REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

POLITICAL-PROGRAMMATIC RESPONSE TO HIV/AIDS IN BRAZIL DURING THE COVID-19 PANDEMIC: A TEXT AND OPINION SYSTEMATIC REVIEW

RESPOSTA POLÍTICO-PROGRAMÁTICA AO HIV/AIDS NO BRASIL DURANTE A PANDEMIA DE COVID-19: REVISÃO SISTEMÁTICA DE TEXTO E OPINIÃO

RESPUESTA POLÍTICO-PROGRAMÁTICA AL VIH/SIDA EN BRASIL DURANTE LA PANDEMIA DE COVID-19: REVISIÓN SISTEMÁTICA DE TEXTO Y OPINIÓN

Orcélia Pereira Sales
Doutoranda, Programa de Pós-Graduação em Ciências da Saúde – FS – UnB, Brasília, Brasil
E-mail: orceliasales@gmail.com

José Augustinho Mendes Santos
Doutoranda, Programa de Pós-Graduação em Ciências da Saúde – FS – UnB, Brasília, Brasil
augustinhomendes1@gmail.com

Edgar Merchan-Hamann
Professor Doutor, Programa de Pós-Graduação em Ciências da Saúde – FS – UnB, Brasília, Brasil
E-mail: merchan.hamann@gmail.com

Abstract

This study analyzed the political and programmatic response to HIV/Aids in Brazil from 2020 to 2024, considering the guidelines and actions implemented by the Ministry of Health in the context of the COVID-19 pandemic and its implications for the organization of health services. This is a systematic documentary review of text and opinion conducted in accordance with the recommendations of the Joanna Briggs Institute, with thematic narrative analysis of official documents related to the national HIV/Aids policy. Official circulars, ordinances, agreements, and technical notes published by the Ministry of Health were analyzed. At the beginning of the pandemic, measures prioritized the continuity of care, including the expansion of antiretroviral dispensing and the increased use of self-testing. In subsequent years, changes in prevention strategies were observed, such as expanded access to pre-exposure prophylaxis, the incorporation of telemedicine, and the adoption of strategies targeting adolescents and young people. Regarding therapeutics, simplified regimens and new alternatives for cases of drug resistance were implemented. Changes in diagnostic workflows, expansion of healthcare professionals' responsibilities, and the inclusion of actions related to quality of life and the rights of people living with HIV were also identified. Regarding financing, an increase in resources and greater articulation with other health policies were observed. The documents analyzed indicate that the Brazilian response to HIV/Aids articulated emergency measures and potentially structural programmatic changes aimed at maintaining care and updating prevention, diagnosis, and treatment strategies during the analyzed period, although verification of their effective implementation requires specific evaluative studies.

Keywords: HIV; COVID-19; Public Health Policies; Ordinances; Public Health Systems.

Resumo

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

Este estudo analisou a resposta político-programática ao HIV/Aids no Brasil no período de 2020 a 2024, considerando as diretrizes e ações do Ministério da Saúde no contexto da pandemia de COVID-19 e seus desdobramentos na organização dos serviços de saúde. Trata-se de revisão sistemática de texto e opinião conduzida conforme as recomendações do *Joanna Briggs Institute*, com síntese narrativa de documentos oficiais relacionados à política nacional de HIV/Aids. Foram analisados ofícios circulares, portarias, acordos e notas técnicas publicados pelo Ministério da Saúde. No início da pandemia, as medidas priorizaram a continuidade da assistência, com ampliação da dispensação de antirretrovirais e expansão do uso de autotestes. Nos anos seguintes, observaram-se mudanças na prevenção, como ampliação do acesso à profilaxia pré-exposição, incorporação da telemedicina e adoção de estratégias voltadas a adolescentes e jovens. Na terapêutica, foram implementados esquemas simplificados e novas alternativas para casos de resistência medicamentosa. Também foram identificadas alterações nos fluxos diagnósticos, ampliação das atribuições de profissionais de saúde e inclusão de ações relacionadas à qualidade de vida e aos direitos das pessoas vivendo com HIV. No financiamento, verificou-se aumento de recursos e maior articulação com outras políticas de saúde. Os documentos analisados indicam que a resposta brasileira ao HIV/Aids articulou medidas emergenciais e mudanças programáticas potencialmente estruturantes, orientadas à manutenção do cuidado e à atualização das estratégias de prevenção, diagnóstico e tratamento no período analisado, embora a verificação de sua implementação efetiva requeira estudos avaliativos específicos.

Palavras-chave: HIV; COVID-19; Políticas Públicas de Saúde; Portarias; Sistemas Públicos de Saúde.

Resumen

Este estudio analizó la respuesta político-programática al VIH/sida en Brasil entre 2020 y 2024, considerando las directrices y acciones del Ministerio de Salud en el contexto de la pandemia de COVID-19 y sus repercusiones en la organización de los servicios de salud. Se trata de una revisión sistemática documental de texto y opinión, con análisis narrativo temático de documentos oficiales, realizada conforme a las recomendaciones del Joanna Briggs Institute, relacionados con la política nacional de VIH/sida. Se analizaron oficios circulares, ordenanzas, acuerdos y notas técnicas publicados por el Ministerio de Salud. Al inicio de la pandemia, las medidas priorizaron la continuidad de la atención, con ampliación de la dispensación de antirretrovirales y expansión del uso de autotests. En los años siguientes, se observaron cambios en la prevención, como la ampliación del acceso a la profilaxis preexposición, la incorporación de la telemedicina y la adopción de estrategias dirigidas a adolescentes y jóvenes. En el ámbito terapéutico, se implementaron esquemas simplificados y nuevas alternativas para casos de resistencia medicamentosa. También se identificaron cambios en los flujos diagnósticos, ampliación de las atribuciones de los profesionales de salud e inclusión de acciones relacionadas con la calidad de vida y los derechos de las personas que viven con VIH. En cuanto al financiamiento, se verificó un aumento de recursos y una mayor articulación con otras políticas de salud. Los documentos analizados indican que la respuesta brasileña al VIH/sida articuló medidas de emergencia y cambios programáticos potencialmente estructurantes, orientados a la continuidad de la atención y a la actualización de las estrategias de prevención, diagnóstico y tratamiento durante el período analizado, si bien la verificación de su implementación efectiva requiere estudios evaluativos específicos.

Palabras clave: VIH; COVID-19; Políticas Públicas de Salud; Ordenanzas; Sistemas Públicos de Salud.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

1. Introduction

The HIV/AIDS epidemic remains a major global public health challenge, characterized by heterogeneous epidemiological patterns across regions and population groups. Estimates indicate that in 2025, approximately 39.9 million people were living with HIV worldwide, with about 630,000 AIDS-related deaths during the same period (UNAIDS, 2025). Despite expanded access to antiretroviral therapy (ART) and the implementation of global strategies such as the 95-95-95 targets, progress in reducing the epidemic has occurred unevenly across countries and social contexts. Barriers related to early diagnosis, continuity of treatment, and access to preventive measures persist, highlighting limitations in the sustainability of the public health responses implemented (Jiang; Zhou; Tang, 2020; Hogan *et al*., 2020).

In Brazil, the response to HIV/AIDS was strengthened by the establishment of universal and free access to ART through the Unified Health System (Sistema Único de Saúde – SUS) in 1996. This model reinforced a policy guided by the principles of universality, comprehensiveness, and equity, contributing to reductions in AIDS-related morbidity and mortality. Over the years, preventive technologies such as pre-exposure prophylaxis (PrEP) were incorporated, and the specialized care network was expanded. However, social and regional inequalities continue to influence the risk of infection, access to care, and disease outcomes, particularly among socially vulnerable populations (Paiva *et al*., 2024).

Since 2019, institutional changes within the Ministry of Health have altered the organization of the national HIV/AIDS policy, expanding integration with other health conditions and modifying mechanisms of management, financing, and coordination of actions (Paiva *et al*., 2024; Grangeiro *et al*., 2023a). These transformations took place amid budget constraints and a reorientation of social policies, with potential repercussions on the continuity and sustainability of programmatic strategies.

