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HIV and AIDS management aimed at Brazilian and Chilean adolescents: a comparative study

Manejo do HIV e aids direcionado a adolescentes brasileiros e chilenos: estudo comparativo

Manejo del VIH y el sida dirigido a adolescentes brasileños y chilenos: estudio comparativo

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ABSTRACT

Objective: to compare HIV and AIDS management directed at Brazilian and Chilean adolescents. **Method:** this is a documentary study employing a qualitative approach, with analysis of official and publicly available documents focused on HIV and AIDS care among adolescents from Brazil and Chile, and examined using content analysis. **Results:** similarities and differences were found between the health systems of the countries, especially related to the way in which HIV and AIDS treatment is provided, as well as the work process of the nurse in the diagnosis and follow-up of HIV and AIDS among adolescents. Both respond to the guidelines provided by the World Health Organization regarding management of HIV and AIDS for adolescents. **Final considerations:** although there are similarities related to belonging to a similar geographic region, differences were found in the care provided to adolescents living with HIV, mainly in structuring the health systems, in care management related to the diagnosis and follow-up of adolescents, as well as in nursing work.

Descriptors: Adolescent; HIV; Acquired Immunodeficiency Syndrome; National Health Systems; Nurses.

RESUMO

Objetivo: comparar o manejo do HIV e aids direcionado a adolescentes brasileiros e chilenos. **Método:** estudo documental, de abordagem qualitativa, com análise de documentos oficiais voltados à atenção ao HIV e aids entre adolescentes, de acesso público, do Brasil e do Chile, examinados utilizando a análise de conteúdo. **Resultados:** encontradas semelhanças e diferenças entre os sistemas de saúde dos países, sobretudo relacionados à forma como é disponibilizado o tratamento para o HIV e aids, bem como o processo de trabalho do enfermeiro no diagnóstico e seguimento do HIV e aids entre adolescentes. Ambos respondem às orientações fornecidas pela Organização Mundial da Saúde quanto ao manejo do HIV e aids para adolescentes. **Considerações finais:** embora haja semelhanças relacionadas a pertencerem a uma região geográfica similar, pôde-se constatar diferenças na atenção aos adolescentes vivendo com HIV, principalmente na estruturação dos sistemas de saúde, na gestão do cuidado referente a diagnóstico e acompanhamento do adolescente, bem como na atuação do enfermeiro.

Descritores: Adolescente; HIV; Síndrome da Imunodeficiência Adquirida; Sistemas Nacionais de Saúde; Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: comparar las estrategias de manejo del VIH y del sida dirigidas a adolescentes en Brasil y Chile. **Método:** estudio documental de enfoque cualitativo, basado en el análisis de documentos oficiales, de acceso público, orientados a la atención del VIH y el sida en la población adolescente de ambos países, utilizando la técnica de análisis de contenido. **Resultados:** se identificaron similitudes y diferencias en los sistemas de salud de Brasil y Chile, particularmente en lo que respecta a la disponibilidad del tratamiento para el VIH y el sida, así como en el rol desempeñado por el profesional de enfermería en el proceso diagnóstico y en el seguimiento clínico de adolescentes que viven con el virus. Ambos contextos nacionales responden a las directrices establecidas por la Organización Mundial de la Salud para el manejo del VIH y el sida en adolescentes. **Consideraciones finales:** a pesar de compartir características geográficas similares, se observaron diferencias relevantes en la atención brindada a adolescentes que viven con el VIH, especialmente en lo que se refiere a la organización de los sistemas de salud, la gestión del cuidado en relación con el diagnóstico y el seguimiento, y la participación del personal de enfermería en dichas acciones.

Descriptores: Adolescente; VIH; Síndrome de Inmunodeficiencia Adquirida; Sistemas Nacionales de Salud; Enfermeras y Enfermeros.

INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) caused by the Human Immunodeficiency Virus (HIV) is a chronic condition that weakens the immune system of individuals, posing a risk to life. AIDS has been a public health challenge since the 1980s due to the high number of people infected[1,2].

It is estimated that 39 million people worldwide live with HIV. Of these, 37.5 million are 15 years of age or older, and 1.5 million are between the ages of zero and 14[3,4]. A total of 489,594 cases of HIV were documented in Brazil between 2007 and June 2023, with 114,593 cases in young people aged 15 to 24. In addition, 52,415 cases of HIV evolved

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to AIDS among adolescents and young people between 2012 and 2022[5]. Furthermore, 61,226 cases of HIV were reported in Chile from 2010 to 2022, with 2,311 being in the 15 to 19 age group[6].

Given the importance of implementing actions to control HIV infection, the member states of the United Nations established new goals to combat AIDS in 2021, which must be met by the year 2030. Thus, the 95-95-95 goal was established, being defined as 95% of people living with HIV must be diagnosed, 95% of people aware of their serology must be on treatment, and 95% of people on treatment must achieve an undetectable viral load, meaning untransmittable[6,7].

