

Book

AIDS treatment in Brazil: success beyond measure?

Studying public health, we were taught to worship at the altar of evidence-based policy. Working as epidemiologists in HIV/AIDS, my colleagues and I diligently generated evidence and packaged it up for policy makers. The evidence showed that giving clean needles to drug injectors cut HIV infection rates. The evidence showed that if brothel owners were punished if sex workers didn't use condoms, condom use shot up and HIV infections fell. The evidence showed that in southern Africa, HIV was spreading in middle-aged men who had sex with teenage girls. The evidence showed that most policy makers in most developing countries didn't give a damn what the evidence showed. They weren't going to use public money to do nice things for sex workers, gay men, or drug injectors. They weren't going to tell their middle-aged voters not to have sex with teenagers.

There has been an endless poring over the data from Uganda, Senegal, Thailand, Cambodia—the few early HIV prevention “success stories” in the developing world. Was it the condoms that made the difference or did people have fewer sexual partners? Is working with sex workers more effective than working with pimps? But few studies have asked the arguably more important question: how did governments get away with spending money on politically unpopular programmes for politically marginal groups?

Brazil rates as a success story for a different reason: it was the first low-income country to make expensive antiretroviral treatment for HIV freely available to anyone in need of it. Treatment is always more popular than prevention. Everyone seems to agree that we have a moral duty to save or prolong the life of a sick person; we don't seem to feel a similar obligation to help people avoid getting sick in the first place. But still, spending tax

money on fearsomely expensive drugs for people who got infected with HIV by doing things that many voters disapprove of was an extremely bold move, especially back in 1990.

Amy Nunn's book *The Politics and History of AIDS Treatment in Brazil* maps the political landscape that led to this landmark in public health policy, and the subsequent growth of Brazil's AIDS treatment programme into one of the largest and most equitable in the world. Although the book is ploddingly written, the story Nunn tells is absolutely fascinating.

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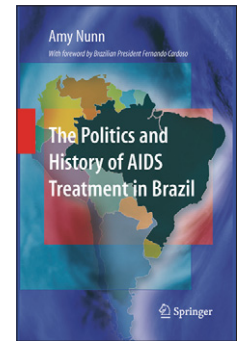
AIDS surfaced in Brazil at much the same time as democracy. The military dictatorship that ruled the country from 1964 to 1985 had little time for the left-leaning health technocrats who had begun, by the late 1970s, to agitate for “sanitary reform” in part as a way of fighting for greater social equity. By the time AIDS began to surface among gay men in São Paulo in the mid-1980s, many of these “sanitaristas” were in positions of influence. Their voice was recorded in the first post-authoritarian constitution, which in 1988 committed the state to supporting the good health of all Brazilians.

Although many sanitaristas worked inside the health ministry, they were often frustrated by bureaucratic inertia and tight budget lines. They found natural bed-fellows in an increasingly vocal non-government sector, including high profile AIDS activists such as well-connected sociologist Herbert José de Souza, who was known as Betinho. Together, these

groups used the courts to challenge the government to do their constitutional duty and provide HIV treatment. While the activists never lost a case, they still found it difficult to get Congress to fund drugs on the scale they needed. So they upped their game, shamelessly exploiting personal connections, using the press as a weapon against the bureaucracy, using development loans to subsidise activism, and playing the nationalist card in trade negotiations related to patented drugs. Eventually, these strategies combined to turn support for AIDS treatment into a badge of honour for senior politicians in Brazil. Once that was achieved, there was no turning back.

The most interesting parts of this book are verbatim passages from the many interviews Nunn did while unpicking a complex fabric of personal relationships, political favours, and shifting vested interests. Here, Eduardo Cortes, then AIDS programme manager, describes his first ever meeting with then Health Minister Alcení Guerra, who, in 1990, was about to face a press briefing requested by AIDS activists:

“I was not a career bureaucrat...so I told it like it was...The minister said ‘What's going on with AIDS medicines?’ And I said ‘Look, we really don't have any. They weren't appropriated by Congress.’ And the minister said ‘We don't have any drugs for AIDS patients?’ I replied ‘no’. The minister retorted ‘Which drugs?’ and I replied: ‘Minister, there is a whole list!’ The minister was astounded. He asked if I had done any forecasting and I told him that it would cost US\$132 million but that it was cheaper than hospitalising AIDS patients. The minister gave a pained look, paused and thought for a moment and said ‘We're going to have to provide those medicines, aren't we?’ and I said ‘Yes, we are.’ And the minister said ‘If we give any, we're going to give them all.’ And he walked out to talk to the press.”