The COVID-19 pandemic, declared by the World Health Organization in March 2020, worsened this context by producing significant impacts on health systems. In Brazil, the reorganization of services and the prioritization of COVID-19-

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

related demands directly affected care for people living with HIV. Studies indicate a reduction in testing, a proportional increase in late diagnoses, discontinuity of clinical follow-up, and changes in antiretroviral dispensing during the initial period of the pandemic (Jiang; Zhou; Tang, 2020; Hogan *et al*., 2020; Andrade *et al*., 2023; Grangeiro *et al*., 2023a). These effects revealed both the immediate impacts of the health emergency and pre-existing structural weaknesses in the HIV/AIDS response.

Analyzing this scenario requires considering the political-institutional context in which these changes occurred. The pandemic acted as an intensifying factor for processes already underway, influencing programmatic strategies, management mechanisms, and the organization of health services. In a country marked by profound socioeconomic and regional inequalities, the effects of these transformations had distinct impacts on access to care and the continuity of assistance (Paiva *et al*., 2024).

In light of this context, this review aims to analyze the political-programmatic response to HIV/AIDS in Brazil from 2020 to 2024, considering the guidelines and actions of the Ministry of Health within the context of the COVID-19 pandemic and their consequences on the organization of health services.

2. Methods

2.1 Study Design and Research Question

This study consists of a systematic documentary review of text and opinion documents, with thematic narrative analysis of official documents, conducted in accordance with the methodological recommendations of the Joanna Briggs Institute (JBI; https://jbi.global/critical-appraisal-tools) for reviews of evidence related to policies and consensus guidelines. The process of document identification, screening, and selection was illustrated in a flowchart adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020; https://www.prisma-statement.org/), taking into account the particular characteristics of institutional and regulatory documents related to HIV/AIDS policy in Brazil.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

The adoption of the JBI Critical Appraisal Checklist for Text and Opinion Papers is justified by the nature of the analyzed corpus, which consists of normative and operational instruments (ministerial ordinances, technical notes, circular letters, and technical cooperation agreements). Although these documents do not present the typical argumentative structure of opinion papers, they can be assessed according to the criteria of source identification (C1), institutional authority (C2), centrality of population interests (C3), and contribution to the field (C8). The criteria related to the substantiation of conclusions and referencing of the literature (C4–C6) were applied in an adapted manner, recognizing that circular letters and ministerial ordinances serve normative and operational functions and do not necessarily cite scientific evidence explicitly. This distinction is further discussed in Section 3.3, where the interpretive weight of each document type is examined.

The study protocol was previously registered on the Open Science Framework (OSF) platform (DOI: https://doi.org/10.17605/OSF.IO/S52T3), ensuring methodological transparency and reproducibility. Although the protocol initially anticipated the inclusion of documents published between 2020 and 2025, the documentary analysis was restricted to the period from January 2020 to December 2024. It is important to note that this time frame applies exclusively to the corpus of official documents included in the review. Scientific references published in 2025 and 2026, occasionally cited in the discussion, were used solely for analytical contextualization and interpretation of the findings and were not part of the documentary corpus analyzed. The change in the study period specified in the protocol (2020–2025 to 2020–2024) was motivated by the absence of documents directly related to the impacts of the pandemic on HIV/AIDS policy and was registered as a justified addendum on the OSF platform.

Furthermore, considering the end of the Public Health Emergency of International Concern declared by the World Health Organization in May 2023, it was observed that the main institutional developments related to the HIV/AIDS response in Brazil had been consolidated by the end of 2024.

The research question was formulated using the PCC strategy (Population, Concept, Context), in which the population comprised people living with HIV and

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

key populations in Brazil; the concept referred to the political-programmatic response to HIV/AIDS; and the context corresponded to the COVID-19 pandemic. Based on this framework, the following research question was developed: What guidelines and recommendations were developed by the Ministry of Health to address HIV/AIDS in Brazil between 2020 and 2024, in the context of the COVID-19 pandemic, particularly regarding the organization of services, epidemiological surveillance, access to antiretroviral therapy, biomedical prevention strategies, and policy and program management?

2.2 Eligibility Criteria and Search Strategy

Official documents issued by the Brazilian Ministry of Health and published between January 2020 and December 2024, related to the national response to HIV/AIDS in the context of the COVID-19 pandemic, were included. Eligible documents comprised ministerial ordinances, technical notes, circular letters, reports, agreements, manuals, recommendations, and other institutional documents affecting the organization of services, epidemiological surveillance, prevention, diagnosis, treatment, and program management related to HIV/AIDS. The operational eligibility criteria, including concrete examples of included and excluded documents in each category, are summarized in Table 1.

Table 1. Operational Eligibility Criteria

Criterion	Documents INCLUDED	Documents EXCLUDED
Issuer	Ordinances, Technical Notes, and Official Letters from CGHA/DATHI/SVSA/MS	Documents from state or municipal health departments
Time Period	Jan/2020 to Dec/2024	Documents from 2025 without pandemic interface (n=8)
Theme	Organization of HIV/AIDS services, ART, PrEP/PEP, surveillance	Documents on other NCDs without HIV/AIDS interface (n=44)
Pandemic Interface	Ex.: Official Letter No. 8/2020 – expanded ART dispensing	Exclusively administrative-financial content without technical implications (n=38)
Validity	Most current version (when replaced)	Preliminary versions replaced by updated documents (n=12)

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

Nature	Normative, technical, or programmatic	Informational materials without normative or programmatic character

Source: Prepared by the authors.

Thus, documents without a direct relationship to HIV/AIDS policy, duplicate publications, preliminary versions replaced by updated documents, and materials without normative, technical, or programmatic character were excluded. Documents whose content showed no interface with the organizational and care-related impacts resulting from the COVID-19 pandemic were also excluded.

To ensure greater operational precision in applying this criterion, the reviewers considered evidence of a "pandemic interface" when at least one of the following elements was present: (a) explicit mention of COVID-19 or the pandemic period; (b) measures for continuity of care in a context of mobility restrictions; (c) reorganization of laboratory flows or dispensing motivated by the pandemic; or (d) programmatic adaptations justified by the pandemic's impact on HIV/AIDS indicators.

The documentary search was conducted through systematic consultation of the Official Gazette of the Union (DOU), the Ministry of Health's Electronic Information System (SEI/MS), and the portal of the General Coordination for HIV/AIDS, Tuberculosis, Viral Hepatitis, and Sexually Transmitted Infections Surveillance (CGHA/DATHI/SVSA/MS). The following terms were used, both individually and in combination: "HIV," "AIDS," "ART," "antiretroviral," "PrEP," "PEP," "COVID-19," "pandemic," "technical note," "circular letter," "ordinance," "key populations," "epidemiological surveillance," and "health policy." Due to the documentary nature of the sources consulted, indexed DeCS/MeSH descriptors were not used.

2.3 Study Selection

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

The identified documents were exported and organized using Rayyan® software, which was employed to manage the screening and selection stages. Duplicates were removed first. Subsequently, two reviewers independently read the titles, abstracts (ementas), and full content of the documents according to the previously established eligibility criteria. Disagreements between reviewers were resolved by consensus and, when necessary, by a third evaluator (PhD).

2.4 Data Extraction and Reporting of Results

Data extraction was performed independently by two reviewers using a standardized instrument previously developed and tested on a pilot sample of five documents. The extraction form included the following dimensions: (i) document identification; (ii) period of validity and scope; (iii) target population; (iv) objectives and normative grounding; (v) main recommendations and programmatic measures; (vi) repercussions on the organization of care, epidemiological surveillance, and financing; and (vii) relationship with the context of the COVID-19 pandemic.

The methodological quality and reliability of the documents were analyzed using an adapted version of the JBI Critical Appraisal Checklist for Text and Opinion Papers. Aspects related to the authenticity of the institutional source, clarity of information, internal consistency, thematic scope, and programmatic relevance were considered. This assessment served an analytical and interpretive purpose and was not used as an exclusion criterion for the documents.

The synthesis of findings was conducted through thematic narrative analysis, an approach recommended for the integration of heterogeneous institutional documents. The results were organized into analytical categories related to the reorganization of services, continuity of care, access to prevention and treatment technologies, epidemiological surveillance, financing, and governance of HIV/AIDS policy.

2.5 Data Analysis

The results of the identification, screening, eligibility, and inclusion process of the documents are presented in the flowchart adapted from the PRISMA 2020

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

recommendations (Figure 1). Descriptive tables were created to systematize the temporal and thematic aspects of the analyzed documents, allowing visualization of the main political-programmatic strategies implemented by the Ministry of Health during the studied period.

