



Public Health Policies: HIV Virus Treatment and Prevention in the State of Rio De Janeiro – Brazil

Maurício Ferreira Chaves¹, Alice Nascimento Rocha Moura²

¹ *Specialist in Public Administration Management by UFF*

² *PhD in Projects by UNINI México*

Abstract —The present study aims to identify Public Health Policies, regarding the treatment and prevention of the HIV virus in the state of Rio de Janeiro through the government website “Rio com Saúde”. In the literature review, it is highlighted that there is no theoretical construction based on the subject, with a predominance of studies related to the HIV virus. The method used was documentary research and data collection carried out through available literature, covering scientific articles published from 1980 to 2019 and data from the Ministry of Health. The most relevant results of the research indicate that Rio de Janeiro has public policies aimed at the treatment and prevention of the HIV virus, where services are offered for exams, tests for prevention, distribution of medicines and specific legislation to raise awareness of the disease. The conclusion of the research points to the need to implement preventive public policies in order to minimize the impacts and the proliferation of the virus in the state of Rio de Janeiro.

Keywords—Health Management; Public Policies; Prevention; HIV / AIDS.

I. INTRODUCTION

In 1977 and 1978, the first defined cases of Human Immunodeficiency Syndrome (AIDS) were discovered and recorded in the USA, Haiti and Central Africa, having been classified in 1982 [6].

In 1981, through the Communication Advisory Department for the Surveillance, Prevention and Control of Sexually Transmitted Infections - STIs, HIV / AIDS and Viral Hepatitis, the first concerns of public health authorities in the USA are expressed with a new and mysterious disease [6].

In 1980, Brazil was undergoing health system reform and exhaustion of the military regime. In the late 1970s, small and medium-sized municipalities governed by opponents of the military regime, were already implementing primary care measures, aiming at the population's participation in decisions made in health services [8].

The HIV / AIDS epidemic has taken on quite relevant proportions, causing government officials to implement public policies aimed at controlling the epidemic in the country.

Forty years have passed (from 1980 to 2020) and the HIV virus remains, with each passing year registering new cases of the disease. According to the Ministry of Health from 1980 to 2019, 966.058 cases of HIV / AIDS were identified in Brazil. The country has registered, annually, an average of 39 thousand new cases of the syndrome in the last five years [7].

Also according to the agency the states of Pará and Rio de Janeiro call attention for presenting only 51.8% and 58.6%, respectively, of the registered cases originating from the Notifiable Diseases Information System - SINAN [2].

The present work has as object of study to identify the Public Policies for the treatment and prevention of the HIV virus in the state of Rio de Janeiro, resulting in the question about how these policies have been contributing for the prevention and treatment of the HIV virus in the state? The study is justified in view of the relevance of the topic in the context of public health, not only in Brazil, demonstrating that the HIV virus indiscriminately affects the various layers of society, impacting the State and making public health policies in the prevention of management a priority and in your treatment. The identification of the main public health policies aimed at combating the HIV virus in the state of Rio de Janeiro, whether in prevention or in the treatment phase, will occur during the course of this work, using the government website "Rio com Saúde".

II. THEORETICAL REFERENCE

The evolution of public health policies regarding HIV / AIDS in Brazil was characterized by different phases, considering the development of scientific knowledge regarding the syndrome, the participation of different social and institutional segments in the elaboration of responses to the epidemic, as well as the articulations that permeated the space for organizing these official actions [17] and [20].

When the first AIDS cases arose in Brazil, in the early 1980s, the authorities assumed an omission, providing a wave of fear, ignorance and, consequently, discrimination. Considering the lack of positioning on the part of the government, the affected communities initiated actions that promoted the dissemination of information through the formation of the first non-governmental organizations focused on HIV / AIDS.

Reference [23] point out several studies registered at different moments in the history of HIV / AIDS in Brazil, which have crossed and merged with that of political life in the country.

With a first federal position stemming from the growing pressure of state and municipal programs to control and combat HIV / AIDS, the second political response to the epidemic in Brazil would take place from 1986 to the beginning of 1990, when the leadership of the National STD / AIDS Program (PNDST / AIDS) changed its leaders for the first time, following the country's political changes [3]. It is necessary, however, to emphasize that the approach was increasingly bureaucratic, which did not please non-governmental organizations, which wanted a quick and aggressive response [16].