In meeting the 95-95-95 target, countries will be able to advance towards achieving the United Nations Sustainable Development Goals (SDGs). Brazil and Chile are making progress towards meeting the target, but they face several challenges such as inequality among the adolescent population, as vulnerable groups do not have access to available resources[6,8]. Brazil has the Healthy Brazil Program launched by the Federal Government, which has objectives aligned with the SDG targets to eliminate vertically transmitted diseases and infections in the Americas. Along these same lines, Chile has the National Program for the Prevention and Control of HIV/AIDS and STIs (*Programa Nacional de Prevención y Control del VIH/SIDA e ITS - MINSAL*), which develops strategies which expand access to diagnosis through rapid tests and community actions, offers free treatment and viral load monitoring[9,10].

The SDGs address 17 topics related to the main challenges faced by people around the world. These objectives can influence the way HIV infection is dealt with due to the relationship between infection and situations of vulnerability, discrimination and inequality[8], since adolescents are more vulnerable to health risk behaviors.

In this context, comparative studies, especially in the health area, are important to encourage reflection on common problems experienced in different contexts and situations, thereby enabling knowledge exchange and discussion about new strategies for dealing with these problems[11].

In view of this, the central question of this study was established as: what are the main differences and similarities in healthcare for adolescents living with HIV and AIDS in Brazil and Chile? The objective of the study was to compare HIV and AIDS management in adolescents in Brazil and Chile.

METHOD

This is a descriptive, narrative, documentary study with a qualitative approach in which comparison was applied as an analytical resource developed during an international academic mobility. All the guidelines of the Standards for Reporting Qualitative Research (SRQR) were followed with the aim of ensuring methodological rigor[12].

Material was searched for between December 2023 and February 2024 through exhaustive reading of official documents openly published and available in printed and electronic format, under the guidance of professionals linked to the health systems. It is worth noting that the printed files were made available in the health service itself during technical visits by the main author to the respective service.

The documents were produced by the Ministries of Health of Brazil and Chile based on the assumptions of the World Health Organization and the Pan American Health Organization. The search for the documents assumed that they would be found in the official network of each country or in the health service itself, and that all of them were fully available for reading. The government institutions were the Ministries of Health of Brazil and Chile, where each document was found both online and in physical form.

A total of 26 documents were found without a time frame, with only 21 documents being eligible. However, no software was used to manage the data. Documents which were no longer in force, meaning they had been replaced by new protocols, were not included in the study.

Based on the material found, whether online or in paper, the aim was to select the type of regulation, year and subject matter. Thus, the principles of content analysis in the thematic modality[13] were adopted. In turn, the care models for adolescents living with HIV in both countries emerged as the analytical units during the pre-analysis of the documents.

After in-depth reading, the aforementioned analytical units were adopted as categories in order to explore elements related to access to diagnosis and follow-up for this population. Then, online information sources and metasearch engines were used to search for current scientific literature relevant to the topic to discuss the data.

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Approval by the Research Ethics Committee was waived since this is a documentary study based on information in the public domain. However, all ethical principles related to authorship were duly observed.

RESULTS AND DISCUSSION

The documents consulted for developing the study deal with regulations in force in both Brazil and Chile and are presented in Figure 1.

Brazil	Chile
• Clinical Protocol and Therapeutic Guidelines for the Management of HIV Infection in Children and Adolescents, 2024.	• HIV/AIDS Acquired Immunodeficiency Syndrome Clinical Practice Guide, 2017. • HIV/AIDS Acquired Immunodeficiency Syndrome Clinical Practice Guide, 2020. • Protocol for the information, support, management and monitoring of adolescents aged 14 or older and under 18 years of age in the detection of HIV, 2017.
• Clinical Protocol and Therapeutic Directions for Comprehensive Care of People with Sexually Transmissive Infections, 2015.	• Standard for Prophylaxis, Diagnosis, and Treatment of Sexually Transmitted Infections (STIs), 2016.
• Prevention and treatment of aggravations resulting from sexual violence against women and adolescents: technical standard, 2012 (updated in 2022).	• General Technical Standard for the Care of Victims of Sexual Violence, 2016.
• Clinical Protocol and Therapeutic Directions for Hepatitis C and Coinfections, 2018.	• AUGE Clinical Guide: Management and treatment of chronic Hepatitis C Virus (HCV) infection, 2015.
• Manual of Recommendations for the Control of Tuberculosis in Brazil, 2019.	• Technical Standards for the Control and Elimination of Tuberculosis, 2014.
• Clinical Protocol and Therapeutic Directions for Hepatitis B and Coinfections, 2017.	• AUGE Clinical Guide: Management and treatment of chronic Hepatitis B Virus (HBV) infection, 2013.
• Clinical Protocol and Therapeutic Guidelines for the Prevention of Vertical Transmission of HIV, Syphilis and Viral Hepatitis, 2019.	• Joint Standard for the Prevention of Vertical Transmission of HIV and Syphilis, 2012.
• Exposure to biological materials, 2006.	• Post-Occupational Blood Exposure Management Standard in the context of HIV Infection Prevention (short stabbing accident), 2000.
• Legal Framework: Health, an Adolescent Right, 2007. • Law No. 14,289, dated January 3, 2022.	• Chilean Law - Decree 182 09-JAN-2007.