For analytical organization, the documents were classified according to the stages of the HIV care cascade, adopted as the structuring framework for the discussion. This choice aimed to reduce thematic dispersion and facilitate the integrative reading of the examined instruments, allowing identification of which dimensions of the federal programmatic response were primarily addressed between 2020 and 2024 and which remained with lower normative density. The stages considered were: (1) combination prevention; (2) testing and diagnosis; (3) linkage to care; (4) initiation of ART; (5) retention in care; (6) laboratory monitoring; (7) viral suppression; (8) prevention of vertical transmission; and (9) quality of life and comprehensive care. Table A presents the correspondence between the main analyzed documents and the respective stages of the cascade (Table 2).

Table 2. Correspondence between normative documents and stages of the HIV care cascade (2020–2024)

Stage of the Cascade	Main Related Documents	Subsection
1. Combination Prevention	NT PrEP 2+1+1 (2023b); PrEP adolescents ≥15 years (2022c); PrEP telemedicine (2024e); HPV4 vaccine for PrEP users (2024j)	4.2
2. Testing and Diagnosis	HIV self-testing (2020d; 2020f); Prenatal Duo Test (NT 6/2024); Urinary LF-LAM TB/HIV (Ordinance SCTIE 2/2021)	4.1; 4.4
3. Linkage to Care	Official Letters 8 and 15/2020 (expanded dispensing and continuity of care)	4.1
4. Initiation of ART	PCDT-IST (2020); DTG 5 mg for children (NT 2/2023)	4.1; 4.3
5. Retention in Care	Official Letters 8 and 15/2020; PrEP/PEP telemedicine (2024e; 2024n); self-testing as initial strategy for PEP	4.1; 4.2
6. Laboratory Monitoring	Viral load NTs (2023h; 2023i); expansion of clinical pharmacist role (NT 2023g); HIV/SARS-CoV-2 Viral Load Network (Official Letter 14/2020)	4.4
7. Viral Suppression	Dual therapy 3TC/DTG ≥50 years (NT 35/2024); fostemsavir (NT 39/2024); discontinuation of Kaletra® (2024d) and raltegravir (2024k)	4.3
8. Prevention of Vertical Transmission	NT 78/2024 (maternal viral load <50 copies/mL); Prenatal Duo Test	4.4
9. Quality of Life / Comprehensive Care	I=I (NT 376/2023); diagnostic confidentiality (NT 355/2023); facial lipoatrophy (2024); Stigma Agreement	4.6

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

	with MMFDH (2022)	

Source: Prepared by the authors.

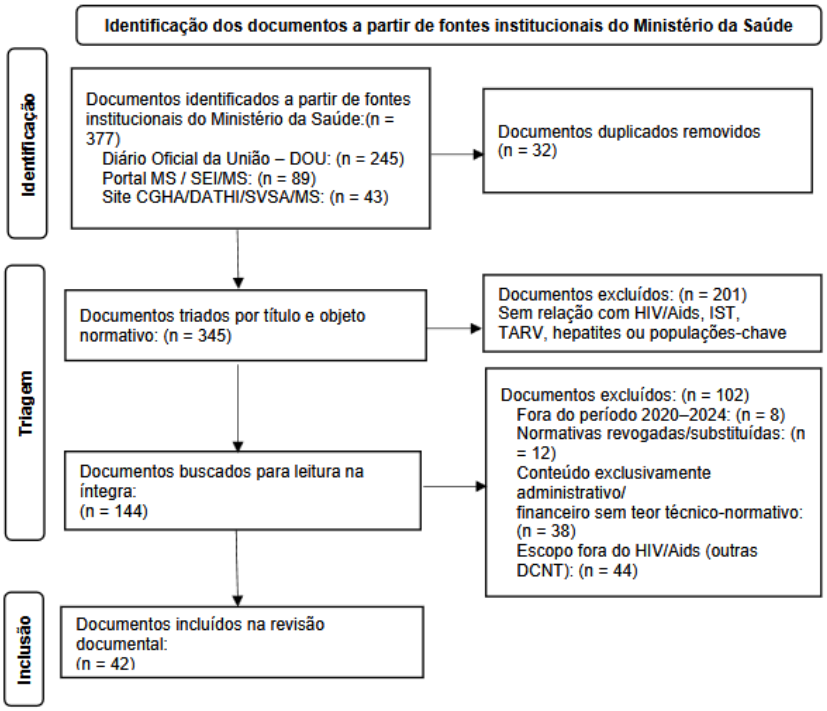
3. Results

The documentary search was conducted across three institutional sources linked to the Ministry of Health: the Official Gazette of the Union (DOU), the Ministry of Health Portal/Electronic Information System (SEI/MS), and the CGHA/DATHI/SVSA/MS page, covering documents published between 2020 and 2024. Initially, 377 records were identified. After removing 32 duplicates, 345 documents remained for the screening stage. In this phase, 201 documents were excluded. The remaining 144 documents were read in full for eligibility analysis. Of these, 102 were excluded for the following reasons: publications outside the established period (n = 8), normative revocation or replacement (n = 12), exclusively administrative or financial content without technical-programmatic implications (n = 38), and thematic focus on other non-communicable chronic diseases without interface with HIV/AIDS (n = 44) (Figure 1).

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

Figure 1. Flowchart showing the document selection process based on the PRISMA protocol



Source: Prepared by the authors, based on the PRISMA flowchart. (http://prisma-statement.org/).

The 42 documents formed the final corpus of the review, organized into two analytical axes: (a) institutional instruments of normative and financial nature; and (b) operational technical notes, as described in Tables 3 and 4 (Supplementary Material).

The documents met the criteria related to source identification, institutional legitimacy, and relevance for the conduct of HIV/AIDS policy. The technical notes, especially those developed in partnership with scientific societies such as the Brazilian Society of Infectious Diseases and the Brazilian Society of Dermatology, presented consistent technical grounding and alignment with scientific evidence. The circular letters and the technical cooperation agreement had a predominantly operational and administrative character, without direct reference to scientific literature, a feature consistent with the nature of these documents. The evaluation of the documents served an analytical and interpretive purpose and was not used

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

as an exclusion criterion.

3.1 Normative and Financial Documents

Table 3 (Supplementary Material) systematizes the 12 documents of normative and financial nature issued during the period (Brasil, 2020a; 2020b; 2020c; 2020d; 2020e; 2020f; 2020g; 2021a; 2022a; 2022b; 2024a; 2024b). In the first half of 2020, the Department of Chronic Conditions and Sexually Transmitted Infections (DCCI) published six circular letters with emergency guidelines for the continuity of care for people living with HIV (PLHIV) (Brasil, 2020a; 2020b; 2020c; 2020d; 2020e; 2020f).

Circular Letter No. 8/2020/CGAHV (Brasil, 2020a) established the expansion of ART dispensing to up to three months, with automatic extension of SICLOM form validity for an additional 90 days. It also provided for the extension of PrEP dispensing to up to four months. Circular Letter No. 9/2020/CGIST (Brasil, 2020b) updated the Clinical Protocol and Therapeutic Guidelines for Comprehensive Care of People with STIs (PCDT-IST 2020). Circular Letter No. 14/2020/CGIST (Brasil, 2020c) authorized the shared use of the National HIV Viral Load Network for molecular diagnosis of COVID-19. The reorganization of HIV genotyping flows was addressed in Circular Letter No. 16/2020/CGIST (Brasil, 2020e).

Circular Letter No. 15/2020/CGIST (Brasil, 2020d) regulated the emergency distribution of HIV self-tests to key and priority populations. Circular Letter No. 16/2020/DCCI (Brasil, 2020f), published in July 2020, recorded a 17% reduction in ART initiation between January and May of that year and recommended the expansion of focused testing strategies. Ordinances SCTIE/MS No. 50/2020 (Brasil, 2020g) and No. 2/2021 (Brasil, 2021a) included the IGRA test for latent tuberculosis and the urinary LF-LAM test for active tuberculosis diagnosis in PLHIV into the SUS.

