



*Ministry of Health of Brazil*

**High Level Meeting on Ending AIDS  
New York, June 8 to 10, 2016**

**Panel 4**

**Leaving no one behind: ending stigma and discrimination through social justice  
and inclusive societies**

**INTERVENTION**

Ladies and Gentlemen,

The strengthening of the Brazilian health system includes universal access and equity in health services. The frequent dialogue between public managers, health professionals and users has been essential for improving the quality in health services, which seeks to treat every individual according to their specific needs.

The challenge that is now before us is the end of stigma and discrimination through social justice and inclusive societies so that no one is left behind. Only a determined pursuit of this objective can enable the world to reach the 90-90-90 goals by 2020 and to end the epidemic by 2030, as described in our

commitment SDG target, 3.3. For that, it is appropriate and necessary to apply the equity principle, acknowledging and respecting characteristics of minority groups, especially of those deprived of the basic rights by stigma and discrimination.

Ladies and gentlemen,

Brazil emphatically supports the High Level Political Declaration. The response to the epidemic must encompass a comprehensive health care system with specific policies guided to key populations, as they hold the major HIV burden.

In Brazil, the key populations are gays and other men who have sex with men, sex workers, transgender people, people who use drugs (mainly crack cocaine and methamphetamine – not injectable use) and prisoners.

In this sense, the joint work that has been carried out between the Ministry of Health of Brazil and civil society organizations is essential to reach those populations with an effective approach of health care, which contributes greatly to social justice and a more inclusive society, thus making the Brazilian response more inclusive and effective in its results.

It is necessary that each country knows their own key populations to be able to develop and implement policies and actions to improve the health of subgroups most likely to be exposed to the virus. Besides relying on robust information

systems that store data on people living with HIV, the Brazilian Ministry of Health interventions are always based on scientific evidence.

Studies are periodically conducted, in both the general population and in key populations. In 2013, Brazil funded a nationwide study with people who use crack. Currently, Brazil is financing three studies with female sex workers, gay men and other men who have sex with men and transgender people, this being the first to be conducted in the country and the other two already in their second round.

These studies main goal is to estimate the prevalence of HIV, syphilis and hepatitis B and C, as well as to define indicators of knowledge, attitudes and sexual practices in these subpopulations. These surveys reflect some fundamental pillars of the Brazilian response to HIV: innovation and interventions based on scientific evidence and human rights.

Ladies and gentlemen,

I finish my intervention on this panel aware of the responsibilities that each of us has to people living with HIV/AIDS, especially key populations, which are the biggest victims of stigma and discrimination. The good experiences shared in this session will certainly contribute so that no one is

left behind in this last mile we have to cover to reach our main goal of ending the AIDS epidemic by 2030.

Thank you!