

**A kaisernetwork.org Interview with  
Dr. Paulo Teixeira, director of the National STD/AIDS  
Programme of Brazil's Ministry of Health  
June 26, 2003**

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**MR. LARRY LEVITT:** This is Larry Levitt from Kaisernetwork.org and I'm joined here by Dr. Paulo Teixeira, the Director of Brazil's National AIDS Program. Dr. Teixeira, thanks for speaking with us.

**DR. PAULO TEIXEIRA:** [Unintelligible], thank you. Thank you for the invitation.

**MR. LARRY LEVITT:** Well as you know, many have pointed to Brazil as a model for fighting AIDS epidemic worldwide. Much of the international discussion about Brazil has been around your policy of offering free access to, to HIV/AIDS drugs to, to anyone who needs them, but in fact your program has a substantial prevention component as well. Could you begin by describing for us the strategy that Brazil has taken around preventing and treating HIV/AIDS?

**DR. PAULO TEIXEIRA:** In fact the Brazilian policy on HIV and AIDS has been about 20 years ago. When we start with the first program in the state of Sao Paulo to face the first HIV/AIDS case and since that time the general concept adopted, has been to adopt integrate approach to the prevention, treatment, and the support for people living with HIV and AIDS affect by this then particular [Unintelligible] their human rights. In fact this principal of this kind of integrate approach is the principal that guides also the national system on health. It has taken the case to build this, but finally we it has been incorporated and this system has been adopted and

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it has been adopted for HIV and AIDS. With a lot of attention because since the beginning we knew about the important risks associated with discrimination, stigma, and, and so on. So during this 20 years, a very strong social mobilization has approved in trying to trying to build a national response and it has made a this kind of social mobilization has maintained the government to meet the [Unintelligible] , who is the, the, the responsibilities for this 20 years. So I, I understand that we do have a model. It's not a different model. In fact we are talking about an international principles of human rights, [Unintelligible] and so on. And it has been the main, the main explanation, it has, it, it is the main explanation for the, for the progress that has, have made.

**MR. LARRY LEVITT:** I understand you're looking at Brazil's experience and, and thinking about applying say free access to drugs worldwide, in the developing world it's been quite a bit a controversy about this. From your experience in Brazil what would you say are the biggest challenges that other countries might face in, in putting in place this kind of policy?

**DR. PAULO TEIXEIRA:** I think that the first step is to be convinced that access to treatment is [Unintelligible] and it's, a right of the, the affected people and that it is absolutely [Unintelligible]. And we have to recognize the, the that don't have this kind of, clear consensus , among the

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government, stake holders and even the drug companies in many, many countries. They have a lot end and a lot in common. So the first step is certainly to have a very strong and clear message from international organizations, both [Unintelligible] organizations stating clearly that this is it's possible to the, the and that to do this media game. Of course, after this you have to consider the context. We are talking about a very, very difficult situation because AIDS epidemic has evolved the 90% of cases poor countries or developing countries. But we understand that based on the initiative and experience that has been developed in many very poor settings, we can completely say and recommend that it's vital to [Unintelligible] that the method, if you [Unintelligible] to a small proportion, activities to prepare to do the capacity. The main question, the main facts there or the main [Unintelligible] immediately. We start immediately and this is the most important component of all this [Unintelligible] to take this achievement and initiate, active.

**MR. LARRY LEVITT:** So would you say there are still myths or misconceptions out there about whether this is possible to, to expand access to the HIV/AIDS drugs in poor or low-income countries?

**DR. PAULO TEIXEIRA:** Yes it is interesting. Because we, we explained it today in workshop organized by the World Bank and one of the clear conclusions we have made is that for

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the last 10 years we didn't have clear message coming from the World Bank, UN system, WHO, UNAIDS and so on. The consensus about access to treatment and been in fact, has been in fact been built in the last three years. Particular after the strong results on the [Unintelligible] experience. But until now some of the organizations are [Unintelligible] to clearly talk to governments and countries and to say it's possible, it's feasible, and we need to start with this kind of activity. So this lack of coordination of leadership is one answer to explain this situation or this behavior. And the other one is that we have to steal some shelves from the past when people used to say that the treatment is too much complex and need a strong health structure and need a lot of a professional capacity and need a lot of for, of education or information to adhere to treatment. And this is not true, but we still here this kind of voice. I don't at the end what are the reasons, what the reasons, but I understand that we are talking about some prejudice to watch developing countries and poor countries. And in the other hand of these kinds of mobilization affects some important economical and financial interests and they are resisting, resist, they, they are, I mean this entities or that have some kind of financial [Unintelligible] , are really, but my final conclusion, particular after this workshop today, is that we are closing this chapter. We are finished with this decision and this will be very

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[Unintelligible].