Ordinance GM/MS No. 232/2022 (Brasil, 2022a) maintained the national ceiling of R$ 200 million annually for STIs/HIV/AIDS and viral hepatitis. The Technical Cooperation Agreement No. 1/2022 (Brasil, 2022b), signed with the Ministry of Women, Family, and Human Rights, established interministerial actions

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

aimed at combating stigma and discrimination in vulnerable populations. In 2024, Ordinances GM/MS No. 4,868 (Brasil, 2024a) and No. 4,869 (Brasil, 2024b) reformulated the financing model, raising the ceiling to R$ 300 million annually and including tuberculosis among the covered conditions.

3.2 Operational Technical Notes

Table 4 (Supplementary Material) presents the 30 Technical Notes published between 2021 and 2024. Thematic analysis allowed the identification of six main axes: (i) vaccines and immunological protection; (ii) combination prevention; (iii) antiretroviral therapy in adults; (iv) pediatric and neonatal therapy; (v) diagnosis and monitoring; and (vi) quality of life and rights of PLHIV.

In the vaccines axis, NT 282/2021 included PLHIV aged 18 to 59 years as a priority group for COVID-19 vaccination, with automatic registration in Conecte-SUS (Brasil, 2021b). In 2024, Joint NT 101/2024 incorporated the quadrivalent HPV vaccine for PrEP users aged 15 to 45 years (Brasil, 2024j).

In combination prevention, NT 498/2022 (Brasil, 2022c) provided guidance on offering PrEP to adolescents over 15 years of age without parental authorization. NT 8/2023 (Brasil, 2023b) introduced on-demand PrEP, while NT 26/2024 (Brasil, 2024e) regulated its provision via telemedicine. NT 197/2024 (Brasil, 2024n) authorized the use of self-testing for PEP initiation in contexts without available in-person rapid testing.

Regarding antiretroviral therapy in adults, NT 35/2024 (Brasil, 2024f) guided the migration of people aged 50 years or older to the fixed-dose combination 3TC/DTG. NT 89/2024 (Brasil; Brazilian Society of Infectious Diseases, 2024) defined criteria for dual therapy, while NT 39/2024 (Brasil, 2024p) regulated the use of fostemsavir for cases of multi-drug resistance.

In the pediatric axis, NT 2/2023 (Brasil, 2023a) established dolutegravir as the preferred regimen for low-weight children and infants. NT 8/2024 (Brasil, 2024d) reported the discontinuation of pediatric medications, and NT 167/2024 (Brasil, 2024k) extended discontinuation to other formulations.

Regarding diagnosis, NTs 283 (Brasil, 2023h) and 286/2023 (Brasil, 2023i)

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

addressed changes in viral load methodology. NT 78/2024 (Brasil, 2024g) applied these guidelines to the context of vertical transmission, while NT 181/2023 (Brasil, 2023g) expanded the role of the pharmacist in requesting laboratory tests.

In the quality of life and rights axis, NT 376/2023 (Brasil; Brazilian Society of Infectious Diseases, 2023) consolidated the Undetectable = Untransmittable concept in the national HIV/AIDS policy. NT 355/2023 (Brasil, 2023k) reinforced the right to diagnostic confidentiality, and NT 37/2024 (Brasil; Brazilian Society of Infectious Diseases; Brazilian Society of Dermatology, 2024) addressed interventions for facial lipoatrophy. NT 187/2024 (Brasil, 2024m) defined indicators for agreements in the CIBs linked to federal financing.

Taken together, the analyzed documents reveal a comprehensive political-programmatic response, characterized by the maintenance of care, incorporation of technological innovations, reorganization of services, and the strengthening of a rights-based approach throughout the period from 2020 to 2024.

3.3 Methodological Quality Assessment of the Included Documents

The critical appraisal of the 42 included documents, conducted using the JBI Critical Appraisal Checklist for Text and Opinion Papers, revealed satisfactory methodological quality across all document types analyzed. The criteria for source identification (C1), institutional authority (C2), centrality of the relevant population's interests (C3), and contribution to the field (C8) were fully met by all documents.

The grounding of conclusions (C4) was considered uncertain in the circular letters due to their normative-operational nature, which often dispenses with explicit justifications. Referencing existing literature (C5) and support of statements by evidence (C6) were the criteria with the greatest variation: absent or uncertain in circular letters, ordinances, and the Technical Cooperation Agreement, but fully met in the Technical Notes, which stood out for their robust scientific grounding. No document contradicted the current literature (C7).

These results have direct implications for the interpretive weight assigned to each document type in the analysis. Technical Notes, by presenting explicit scientific grounding (C5 and C6 fully met), support more robust technical-scientific

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

inferences regarding recommended care practices and clinical criteria. Ordinances and Circular Letters should be interpreted primarily as normative and operational acts: their analytical value lies in their ability to document institutional decisions, flow reorganizations, and programmatic priorities. The Technical Cooperation Agreement No. 1/2022 reveals interministerial articulations and formal political commitments, and is interpreted as a governance instrument. This interpretive gradation was taken into account in the thematic analysis in section 4, particularly in the differentiation between emergency measures for care continuity, operational adaptations, and potentially structural programmatic changes.

Table 5. Synthesis of the critical appraisal of the included documents according to the JBI Critical Appraisal Checklist for Text and Opinion Papers, by document type (n=42)

JBI Criterion	Circular Letters (n=6)	Ordinances (n=5)	ACT (n=1)	Technical Notes (n=30)
C1. Is the source clearly identified?	Yes	Yes	Yes	Yes
C2. Does the source have authority/recognition in the area?	Yes	Yes	Yes	Yes
C3. Are the interests of the relevant population the central focus?	Yes	Yes	Yes	Yes
C4. Is the grounding of conclusions presented?	Uncertain	Yes	Yes	Yes
C5. Reference to existing literature?	No	Uncertain	No	Yes
C6. Are the statements supported by evidence?	Uncertain	Uncertain	No	Yes
C7. Does it contradict current literature?	No	No	No	No
C8. Does it contribute in a useful way to the field?	Yes	Yes	Yes	Yes

Source: Prepared by the authors based on Peters MDJ et al. JBI Manual for Evidence Synthesis, 2020.
Legend: Yes = criterion fully met; No = criterion not met; Uncertain = partial or unverifiable compliance according to document type. ACT: Technical Cooperation Agreement.

These findings reflect the inherent characteristics of each document type: while normative instruments prioritize the operationalization of policies, Technical Notes fulfill the function of translating scientific knowledge into care practice and

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

management within the SUS.

4. Discussion

The findings of this study indicate that between 2020 and 2024, the Brazilian Ministry of Health structured a coordinated set of norms and technical guidelines to address HIV/AIDS, integrating emergency responses to the COVID-19 pandemic with more long-lasting changes in the fields of prevention, therapy, diagnosis, and financing. The analysis of the 42 instruments reveals both the health system's capacity to respond in a crisis scenario and the persistence of pre-existing weaknesses, especially in the HIV care cascade, which became more visible in the pandemic context (Grangeiro *et al*., 2023a).

4.1 Impact of COVID-19 and Strategies for Continuity of Care

The adoption of measures aimed at continuity of care, particularly the expansion of ART dispensing to up to three months and PrEP to up to four months (Brasil, 2020a), responded to the need to maintain care linkage in a scenario of mobility restrictions and overload of health services.

For analytical purposes, the examined documents allow the distinction of three sets of measures adopted during the period. The first comprises emergency actions aimed at maintaining care, including the expansion of ART and PrEP dispensing (Official Letters No. 8 and 15/2020), spacing of consultations, and emergency distribution of self-tests, with the goal of reducing the risk of care discontinuity during the most critical phase of the pandemic.

The second set corresponds to operational and technological adaptation measures, such as sharing the HIV Viral Load Network infrastructure for SARS-CoV-2 diagnosis (Official Letter No. 14/2020), reorganization of genotyping flows, and incorporation of new diagnostic tests. These actions express institutional adjustments made to respond to the immediate and medium-term demands imposed by the health emergency.

Finally, programmatic changes with potential structural impact are identified, including the reformulation of the federal financing model (Ordinances No. 4,868

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

and 4,869/2024), decentralization of Dispensing Units (UDMs) to primary care, regulation of telemedicine for PrEP/PEP, and incorporation of fostemsavir. Although they indicate more permanent transformations in the organization of the HIV/AIDS response, their concrete effects and territorial coverage still depend on specific evaluations. This categorization guides the analyses developed in the following subsections.