The third moment in the evolution of public policies in response to the HIV / AIDS epidemic corresponds to the period from 1990 to 1992, marked by a complete lack of dialogue between civil society and the federal government, making the difficulty of sustaining a response even more clear in the long term to the epidemic [17].

Finally, the fourth phase, which stretches from 1993 to the present, is characterized by the reorganization of the PNDST / AIDS in the Ministry of Health and the effectiveness of the policy to control the epidemic, resulting from World Bank loans to the Brazilian government [22]. The international agreements hitherto signed with the World Bank, starting in 1993, became the main maintainers of programs of control, combat and treatment, among which, stand out those related to the Assistance Programs for people with HIV / AIDS [18].

The construction of public policies aimed at HIV / AIDS started with the first information on the registration of cases, which occurred in 1981, which generated reactions of stigmatization, in the face of the first pandemic after the conquest of human rights. In defense of the rights of people affected by HIV / AIDS, there was a strong organization of segments of the population in the definition and implementation of public policies aimed at combating them [11].

The assistance to patients with HIV, by some health professionals, focuses on self-care and not care for others, an example is the use of extra precautionary actions due to fear of contact with HIV-positive patients [12].

In 1986, the National STD and AIDS Program was created - today the National STD / AIDS Coordination - with the institutional task of coordinating, elaborating technical standards and formulating public policies in its area of coverage [21].

In 1988, the Unified Health System (SUS) was created, and the Ministry of Health began to supply medicines for the prophylaxis and treatment of opportunistic infections, common to people living with the virus.

Reference [9] considers that the assumptions of SUS of participation and social control, of comprehensive health care and of universal access to the system were vital to the configuration of responses to the AIDS epidemic in Brazil. Reference to [10], Brazilian public health policies to combat HIV / AIDS, initiated in the 90s and that move strata of society, non-governmental organizations and religious institutes provided several actions that are still a reference in the treatment today of the syndrome, such as the free provision by the SUS of antiretroviral therapy - ART, or popularly known as “cocktail”.

Reference [1] points out that one of the effects that the notion of collective health promotes is the restructuring of the field of Public Health, due to the emphasis that it attaches to the historical dimension and the values invested in discourses about the normal, the abnormal, the pathological, life is the death.

Therefore, the notion of collective health represents a decisive inflection for the concept of health, precisely because it contextualizes the perceptions, diagnoses and, consequently, the planning of actions. Ordinance GM / MS n° 1.378 / 2013 regulates the Incentive to the Actions of Surveillance, Prevention and Control of STD / AIDS and Viral Hepatitis, which incorporates the following incentives to the existing ones: qualification of the Actions of Surveillance and Health Promotion to STI, AIDS and Viral hepatitis; Support Homes for People Living with HIV / AIDS; and Infant formula for children vertically exposed to HIV.

The Sexually Transmitted Diseases Program of the Municipality of Rio de Janeiro works for a greater control and prevention of the transmission of these diseases among citizens. The control of congenital syphilis, the prevention of STIs and AIDS, facilitating the testing of diseases quickly and the decentralization of care for patients with HIV / AIDS are some of the main actions of this Program.

In parallel, the Program also works to train health professionals in all primary and secondary care units, with the aim of always keeping them up to date and encouraging better service for the population [13] and [14]. Among the services offered are: STI / AIDS Health surveillance; prevention of Sexually Transmitted Infections - STI; technical support for health professionals in STI / AIDS care; control of STIs, such as Congenital Syphilis; control of AIDS medications such as high-

cost antiretroviral; guidance of professionals in relation to highly complex tests such as HIV genotyping. The National STD and AIDS Program are going through the moment of consolidating guidelines and strategies for an integrated action with the various program areas focused on health. Aiming at decentralization, there have been more systematic initiatives, by federal, state and municipal managers, in order to articulate the AIDS prevention and treatment program as primary care, expanding the diagnosis and care of STD / AIDS within the referenced network health, as well as guidance, information and alert to disease prevention [5].

