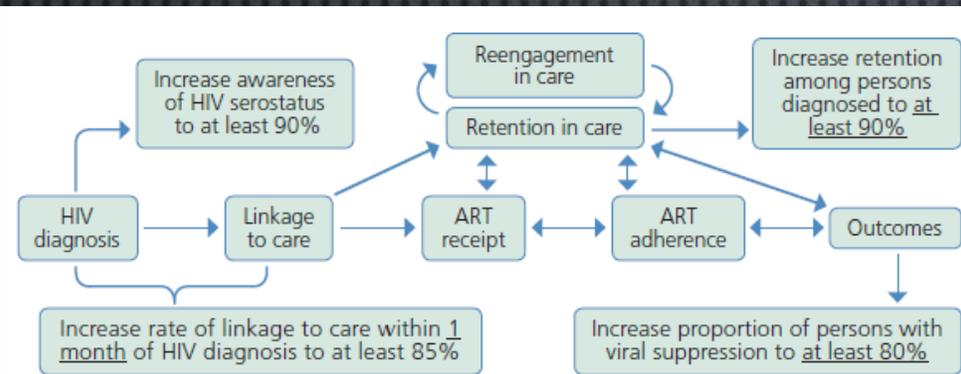


Figure 3. National HIV/AIDS Strategy 2020 goals. Changes from the 2015 goals are underlined. ART indicates antiretroviral therapy. Adapted from Mugavero et al and Ulett et al.^{3,4}

LEVELS	Testing Behavior: Test taken & results obtained	Linkage to Treatment Behavior: CD4 assessment obtained & ART initiated	Adherence for Viral Suppression Behavior: Adherent to ART & VL results obtained
Policy	National and international policies/guidelines	National and international policies/guidelines	National and international policies/guidelines
Community	Community participation, stigma and discrimination, social cohesion, gender norms	Community engagement, social capital, stigma and discrimination, gender norms	Gender norms, social capital, stigma and discrimination
Health Service	Provider counselling skills, provider attitudes and bias	Linkage and retention promoting activities in facilities, provider ability to communicate information	Provider and service delivery considerations
InterPersonal	Partner communication and testing, social support and relationship quality, attitudes toward PLHIV	Intimate partner violence, disclosure, social support	Intimate partner violence, disclosure, social support
IntraPersonal	HIV and clinic perceptions and knowledge, fear and stigma, gender beliefs	HIV/ART knowledge, fear, ART readiness/beliefs, perceived support and self-efficacy	Fear and stigma, HIV/ART beliefs and knowledge, self perception
Communication Approaches in Use	Mass media, Peer/lay counseling, couple counselling, community mobilization	IPC, peer/lay counselors, mHealth, support groups, treatment supporters, peer navigators, community mobilization	mHealth, treatment supporters, adherence counselling, support groups, mass media
Other Communication Approaches and Formats	Folk media, Entertainment Education, advocacy, mHealth, videos, social media	Folk media, Entertainment Education, advocacy, social media, videos, mass media	Community mobilization, advocacy, folk media, Entertainment Education, videos, social media

FIGURE 1. Framework for the role of health communication in HIV treatment continuum.

Perspective Elements of the HIV Care Continuum: Improving Engagement and Retention in Care

Medland NA et al. *Journal of the International AIDS Society* 2015, **18**:20634
http://www.jiasociety.org/index.php/jias/article/view/20634 | http://dx.doi.org/10.7448/IAS.18.1.20634



Review article

The HIV care cascade: a systematic review of data sources, methodology and comparability

Nicholas A Medland^{5,1,2}, James H McMahon³, Eric PF Chow^{1,2}, Julian H Elliott³, Jennifer F Hoy³ and Christopher K Fairley^{1,2}*

REVIEW

Open Access



The HIV treatment cascade and care continuum: updates, goals, and recommendations for the future