In parallel, Brazilian population-based evidence demonstrated that COVID-HIV coinfection was associated with a higher risk of severe clinical outcomes, including nearly twice the probability of death among PLHIV (Menezes et al., 2023). The documents indicate that the formulation of measures to expand access to self-testing and encourage community-based testing outside health facilities aimed to increase diagnosis and maintain care provision (Brasil, 2020d; Brasil, 2020f; Santos et al., 2024).

In Brazil, the 17% reduction in ART initiation between January and May 2020 (Brasil, 2020f) follows a trend observed in several countries, marked by decreased testing and treatment initiation during the most acute phase of the pandemic. International estimates suggest that six-month interruptions in services could result in a significant increase in HIV-related mortality in low- and middle-income countries (Hogan et al., 2020). In this context, expanded access to self-testing and encouragement of community-based testing were incorporated as alternatives to increase diagnosis and maintain care provision (Brasil, 2020d; Brasil, 2020f; Santos et al., 2024).

The use of the National HIV Viral Load Network infrastructure for SARS-CoV-2 diagnosis (Brasil, 2020c) illustrates the health system's capacity for reorganization in response to emergency demands. Similar strategies were observed in other HIV response contexts (Jiang & Zhou & Tang, 2020; Hogan et al., 2020). In the Brazilian reality, difficulties in accessing services also highlighted structural weaknesses of the health system (Touchton, Sugiyama & Wampler, 2024), expressed by reduced care for PLHIV and decreased ART initiation during the period of sanitary restrictions (Andrade *et al*., 2023; Ferreira *et al*., 2022).

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

4.2 Combination Prevention and Immunological Protection

A priorização de PVHIV para vacinação contra COVID-19 (Brasil, 2021b) esteve alinhada a estudos que indicavam maior risco de desfechos adversos nessa população, especialmente em situações de imunossupressão (Menezes *et al*., 2023). Além disso, a utilização integrada de bases de dados como SISCEL e SICLOM para viabilizar o pré-cadastro no sistema Conecte-SUS evidencia progressos na governança digital em saúde (BRASIL, 2021b).

The prioritization of PLHIV for COVID-19 vaccination (Brasil, 2021b) was aligned with studies indicating a higher risk of adverse outcomes in this population, especially in situations of immunosuppression (Menezes et al., 2023). In addition, the integrated use of databases such as SISCEL and SICLOM to enable pre-registration in the Conecte-SUS system demonstrates progress in digital health governance (Brasil, 2021b).

The inclusion of the quadrivalent HPV vaccine for PrEP users (Brasil, 2024j) broadens the scope of prevention by including conditions associated with HIV, such as anal cancer (Grangeiro et al., 2023a). The introduction of on-demand PrEP in the 2+1+1 regimen (Brasil, 2023b) represents an advance in incorporating scientific evidence into public health practices, by expanding prevention options according to different HIV exposure profiles.

However, the effectiveness of preventive regimens such as PrEP is not limited to its pharmacological dimension; it is conditioned by behavioral, relational, and symbolic factors that directly influence adherence and continued use (Silva et al., 2023).

The flexibilization of PrEP access for adolescents aged 15 years and older, without requiring parental consent (Brasil, 2022c), represents a relevant measure for reducing institutional barriers. This age group accounts for a significant proportion of new HIV infections globally (UNAIDS, 2025). The implementation of telemedicine for PrEP provision (Brasil, 2024e), associated with the use of self-testing as an initial strategy for PEP (Brasil, 2024n), demonstrates the adoption of decentralized care models (Grangeiro et al., 2023b).

Nevertheless, strategies based on digitalization and self-management of care

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

present limitations that must be considered, especially among groups in greater social vulnerability. The use of telemedicine and self-testing depends on conditions that are not always available to part of the population, such as stable internet access, availability of appropriate devices, privacy in the home environment, digital literacy, and greater autonomy to access health services.

These difficulties tend to be more evident among people experiencing homelessness, immigrants, individuals exposed to domestic violence, or those living in unstable housing conditions. In these contexts, digital modalities may represent an additional barrier to care access. Therefore, the expansion of these strategies should occur in articulation with in-person and community actions, avoiding the deepening of existing inequalities in access to services among key populations and socially vulnerable groups (Grangeiro et al., 2023b).

4.3 Therapeutic Innovations: From Dual Therapy to Fostemsavir

The progressive migration of PLHIV aged 50 years or older to the fixed-dose combination 3TC/DTG (Brasil, 2024f) expresses the consolidation of accumulated evidence on the safety and efficacy of dual therapy. A study with 144 weeks of follow-up highlighted the maintenance of non-inferiority of the dolutegravir/lamivudine combination compared to triple regimens, with viral suppression in 83–84% of participants and lower occurrence of secondary resistance (Cahn et al., 2020). Additional results confirmed the safety of transitioning to dual therapy in previously suppressed individuals (Van Wyk et al., 2020).

The introduction of fostemsavir 600 mg into the SUS (Brasil, 2024p) expands therapeutic alternatives for people with a history of multi-drug resistance. Clinical evidence indicates that approximately three out of five patients achieve virological suppression after prolonged follow-up (Kozal et al., 2020). This measure aligns Brazil with international recommendations (WHO, 2021).

In the pediatric context, the use of dolutegravir 5 mg (Brasil, 2023a) as the preferred regimen represents a relevant change in therapeutic management. In contrast, the discontinuation of formulations such as Kaletra® (Brasil, 2024d) and raltegravir (Brasil, 2024k) highlights weaknesses in the supply chain, reinforcing the

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

need for strategies aimed at production diversification (Hogan et al., 2020; Grangeiro et al., 2023a).

4.4 Laboratory Diagnosis and Impact of the Methodological Change

The replacement of the viral load test supplier resulted in greater sensitivity in identifying low-magnitude viremia. In these cases, isolated variations do not necessarily indicate therapeutic failure, provided there is no sustained upward trend, and maintenance of the current regimen is recommended (Brasil, 2023h; Brasil, 2023i). NT 78/2024 (Brasil, 2024g) applied this interpretation to the context of vertical transmission, indicating that maternal viral loads below 50 copies/mL do not justify additional interventions in the newborn.

The expansion of the clinical pharmacist's role in requesting laboratory tests (Brasil, 2023g) reflects the incorporation of collaborative models in HIV care, with redistribution of responsibilities among health professionals, which can increase access, especially in historically underdiagnosed populations (Andrade et al., 2023).

4.5 Financing and Decentralized Governance

In Brazil, TB-HIV coinfection remains a major epidemiological challenge. A two-decade space-time analysis of surveillance identified stability in national incidence rates, but with concentration of higher-risk areas in the North, Southeast, South, and Midwest regions, in addition to increased incidence among men and adults over 40 years of age (Santos et al., 2024).

The expansion of federal resources allocated to HIV actions, associated with the inclusion of tuberculosis among the covered conditions (Brasil, 2024a; Brasil, 2024b), indicates, at the normative level, a direction toward greater articulation between policies targeting frequently coexisting conditions, although the effectiveness of this integration in care practice depends on implementation analyses. The linkage of transfers to the Annual Health Programming and the possibility of adjustments by the CIBs reinforce the logic of SUS decentralization (Brasil, 2024a). The indicators established for monitoring (Brasil, 2024m) suggest, at the programmatic level, an approximation to performance-oriented management models (UNAIDS, 2025; Touchton, Sugiyama & Wampler, 2024).

An ecological study conducted across all 5,570 Brazilian municipalities

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

between 2006 and 2017 identified that locations with greater involvement in voluntary municipal health councils presented approximately 14% lower HIV/AIDS prevalence compared to those without such participatory mechanisms, even after controlling for other variables (Touchton, Sugiyama & Wampler, 2024). Nevertheless, the interpretation of data regarding the financing expansion requires caution. The nominal increase of R$ 300 million annually must be considered in light of accumulated inflation during the period, the effective execution of previous transfers, and the inclusion of other conditions, such as tuberculosis, under the same budget ceiling.

Thus, the announced increase does not necessarily correspond to a real growth in resources allocated exclusively to HIV/AIDS actions, and may reflect inflationary adjustment, redistribution among programmatic areas, or reclassification of existing expenses. Furthermore, this study did not include analysis of deflated values or evaluation of budget execution, which limits the interpretation of findings related to financing. Future studies may deepen this discussion through analysis of historical commitment and liquidation series, comparison with care demands, and evaluation of the coverage actually achieved among target populations.