The practice of counseling has played an important role in the context of the epidemic in Brazil since the creation of the National STD / AIDS Program, and it reaffirms itself as a field of strategic knowledge for the quality of HIV diagnosis and health care. When we evaluate what differentiates the field of STD / HIV / AIDS prevention from that of other conditions, we cannot fail to consider the counseling action [3]. The incorporation of counseling by health services is a major challenge, because, so far, this has been done mainly in reference services for sexually transmitted diseases and AIDS and in some non-governmental organizations. These services are more accustomed to including issues of sexuality, drugs and human rights in their work routine, an inseparable part of the fields of prevention and counseling [3]. The Ministry of Health also uses the means of communication and printed materials to better pass on information about prevention and thus helps in controlling the epidemic, in addition to the free distribution of male and female condoms. As well as, information about sharing syringes and needles, for injecting drug users. In Brazil, the actions developed for the prevention of STD / AIDS and the promotion of health stand out for recommending the use of condoms in all sexual relations. Approaches that recommend decreasing the number of partners, abstinence and fidelity have not had the desired effect among sexually active people. Federal Law 9.313, of November 13, 1996, is an achievement of organized Brazilian society, as it guaranteed universal and free access to antiretroviral treatment in Brazil. Over time, the population's access to laboratory monitoring tests for HIV infection was also structured, as well as to preventive inputs and actions [3].

III. METHODOLOGY

To carry out this study, bibliographic research was used as a methodological resource, and the bibliographic review is the “survey of all bibliography already published in the form of books, magazines, separate publications in the written press, with the purpose of placing the researcher in direct contact with everything that has been written on a given subject, in order to allow the scientist to reinforce in parallel the analysis of his research or manipulation of his information” [15].

The research focused on public policies within the state of Rio de Janeiro, having as its starting point the 1980s, where the epidemic started on the national scene until December 2019.

The data collection carried out between 2019 and 2020, carried out through bibliography related to the theme in the Ministry of Health in Brazil and related scientific articles in the period 1980/2019, provided the context of public policies and identification of the main ones aimed at control , combating and treating HIV / AIDS in the state of Rio de Janeiro.

For data analysis, the documentary approach was used, which aims to represent the captured information in another way, allowing transforming a primary document into a secondary one. The government website called “Rio com Saúde” also served as a study base.

Based on the analysis of the texts and documents, we sought to interpret the main public health policies for coping with HIV / AIDS in the state of Rio de Janeiro, which allowed us to identify four public policies: the first, which is a preventive measure , post-sexual exposure prophylaxis, the

second as the functioning of testing and counseling centers, the third with the social voucher, and the fourth with the creation of Law 5977.

3.1. Data presentation and analysis

After the interpretation of the data, they were tabulated, analyzed and discussed to meet the research objectives. Below are the main public policies for HIV / AIDS carriers applied in the state of Rio de Janeiro based on data provided by the official website “Rio com Saúde”:

Policy	Description
Sexual PEP	Sexual PEP (post-sexual exposure prophylaxis) is a preventive measure consisting of the use of drugs (cocktail) up to 72 hours after sexual intercourse, in order to reduce the risk of HIV transmission. It should be used in exceptional situations: failure to use a condom or failure to use it as a break during sexual intercourse. Their risk is increased in sexual contact without a condom with HIV carriers or with population segments more vulnerable to the virus (drug user, sex worker, among others). It is up to the health professional to assess the risk and prescription of sexual PEP.
Testing and Counseling Center - CTA	CTAs are health services that aim to carry out tests to identify and prevent, in an agile and free way, the following diseases: Hepatitis B and C, AIDS and syphilis. The tests are carried out in accordance with the rules established by the Ministry of Health. Before testing, the user participates in the counseling activity, in the collective mode. The delivery of the test result is carried out individually, thus preserving the confidentiality of the result, which is the right of all those who carry out the test. The purpose of counseling is to guide and clarify doubts and / or questions related to STDs and HIV / AIDS and hepatitis and to build dialogue strategies (between the user and the health professional) for prevention. Regardless of the test result, the service user must be guaranteed the monitoring of a team of trained health professionals to guide him / her about the test result and reinforcement of prevention measures and forms, considering the reality and context of each one. In case of a reactive result, immediate link to the appropriate assistance service must be guaranteed, considering the user's needs. In addition to making the necessary referrals to the reference service network.
Social voucher	The social voucher is a right guaranteed by law to all citizens with physical, visual, hearing and mental disabilities, as well as those with chronic diseases who are undergoing health treatment and who reside in the state of Rio de Janeiro. The social voucher guarantees free municipal and intercity means of transport. Children and adolescents as well as adults with special mobility needs have this right guaranteed to a companion, designated by the applicant. Several city halls have an agreement with the State Transportation Secretariat to simplify access to care for patients who undergo treatment in the city of Rio de Janeiro and use intra-municipal transport.
Law No. 5977	Law No. 5977, of May 24, 2011 alters the menu and Article 1 of Law No. 2,929, of April 30, 1998, which “provides for the placement of explanatory leaflets on AIDS prevention and the provision of condoms, in hotels , motels and the like, in the state of Rio de Janeiro”.