Emma Sophia Kay^{1*}, D. Scott Batey² and Michael J. Mugavero³

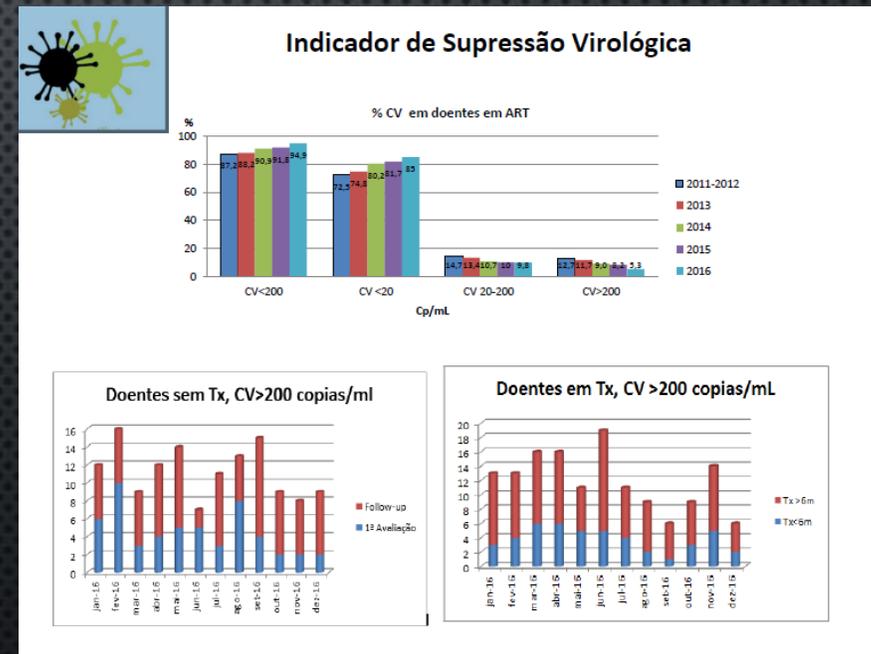
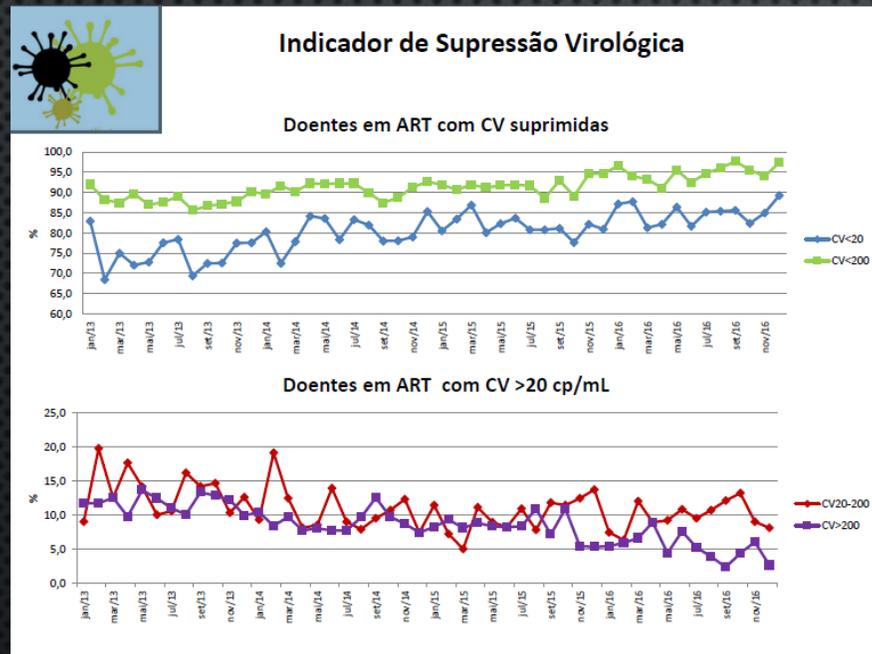
SUPPLEMENT ARTICLE