4.6 Rights, Stigma, and Quality of Life of PLHIV

The incorporation of the Undetectable = Untransmittable (U=U) concept into the national HIV/AIDS policy (Brasil; Brazilian Society of Infectious Diseases, 2023) represents a milestone in the articulation between scientific evidence and health rights. However, a survey conducted with Brazilian adults showed that only about one quarter of participants had a high level of HIV knowledge, with a significant association observed between knowledge about the infection and perception of the reliability of the Undetectable = Untransmittable slogan (Ferreira et al., 2022). The study identified significant gaps among young populations, people with lower income or education, and individuals without a previous history of HIV testing (Ferreira et al., 2022).

The reaffirmation of the right to diagnostic confidentiality (Brasil, 2023k) addresses a persistent barrier to service access, since fear of improper disclosure of diagnosis continues to be a relevant factor in delaying care-seeking (Paiva et al.,

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

2024; Grangeiro et al., 2023a).

Finally, the inclusion of interventions for facial lipoatrophy (Brasil; Brazilian Society of Infectious Diseases; Brazilian Society of Dermatology, 2024) demonstrates recognition of body image and quality of life aspects as components of comprehensive care for PLHIV. The literature points to an association between body changes, psychological distress, and difficulties in therapeutic adherence, reinforcing the importance of these approaches in long-term management (Grangeiro et al., 2023b).

4.7 Temporal Analysis of the Programmatic Response

Table 6 synthesizes the main programmatic milestones by year, highlighting the transition from the emergency response phase (2020–2021), to the adaptation and consolidation phase (2022–2023), and to the potentially structural reorientation phase (2024). This temporal perspective allows visualization of how normative production evolved from predominantly reactive measures, focused on maintaining care during the pandemic, to initiatives for more comprehensive reorganization of HIV/AIDS policy in the post-emergency period.

Table 6. Phases and normative milestones of the federal response to HIV/AIDS in Brazil, 2020–2024

Year	Phase	Main Milestones	Type of Measure
2020	Emergency response	Expansion of ART/PrEP dispensing; self-tests; use of Viral Load Network for SARS-CoV-2; updated PCDT-IST; 17% drop in ART initiation documented	Emergency / care continuity
2021	Protection and technological incorporation	PLHIV as priority group for COVID-19 vaccination (NT 282/2021); urinary LF-LAM for TB in PLHIV (Ordinance SCTIE No. 2/2021)	Operational adaptation
2022	Financing and rights	Ordinance No. 232/2022 (IST/HIV financing); Technical Cooperation Agreement with MMFDH (stigma); PrEP for adolescents ≥15 years without parental consent (NT 498/2022)	Normative / potentially structural
2023	Therapeutic and prevention innovations	On-demand PrEP 2+1+1 (NT 8/2023); I=I formalized (NT 376/2023); viral load supplier change (NTs 283 and 286/2023); DTG for children (NT 2/2023); diagnostic confidentiality (NT 355/2023); mpox in PLHIV (NT 337/2023)	Technological adaptation / potentially structural
2024	Expanded programmatic reorientation	Ordinances 4,868/4,869 (new financing model, R$ 300M); fostemsavir (NT 39/2024); dual therapy for PLHIV ≥50 years (NT 35/2024); PrEP via telemedicine (NT 26/2024); prenatal Duo test (NT 6/2024); HPV4 for PrEP users (NT 101/2024)	Potentially structural

Source: Prepared by the authors.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

4.8 Cross-Sectional Equity Analysis

The analysis of the examined documents shows the explicit inclusion of some key populations in federal normative guidelines. Adolescents and young people, men who have sex with men (MSM), transvestites, trans women, PrEP users, people experiencing homelessness, and immigrants are mentioned in different instruments, demonstrating institutional recognition of specific vulnerabilities. However, the presence of these populations in the documents does not by itself guarantee effective access to health actions and services. It was observed that groups such as incarcerated people, indigenous peoples, quilombola communities, and riverside populations appear only sporadically or remain absent from the analyzed normative documents, configuring an important gap in the federal HIV/AIDS response.

Regarding regional inequalities, federal documents present national-level guidelines without considering in greater detail the territorial, epidemiological, and care capacity differences existing across the country's regions. In states and municipalities with more limited infrastructure, especially in parts of the North Region, the implementation of strategies such as telemedicine for PrEP and decentralized laboratory monitoring may encounter additional obstacles. Despite this, the analyzed documents do not contemplate differentiated support or induction mechanisms targeted at these contexts.

The racial dimension also appears in a limited way in the examined normative documents. Considering the evidence on the disproportionate impact of HIV on Black populations in Brazil, the absence of explicit references to racial categories constitutes a relevant limitation of the documentary response. Similarly, inequalities related to age groups still receive restricted attention, especially regarding the elderly population and children outside the context of vertical transmission. In this sense, it is recommended that future studies incorporate the analysis of racial and territorial inequalities as central dimensions in the evaluation of HIV/AIDS policies in the country.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

5. Conclusion

The Brazilian response to HIV/AIDS, in the analyzed period, documented through federal normative and technical instruments the formulation of emergency measures for care continuity, operational adaptations, and potentially structural programmatic changes, with emphasis on the reorganization of services, the incorporation of technological innovations, and the revision of the financing model. The normative analysis suggests a comprehensive attempt to update HIV/AIDS policy, although verification of the effective implementation and reach of these initiatives among target populations requires specific evaluative studies. The documents indicate advances in the conduct of public policies, although challenges persist related to supply continuity, regional inequalities in care access, and the effects of the COVID-19 pandemic on therapeutic follow-up.

One of the main limitations of this study concerns the adopted cutoff, restricted to federal normative documents from the Ministry of Health. Thus, the analysis focuses on the federal guidelines of HIV/AIDS policy, without encompassing the full complexity of the Brazilian response within the federative context. Considering that the implementation of actions in the Unified Health System (SUS) occurs in a decentralized manner, with fundamental participation of states and municipalities, the federal documentary analysis does not fully capture the concrete processes of policy execution in different territories. This limitation reduces the possibility of understanding how strategies are operationalized locally and of identifying inequalities produced or deepened during implementation.

Furthermore, the analyzed documents express institutional guidelines but do not allow verification of their practical execution or their reach among target populations. The absence of epidemiological and operational data also limited the assessment of the strategies' impact on the care cascade and infection incidence. In this sense, evaluative studies that integrate documentary analysis, monitoring data, and investigations with managers and users can broaden the understanding of the effectiveness of policies and inequalities in the implementation of actions in different regional contexts.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

Referências

ANDRADE, L. A. et al. Reduced HIV/AIDS diagnosis rates and increased AIDS mortality due to late diagnosis in Brazil during the COVID-19 pandemic. Scientific Reports, v. 13, p. 22914, 2023. DOI: https://doi.org/10.1038/s41598-023-50359-y.

BRASIL. Ministério da Saúde. Ofício Circular nº 8/2020/CGAHV/DCCI/SVS/MS. Orientações para os Serviços de Saúde sobre cuidado das Pessoas Vivendo com HIV no contexto da pandemia de COVID-19. Brasília: Ministério da Saúde, 2020a.

BRASIL. Ministério da Saúde. Ofício Circular nº 9/2020/CGIST/DCCI/SVS/MS. Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis — PCDT-IST 2020. Brasília: Ministério da Saúde, 2020b.

BRASIL. Ministério da Saúde. Ofício Circular nº 14/2020/CGIST/DCCI/SVS/MS. Orientações sobre o compartilhamento dos equipamentos da Rede Nacional de Carga Viral do HIV e hepatites virais para diagnóstico do SARS-CoV-2. Brasília: Ministério da Saúde, 2020c.

BRASIL. Ministério da Saúde. Ofício Circular nº 15/2020/CGIST/DCCI/SVS/MS. Distribuição emergencial de autotestes de HIV para ampliação do acesso à testagem durante a pandemia de COVID-19. Brasília: Ministério da Saúde, 2020d.

BRASIL. Ministério da Saúde. Ofício Circular nº 16/2020/CGIST/DCCI/SVS/MS. Orientações sobre o fluxo dos exames de genotipagem do HIV, HCV e tipificação do alelo HLA-B*5701 durante a pandemia de COVID-19. Brasília: Ministério da Saúde, 2020e.