Figure 1. Public policies aimed at HIV prevention and treatment

Reference [11] reports that there was a need for public policies aimed at people affected by HIV / AIDS, and that there was organization of segments of the population in this implementation. However, for public policy to exist, I needed the case records.

With regard to this academic research, the public policies directed to the confrontation of HIV / AIDS in the state of Rio de Janeiro, it is observed in figure 1, that the first one, found on the website "Rio com Saúde", the Sexual PEP that prescribes the distribution of medicines, the so-called "cocktails" for prevention, being used within 72 hours after sexual intercourse with the possibility of exposure to the HIV virus, case under analysis and exclusive indication of the duly qualified health professional. The Sexual PEP is in line with the Incentive to the Actions of Surveillance, Prevention and Control of STD / AIDS and Viral Hepatitis according to Ordinance GM / MS n° 1.378 / 2013.

The second public policy found, the Testing and Counseling Center, has as its primary indication the performance of free tests quickly in accordance with the criteria established by the Federal Government. The Testing and Counseling Center has a fundamental role in advising potential carriers of the virus, with individualized test results being zealous for user privacy. These procedures are in line with the counseling practices proposed in the National STD / AIDS Program.

The third public policy, the social voucher, aims to provide free transportation, which contributes to the carrier's treatment. This policy differs in that all others are directly linked to pathology, however it covers a social assistance character, and the user must be registered in advance to enjoy the benefit. The fourth public policy enunciated in Law 5977/2011, has as main purpose to disseminate information on the prevention of AIDS and other sexually transmitted diseases in all the lodging and similar means of the state of Rio de Janeiro, through explanatory leaflets, such as also making condoms available to its users.

IV. FINAL CONSIDERATIONS

HIV is a viral disease and it weakens the immune system causing the carrier the possibility of contracting opportunistic diseases to the point of manifestation of the disease with AIDS, which makes essential knowledge about it, its epidemiological importance in Brazil and its early treatment essential - immediate action with the appropriate medications. For this reason, it is necessary that public managers create and execute public policies for their effective and efficient confrontation.

Regarding the objective of the research, four public policies aimed at people with HIV / AIDS were identified within the government website "Rio com Saúde", namely: post-sexual exposure prophylaxis; testing and counseling; free travel for treatment through the Social Valley; and guidance, dissemination and distribution of condoms, in accordance with Law 5977/2011.

Whereas the study focused on the study of public policies for coping with the HIV virus in the state of Rio de Janeiro, relying on information from the 1980s, a period when the epidemic expanded in the national territory until 2019, through the data made available by the Ministry of Health and the base of scientific publications, it was found that public policies contributed to the prevention and treatment of the HIV virus in the state. Through government actions as the present research presents, there is evidence of the existence of work aimed at prevention and awareness, and that by having a specific legislation such as Law No. 5977 of 2011 that strengthens this disclosure in means of accommodation. The Sexual PEP that recommends giving medications to the sexually exposed person, within 72 hours, which promotes the reduction of the possibility that he / she will be infected by the virus. The Social Valley being the mechanism for making treatment possible due to displacements, for many patients completely impossible without such benefit. Free testing with

guaranteed confidentiality and collective counseling, which so often gives the patient the dimension of not being alone in their struggle, fears and treatment.

However, everything exposed here does not seem to be enough to contain the spread of the virus that broadens its horizons every day and crosses the most diverse social strata, regardless of age, creed, color or education. If, on the one hand, the research has achieved its objectives in identifying public policies to combat HIV / AIDS in the state of Rio de Janeiro, considering that they are properly implemented and showing positive results, on the other hand, it remains certain that much still can and should be done accomplished. Whether public or private, individual or collective, there is an urgent need for greater awareness, educational actions and demystification in favor of the real fight against the HIV virus. To this end, studies on the number of patients seen, the results obtained and the investments made by the state of Rio de Janeiro are necessary, enabling the creation of new qualitative fronts for coping. It is necessary to carry out studies on how much is invested in prevention and how much is invested in treatment to improve the application of resources and public policies to improve the quality of life of people with HIV and reduce the number of infected people. The present research did not intend to exhaust the debate on the subject, but to encourage new research on the theme, or complementary to the present study, to be carried out and enable sensible advances in the fight against HIV / AIDS in the state of Rio de Janeiro and in the world.

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