OPEN

A Framework for Health Communication Across the HIV Treatment Continuum

Stella Babalola, PhD,* Lynn M. Van Lith, MPA,* Elizabeth C. Mallalieu, MPH,* Zoe R. Packman, BS,* Emily Myers, MPH,* Kim Seifert Ahanda, BS, MPH,† Emily Harris, MA,† Tilly Gurman, PhD,* and Maria-Elena Figueroa, PhD*

A GRATIFICANTE TRADUÇÃO, EM GRÁFICOS, DO ESFORÇO DE UMA EQUIPA DE PROFISSIONAIS DEDICADA A ESTA NOBRE CAUSA...



A FRUSTRADA TRADUÇÃO, EM PERCENTAGENS, DA IMPOTÊNCIA DA MESMA EQUIPA DE PROFISSIONAIS!!!

- A NOSSA REALIDADE (EM JANEIRO DE 2016)

- HIV

- REFRATÁRIOS: 35,4%
- D. C/ CV < 20 CÓPIAS
 - > 80% DOS D. SOB TARV
 - 60% DOS D. ATIVOS
 - (?) % DOS D. EXISTENTES
- D. C/ CV < 200 CÓPIAS: > 90% DOS D. SOB TARV

- HCV

- REFRATÁRIOS: 37,3%
- D. CURADOS C/ DAAs: > 96%

- PROJETO DA UNIDADE MÓVEL DO GAT

- DOENTES REFERENCIADOS EM 2015-2016: 25

- MANTÊM-SE EM SEGUIMENTO: 11

- HIV POSITIVOS: 3

- HCV POSITIVOS: 9

- ALTAS E TRANSFERÊNCIAS: 3

- ABANDONARAM: 11 (44%)

- HIV: 1

- HCV: 10

OBJETIVO ÚLTIMO: ERRADICAÇÃO DA INFEÇÃO A PRAZO.

Jamieson D and Kellerman S. *Journal of the International AIDS Society* 2016, 19:20917
<http://www.jiasociety.org/index.php/jias/article/view/20917> | <http://dx.doi.org/10.7448/JIAS.19.1.20917>



Commentary

The 90 90 90 strategy to end the HIV Pandemic by 2030: Can the supply chain handle it?

David Jamieson^{5,*} and Scott E Kellerman^{*}

^{*}Corresponding author: David Jamieson, Partnership for Supply Chain Management (PFSCM), 1616 Fort Myer Drive, 12th Floor, Arlington, VA 22209, USA. (DJamieson@pfscm.org)
^{*}These authors have contributed equally to the work.