BRASIL. Ministério da Saúde. Ofício Circular nº 16/2020/DCCI/SVS/MS. Recomendações para a focalização da testagem para o HIV no contexto da pandemia de COVID-19. Brasília: Ministério da Saúde, 2020f.

BRASIL. Ministério da Saúde. Portaria SCTIE/MS nº 50, de 13 de novembro de 2020. Torna pública a decisão de incorporar o teste IGRA para diagnóstico de tuberculose latente no SUS. Diário Oficial da União, Brasília, DF, 16 nov. 2020g. Seção 1.

BRASIL. Ministério da Saúde. Portaria SCTIE/MS nº 2, de 22 de fevereiro de 2021. Torna pública a decisão de incorporar o teste LF-LAM urinário para diagnóstico de tuberculose ativa em Pessoas Vivendo com HIV/Aids no SUS. Diário Oficial da União, Brasília, DF, 23 fev. 2021a. Seção 1.

BRASIL. Ministério da Saúde. Nota Técnica nº 282/2021/CGPNI/DEIDT/SVS/MS. Vacinação contra COVID-19 em Pessoas Vivendo com HIV — inclusão no grupo de comorbidades. Brasília: Ministério da Saúde, 2021b.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

BRASIL. Ministério da Saúde. Portaria GM/MS nº 232, de 8 de fevereiro de 2022. Atualiza os valores do Incentivo Financeiro para ações de Vigilância, Prevenção e Controle das IST, HIV/Aids e Hepatites Virais. Diário Oficial da União, Brasília, DF, 9 fev. 2022a. Seção 1.

BRASIL. Ministério da Saúde; BRASIL. Ministério da Mulher, da Família e dos Direitos Humanos. Acordo de Cooperação Técnica MS nº 1, de 4 de abril de 2022. Estratégias interministeriais de enfrentamento ao estigma e à discriminação em populações vulneráveis. Diário Oficial da União, Brasília, DF, 4 abr. 2022b. Seção 3.

BRASIL. Ministério da Saúde. Nota Técnica nº 498/2022/CGAHV/DCCI/SVS/MS. Acesso à Profilaxia Pré-Exposição ao HIV (PrEP) para adolescentes com 15 anos ou mais sem necessidade de presença dos responsáveis. Brasília: Ministério da Saúde, 2022c.

BRASIL. Ministério da Saúde. Nota Técnica nº 2/2023/CGHA/DATHI/SVSA/MS. Tratamento do HIV em crianças com idade igual ou superior a 4 semanas e peso igual ou superior a 3 kg: uso do dolutegravir 5 mg. Brasília: Ministério da Saúde, 2023a.

BRASIL. Ministério da Saúde. Nota Técnica nº 8/2023/CGHA/DATHI/SVSA/MS. PrEP sob demanda (esquema 2+1+1) e atualização da PrEP oral diária. Brasília: Ministério da Saúde, 2023b.

BRASIL. Ministério da Saúde. Nota Técnica nº 16/2023/CGHA/DATHI/SVSA/MS. Atualização dos critérios de falha terapêutica e indicação de genotipagem do HIV em crianças e adolescentes até 13 anos. Brasília: Ministério da Saúde, 2023c.

BRASIL. Ministério da Saúde. Nota Técnica Conjunta nº 30/2023/CGHA/DATHI/SVSA/MS. Primaquina 15 mg como alternativa terapêutica para pneumocistose (PCP) em pessoas vivendo com HIV/Aids no SUS. Brasília: Ministério da Saúde, 2023d.

BRASIL. Ministério da Saúde. Nota Técnica nº 72/2023/CGHA/DATHI/SVSA/MS. Indicações do tenofovir alafenamida (TAF) para hepatite B crônica em pacientes monoinfectados e coinfectados com HIV. Brasília: Ministério da Saúde, 2023e.

BRASIL. Ministério da Saúde. Nota Técnica nº 108/2023/CGHA/DATHI/SVSA/MS. Reforço das orientações para o cadastramento de Unidades Dispensadoras de Medicamentos (UDM) para HIV/Aids e Hepatites Virais no SICLOM. Brasília: Ministério da Saúde, 2023f.

BRASIL. Ministério da Saúde. Nota Técnica nº 181/2023/CGHA/DATHI/SVSA/MS. Recomendação de solicitação de carga viral do HIV e contagem de linfócitos T-CD4+ por farmacêuticos do SUS para monitoramento de pessoas vivendo com HIV/Aids. Brasília: Ministério da Saúde, 2023g.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

BRASIL. Ministério da Saúde. Nota Técnica nº 283/2023/CGHA/DATHI/SVSA/MS. Orientações sobre resultados de carga viral do HIV detectável em PVHA previamente indetectáveis após mudança do fornecedor do teste (Abbott para Roche). Brasília: Ministério da Saúde, 2023h.

BRASIL. Ministério da Saúde. Nota Técnica nº 286/2023/CGHA/DATHI/SVSA/MS. Mudança do fornecedor do teste de carga viral do HIV (Abbott para Roche Diagnóstica Brasil) e sensibilidade analítica dos novos kits Cobas. Brasília: Ministério da Saúde, 2023i.

BRASIL. Ministério da Saúde. Nota Técnica nº 337/2023/CGHA/DATHI/SVSA/MS. Recomendações para gestores e equipes assistenciais da rede de atenção à PVHA para manejo da mpox. Brasília: Ministério da Saúde, 2023j.

BRASIL. Ministério da Saúde. Nota Técnica nº 355/2023/CGHA/DATHI/SVSA/MS. Garantia de sigilo quanto ao diagnóstico de HIV para pessoas vivendo com HIV/Aids (Lei nº 14.289/2022). Brasília: Ministério da Saúde, 2023k.

BRASIL. Ministério da Saúde; SOCIEDADE BRASILEIRA DE INFECTOLOGIA. Nota Técnica nº 376/2023/DATHI/MS+SBI. Incorporação do conceito Indetectável=Intransmissível (I=I) e risco zero de transmissão sexual do HIV. Brasília: Ministério da Saúde, 2023.

BRASIL. Ministério da Saúde. Portaria GM/MS nº 4.868, de 30 de julho de 2024. Institui o Incentivo Financeiro para ações de HIV/Aids, Tuberculose, Hepatites Virais e IST no Bloco de Manutenção. Diário Oficial da União, Brasília, DF, 31 jul. 2024a. Seção 1.

BRASIL. Ministério da Saúde. Portaria GM/MS nº 4.869, de 30 de julho de 2024. Define os valores atualizados por Unidade Federativa do Incentivo Financeiro para ações de HIV/Aids, Tuberculose, Hepatites Virais e IST. Diário Oficial da União, Brasília, DF, 31 jul. 2024b. Seção 1.

BRASIL. Ministério da Saúde. Nota Técnica nº 1/2024/CGHA/DATHI/SVSA/MS. Cadastramento de Unidades Dispensadoras de Medicamentos (UDM) para dispensação de PrEP e PEP no SICLOM. Brasília: Ministério da Saúde, 2024c.

BRASIL. Ministério da Saúde. Nota Técnica nº 8/2024/CGHA/DATHI/SVSA/MS. Descontinuidade do Lopinavir/ritonavir 100/25 mg ('baby dose') e Ritonavir 100 mg pó para suspensão oral para uso em crianças. Brasília: Ministério da Saúde, 2024d.

BRASIL. Ministério da Saúde. Nota Técnica nº 26/2024/CGHA/DATHI/SVSA/MS. Uso do autoteste de HIV para início e seguimento da Profilaxia Pré-Exposição (PrEP) oral em teleatendimento. Brasília: Ministério da Saúde, 2024e.

BRASIL. Ministério da Saúde. Nota Técnica nº 35/2024/CGHA/DATHI/SVSA/MS. Migração da terapia dupla com monofármacos (3TC 150 mg + DTG 50 mg) para

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

dose fixa combinada 3TC/DTG para PVHA com 50 anos ou mais. Brasília: Ministério da Saúde, 2024f.

BRASIL. Ministério da Saúde. Nota Técnica nº 78/2024/CGHA/DATHI/SVSA/MS. Abordagem de recém-nascidos de gestantes/puérperas com HIV e carga viral detectável abaixo de 50 cópias/mL, em função do impacto da mudança metodológica do teste de carga viral do HIV. Brasília: Ministério da Saúde, 2024g.