Figure 1. Official regulations for the care of adolescents living with HIV in Brazil and Chile. Antofagasta, Chile, 2024.

Figure 2 presents the main characteristics of HIV management and aids in adolescents from Brazil and Chile.

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Brazil	Chile
Health system	
Universal System	Universal Coverage
Health model	
Polyarchic Network	Hierarchical Network
Main gateway for HIV testing	
• Testing and Counseling Center (*Centro de Testagem e Aconselhamento - CTA*)	• Family Health Center (*Centro de Salud Familiar - CESFAM*)
Reasons to take an HIV test	
• Risk factors or behaviors: Unprotected sexual practices; Two or more sexual partners in the last year; Sharing syringes for intravenous drug use; • Presenting clinical signs or symptoms of primary infection, symptomatic chronic infection or suggestive of AIDS; • Current regulations regarding the prevention of diseases.	
Age to take the test and disclose the diagnosis to a family member	
• In the case of adolescents (12 to 18 years old) after an assessment of their ability to discern, the test is subject to their discretion and disclosure of the results to other people. This means that if the adolescent so wishes and if it is determined that they are physically, mentally and emotionally able to receive the test results, the test may be performed even without the presence of their legal guardians. • Makes it mandatory to maintain confidentiality regarding the condition of a person living with AIDS infection.	• If the adolescent decides to receive the result alone or with someone other than the legal representative, the establishment where the test was requested must contact the legal representative and inform the positive result within a maximum period of 15 working days after the results are delivered to them in order to comply with the Law.
Main person responsible for performing the rapid HIV test	
• Nurse	• Obstetrician
Type of test performed for 1st detection	
• Rapid test	• Elisa
Follow-up	
• The team should preferably be made up of professionals from the following areas: medicine, nursing, social services, psychology, pharmacy, nutrition, occupational therapy and oral health.	• Monitoring must be conducted by professionals from the medical, psychosocial and obstetric areas, as well as comprehensive monitoring of adolescent health in primary care centers, with counseling and home visits if necessary.
Initial antiretroviral therapy (without prior treatment)	
• Over 12 years: 2 reverse transcriptase inhibitors (NRTI) + 1 protease inhibitor (PI) • Tenofovir (TDF) + Lamivudine (3TC) + dolutegravir (DTG) • Alternative Abacavir (ABC) + 3TC+ Efavirenz (EFZ) or zidovudine (AZT) + 3TC + EFZ	• Over 12 years: 2 reverse transcriptase inhibitors (NRTIs) + 1 protease inhibitor (PI) • Lamivudine (3TC) + Tenofovir (TDF) (TDF in postpubertal adolescents or adolescents at Tanner stage 4)+ RTV (Ritonavir) • AZT or ABC + 3TC
Lab control	
• Patients with undetectable VL and normal LT-CD4+ test for age for at least two years, monitoring of LT-CD4+ count and HIV-VL may be done every six months.	• At least every 3-4 months (CD4, CV, other tests to detect toxicity).
Immunosuppression Classification- LT-CD4 count (cells)/mm³)	
Absent ≥ 500 cells/mm³ Moderate 200-499 cells/mm³ Severe < 200 cells/mm³	

Figure 2: Comparison of clinical HIV and AIDS management among adolescents living with the disease in Brazil and Chile. Antofagasta, Chile, 2024.

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The care network for HIV diagnosis in the Chilean health system until reaching HIV care centers is shown in Figure 3.