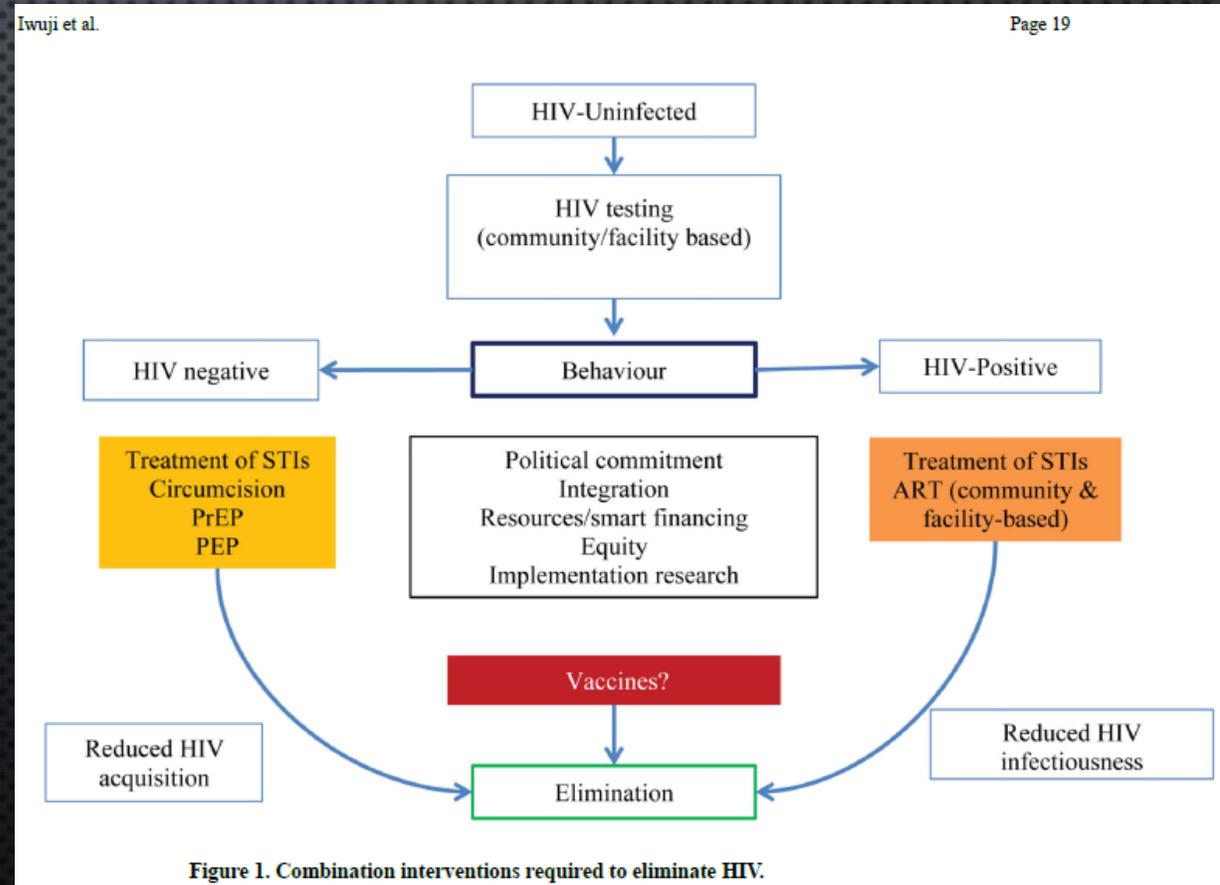
Europe PMC Funders Group
 Author Manuscript
J AIDS Clin Res. Author manuscript; available in PMC 2016 October 20.

Published in final edited form as:
J AIDS Clin Res.; 6: . doi:10.4172/2155-6113.1000525.

The Art of HIV Elimination: Past and Present Science

Collins C. Iwuji^{1,2,*}, Nuala McGrath^{1,3}, Tulio de Oliveira¹, Kholoud Porter⁴, Deenan Pillay^{1,5}, Martin Fisher⁶, Melanie Newport⁷, and Marie-Louise Newell⁸

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²Research Department of Infection and Population Health, University College London, UK
³Academic Unit of Primary Care and Population Sciences, and Department of Social statistics and Demography, University of Southampton, UK
⁴MRC Clinical Trials Unit at UCL, London, UK
⁵Research Department of Infection and Immunity, University College London, UK
⁶Division of Medicine, Brighton and Sussex Medical School, UK
⁷Department of Infectious Diseases and Global Health, Brighton and Sussex Medical School, UK
⁸Faculty of Medicine and Faculty of Social and Human Sciences, University of Southampton, UK



SERÁ QUE IREMOS SER MESMO CAPAZES?

“NÃO SÓ SOMOS RESPONSÁVEIS PELO QUE FAZEMOS MAS TAMBÉM PELO QUE NÃO FAZEMOS”
(MOLIÈRE, ATOR E DRAMATURGO FRANCÊS, 1622-1673)



“NÃO É A RESPOSTA QUE NOS ILUMINA, MAS SIM A PERGUNTA” (EUGÈNE IONESCO, DRAMATURGO ROMENO, 1909-1994)



FIM...!!!???