The Politics and History of AIDS Treatment in Brazil
Amy Nunn.
Foreword by Brazilian President Fernando Cardoso.
Springer, 2009. Pp 188. £49.99.
ISBN 978-0-387-09617-9.

It is hard to exaggerate the importance of Guerra's announcement, minutes later, that all AIDS patients in Brazil would get free antiretroviral treatment. The decision annoyed technocrats at the World Bank, who thought developing countries should invest in HIV prevention, not AIDS treatment. It struck both joy and horror into the hearts of executives at drug companies. If poor countries treated AIDS patients, their market would swell by millions. But they rightly predicted that Brazil would use political pressure and trade law to stamp down the price of drugs. The decision to give free antiretrovirals to all AIDS patients changed the landscape for AIDS treatment globally. It was not made on the basis of evidence and careful analysis. It was made on a whim.

Nunn's book reminds us that historical happenstance, political self-interest, personal relationships, and

impulse are often more important in shaping health policy than epidemiological evidence. This is depressing for epidemiologists. But it should be depressing, too, for those people who round international success stories up into reports with titles like "Lessons Learned". The lesson we learn from Brazil's experience with AIDS treatment is that it is not readily replicable in other developing countries. We learn that success is driven by indigenous technocrats who are dedicated to social equity but prepared to work for the government. We learn that those technocrats must have the political nouse to subsidise activists, co-opting them as weapons against a sclerotic bureaucracy. Despite the current fashion for strengthening of health systems, we learn that vertical, single-disease programmes that pay their staff at consultant rates can achieve things that broader and

more entrenched parts of the health system cannot. And we learn that treatment is easier to rally around than prevention.

Brazil was the first developing country to make a political virtue out of support for AIDS treatment. As numbers on treatment rise and more people switch to expensive second and third line therapies, the need to prevent new HIV infections grows more acute. Brazil does invest in prevention, but the country has been so busy campaigning for HIV/AIDS treatment that it has done little to measure prevention success. Ironically, one of the casualties of the country's treatment success has been the evidence base itself.

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In brief

Book Exploring epidemics

As a child in Britain during the 1960s, I recall the First World War as an everyday presence—among my family and at school, in books and magazines, and on television and radio. But the influenza epidemic of 1918–19 that followed the war was never once mentioned, although it took the lives of more than twice as many people as the fighting: the world's worst epidemic since the Black Death of 1347–51. For unclear reasons, "the flu outbreak registered hardly at all in the Western imagination" until the 1970s, writes Philip Alcabes. Today, as we face our fears of its future recurrence in a new form, the 1918 pandemic is a familiar event. *Dread*, Alcabes's challenging book about epidemics, has in a sense been written to explain this astonishing change in reputation.

Dread is both reassuring and discomfiting. Although Alcabes believes that there is no particular reason to expect another epidemic of influenza on the scale of 1918, he bluntly warns, on the basis of past epidemics, "Whatever disease causes the next great outbreak, we won't see it coming."

The Black Death, which claimed perhaps 25 million victims, was wholly unanticipated. Surprisingly, medieval Europe had been free of plague for almost 600 years before the Black Death arrived from Asia via trade with the Near East. While the biology of its spread is generally agreed, still unclear is why the outbreak turned out so lethal. Having sketched the history of plague from antiquity to the industrial revolution, Alcabes explores the outbreak of cholera, first in colonial India in 1817, thereafter in Europe and his native USA. Then he launches

into the effect of 19th-century germ theory on our perception of epidemics. For all the theory's explanatory power, Alcabes worries that germs, like genes, oversimplify disease, so that we underplay the importance of complex social conditions.

At every turn, Alcabes focuses on the interactions of individuals, communities, governments, medical professionals, the drug industry, and the media in redefining the historical meaning of "epidemic". In an excellent epilogue, "The risk-free life", aimed especially at his risk-averse fellow Americans, Alcabes criticises alarmist reactions based on vested interest. "The possible epidemic is rich in potential for managing the public", he wryly remarks—not to speak of financial opportunities.

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Dread: How Fear and Fantasy Have Fuelled Epidemics from the Black Death to Avian Flu
Philip Alcabes. PublicAffairs, 2009. Pp 313. US\$26.95. ISBN 978-1-58648-618-1.