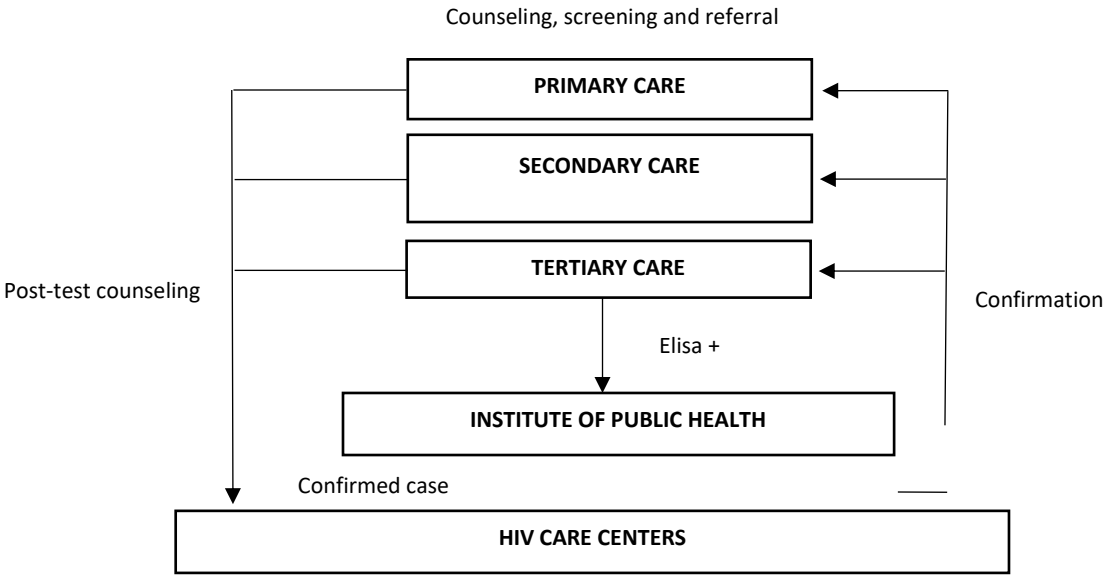

Figure 3: HIV and AIDS care network in the public system in Chile. Antofagasta, Chile, 2024.

The results highlighted differences and similarities in health systems when it comes to diagnosing and treating adolescents living with HIV and AIDS in Chile and Brazil. The results were subsequently organized into three categories: *Organizational structure of health systems to care for people living with HIV, including adolescents; Access to HIV diagnosis in adolescence; and Monitoring of adolescents living with HIV*.

How are health systems structured to serve people living with HIV, especially adolescents?

The Brazilian health system is composed of a network of public and private providers based on the 1988 Constitution and Laws No. 8,080 and No. 8,142, which govern the Unified Health System (*Sistema Único de Saúde - SUS*). This system is characterized by its decentralized organization and participatory management[14].

Healthcare networks (*Redes de Atenção em Saúde - RAS*) in Brazil are polyarchic, adopting a model recommended by the Ministry of Health (MoH). The *RAS* have elements of equal importance, with their differentiation being their technological densities. Thus, it is expected that the care coordination in the different life cycles will be carried out by Primary Healthcare (PHC)[15]. People can receive prevention, promotion, treatment and rehabilitation free of charge at this point in the RAS. The *SUS* has distributed all antiretroviral medications for people living with HIV since 1996, and treatment is guaranteed for all people living with HIV since 2013, regardless of viral load or whether they are adolescents[16].

The health system in Chile has universal coverage, and is supervised by the Ministry of Health (*MINSAL*), which is a Health Authority responsible for supervising and controlling the Social Security Institutions (*ISAPRES*) and the National Health Fund (*FONASA*). *MINSAL* verifies that these private and public sectors are complying with the laws, as well as supervising service providers regarding their certification and accreditation. It is worth noting that *FONASA* covers approximately 80% of the Chilean population[17-20].

Chile's public sector, *FONASA*, provides health benefits, including hospital, outpatient and primary care, with Family Health Centers (*CESFAM*), rural health centers and Emergency Primary Care Services (*SAPU*). These provide services to their population through 29 Health Services distributed across 15 regions of the country. Moreover, *ISAPRE* offers users service plans in the private sector according to coverage and ability to pay[20].

However, when faced with a mixed health system, a program was created that provides "health guarantees", called Explicit Health Guarantees (*Garantias Explícitas em Saúde - GES*), which includes 87 health problems, including HIV and AIDS[21]. Thus, both people living with HIV, including adolescents, have access to *FONASA*, and those who have access to *ISAPRES* can choose how to conduct their healthcare.

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Is there access to HIV diagnosis in adolescence?

Testing and Counseling Centers (*CTA*) are the main places for testing and counseling on HIV diagnosis in Brazil, as well as other Sexually Transmitted Infections (STIs). These centers perform rapid tests (RTs), allowing early diagnosis and treatment[22].

Chile has one of the fastest growing HIV epidemics in the world, and also has one of the highest percentages of new cases in Latin America, which exceeds countries with lower Gross Domestic Product (GDP) per capita and/or lower Human Development Index (HDI)[23]. It has been noted that adolescents between the ages of 13 and 19, of both sexes, have been tested in Chile and are aware of their HIV status. However, it is estimated that the rate for men will increase over time when compared to that of women, whose rate will decrease[23]. Thus, it was noted that Chile is going through an epidemiological transition of HIV, as in Brazil, where younger people are identified as carriers of HIV, and are therefore a priority population for prevention and health promotion initiatives[23].