**MR. LARRY LEVITT:** Another issue that's come up, and I understand it may have been discussed at the World Bank meeting today, was the issue of drug resistance. That in, in low-income countries people may not, patients may not follow the drug regimens leading to resistance to the drugs. Is that, from, from your experience in Brazil, is that an issue that you think is a barrier to, to expanding access?

**DR. PAULO TEIXEIRA:** In fact the resistance I understand has been less arguent adopt by some people that don't want to finally to be involved in the promotion of ARV treatment in developing countries. And we met at the World Bank people from various countries and [Unintelligible] the managers and the final conclusion has been yes it is a problem, but it is a problem for developed and developing countries. We have some important data but [Unintelligible] is showing that in fact this problem is less serious in developing countries than in developed countries. And conclusion has been this is a question to be taken into consideration, we have to organize, A system of monitoring for all the countries, not all developed, not only developed, but in anyway this issues and used an argument to prevent access to ARV. At the beginning I was concerned about the exclusion of these issues, but at the end everything has been out [Unintelligible] clarified that , this , argument, the question of HIV resistance is a problem

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but is not reason to stop the access or to make difficult  
access [Unintelligible].

**MR. LARRY LEVITT:** Sounds like some progress has been  
made.

**DR. PAULO TEIXEIRA:** Absolutely, absolutely. I feel very  
fortunate this meeting has been, this had one opportunity and  
I understand that we need to take many other actions. And one  
very important task is to partner with WHO, World Health  
Organization, on the leadership of this [Unintelligible]. The  
political and technical leadership to put all the main actors  
together as the World Bank, the WHO Fund, UNAIDS, and so, to  
leave a clear message to the world, in one hand, and to  
[Unintelligible] or identify a framework for action to help the  
countries in the process of it's coming up or to help  
initiating action for access treatment.

**MR. LARRY LEVITT:** But speaking of World Health  
Organization, you've been asked to assist the new Director  
General of the WHO in developing an AIDS strategy for the WHO  
in Geneva. Can you share with us if you can some changes we  
might expect to see over the, the coming months or years at  
WHO.

**DR. PAULO TEIXEIRA:** Yes [Unintelligible] the new  
director in fact, [Unintelligible] to support and to help in  
the design of this program for administration particular  
considering this results [Unintelligible] of linked to HIV and

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AIDS prevention, treatment, and human rights protection. I'm there and our first conclusion is exactly for too many years who has been far from the exclusion of access to treatment and other issues related to HIV. Two years ago WHO start a movement but that is still very [Unintelligible] and the first clearly [Misspelled?] proposal we are presenting the new director is exactly to recuperate this role and to actually go civilly to a very concrete proposal. And have in mind that access to treatment is an emergency and presenting concrete proposals and recommendations to countries immediately. For this would be necessary exactly to negotiate with all the institutions involved on these issues. But the clear commitment, the political commitment is the [Unintelligible] we understand that we need to have , a new phase with positive , intervention on [Unintelligible].

**MR. LARRY LEVITT:** Well it sounds like you've got you work cut out for you. ...

**DR. PAULO TEIXEIRA:** I'm sorry?

**MR. LARRY LEVITT:** It sounds like you have a lot of work ahead.

**DR. PAULO TEIXEIRA:** Absolutely, because the best case is fantastic, fantastic. But I think that the it's possible. Dr. J. Lee [Misspelled?], J.W. Lee is the director has adopt the, the goal of having 2 million people under treatment at the end of 2005. This is a huge task but we understand that if we,

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that it is, it's possible to, to do. When we can see when we analyze the person maybe we can understand how big is the task. We have less than 400,000 people receiving treatment in developing countries. Two hundred and fifty thousand are in Latin America. So in Africa where our, our concentrate, that concentrate 85% of AIDS epidemic and AIDS cases and HIV people needing treatment and there is no more than 6,000 people receiving treatment. We have to mobilize normal support and resources to candy and cigarettes. And of course we'll need on this support of countries , primarily, primarily. Second from the World Bank, from the global plans, from the UN system particular UNAIDS, and so on. I understand that this partnership has to be [Unintelligible] as the only way to make concrete difference.

**MR. LARRY LEVITT:** Well best of luck with your work and thanks for taking the time to speak with us.

**DR. PAULO TEIXEIRA:** Well thank you very much for the [Unintelligible].

[END OF RECORDING]