BRASIL. Ministério da Saúde; SOCIEDADE BRASILEIRA DE INFECTOLOGIA. Nota Técnica nº 89/2024/DATHI/MS+SBI. Uso racional da terapia dupla (TD): priorização de populações. Brasília: Ministério da Saúde, 2024.

BRASIL. Ministério da Saúde. Nota Técnica nº 90/2024/CGHA/DATHI/SVSA/MS. Testagem molecular de Chlamydia trachomatis e Neisseria gonorrhoeae para usuários de PrEP e PEP. Brasília: Ministério da Saúde, 2024h.

BRASIL. Ministério da Saúde. Nota Técnica nº 6/2024/CGHA/DATHI/SVSA/MS. Distribuição e uso do teste rápido HIV/Sífilis Duo (Combo — Bioline) em serviços de pré-natal. Brasília: Ministério da Saúde, 2024i.

BRASIL. Ministério da Saúde. Nota Técnica Conjunta nº 101/2024/CGICI/DPNI/DATHI/DEAPS. Vacina HPV quadrivalente (HPV4) para usuários de Profilaxia Pré-Exposição ao HIV de 15 a 45 anos. Brasília: Ministério da Saúde, 2024j.

BRASIL. Ministério da Saúde. Nota Técnica nº 167/2024/CGHA/DATHI/SVSA/MS. Descontinuidade do Raltegravir 400 mg comprimido e 100 mg mastigável no âmbito do SUS. Brasília: Ministério da Saúde, 2024k.

BRASIL. Ministério da Saúde. Nota Técnica nº 169/2024/CGHA/DATHI/SVSA/MS. Testes rápidos imunocromatográficos para HIV, Sífilis, Hepatites B e C em farmácias autorizadas como Serviços Tipo I (RDC ANVISA nº 786/2023). Brasília: Ministério da Saúde, 2024l.

BRASIL. Ministério da Saúde. Nota Técnica nº 187/2024/CGHA/DATHI/SVSA/MS. Critérios para transferência fundo a fundo do Incentivo Financeiro às ações de HIV/Aids, Tuberculose, Hepatites Virais e IST (Portaria GM/MS nº 4.869/2024). Brasília: Ministério da Saúde, 2024m.

BRASIL. Ministério da Saúde. Nota Técnica nº 197/2024/CGHA/DATHI/SVSA/MS. Uso do autoteste de HIV para início da Profilaxia Pós-Exposição (PEP). Brasília: Ministério da Saúde, 2024n.

BRASIL. Ministério da Saúde. Nota Técnica nº 204/2024/CGHA/DATHI/SVSA/MS. Orientações sobre esquemas antirretrovirais para pessoas vivendo com HIV em uso de tenofovir desoproxila (TDF) 300 mg monofármaco. Brasília: Ministério da Saúde, 2024o.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

BRASIL. Ministério da Saúde; SOCIEDADE BRASILEIRA DE INFECTOLOGIA; SOCIEDADE BRASILEIRA DE DERMATOLOGIA. Nota Técnica nº 37/2024/DATHI/MS+SBI+SBD. Preenchimento facial com polimetilmetacrilato (PMMA) em pessoas vivendo com HIV com lipoatrofia facial. Brasília: Ministério da Saúde, 2024.

BRASIL. Ministério da Saúde. Nota Técnica nº 39/2024/CGHA/DATHI/SVSA/MS. Critérios para utilização do fostemsavir 600 mg no tratamento de adultos com HIV multirresistente. Brasília: Ministério da Saúde, 2024p.

CAHN, P. et al. Durable efficacy of dolutegravir plus lamivudine in antiretroviral treatment-naive adults with HIV-1 infection: 96-week results from the GEMINI-1 and GEMINI-2 randomized clinical trials. Journal of Acquired Immune Deficiency Syndromes, v. 83, n. 3, p. 310-318, 2020. DOI: https://doi.org/10.1097/QAI.0000000000002275.

FERREIRA, R. C. et al. HIV knowledge and its correlation with the Undetectable=Untransmittable slogan in Brazil. Revista de Saúde Pública, v. 56, p. 87, 2022. DOI: https://doi.org/10.11606/s1518-8787.2022056004168.

GRANGEIRO, A. et al. Forty years of the Brazilian response to HIV: reflections on the need for a programmatic shift and policy as a common good. Cadernos de Saúde Pública, v. 39, n. 12, p. e00199423, 2023a. DOI: https://doi.org/10.1590/0102-311XEN199423.

GRANGEIRO, A. et al. Telehealth effectiveness for pre-exposure prophylaxis delivery in Brazilian public services: the Combine! Study. Journal of the International AIDS Society, v. 26, n. 9, p. e26173, 2023b. DOI: https://doi.org/10.1002/jia2.26173.

HOGAN, A. B. et al. Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study. Lancet Global Health, v. 8, n. 9, p. e1132-e1141, 2020. DOI: https://doi.org/10.1016/S2214-109X(20)30288-6.

JIANG, H.; ZHOU, Y.; TANG, W. Maintaining HIV care during the COVID-19 pandemic. Lancet HIV, v. 7, n. 5, p. e308-e309, 2020. DOI: https://doi.org/10.1016/S2352-3018(20)30105-3.

KOZAL, M. et al. Fostemsavir in adults with multidrug-resistant HIV-1 infection. New England Journal of Medicine, v. 382, n. 13, p. 1232-1243, 2020. DOI: https://doi.org/10.1056/NEJMoa1902493.

MENEZES, R. C. et al. Desfechos graves relacionados ao covid-19 em pessoas vivendo com HIV: um estudo de coorte baseado na população em um país de renda média-baixa. Brazilian Journal of Infectious Diseases, v. 27, p. 102996, 2023. DOI: https://doi.org/10.1016/j.bjid.2023.102996.

REMUNOM
ISSN 2178-6925

Received: 13/04/2026 - **Accepted:** 28/05/2026
Vol: 13.11
DOI: 10.66104/zcw92w40
Pages: 1-30

PAIVA, T. S. et al. Implicações do governo Bolsonaro à prevenção e ao tratamento do HIV/aids. Cadernos de Saúde Pública, v. 40, n. 10, p. e00188723, 2024. DOI: https://doi.org/10.1590/0102-311XPT188723.

RODRIGUES, S. et al. Long-acting PrEP and equitable HIV prevention in Brazil. Lancet HIV, v. 13, p. e289-e291, 2026. DOI: https://doi.org/10.1016/S2352-3018(26)00029-9.

SANTOS, B. A. et al. Surveillance of TB-HIV coinfection in Brazil: a space-time approach. Revista Brasileira de Epidemiologia, v. 27, p. e240037, 2024. DOI: https://doi.org/10.1590/1980-549720240037.

SILVA, L. A. V. D. et al. Between risk and pleasure: reflections on HIV prevention and care in the current context of PrEP use by men who have sex with men. Cadernos de Saúde Pública, v. 39, p. e00139221, 2023. DOI: https://doi.org/10.1590/0102-311XEN139221.

TOUCHTON, M.; SUGIYAMA, N. B.; WAMPLER, B. Participatory health governance and HIV/AIDS in Brazil. Latin American Politics and Society, v. 66, n. 1, p. 158-177, 2024. DOI: https://doi.org/10.1017/lap.2023.15.

UNAIDS. Global AIDS update: AIDS, crisis and the power to transform. Geneva: UNAIDS, 2025. Disponível em: https://www.unaids.org/sites/default/files/2025-07/2025-global-aids-update-JC3153_en.pdf. Acesso em: 12 fev. 2026.

VAN WYK, J. et al. Efficacy and safety of switching to dolutegravir/lamivudine fixed-dose 2-drug regimen vs continuing a tenofovir alafenamide-based 3- or 4-drug regimen for maintenance of virologic suppression in adults living with HIV type 1: phase 3, randomized, noninferiority TANGO study. Clinical Infectious Diseases, v. 71, n. 8, p. 1920-1929, 2020. DOI: https://doi.org/10.1093/cid/ciz1243.

WHO. WORLD HEALTH ORGANIZATION. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: WHO, 2021. Disponível em: https://www.who.int/publications/i/item/9789240031593. Acesso em: 12 fev. 2026.

FONTE DE FINANCIAMENTO: O presente trabalho foi realizado com apoio da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Código de Financiamento 001