Testing and counseling in Chile have predominantly been conducted at the Family Health Centers (*Centro de Salud Familiar - CESFAM*), one of the main centers for performing laboratory tests. However, the result of the ELISA test for HIV is slow, which consequently leads many users to not return to *CESFAM* to get the result[23].

Therefore, as in Brazil, other countries use alternative testing models, such as the rapid test, to overcome these barriers, since the diagnosis is revealed during the consultation[24]. The WHO has strategically intensified distribution of rapid tests and HIV self-tests, which are the gateway to diagnosis, and therefore to starting treatment early, regardless of the testing location[25].

It is worth noting that the demand for HIV testing in both countries is related to “exposure to a risk situation”, a fact which may indicate that the demand for testing services by users may be related to some vulnerable situation[26].

Thus, when taking an HIV test in Brazil, there is no obligation to disclose the HIV diagnosis to the parents of adolescents, as long as they are in good physical or mental condition, unlike in Chile, where this is required by law[27]. However, it is important to recognize that the diagnosis represents a significant moment for adolescents, as it involves the fear of prejudice and the risk of social isolation, constituting factors which directly affect their well-being and even their adherence to treatment. In turn, there is a need to encourage good communication between parents and adolescent children, both directly and indirectly, as this can both positively and negatively influence the beliefs, attitudes and intentions regarding unprotected sex, and make adolescents feel safe to disclose their diagnosis[27].

Situations in which adolescents are faced with a positive HIV result require that the health professional play a role in reducing risks. Aspects such as vulnerability, family planning, sexual diversity and substance use should be considered. In addition, it should refer the patient to support services, such as community groups, and prioritize the need for psychosocial assistance, aiming to promote and maintain quality of life[26].

Testing, disclosure and counseling upon diagnosis in Brazil are mainly performed by nurses, and in Chile by matrons. Although nursing plays an important role in preventing STIs and promoting the health of people living with HIV, these actions in Chile, as well as those aimed at women’s health, have an overlap of functions, in which the profession of midwife (matron) is the main responsible. This situation is due to the lack of a regulatory body for the profession in this country, consequently making it difficult to regulate and monitor professional practice[28].

A nurse in Brazil is a professional with a degree in Nursing with specialization in a specific area, with autonomy in her professional practice. A matron in Chile is a professional with a degree in Obstetrics and Childcare, distinct from Nursing. This institution has broad legal autonomy to conduct normal births, provide comprehensive care for women’s sexual and reproductive health, treat sexually transmitted infections, and can act independently in health institutions[28].

However, regardless of the health professional, it is essential to offer adequate emotional support, in addition to establishing a bond of trust. This aims to provide adolescents with a safe environment to share their risk practices, allowing the professional to intervene appropriately and effectively to ensure care continuity[29].

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It is essential to ensure the human rights of service users, combating all forms of prejudice and discrimination, in order to create a welcoming environment which favors clarifying doubts and identifying factors which increase the risks of infection and treatment[26].

How adolescents living with HIV are monitored?

HIV infection treatment in Chile is performed at the Care Center; however, health monitoring for adolescents is performed at the Primary Healthcare Center[30], which consequently leads to decentralized care. Specialized Care Services (*Serviços de Atenção Especializada - SAE*) in Brazil offer supervised treatment, with care being centralized for adolescents living with HIV[31]. Nevertheless, both countries have a multidisciplinary team committed to developing relationships that promote adherence to therapy, so that the person understands the importance of following their treatment according to medical requirements[31].

It has been recommended to start ART soon after diagnosis, considering an individualized approach when selecting the combination of antiretrovirals most appropriate for the patient. It is noteworthy that clinical guidelines published after 2016 show that all Latin American countries, except Chile, recommend early ART initiation, regardless of the CD4 result[32]. Both countries use two antiretroviral regimens, 2 reverse transcriptase inhibitors (NRTIs) + 1 protease inhibitor (PI) for adolescents. Of the NRTIs, both countries use TDF + 3TC as the first option, and Brazil uses DTG for the PI, while Chile uses RTV[32]. DTG was added to the initial regimen in Brazil in 2017, and was considered effective and safe in several locations, revealing that its use at the beginning of therapy improved viral suppression and adherence to ART[33]. Furthermore, the WHO has recommended the use of DTG as the preferred treatment in first- and second-line regimens for all population groups since 2019[34].

It is clear that the use of Zidovudine has decreased throughout Latin America; however, it is still an alternative antiretroviral used in both countries[32]. Therefore, countries should always adopt the “treat all” strategy to achieve the second target 95 (ART coverage of 95% of all people diagnosed with HIV).

One of the requirements during treatment is laboratory monitoring. Viral load and CD4 tests performed in Brazil by the *SUS* are recorded in an information system called the Laboratory Test Control System (*Sistema de Controle de Exames Laboratoriais - SISCEL*). It is worth noting that there is no public data which enables monitoring follow-up in private services, although it is recommended that patients treated in the private sector present the most recent viral load result when receiving medication[35].

The HIV testing technique performed in the public sector in Chile is AQUIOS CL Flow Cytometry, available in three public centers in the country’s metropolitan region, implying costs, delays and limiting opportunities to assess the patient’s immunological status and offer ART[30].

Since the implementation of drug therapy for HIV in Brazil, the *SUS* has been solely responsible for the purchase and distribution of antiretrovirals, which are exclusively provided by public health services. Thus, people who have a medical prescription for the use of antiretrovirals are documented in a *SUS* service to receive the medications. All deliveries of antiretrovirals are recorded in a national Medicine Logistics Control System (*Sistema de Controle Logístico de Medicamentos - SICLOM*)[35]. Antiretroviral therapy (ART) is offered free of charge in Brazil, consolidating the country as a global reference model in this area[36].

Study limitations

A limitation of this study is the existence of few official documents that describe the work process of nurses in HIV and AIDS management among adolescents. Therefore, studies with primary data, such as interviews, are suggested to better understand the context and delve deeper into the topic.

FINAL CONSIDERATIONS

Similarities and differences were noted when comparing HIV and AIDS management in adolescents in the Brazilian and Chilean health systems related to access to diagnosis, as well as follow-up of adolescents. Although both countries have their own and distinct regulations in the framework of health promotion and treatment of HIV and AIDS with a focus on this population, both meet the general recommendations of the World Health Organization. Although Brazil and Chile belong to the same geographic area, they have differences in organizing PHC, in HIV management, in the care of adolescents and in the nurse’s role in care.

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REFERENCES

1. Naveel TH, Gul S, Sadaf F, Bokhari SWA, Afzal S, Mahmood AW. Prevalence and treatment of HIV/AIDS in Pakistani population: A retrospective study. J Pak Med Assoc. 2023 [cited 2023 Dec 20]; 73(12):2447-9. DOI: https://doi.org/10.47391/JPMA.6564.
2. Kawuki J, Gatasi G, Sserwanja Q, Mukunya D, Musaba MW. Comprehensive knowledge about HIV/AIDS and associated factors among adolescent girls in Rwanda: a nationwide cross-sectional study. BMC Infect Dis. 2023 [cited 2023 Dec 20]; 23:382. DOI: https://doi.org/10.1186/s12879-023-08187-y.
3. Joint United Nations Programme on HIV/AIDS. Global HIV & AIDS statistics — Fact sheet. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 [cited 2024 Jan 10]. Available from: https://www.unaids.org/en/resources/fact-sheet.
4. Joint United Nations Programme on HIV/AIDS. UNAIDS Global Report shows that the AIDS pandemic could end by 2030 and outlines the path to achieving this goal. Geneva: Joint United Nations Programme on HIV/AIDS; 2023 [cited 2024 Jan 12]. Available from: https://unaids.org.br/2023/07/relatorio-global-do-unaids-mostra-que-a-pandemia-de-aids-pode-acabar-ate-2030-e-descreve-o-caminho-para-alcancar-esse-objetivo/.
5. Ministério da Saúde (Br). Boletim Epidemiológico - HIV e Aids 2023. Brasília (DF): Ministério da Saúde; 2023 [cited 2024 Jan 20]. Available from: https://www.gov.br/aids/pt-br/central-de-conteudo/boletins-epidemiologicos/2023/hiv-aids/boletim-epidemiologico-hiv-e-aids-2023.pdf/view.
6. Ministerio de Salud (Cl). Instituto de Salud Pública de Chile. Resultados confirmación de infección por VIH. Chile, 2010 - 2022. Chile: Ministerio de Salud; 2023 [cited 2024 Jan 20] Available from: https://www.ispch.cl/boletin/resultados-confirmacion-de-infeccion-por-vih-chile-20102022/#:~:text=el%20a%C3%B1o%202010%2C%20hasta%2037,la%20tasa%20del%20a%C3%B1o%202016.
7. Joint United Nations Programme on HIV/AIDS. United Nations member states adopt new Political Declaration to tackle inequalities and end AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 [cited 2024 Jan 15]. Available from: https://unaids.org.br/2021/06/estados-membros-das-nacoes-unidas-adotam-nova-declaracao-politica-para-enfrentar-desigualdades-e-acabar-com-a-aids/.
8. Organização das Nações Unidas. Programa Conjunto das Nações Unidas sobre HIV/AIDS. Objetivos de Desenvolvimento Sustentável. ONU; 2024 [cited 2024 Jan 10]. Available from: https://unaids.org.br/ods/.
9. Ministério da Saúde (Br). Diretrizes Nacionais do Programa Brasil Saudável: construindo um novo amanhã. Brasília (DF): Ministério da Saúde; 2024 [cited 2025 may 21]. Available from: https://www.gov.br/participamaisbrasil/diretrizes-nacionais-do-programa-brasil-saudavel.
10. Ministerio de Salud (Cl). Plan Nacional de Prevención Prevención y Control del VIH/SIDA e ITS 2018–2019. Santiago: Ministerio de Salud; 2019 [cited 2025 May 21]. Available from: https://diprece.minsal.cl/wp-content/uploads/2019/06/2019.06.12_PLAN-NACIONAL-VIH-SIDA-E-ITS.pdf.
11. Silocchi C, Junges JR, Martino A. Comparative study of innovations on chronic conditions in primary health care in Porto Alegre, Rio Grande do Sul, Brazil, and Ferrara, Italy. Saúde Soc. 2020 [cited 2024 Feb 05]; 29(1):e190633. DOI: https://doi.org/10.1590/S0104-12902020190633.
12. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for Reporting Qualitative Research: a synthesis of recommendations. Academic Medicine. 2014 [cited 2024 Feb 05]; 89(9):1245-51. DOI: https://doi.org/10.1097/acm.0000000000000388.
13. Bardin L. Análise de conteúdo. Tradução de Luis Antero Reto e Augusto Pinheiro. São Paulo: Edições 70; 2016.
14. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. The Brazilian health system: history, advances, and challenges. Lancet. 2011 [cited 2024 Jan 17]; 377(9779):1778–97. DOI: https://doi.org/10.1016/s0140-6736(11)60054-8.
15. Ministério da Saúde (Br). Portaria nº2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Brasília (DF): Ministério da Saúde; 2017 [cited 2024 jan 20]. Available From: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html.
16. Monteiro SS, Brigeiro M, Vilella WV, Mora C, Parker R. Challenges facing HIV treatment as prevention in Brazil: an analysis drawing on literature on testing. Ciênc saúde colet. 2019 [cited 2024 Mar 25]; 24(5):1793-807. DOI: https://doi.org/10.1590/1413-81232018245.16512017.
17. Fondo Nacional de Salud. Chile. Fonasa. Chile: Fondo Nacional de Salud. Chile; 2024 [cited 2024 Jan 20]. Available from: https://www.chileatiende.gob.cl/instituciones/AO004.
18. Ministerio de Salud (Cl). Orientaciones para la planificación y programación en red 2021. Subsecretaría de redes asistenciales. Chile: Ministerio de Salud; 2021 [cited 2024 Jan 25]. Available from: https://capacitacionesonline.com/wp-content/uploads/2021/05/ORIENTACIONES-PARA-LA-PLANIFICACION-EN-RED.pdf.
19. Mendes EV. As redes de atenção à saúde. Brasília: Organização Pan-Americana da Saúde; 2011 [citado 2024 Fev 19]; 549. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/redes_de_atencao_saude.pdf.
20. Observatorio Chileno de Salud Pública. Estructura organizacional del sistema de Salud. Chile: Observatorio Chileno de Salud Pública; 2020 [cited 2023 Dec 01]. Available from: https://www.ochisap.cl/estructura-organizacional-del-snss/.
21. Bastias G, Valdivia GS. Reforma de salud en Chile; El plan AUGE o Régimen de Garantías Explícitas en Salud (GES). Su origen y evolución. Chile: Boletín Escuela de Medicina; 2007 [cited 2024 Mar 10]; 32(2). Available from: https://www.researchgate.net/publication/267222777_REFORMA_DE_SALUD_EN_CHILE_EL_PLAN_AUGE_O_REGIMEN_DE_GARANTIAS_EXPLICITAS_EN_SALUD_GES_SU_ORIGEN_Y_EVOLUCION.
22. Rossi AM, Albanese SPR, Vogler IH, Pieri FM, Lentine EC, Birolim MM et al. HIV Care Continuum from diagnosis in a Counseling and Testing Center. Rev Bras Enferm. 2020 [cited 2024 Apr 26]; 73(6):e20190680. DOI: https://doi.org/10.1590/0034-7167-2019-0680.

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23. Martín-Roldán DS, Díaz-Calzadilla P, Soto-Zárate A, Calzadilla-Núñez A, Díaz-Narváez VP. Tendencias de la incidencia del virus de la inmunodeficiencia humana (VIH) en Chile, según edad y género 2010-2017. Rev Salud Pública. 2023 [cited 2024 Feb 10]; 21(5):506-12. DOI: https://doi.org/10.15446/rsap.V21n5.80949.
24. Ministério da Saúde (Br). Diretrizes para organização do CTA no âmbito da Prevenção Combinada e nas Redes de Atenção à Saúde. Brasília (DF): Ministério da Saúde; 2017. [cited 2024 Jan 05]. Available from: https://www.gov.br/aids/pt-br/central-de-conteudo/publicacoes/2017/diretrizes-para-organizacao-do-cta-no-ambito-da-prevencao-combinada-e-nas-redes-de-atencao-a-saude/view.
25. Organização Pan-Americana da Saúde (PAHO). Recomendações inovadoras da OMS para testagem de HIV buscam ampliar cobertura do tratamento. PAHO: 2019 [cited 2024 Jan 20]. Available from: https://www.paho.org/pt/noticias/29-11-2019-recomendacoes-inovadoras-da-oms-para-testagem-hiv-buscam-ampliar-cobertura-do.
26. Rossi AM, Albanese SPR, Kuriaki AT, Birolim MM, Monroe AA, Arcêncio RA, et al. Positividade para HIV e fatores associados em um centro de aconselhamento e testagem. Cien Cuid Saúde. 2021 [cited 2024 Apr 10]; 20:e50495. DOI: https://doi.org/10.4025/ciencuidsaude.v20i0.50495.
27. Pinheiro PNC, Kendall BC, Kerr LRFS, Pickett KM, Luna IT, Costa MIF, et al. The south american context of diagnostic disclosure of adolescents infected by HIV/AIDS: a systematic literature review. Rev Assoc Med Bras. 2020 [cited 2024 May 25]; 66(8):1139–45. DOI: https://doi.org/10.1590/1806-9282.66.8.1139.
28. Velásquez MR, Meirelles BHS, Suplici SER. Health promotion before the hiv/aids epidemic in primary care in punta arenas. Texto Contexto Enferm. 2020 [cited 2024 May 10]; 29:e20190350. DOI: https://doi.org/10.1590/1980-265X-TCE-2019-0350.
29. Araújo WJ, Quirino EMB, Pinho CM, Andrade MS. Perception of nurses who perform rapid tests in Health Centers. Rev Bras Enferm. 2018 [cited 2024 Apr 25]; 71(1):631-6. DOI: https://doi.org/10.1590/0034-7167-2017-0298.
30. Fondo Nacional de Salud. Informe CDD: Caracterización sociodemográfica y socioeconómica en la población asegurada inscrita. Chile: Departamento de Estudios y Estadísticas; 2020 [cited 2024 Jan 20]. Available from: https://adjuntos.fonasa.gob.cl/sites/fonasa/adjuntos/Informe_caracterizacion_poblacion_asegurada.
31. Souza HC, Mota MR, Alves AR, Lima FD, Chaves SN, Dantas RAE, et al. Analysis of compliance to antiretroviral treatment among patients with HIV/AIDS. Rev Bras Enferm. 2019 [cited 2024 Feb 24]; 72(5):1295-303. DOI: https://doi.org/10.1590/0034-7167-2018-0115.
32. Zitko P, Hojman M, Sabato S, Parenti P, Cuini R, Calanni L, et al. Antiretroviral therapy use in selected countries in Latin America during 2013–2017: results from the Latin American Workshop in HIV Study Group. Int J Infect Dis. 2021 [cited 2024 Apr 17]; 113:288-96. DOI: https://doi.org/10.1016/j.ijid.2021.09.047.
33. Bahia MF, Araujo AJ, Martins G, Rebouças M, Góis JA, Murta S, et al. Efetividade do esquema de primeira linha baseado em dolutegravir: dados de vida real do centro de referência de salvador, brasil no período de 2017 a 2020. Braz J Infect Dis. 2022 [cited 2024 May 12]; 26(102124). DOI: https://doi.org/10.1016/j.bjid.2021.102124.
34. Organização Pan-Americana da Saúde (PAHO). OMS lança relatório de 2021 sobre resistência a medicamentos para HIV. Washington: PAHO; 2021 [cited 2024 Jan 20]. Available from: https://www.paho.org/pt/noticias/24-11-2021-oms-lanca-relatorio-2021-sobre-resistencia-medicamentos-para-hiv.
35. Alves AM, Santos AC, Kumow A, Sato APS, Helena ETS, Nemes MIB. Beyond access to medication: the role of SUS and the characteristics of HIV care in Brazil. Rev Saúde Pública. 2023 [cited 2024 Apr 07]; 57:26. DOI: https://doi.org/10.11606/s1518-8787.2023057004476.
36. Ministério da Saúde (Br). Relatório de Monitoramento Clínico do HIV. Brasília (DF): Ministério da Saúde; 2019 [cited 2024 Jan 05]. Available from: http://www.aids.gov.br/pt-br/pub/2019/relatorio-de-monitoramento-clinico-do-hiv-2019.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*HIV and AIDS management aimed at Brazilian and Chilean adolescents: a comparative study*".